MATERNAL AMBIVALENCE: Navigating the Challenges of Motherhood

by

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CHAPTER 1

INTRODUCTION

Experiencing ambivalence about motherhood is one thing. Expressing it—and, by extension, legitimizing it—is quite another. The mask of motherhood ensures that the face of ambivalence, however widely or keenly felt, remains a guilty secret.

—Susan Maushart
_The Mask of Motherhood_

Research Topic

According to Nina Barrett, one of the most revered images of motherhood in Western culture is that of a mother gazing with love at a child. Barrett observes that the primary model for this image comes from Christianity, featuring Mary, the mother of Christ. Renaud Temperini provides an example of this image in the painting titled “The Virgin and Child with Saint Anne and a Lamb” created by Leonardo DaVinci. As Naomi Wolf comments, this classic image of mothering informs our notions of how motherhood ought to be: natural, blissful, and easy.

However, Wolf pondered further, what happens for the mother whose personal experience does not conform to the ideal? From her research and interviews with mothers, Wolf discovered that mothers whose experiences differ from the ideal, tend to blame and judge themselves, due to the power of this cultural image of motherhood.

Susan Maushart contributes that because of the cultural ideal, many women maintain a mask of motherhood, that is, they present a serene front to others in order to
hide the complexity and chaos of their authentic experience. Since so many mothers hide their mothering experiences, an individual mother may experience heightened guilt and anxiety when she feels ambivalent toward her child because her subjective mothering experiences do not resemble the mask.

Rozsika Parker defines maternal ambivalence as the experience of having contradictory impulses and emotions towards one’s child, such as feelings of love and hate. Parker conveys that mothers differ in their capacity to tolerate and navigate their ambivalence with a child, which fluctuates depending upon the child’s development and the mother’s. She clarifies that: “ . . . ambivalence itself is emphatically not the problem; the issue is how a mother manages the guilt and anxiety ambivalence provokes.”

Susan B. Kraemer provides an example of maternal ambivalence:

A mother sits helplessly and furiously in the dark at 2 a.m. with a shrieking baby across the hall. After a fussy nursing he remains unsettled; he cannot be soothed. She thrusts him away from her—hard—into his crib, so overwhelmed is she by her rage and despair.

Yael Oberman and Ruthellen Josselson state that one of the central tasks of motherhood is the integration of one’s ambivalence towards one’s child. Because of the challenges and hardships this task can involve for mothers, the research topic for this study focuses upon maternal ambivalence.

Christiane Northrup expresses that many mothers are reluctant to acknowledge their ambivalence for fear of being labeled a bad mother:

Both men and women in this society are encouraged to view having a baby and raising a child as the most significant achievement in a woman’s life. And on many levels, it is. For a significant number of women, however, motherhood brings up far more conflict and ambivalence than we feel comfortable admitting lest we be labeled as “bad” mothers whose love for our children is suspect. To admit our ambivalence about motherhood and the ensuing loss of control and
status that so often accompany it is to fly in the face of one of our most cherished cultural myths.\textsuperscript{12}

Shari L. Thurer conveys that it is taboo to express any conflict about mothering in our culture and that we are supposed to enjoy motherhood.\textsuperscript{13} Sigmund Freud indicates that taboos are cultural prohibitions toward the protection of someone or something.\textsuperscript{14} Further, he suggests that the experience of desire exists under cultural prohibitions, because it is not necessary to stop people from that which no one desires to do.

As Freud indicates, the cultural taboo against bad mothering seems to be in place to keep mothers from \textit{transgressing} this taboo. The \textit{Oxford English Dictionary} defines transgressing as going beyond the limits prescribed by a law or a command.\textsuperscript{15} Thus, the taboo appears to exist to keep mothers from actions that would harm a child, like shaking a baby. Hence, the taboo’s purpose has merit and many would support this cultural rule.

However, as Sharon Hays conveys, this taboo seems to have run amok in Western cultures, as evidenced by the trend toward \textit{intensive mothering}.\textsuperscript{16} Hays defines intensive mothering as the focus on meeting a child’s needs, twenty-four hours a day, seven days a week, to the exclusion of the mother’s needs.

Jane Swiggart describes how our contemporary culture has perpetuated the falsehoods of the \textit{bad mother}, selfish and withholding, in contrast to that of the \textit{good mother}, perfect and all giving.\textsuperscript{17} Swiggart emphasizes that these social falsehoods lull us into believing that mothers are either good or bad; moreover, mothers are fully responsible for how their children turn out.

Curious about this mothering phenomena, Judith Warner interviewed 150
middle-class and upper middle-class mothers in Washington D.C. to observe the effects of this contemporary story on mothers.\textsuperscript{18} Her primary motivation, she explains, was understanding women’s dominant experience of “that caught-by-the-throat feeling so many mothers have today of \textit{always} doing something wrong.”\textsuperscript{19} She concluded that this trend is causing serious stress-related symptoms in women and she targets our culture as being unsupportive of mothers and children, which exacerbates women’s feeling that they alone are responsible for their children.\textsuperscript{20} Warner titles this trend \textit{perfect madness}, which she defines as the current cultural craziness of women trying to be perfect mothers.\textsuperscript{21}

Ann Dally posits that Western culture bears an idealistic attitude toward motherhood.\textsuperscript{22} She defines idealism as an attitude of love toward someone when one has feelings of both love and hate, but the hate is either ignored or denied.

Anne Cassidy has focused on how this idealistic mothering trend can be damaging to children, causing them to act like tyrants whose every whim will be satisfied. Cassidy theorizes that many children are suffering from \textit{attention excess disorder}, which she defines as children who have been over-focused upon by their parents.\textsuperscript{23} She blames this parenting trend on too much \textit{attachment parenting}.

William and Martha Sears define attachment parenting as the focus on becoming bonded and attached to one’s baby.\textsuperscript{24} They propose that good infant attachment promotes better infant development. Attachment occurs through responding to the baby’s cues, which provide information about the baby’s needs.

Swiggart illustrates how meeting children’s needs can evoke ambivalence:

On a subliminal level, children can come to represent aspects of ourselves. When we lash out at them, we are sometimes lashing out at the needy, demanding parts of ourselves we have come to despise.\textsuperscript{25}
With regard to the needs of an infant, Albert Memmi conveys that human infants require more care and attention from their caregivers than other species after birth.26 He uses the parent-child relationship to illustrate the significance of dependence, which he defines as a relationship between two beings (a provider and a dependent) that is connected with the satisfaction of a need.27

Aftab Omer contributes that hatred is related to unmet dependency needs.28 Omer’s theory suggests that underneath a mother’s moment of hate toward her child lies her own unmet dependency needs, which are clamoring for attention at the same time that her child is begging for his or her needs to be met.

Kathryn Black studied mothers whose needs were insufficiently met in childhood in order to determine how that experience affects their capacity to mother.29 She calls these mothers undermothered mothers, which she defines as women whose mothers or primary caregivers were absent, distracted, incompetent, emotionally distant, or who fell short in some vital way. Black observes the challenges such mothers face: “We live lives made more complex by having missed first-rate care in childhood, and we face the momentous task of mothering without a worthy model to follow.” 30

Similarly, Warner concurs that part of the cultural trend to become perfect mothers is driven by unmet needs from childhood.31 Further, Warner suggests that mothers may also be propelled by a deep anxiety that compels them to try to ward off life evils and control their children’s fates toward a desired outcome.

Mirriam K. Rosenthal identifies that in Western industrialized societies, children are typically reared in a nuclear setting, meaning that children live with
their mother and/or their father but not usually with extended family members such as aunts, uncles, or cousins. Further, the mother often holds the primary responsibility for rearing the children, unlike traditional cultures in which female kin such as grandmothers or aunts share the work of attending to the children.

Dally expresses the burden that mothers from industrialized societies can feel as the ones who are primarily responsible for the children:

So a modern parent . . . feels she is taking on a huge responsibility when she has children. If she is versed in modern psychological teaching she may wonder whether she has the maturity and stamina to become a mother. She is probably aware that what she does will be crucial to the development of her child. She is likely to be less aware that what she is is even more crucial than what she does. She is probably anxious to get it right as the experts tell her. She knows that her children need her overwhelmingly during the early years. She knows that if she gets it wrong she can damage them irreparably. She is . . . anxious to succeed.

Thurer observes that the pressures from the good mothering ideology have led to a state of confusion, self-consciousness, and the loss of subjectivity for mothers. Thurer tallies the costs: “We have become highly judgmental about the practice of mothering, and especially about ourselves as mothers. Parental performance anxiety reigns.”

Parker contributes that the maternal ideology of our culture tends to augment and intensify the painful aspects of maternal ambivalence. However, Parker points out that maternal ambivalence can be beneficial to both the mother and the child. Mothers can actually improve their mothering through their ambivalence. When a mother experiences manageable ambivalence (defined as ambivalence that provokes creative insight), the distress evoked by having loving and hating feelings at the same time motivates a mother to understand her own feelings and her child’s behavior.
In contrast, Parker distinguishes *unmanageable ambivalence* as ambivalence that provokes overwhelming guilt.\(^{39}\) She defines this ambivalence as the distress evoked when ambivalence creates enormous anxiety (i.e., “. . . the anxiety generated when hate no longer feels safely ‘mitigated’ by love”).\(^{40}\) With unmanageable maternal ambivalence, a mother falls into one of two states: one in which she turns the hatred toward her child upon herself and makes herself *bad* and her child *good*, or the mother makes her child *bad* and herself *good*.\(^{41}\)

Patsy Turrini describes unmanageable maternal ambivalence this way:

Murderous thoughts and hate are ubiquitous to mothering. When a mother hates, she feels a failure; she had expected herself to be an only loving, early maternal ideal. Her hatred toward a child produces profound self-hatred and the need for punishment. There is always overload in mothering; exhaustion, fear, helplessness, and feelings of failure . . . . With guilt so intense, some punishment needs to take place.\(^{42}\)

As Turrini and Parker illustrate, unmanageable maternal ambivalence evokes *primal splitting* for the mother. Melanie Klein defines primal splitting as a defense mechanism that first occurs in the infantile psyche when the infant has contradictory experiences with the breast or the mother.\(^{43}\) Because the infant’s development is primitive, the infant cannot integrate unpleasant experiences with positive experiences, thus the infant splits its experiences into good or bad.

Because of the challenges involved for a mother in weathering unmanageable maternal ambivalence, I am theorizing that the experience of maternal ambivalence may provoke an *initiation* for mothers. Michael Meede defines initiation as a person experiencing change from the inside that shifts his or her identity.\(^{44}\) Sue Monk Kidd suggests that the essential task of an initiation is the recreation of ourselves.\(^{45}\) Malidoma
Patrice Somé clarifies that “the serious troubles we face in life are nothing other than initiatory experiences.” 46

Josselson conducted a study of a group of women over a twenty-two year period beginning in 1972 in order to observe significant changes in these women’s identities.47 She found that mothering had a significant effect upon women’s identities:

For the women who do have children, their children form a central design in their weaving of identity. Motherhood is such a powerful framework for identity that the having or not having of children is the single most salient distinction among the adult women I studied. All the mothers . . . said that their children were the most important aspect of their lives, their self-realization, and their sense of who they are. Aside from severe trauma . . . becoming a mother seems to be the most potent identity-transforming event in a woman’s life. 48

Hence, given that motherhood has a profound effect on women’s identity, it makes sense that mothers who struggle with maternal ambivalence might experience their ambivalence as a conundrum or a serious problem. As such, the focus of this research study was on how to help mothers to navigate their maternal ambivalence.

**Relationship to the Topic**

My personal journey with maternal ambivalence began with the birth of my first child and intensified with the birth of my second child. I was not a newcomer to the experience of maternal ambivalence at the time of my second child’s birth, having already been a mother for four years to my son. Mothering him had also plunged me deeply into this territory: especially the first six months after he was born when he cried and screamed for a good portion of every day because he suffered from colic. During that time, I struggled with both the feelings of hating being a mother and the frustration that my experience of being a
new mother was so difficult. A consistent image from that time remains: me, alone, bouncing endlessly on a large inflated exercise ball with him as an infant strapped to my chest in a front pack, trying to soothe him.

Once he was able to tolerate daycare at ten months (before that he was rejected by childcare providers as unmanageable due to his crying), I was able to put aside the maternal hell I had fallen into and return to school for my doctoral degree. However, four years later, the traumatic birth of a daughter dislodged my buried maternal ambivalence.

Just before her birth, I was rushed to the hospital in an ambulance because her umbilical cord had slipped from its normal position, intensifying the danger that she or I might die. Then my abdomen was cut open and she was pulled out of my womb. A few weeks later when my body had mended enough to permit a slow walk, I was flooded with a sensory-laden image in which I felt compelled to slice my belly or my throat open. Immense feelings of shame, grief, and core badness overwhelmed me: I felt like dying. I was flooded with unceasing tears.

Although my rational mind told me that this image was ridiculous, I could not shake the idea that if I were gone, my family would be better off. Because my doctoral studies emphasized the significance of imagery as an expression from the soul, I did not immediately dismiss this image despite its darkness.

Over the next several months, I continued to feel vulnerable and overwhelmed. I was unable to disidentify from how flawed I felt as a mother. The litany of how I felt I had failed daunted me: I was a mother who could not birth easily or without medication; I was a mother who could not breastfeed because of a surgery I had chosen to reduce the
size of my breasts; I was a mother who did not enjoy being alone with small children for many hours; I was a mother who could not control her son’s poor social behavior and capacity to pay attention. Regardless of how hard I had tried, I was a bad mother. The images of slicing myself open continued to visit and they haunted me.

I instinctually conducted an information search to name the nature of my problem. I learned from a conventional perspective that my feelings of overwhelm, shame, and depression might qualify me for a diagnosis of post-partum stress syndrome. Karen R. Kleiman and Valerie Raskin indicate that “. . . postpartum stress syndrome is marked by feelings of anxiety and self-doubt coupled with a deep desire to be a perfect mother.” 49

However, this label did not make sense of how severely I felt shaken in myself nor did it explain the visitation by an image that was daimonic. Sandra Dennis defines daimonic imagery as a sensory-laden image visiting from the divine. 50

Since the curriculum at the Institute emphasized the importance of staying with imagery, I tolerated this uncomfortable image and wondered about it. Further, because the Institute’s curriculum highlighted initiatory experiences that can affect identity changes, I sensed that this image reflected my need for an identity death rather than a physical death. Thus, it was important to work with the image metaphorically as opposed to enacting it literally.

As I pondered Dennis’s theories on daimonic imagery, I learned that such images can be a guide and that often these images emerge with the intent to transform us. 51 Gradually, I realized that this image arose to communicate my experience of failure at being a good mother, which in turn evoked an overwhelming desire to commit seppuku. (Stephen Turnbull defines seppuku as a
Japanese term for ritual suicide by those who are severely shamed. Hence, my vulnerable state as the mother of an infant in combination with mothering a challenging little boy had propelled me to this point of despair.

Through my struggle to understand this image and my examination of my good mother fixation, I realized that the experience of maternal ambivalence was at the heart of my struggles. As I explored my ambivalence further, I began to remember that long before I became a mother, I had concerns about motherhood.

I grew up as the only girl sandwiched between two brothers. Our family was a chaotic family with many physical fights between siblings. My father spanked any misbehaving child with a belt or broke any toys that were not put away. After his unsuccessful suicide attempt when I was eight, my mother embarked upon a divorce that took four years to complete. When that was finalized, my father disappeared and I did not see him again until I became an adult.

Hence, as the sole parent left behind, my single-parent mother, with her three children and suffering from financial woes, was often in a state of overwhelm. Her family of origin lived a thousand miles away and could not offer much childcare support. When they agreed with my mother’s decisions about career pursuits, they would occasionally offer financial support. While the school my brothers and I attended served us as a de facto community of sorts, we lacked participation in any other significant social structure outside of our family and thus we were isolated.

During my teenage years, I concluded that motherhood was something to dread: it should be avoided because of the incredible hardships it would bring. So I fought hard for academic success in order to acquire a scholarship, to go to college, and to create a
career, which I equated with success. When I was graduating from high school in 1984, the sub-culture that I was a part of encouraged me to be somebody, not to just mother.

Hence, I went off to college only to discover that my adolescent dream of becoming an actress no longer made sense as a career. The death of this dream propelled me into a search for a new life meaning, which eventually led me to take a six-month college trip to Nepal. I endured many hardships there, such as living in a remote village and speaking Nepalese when the villagers only spoke a dialect. That situation in combination with illness and other challenges resulted in the shattering of my identity. When I returned home, I found that I no longer knew how to be in the world or what I should do with my life.

A friend introduced me to a seminar in Authentic Movement (a dance-therapy form) that supported me in somatically exploring images and sensations. Through my work in this form, I discovered many buried childhood feelings. This discovery enabled me to complete a bachelor’s degree and to attend psychology courses at a local university toward healing my childhood wounds. After graduating with a master’s degree, I discovered that I did desire to be married and have children despite my earlier disgust and fear of motherhood. Thus, at the age of 32, when I discovered I was pregnant with my long-term boyfriend’s child, I decided to embark upon motherhood and marriage.

**Theory-In-Practice**

The theory-in-practice for this inquiry on maternal ambivalence is Imaginal Transformation Theory, which was developed by Omer at the Institute of Imaginal Studies. This theory emerges out of Imaginal Psychology, an orientation to psychology
that brings one into relationship with that which is often unseen.\textsuperscript{53} As such, Imaginal Psychology has the aim of reanimating everyday experiences with the invisible.\textsuperscript{54}

Imaginal Psychology asserts that \textit{soul} is psychology’s primary concern.\textsuperscript{55} “Soul refers to the mysterious stillness, aliveness, and otherness at the core of being,” according to Omer.\textsuperscript{56} Since the soul expresses itself through imagery, as C. G. Jung revealed, the process of reclaiming soul necessitates paying attention to the images in which we dwell.\textsuperscript{57} As a way to pay attention to these images, Imaginal Psychology draws from transformative practices that use art, myth, and ritual.\textsuperscript{58}

Because Imaginal Psychology is focused on reclaiming soul, Imaginal Transformation Theory is oriented toward practices that will assist in this endeavor or toward key concepts and principles that define and describe the nature of the soul. Omer has noted, “The soul desires to express its passionate nature; if the capacity to be affected is harmed or not developed, the capacity to express is harmed.”\textsuperscript{59} Yet as Omer has expressed, Western culture happens to have very limiting views with regard to what the nature of being human is about.\textsuperscript{60} Hence, many souls develop an \textit{adaptive identity} (i.e., an identity that does not reflect the true nature of the soul but rather one that is created through traumatic experiences and lack of support). Omer describes how such an identity is created:

\begin{quote}
In the course of coping with environmental impingement, as well as overwhelming events, the developing soul constellates self images associated with adaptive patterns of reactivity. These self images persist as an adaptive identity into subsequent contexts where they are maladaptive and barriers to the unfolding of being.\textsuperscript{61}
\end{quote}

For example, many souls develop an adaptive identity around not being permitted to express hate. According to Omer: “Hate is a compound emotion that is a combination
of the affects of anger, shame, and disgust; these affects form the physiological basis for hate, and hate can be more strongly tinged by any one of these three affects, in which case it can manifest differently. Developmentally, hate is the soul’s reaction to unmet dependence, and given sufficient context for expression, as distinct from enactment, may be transmuted into authentic power.”  

(Bowlby explains that dependency needs are basic human needs that are first experienced in infancy for protection, comfort, and support.)  

Further, Omer theorizes, “Unmet dependence is overwhelming. We are dependent on other to mirror our particularity, our specificity; we cannot form creatively without this.”  

Thus, a soul whose dependency needs are not adequately met experiences hate and may develop an adaptive identity.

Toward freeing the soul from adaptive images of the self, Omer encourages that people practice reflexive participation, which “. . . is the practice of surrendering through creative action to the necessities, meanings, and possibilities inherent in the present moment.”  

This practice assists people in disidentifying from stuck images of the self, which in turn supports the transformation of identity. Reflexive participation also supports people in identifying and engaging with the imaginal structures that are present for them. Omer defines imaginal structures:

*Imaginal Structures* are assemblies of sensory, affective, and cognitive aspects of experience constellated into images; they both mediate and constitute experience. The specifics of an imaginal structure are determined by an interaction of personal, cultural, and archetypal influences. These influences may be teased apart by attending to the stories that form personal character and the myths that shape cultural life . . . Any enduring and substantive change in individual or group behavior requires a transmuting of imaginal structures. This transmutation depends upon an affirmative turn toward the passionate nature of the soul.

The practice of reflexive participation is further supported by the knowledge that individuals have psychological multiplicity, which Omer defines as “. . . the existence of
many distinct and often encapsulated centers of subjectivity within the experience of the same individual.”  

Reflexive participation is supported by contact with the Friend. Omer states: “The Friend refers to those deep potentials of the soul which guide us to act with passionate objectivity and encourage us to align with the creative will of the cosmos.”

As people practice reflexive participation and engage in disidentifying from their adaptive identities, this process often necessitates transgressing cultural taboos. Omer comments upon how this affects the human system:

When a taboo is transgressed, the web of habits that sustain the culture of a human system (e.g., family, organization, community, etc.) has the option of transforming or alternatively, scapegoating the transgressor. The creative transgression of taboo is at the heart of cultural leadership.

When people take a big risk such as transgressing a taboo, Omer notes that people have parts of them that grope for safety, which are the gatekeepers; the gatekeepers attack at each threshold experience. Omer defines gatekeeping:

Gatekeeping refers to the individual and collective dynamics that resist and restrict experience. The terms gatekeepers refers to the personification of these dynamics. Cultural Gatekeepers restrict experience; cultural leaders catalyze the deepening and diversification of experience.

Additionally, Omer comments that when people transgress a taboo or take a psychological risk, such moments often involve an initiatory threshold. This threshold is noteworthy because it is a place of transition in which identity can be transformed.

Melissa Schwartz acknowledges that one of the central aims of Imaginal Psychology is liberation of the soul. Thus, Imaginal Psychologists work with people to restore the primacy of their experiences, especially that which has been denied or kept from expression. For example, Omer has observed that in Western culture, aspects of the
archetypal feminine have been denied and when these aspects return, extreme subjective states or madness often accompany the return.\textsuperscript{74} (C. G. Jung defines archetypes as the blueprints for the things of the material world.\textsuperscript{75})

**Research Problem and Hypothesis**

Because mothers who struggle with maternal ambivalence can become stuck in a *negative mother* identity, this inquiry sought to explore what would support these mothers towards letting go of this adaptive identity. As such, this inquiry focused upon the Research Problem of which aspects of the experience of maternal ambivalence need to be expressed in order for struggling mothers to disidentify from the identification with the negative mother?

Based on my understanding of the nature of maternal ambivalence, I created a hypothesis that speculated what this research on maternal ambivalence could reveal. My hypothesis states that at the core of unmanageable maternal ambivalence is self-hatred or child-hatred, which in order to be transmuted requires a safe container in which to engage the transgressive expression of hate and the tending of unmet dependency needs.

**Methodology and Research Design**

In order to explore this Research Problem, I used a research methodology that was created by Omer and is called *Imaginal Inquiry*. Imaginal Inquiry is situated within the participatory paradigm.\textsuperscript{76} This paradigm invites researchers to utilize and include their participation in the phenomenon they are studying in conjunction with their observations.
Imaginal Inquiry entails four phases of research. The first phase, *Evoking Experience*, involves evoking the experience or phenomena to be explored. *Expressing Experience* is the phase in which the data is expressed and collected. *Interpreting Experience* involves analyzing the data and making meaning of it. *Integrating Experience* is the phase in which the participants are assisted with integrating their experience of participating in the research. Additionally, this last phase includes synthesizing the learnings from the research and communicating them to constituents for whom the research would be relevant.

The participants for this research study were mothers who struggle with moments of unmanageable maternal ambivalence and who had a high level of psychological awareness. The participants were women who self-identified as struggling with feelings of guilt, anxiety, and shame about their mothering, but who did not cope with these challenges through acting-out these feelings physically toward their children.

The research design entailed two meetings with seven participants. For Evoking Experience, the research design evoked an experience of maternal ambivalence for the participants by asking them to participate in a meditation focused upon recalling three recent moments in which they felt as if they were bad mothers. Further, the design asked each participant to express one of these moments, to create an image or a mask from the moment, and then to role-play her image.

For Expressing Experience, the research design supported the expression and collection of participants’ experiences through verbal sharing and through journaling. The verbal sharing was audiotaped and transcribed and the journaling was collected.
For Interpreting Experience, the design supported the participants and me to identify *key moments* from the research. Omer defines key moments: “A moment may be imagined as the soul’s punctuation of time . . . it is the soul’s experience of a unit of time.” 77 Then I mined these potent moments for their significance with regard to new learnings about maternal ambivalence.

For Integrating Experience, the design supported participants to integrate their experiences through exploring how they had been affected by the research activities. The design also supported me to reflect on my own learning edge and to integrate my own experience and deepened learning through writing this dissertation and in planning future workshops on maternal ambivalence.

**Learnings**

From this inquiry on maternal ambivalence, a cumulative learning emerged. The cumulative learning states: disidentification from the negative mother involves transgressing a primary cultural taboo for women of engaging and expressing hate and other extreme subjective states while being communally witnessed and received. The gifts of disidentification are spaciousness, acceptance, an embodied sense of power, and an experience in *communitas*.

In addition to the cumulative learning, this inquiry revealed four individual learnings. Learning One discovered that transgressing a primary cultural taboo for women of expressing the hatred that lives at the core of maternal ambivalence evokes the overwhelming affects of surprise-startle, fear-terror, and shame-humiliation, and can be
disorienting to identity structures. When a mother expresses hate about her child, she will likely experience surprise, fear, and shame and feel as though she is not her normal self.

Learning Two found that to turn toward embodying and expressing maternal ambivalence is to touch upon primal states of chaos and madness, primal splitting and psychic numbness. Hence, when a mother more fully embodies the experience of maternal ambivalence or the affects that underlie hate, this process can bring her into contact with primitive states like madness or psychic numbness.

Learning Three found that the expression of extreme subjective states that accompany maternal ambivalence creates greater spaciousness, acceptance, and an embodied sense of power for the mother. The process of expressing and embodying maternal ambivalence can benefit a mother through creating an experience of freedom, acceptance, and power.

Learning Four discovered that having the culturally-taboo mother’s hatred for the child communally received and witnessed evokes a state of liminality and transmutes isolation into communitas. Thus, when a mother undergoes the risk of sharing the taboo part of herself, who hates her child, the nature of this risk creates a liminal state. In that liminal state when the isolated part of the mother is witnessed and accepted, an experience of sacred community is created.

**Significance and Implications of the Study**

Because mothers can suffer from tremendous isolation and disempowerment in Western culture, Learning Three and Learning Four revealed the most significant aspects of this study. These learnings revealed that mothers may experience more acceptance,
power, and inclusion when their culturally-taboo hate is received. Thus, under supportive conditions that facilitate women’s engagement with hatred, women can transmute their maternal ambivalence.

The greater implications from these learnings and this study are that if mothers will express and embody their hatred towards their children in a safe container, they may benefit by receiving both the experience of embodied power and the experience of sacred community. While these implications are particularly relevant for mothers who struggle with ambivalence, these implications are also pertinent for all mothers in Western culture, for children who have had ambivalent mothers, persons with ambivalent attachment style, and clinicians and others who work with these populations.

Additionally, these implications are important for Western culture, which tends to devalue or idealize motherhood. Because mothering is considered easy or natural, this results in a lack of support for mothers and their children. Further, women’s maternal ambivalence is exacerbated and the conundrum of mothers struggling is perpetuated.

Conclusively, at the end of the study the participants demonstrated the significance and implications of this research when they expressed how strongly they felt supported by the research activities and marveled at their creation of an authentic community. The participants also expressed their desire to help other mothers by sharing their images made from their mothering struggles. Six months later, one of the participants did arrange a public display of these images in celebration of a more authentic honoring of motherhood for Mother’s Day in May 2007.
CHAPTER 2

LITERATURE REVIEW

The acknowledgment of intensely ambivalent feelings toward their children is often equated with being a bad mother. To be found wanting as a mother is the worst crime most women feel they can commit.

—Jane Swiggart

*Myth of the Bad Mother*

**Introduction and Overview**

The terrain of maternal ambivalence is complex. It is a place that is ordinary and known to many women, yet it is also a place of heightened emotions and affect, which can be uncomfortable enough that many would prefer to deny their knowledge of this place. Three clusters of literature will be reviewed in order to provide a background for the Research Problem: which aspects of the experience of maternal ambivalence need to be expressed in order for struggling mothers to disidentify from the identification with the negative mother?

The first cluster of literature, Maternal Ambivalence, will sketch out the territory of maternal ambivalence and ground this topic in developmental psychological theories, affects and emotions, and cultural perspectives on maternal ambivalence. This cluster is important to this inquiry because it describes the numerous and correlating factors that contribute to the phenomenon of maternal ambivalence.

The second cluster, Initiation, Motherhood, and Maternal Ambivalence, will bring the reader into a discussion on initiation, examining how motherhood can be an initiation
that reshapes women’s identity. Within the category of motherhood, this cluster explores how women’s confrontation of maternal ambivalence can also be an initiation. This cluster is significant for this inquiry because it moves the discussion from describing the terrain of maternal ambivalence to depicting how maternal ambivalence can affect mothers in a myriad of ways and further or hinder their maternal development.

The third cluster, Imaginal Approaches to Maternal Ambivalence, brings the reader into relationship with how the imaginal influences maternal ambivalence. In particular, this cluster will look at how archetypes, myths, and cultural images of mother impact maternal ambivalence.

**Maternal Ambivalence**

Because the terrain of maternal ambivalence is vast and confusing, this cluster of literature will divide the material into three sub-clusters: Developmental Psychological Perspectives on Maternal Ambivalence, Affects and Emotions Associated with Maternal Ambivalence, and Cultural and Sociological Perspectives on Maternal Ambivalence. The first sub-cluster will explore what occurs in the primal relationship between mother and child that provokes maternal ambivalence. The second sub-cluster will provide an in-depth look at the difficult emotions of guilt and hate and the affects of shame, anger, and disgust, which are all parts of maternal ambivalence. The third sub-cluster will explore how Western culture’s construction of motherhood contributes to maternal ambivalence; it also includes a feminist perspective, a historical perspective, and a minority perspective.
Developmental Psychological Perspectives on Maternal Ambivalence

In this sub-cluster, the developmental psychological theorists such as Freud, Klein, Alice Balint, Donald W. Winnicott, John Bowlby, Mary Ainsworth, Mary Main, Michael Balint, and Margaret Mahler express their understanding of the origins of maternal ambivalence. They focus primarily upon the relationship between mother and child and how ambivalence arises within that relationship and seems intrinsic to the human condition. Other psychological theorists such as Robert Karen, Louise J. Kaplan, Deborah Christman Clark, Ella Frist, Black, and Omer also contribute their understanding of maternal ambivalence and their reflections upon the developmental theorists’ perspective. Overall, this sub-cluster situates the discussion on maternal ambivalence from a relational and a developmental perspective.

In order to begin examining the phenomenon of ambivalence, it is helpful to take a look at some of the different meanings associated with the word *ambivalence*. From his work with mental illness and in naming schizophrenia, Paul Eugen Bleuler coined the term *ambivalence* in 1911.¹ Bleuler thought of schizophrenia as a condition in which individuals suffered from a splitting of the personality or mind. Similarly, he thought of ambivalence as a condition in which individuals suffered from conflicting feelings (positive and negative) toward the same object, person, or idea.²

Meanwhile, the *Oxford English Dictionary* conveys that ambivalence can lead to difficulties of decision and inner conflict.³ Further, the *American Heritage Dictionary* contributes that *ambivalenz* comes from Latin with the root word *ambi*, meaning “on both
sides,” and valens meaning, “being strong.” The root words put together create the comprehensive meaning of ambivalence: having strong feelings on both sides.

Turning toward a psychological exploration of ambivalence, it is noteworthy that psychoanalysts have different theories about the origin of ambivalence. Freud characterizes the ambivalent attitude as one that emerges for people in relationship to that which is taboo (forbidden), but toward which people continue to have an unconscious desire. Hence, people are torn between the prohibition against the object, person, or act, but at the same time they feel compelled toward it. If people violate the taboo, Freud suggests they probably will have an internal condemnation of their act and experience a “consciousness of guilt.” Freud describes this conundrum:

Taboo is a primaeval prohibition forcibly imposed by (some authority) from outside, and directed against the most powerful longings to which human beings are subject. The desire to violate it persists in their unconscious; those who obey the taboo have an ambivalent attitude to what the taboo prohibits.

Paul Ricoeur contributes that taboo objects, persons, or actions are isolated because of the explicit danger that exists when one is in contact with them. One needs to be ritually prepared to be in contact with the forbidden. As such, the inherent danger, which emerges when one relates to the forbidden, is part of what creates the sacred nature surrounding that which is deemed taboo.

Klein introduces the concept of ambivalence in her work when she focuses on the conflict between the life and death instincts. Klein’s theories on ambivalence were based on Freud’s theoretical work that humans have two primary instincts—an instinctual drive towards life and an instinctual compulsion towards death.

Klein suggests that because these instincts are opposed, a natural state of conflict or ambivalence is part of the experience of being alive:
Together with happy experiences, unavoidable grievances reinforce the innate conflict between love and hate, in fact, basically between life and death instincts, and result in the feeling that a good and a bad breast exist. As a consequence, early emotional life is characterized by a sense of losing and regaining the good object. In speaking of an innate conflict between love and hate, I am implying that the capacity both for love and for destructive impulses is, to some extent, constitutional, though varying individually in strength and interacting from the beginning with external conditions.\textsuperscript{11}

Klein indicates that infants first encounter an ambivalent state through having contradictory experiences of the breast (the \textit{object} that represents the mother).\textsuperscript{12} When the breast readily supplies milk and the infant wants it, the infant experiences the breast as loving and nurturing; however, when the breast fails to give milk or does so in a way that does not match the infant’s desires, the infant experiences it as hating and unavailable. Because this contradiction with the breast is intolerable for the infantile psyche, Klein posits that an inherent and necessary defense process occurs in which the infantile psyche splits the object into good and bad.\textsuperscript{13} This psychological process is called \textit{splitting} and it permits the infant to maintain a state of stability through preserving the good experiences with the breast as the \textit{good object}.\textsuperscript{14} When the object is bad, the infant will have aggressive impulses toward the object and fantasies of destroying it.\textsuperscript{15}

In the initial months of an infant’s life, the hope is that the infant will have enough satisfying experiences with the breast that the infant can begin to develop a positive internal image of the mother, which lays the groundwork for future satisfactory development.\textsuperscript{16} Klein describes how the breast is symbolic of the mother:

\ldots the breast is instinctively felt to be the source of nourishment and therefore, in a deeper sense, of life itself. This mental and physical closeness to the gratifying breast in some measure restores \ldots the lost prenatal unity with the mother and the feeling of security that goes with it. This largely depends on the infant’s capacity to cathect sufficiently the breast \ldots in this way the mother is turned into a love object. The good breast is taken in and becomes part of the ego,
and the infant who was first inside the mother now has the mother inside himself.\textsuperscript{17}

As the infant matures and if the infant’s development has gone well, Klein theorizes, the infant will begin to integrate the good and the bad object into one.\textsuperscript{18} Therefore, the infant gradually acquires the capacity to tolerate an experience of ambivalence about the object and the complexity of having both loving and hating feelings toward the same object.

However, Klein notes that if the infant has had difficulty with internalizing an experience of the object as good, the infant will tend toward creating an idealized version of the object, which will not permit the infant to integrate its negative experiences with the object.\textsuperscript{19} The idealization is a defense against anxiety. Further, Klein explains that maintaining an idealized notion of objects leads people to breakdowns in love relationships and friendships later in their lives, because inevitably the love objects fail to meet the expectations of the one who has idealized them. Due to their difficulty in integrating bad experiences with the good, such people will exchange one love object for another and perceive a previous love object as turning into a persecutor.\textsuperscript{20}

According to Klein, even when the development of infants is satisfactory and they are able to integrate their love and hate for their primary objects, they will continue to have co-existing feelings: “Feelings both of a destructive and of a loving nature are experienced toward one and the same person and this gives rise to deep and disturbing conflicts in the child’s mind.” \textsuperscript{21}

Thus, as Klein observes, loving and hating the same object affects the child intensely.\textsuperscript{22} Children need to believe that their love is greater than their hate and that they can repair the ravages of feeling destructive toward their object. As Klein indicates, the
struggle between one’s love and hate is perpetual and it is the gateway through which guilt enters into the story of one’s ambivalence toward a love object:

In discussing the emotional development of the small child, I pointed out that his aggressive impulses give rise to strong feelings of guilt and to fear of the death of the loved person, all of which form part of feelings of love and reinforce and intensify them.23

Klein suggests that this primal experience of loving and hating one’s mother becomes like a blueprint for a mother when she has her own child and that she will bear the same attitude toward her child that she originally felt toward her mother.24 Klein says further that our earliest emotional situations also become the blueprint for how we feel toward ourselves.25 Thus, according to Klein, some measure of hatred and aggressive impulses toward our children and ourselves is natural and to be expected.26

Alice Balint differs from Klein in her interpretation of the origins of true ambivalence, which she defines as having aspects of pure aggressiveness.27 She found that the deepest layer of a patient’s unconscious attitude toward the mother was one that revealed a desire for the mother to have absolute unselfishness and that children originally have pseudo-hate toward their mothers.28

Balint describes the origins of true hate and true ambivalence:

When children, with the most innocent face in the world, speak of the desirable death of a loved person, it would be quite erroneous to explain this by hatred, especially if the wish concerns the mother or one of her substitutes . . . The ideal mother has no interests of her own. True hate and with it true ambivalence can develop much more easily in relation to the father whom the child gets to know right from the beginning as a being who has interests of his own.29

Shifting from the psychological origins of ambivalence toward maternal ambivalence, it is important to define maternal ambivalence. Parker defines maternal ambivalence as the experience of having loving and hating feelings towards one’s
children side-by side.\textsuperscript{30} Parker says that perhaps because hatred has been culturally unacceptable, the term \textit{ambivalence} with its colloquial definition of \textit{mixed feelings} has often been used to describe mothers’ feelings.\textsuperscript{31}

Winnicott explores ordinary mothers and their hatred toward their children.\textsuperscript{32} He likens the hatred of an ordinary, devoted mother in relationship to her child to that of an analyst experiencing countertransference hatred for his patient.\textsuperscript{33} Winnicott reasons that the most loving mother will have moments in which hatred of her child is evoked because the mother is human and has limits to what she can give.

A mother has to be able to tolerate hating her baby without doing anything about it. She cannot express it to him. If, for fear of what she may do, she cannot hate appropriately, when hurt by her child, she must fall back on masochism, and I think it this that gives rise to the false theory of a natural masochism in women.\textsuperscript{34}

Winnicott expresses his admiration for these ordinary mothers, who suffer painful feelings in relationship to their children, but who often refrain from inflicting those feelings upon them.

Winnicott also explores what the devotion of an ordinary mother looks like.\textsuperscript{35} He calls such a mother a \textit{good-enough} mother, and he explains that this type of mother initially attempts to completely adapt to her infant’s needs. As the infant matures and time proceeds, she adapts less to the infant’s needs and permits the infant to experience maternal failure so that the infant can gradually learn to tolerate being frustrated.\textsuperscript{36}

Frist analyzes Winnicott’s work on maternal devotion and maternal hatred. She states that Winnicott’s main interest was in how maternal care can facilitate or impede “the emergence of selfhood in the young child.”\textsuperscript{37} While Frist observes that Winnicott’s theories on maternal hatred have increased the recognition of maternal subjectivity, she
notes that Winnicott’s work is still based on the image of a devoted mother, who is not preoccupied by other interests, concerns, or needs.\textsuperscript{38}

Similarly, Kraemer states that Winnicott’s depiction of a mother is an idealized image of a mother who can easily tolerate her feelings of hate and aggression toward her baby.\textsuperscript{39} Kraemer is concerned that Winnicott’s work implies that the mother feels primarily gratified and sustained while holding her baby.\textsuperscript{40} Thus, his work does not address how a mother may feel she is losing her love, her baby, or her sense of self when she is threatened by feelings like despair, hate, or resentment toward her baby.\textsuperscript{41}

Kraemer focuses upon the ordinary mother who does not so easily accept her own aggression, hate, or failure towards her children, but rather struggles with how she feels.\textsuperscript{42} She poses that the situation is more complex and difficult than Winnicott identifies because he did not theorize about the mother’s subjective and separate self. Winnicott’s mother can navigate her hatred, boredom, or vulnerability without losing her own identity. Kraemer argues: “It is not enough to grant the mother her subjectivity; we must begin to examine what experiencing her subjectivity means to her.”\textsuperscript{43}

Kraemer posits that when a mother permits herself to know her own needs and desires, she inevitably finds that part of her subjectivity will include raw hate and ambivalence.\textsuperscript{44} Kraemer asks: “How do we help the mother who finds herself flooded with more intense shame, self-reproach, and remorse than she’s ever known, without either denying the power and intensity of her experiences or pathologizing them?”\textsuperscript{45}

Kraemer depicts this struggle for mothers:

I submit the mother frequently finds herself in a losing battle to retain her center of gravity . . . The mother may certainly feel deeply gratified as she gives to and identifies with her baby, but because she does not always feel sufficiently nourished and sustained in these experiences, she struggles with feelings of
enormous shame, confusion, self-reproach, and anger. What does the mother do with those parts of herself that are inevitably not empathically identified with her baby . . . ? How does the mother survive the moments in which she discovers that she has emotionally dropped her baby or wishes to do so?  

Further, Kraemer expresses that Winnicott does not mention the stress that is created on the mother’s sense of identity by needing to maintain her identification with her baby, her renewed identification with her own mother, and the mother’s need to be tended and held in some kind of dependence.  

What is missing from the description of the mother’s experience is a depiction of her ongoing struggle, conflict, maternal resilience, or will while she is serving as a holding environment for her baby. The stresses involved in mothering can provoke a mother toward realizing the ways in which she can become reliant upon her baby as an object to satisfy her own needs or desires.  

However, as Kraemer observes, a mother may hesitate to acknowledge this situation for fear of exploitation or abuse, which can lead her away from claiming her own subjectivity. Additionally, a mother may be reluctant to claim her own subjectivity out of a desire to protect herself from uncomfortable feelings like aggression, which she believes are not truly maternal.  

Kraemer elaborates on a mother’s resistance to her own subjectivity:  

The reasons why the mother may resist the recognition of her subjectivity are numerous. Among these is the painful confrontation with her own mother’s subjectivity. As she acknowledges the emotional realities of maternal experience, she begins more fully to imagine what her mother may have felt toward her and about her need of her. In recognizing the stresses involved in mothering, she confronts the full extent of what she required from her mother.  

In terms of recognizing maternal ambivalence and helping women to cope more effectively, Kraemer suggests that psychoanalysis needs to help mothers address how they feel about the challenging feelings evoked in reaction to their children and also to
address what they do with how they feel. She notes that when a mother begins to acknowledge her raw hate, “this discovery can easily shatter the mother’s equilibrium, and leave her breathless and shaken.”

Kraemer summarizes the complex task for the mother who is navigating her ambivalence: “The mother must simultaneously tolerate her own self-doubt and her hate without abandoning her self-experience; she has to tolerate her child’s anger or distress without blaming either her child or herself.”

Frist identifies that maternal resilience is the benefit for a mother who accepts her own ambivalence or aggression. Frist defines maternal resilience as the mother’s capacity to claim her aggression, to see where her aggression is constructive, and to be able to identify and play with the child’s aggression:

Resilience, analytic or maternal, requires acceptance of aggressivity and activity in oneself, as part of one’s own aliveness, rather than fearing that any assertion of one’s own rights will be destructive to the other. A mother, to stay resilient, has to recognize potentially constructive energy in the attack and to identify with it and even, for the child’s sake, to enjoy it while protecting herself . . . a mother can relish the child’s aggression without feeling she must accept being hurt and without feeling she has to present herself as devoid of a fighting spirit. The mother who feels she has rights is better able to defend them without retaliation.

In her exploration of maternal ambivalence, Clark focused her doctoral dissertation on examining the influence of maternal ambivalence on the self-concept of mothers with elementary school-age children. Her methodology was comprised of open-ended interviews and demographic questionnaires that focused upon the participant’s relationship to her children, predominantly the participant’s oldest child. Her ten participants were drawn from the San Francisco Bay area and had children between the age of six and eleven years of age: three participants were employed full-time; three
were employed part-time; and four were full-time homemakers. The mean household income of her participants was greater than $100,000 per year.

Clark focused her work in this direction because she found that the existing psychological literature lacked an empirical exploration of this nature. She learned that the process of working through ambivalent feelings seems to be a normal part of a mother’s development instead of a pathological state requiring resolution. Clark also discovered that the mother’s internal object world significantly affects her relationship to her maternal ambivalence:

How a mother responds to her ambivalence, and how feelings of ambivalence influence her sense of self, varies according to a) her internal object world, particularly the internalized mother and child; b) her conscious awareness of this internal world; and c) her ability to tolerate affect linked to past and present experiences with her internal objects.

Clark observed that how a mother navigates the difficult feelings that the ambivalence provokes is significant for her self-esteem and her capacity to mother. In her study, the mothers who experienced the greatest amount of ambivalence split themselves into acceptable and unacceptable sides in order to repress the bad identity. This repression preserved the mother’s self-image and self-respect as a mother, but tended to result in self-alienation and physical and emotional exhaustion.

In exploring the relational process that occurs between children and their caregivers, John Bowlby theorized that humans have a biological propensity towards forming significant, lasting emotional bonds with those people who attend to their needs. He called this relational pattern attachment. Further, Bowlby observed that during infancy and childhood, children looked primarily to these significant relationships in order to meet their basic needs for protection, comfort, and support. Bowbly titled
these needs, dependency needs, and he concluded that these needs are the glue around which children and parents form their pattern of attachment to each other.

Utilizing Bowlby’s attachment theory, Mary Ainsworth conducted studies to determine the quality of an infant’s attachment relationship to its mother or primary caregiver. Ainsworth identified three primary patterns of infant-mother attachment. The first pattern is called secure attachment and it represents infants who displayed confidence that their caregivers would be consistently available and responsive for them. The second pattern is defined as insecure attachment; it represents infants who were insecure about whether their caregivers would respond to them and thus these infants often displayed clingy or anxious behavior. The third pattern is called avoidant attachment and it represents infants who typically expected to be rebuffed by their caregivers, which gradually led to these infants’ behavior of seeking to avoid contact.

Later, a fourth pattern of attachment behavior was identified by Mary Main and Judith Solomon, which they called disorganized/disoriented attachment. This fourth pattern characterizes infants whose behavior did not fit the other patterns; instead these infants had odd, disorganized, or overtly conflicted behavior in the parent’s presence.

Building upon Ainsworth’s findings with infant attachment patterns, Mary Main engaged in research to determine adult attachment styles. Unlike Ainsworth, who directly studied the infant-mother relationship, Main used interviews with individuals that focused on assessing the quality of their attachment to one or both parents. Her research found that adult attachment styles tended to correlate with the type of attachment they had experienced as children. Thus, a securely attached child was likely to become a securely attached adult; a child with an avoidant attachment style was likely to become an
adult who dismissed the need for care and affection; and a child with an ambivalent attachment was likely to become an adult who is preoccupied and enmeshed with the caregivers of their childhood, demonstrating moments of being flooded with infantile affects. Finally, a disorganized child was likely to become an adult who was not resolved about the loss of an attachment figure or who appeared chaotic or aggressive in his or her attachments and vulnerable to psychopathology.66

Reflecting upon Main’s research, Robert Karen explored the characteristics of mothers who exhibited an insecure attachment to their parents.67 He noted that mothers with avoidant attachment styles employed different strategies to keep the baby from getting too close emotionally, such as dismissing the child’s attachment needs. Regarding these mothers, Karen expressed: “Needs and longings that were painfully unmet have become a source of hurt and shame for her. Having cut herself off from them, they make her angry, depressed, or disgusted when she sees them in her child.” 68

In contrast, Karen indicated that a mother with an ambivalent attachment style wants to love deeply, but finds her caregiving impaired by her own dependency needs, which interrupt her capacity to be consistently available to her children.69 Hence, these mothers tend to appear preoccupied or seem to be incapable of demonstrating consistent care for their babies.70 Karen notes that such mothers probably struggle with desperation in their relationships due to core feelings of shame and beliefs that they are not worthy of love.71 Karen describes the challenges of a mother with an ambivalent attachment style:

A mother who has never worked through her own ambivalent attachment has probably been struggling all her life to find stable love. When she was a child, she may have been pained by the competent, steady caring that she saw friends’ parents give to them. As an adult she may be prone to a nagging, uncontrollable jealousy . . . She may want to love deeply and steadily, but it is hard for her because she’s never been filled up enough . . . to be in a position to give it.72
However, Karen identified that family life is complex and there are other factors that also have an effect upon children’s attachment relationship to their mothers, such as the child’s temperament, gender, and relationship to the father. Karen observed that Main’s study identified a portion of adults who had successfully shifted their attachment style. Because these adults had worked through their attachment losses or they had demonstrated a coherent reflection upon their negative childhood experiences, they resembled the adults who had secure attachments.

Black explored the impact upon mothers who had experienced some deficiency in how their dependency needs were met as children. She referred to these mothers as undermothered mothers and defined them as mothers who received insufficient or problematic nurturing in their childhood. “Children who grow up without a secure base . . . find life more difficult, especially when it comes to relationships.”

Because these mothers experienced some deficiency in childhood with their dependency needs, Black theorized that these mothers lack good models about how to mother and so they need help with their mothering. Black proposed that undermothered mothers particularly need support to reflect upon their experiences, express difficult feelings, and to consider new possibilities or behavior in how they mother.

Margaret S. Mahler, Fred Pine, and Anni Bergman describe children who lacked a secure base when growing up:

We also observed children who had a rather unsatisfactory symbiotic relationship because of the mother’s great ambivalence toward her child and toward her own role as a mother. In these children disturbed symbiosis was not caused by indifference or depression on the part of the mother, but by her unpredictability.

Further, Mahler, et al. state that in the psychological development of the human infant, the first stage is one of symbiosis with the mother. They define this stage as one
in which differentiation between the infant and mother has not yet occurred; the infant is 
fused with the mother. In optimal development, the infant gradually begins to separate 
and develop an individual identity through the emotional availability, support, and gentle 
pushing of the mother. They define this identity as “the earliest awareness of a sense of 
being . . . It is not a sense of who I am but that I am . . .” 81

In order to attain an individual identity, Mahler et al. suggest that the infant needs 
to move gradually away from its symbiotic connection mother in the first three years of 
life.82 When the infant enters the rapprochement stage (between 17 to 24 months of age), 
the infant will typically be walking, called a toddler, and will experience some difficulty 
with separating from its mother, due to its desires to be autonomous yet still fused with 
the mother. Thus, the toddler displays ambivalence in relationship to these desires and 
also exhibits psychological splitting with regard to its object constancy of the good 
mother versus the bad mother.83

Mahler et al. note that an example of the toddler’s splitting can happen when a 
mother departs, leaving a toddler alone in a room with a visitor; the toddler may project 
the bad mother onto a visitor and display much crankiness.84 When the mother returns, 
the toddler may greet her with an angry outburst, as the toddler has not yet located the 
good mother in her. This incidence suggests that the toddler is experiencing only the bad 
mother at the moment and longing for the unattainable good mother. Mahler et al. 
indicate that the mother’s love is supremely important at this time: “It is the mother’s 
love of the toddler and the acceptance of his ambivalence that enable the toddler to 
cathect his self-representation with neutralized energy.” 85
Regarding the psychological phenomenon of splitting, Sandra Edelman contributes a different view about how splitting can be introduced into the psyche. Edelman observes that when the primitive part of the psyche comes into contact with the numinous, the primitive mind deciphers its experiences through its sensory foundations. Thus, the primitive mind separates things into two: 1) I am only that which I know; 2) I am not that unknown phenomenon. Because the numinous is frightening, the numinous gets separated into the not-known category and is experienced as threatening to one’s existence. She indicates that because of many infants’ birth traumas, they can inadvertently be exposed to the numinous prematurely, which leads to an early development of splitting if the mother cannot mitigate the trauma: “Mother’s feeling and holding, if good enough, can metabolize the somatic trauma, but if her psychic state is chaotic, the spiritual trauma is not mitigated and remains imprinted in the infant psyche.

Omer also considers what can go awry in early childhood development. In reflecting upon Mahler’s explanations regarding psychological development, Omer theorizes that many people in Western culture had a deficient experience of symbiosis with their mothers or primary caregivers. He observes that because mothers often lack support, it is hard in Western culture for mothers to engage in symbiosis sufficiently with their infants. Thus, he proposes that many children grow up to be adults that exhibit a perpetual state of negative symbiosis. He defines negative symbiosis as a state in which individuals feel driven by their nagging feeling of emptiness or non-being and they keep trying to re-enter into a unitive state, grabbing at whatever immediate urge might fill up the emptiness, such as eating, drinking, or smoking.
Kaplan contributes that optimal human development occurs when the infant is bathed in dialogue and in physical contact with a loving caregiver. Through the caregiver’s attunement to the infant’s “inchoate excitements,” the infant’s affects and emotions are translated, attended, and satisfied. Kaplan illustrates how dialogue and contact promote development:

Dialogue is the heartbeat of a human existence. Were it not for this dialogue, the chaotic excitement and crude appetites of the infant could not be transformed into the desire and longings that enable him to live a fully human life. Were it not for this dialogue an infant would not learn how to express love or give love to others. Love can only be learned in an atmosphere of prolonged physical contact and emotional intimacy with another human being, a caregiver who is capable of engaging in a dialogue with a baby.

Focusing on the rupture that can occur when one’s dependency needs are not met in childhood, Michael Balint calls this the basic fault. He theorizes that a basic fault or a core wound happens when people are in their formative years and the environment and/or the caretakers around them fail to meet their needs in some important way. “This creates a state of deficiency whose consequences and after-effects appear to be only partly reversible,” Balint indicates. However, people with core wounds can engage in healing efforts and change some of their habitual behaviors. Yet, they will have some evidence of a scar covering the wound and some of the effects from the wound will remain.

With regard to human’s dependency needs, Takeo Doi refers to amae. Amae is a Japanese term that has been translated to mean primary love or indulgent dependence. Doi models the human need for amae upon the situation of an infant craving close contact with its mother and he proposes that this human need is normal and natural and that all humans hunger for situations in which we can be fully dependent upon another.
Similarly, Robert Bornstein and Mary Languirand point out that adults also require a certain degree of having their dependency needs as well as their autonomy needs met.97 “Healthy dependency is the ability to blend intimacy and autonomy, lean on others while maintaining a strong sense of self, and feel good (not guilty) about asking for help when you need it.”98 They indicate that adults whose dependency needs are met in a consistent and balanced fashion function more optimally than adults who often fear that their dependency needs will not be met or adults who defend against even recognizing their dependency needs.

From Joan Raphael-Leff’s perspective, even if the mother practices healthy dependency with her spouse or others, the mother-infant relationship is primed for an eruption of primal material.99 Raphael-Leff calls the primal material wild things, and indicates that such material exists in all of us; it is the untamed, unprocessed, chaotic, pre-verbal feelings that can show up in dream fragments or in inexplicable moods over which we have no control. She theorizes that simply by being in close contact with babies and their raw emotions and primitive experiences, parents are susceptible to the unprocessed, wild things within themselves. Raphael-Leff describes how a mother can react to her unhappy baby’s cries:

The mother fears that contagion might set in and she too may burst the floodgates of her emotion; tears and self-pity will come pouring out of an unplugged hold deep inside her and never cease flowing. She feels the need to erect a sound barrier between them, rigidifying her boundary to keep the baby out—to prevent his misery leaching into her innermost crevices and stirring up her own.100

Raphael-Leff indicates that the revival of infantile feelings in parenthood can lead to enormous stress, depression, anxiety, or it can be a chance to metabolize previously
unprocessed material, which can be healing and lead to growth. She describes the balance a mother might seek to achieve in relationship with her infant:

When a parent can hold onto the good times with the infant while not denying the bad, and can remain emotionally available without being overwhelmed, allowing the baby to be himself or herself—neither ‘good’ nor ‘bad’ but a unique ‘good-enough’ baby and the parent, ‘good-enough’—the baby’s infancy will be truly transformational, and they will all emerge with realistic self-esteem and integrated solidarity.

Conversely, Raphael-Leff expresses that the opposite of healing can also occur. A mother who is afraid of affect contagion from her infant and afraid of being identified by others as a bad mother due to her inability to control her infant may withdraw from her infant behind a barrier of emotional absence, indifferent neglect, or obsessionality.

Similarly, Robert Jay Lifton discusses emotional absence through his term, psychic numbing. When situations of intense stimulus occur, some individuals psychically numb themselves, which results in a diminished feeling capacity, or they psychologically block themselves from experiencing what they are doing. He specifies: “Psychic numbing involves an interruption in psychic action—in the continuous creation and re-creation of images and forms that constitutes the symbolizing or “formative process” characteristic of human mental life.

Selma Fraiberg, Edna Adelson, and Vivian Shapiro focused upon distressed mothers and clinically treated those who were struggling with depression, suicidality, and who demonstrated weak bonds with their infants. Fraiberg et al. found that distressed mothers suffered from unremembered childhood pain formed in relationship with their caregivers; they called this ghosts in the nursery. They found that when mothers seemed possessed by ghosts in the nursery, their infants showed signs of emotional starvation or developmental impairment.
Fraiberg et al. set out to determine what element is it that determines whether the conflicted past of the parent will be repeated with the current child. They discovered that when parents remembered the emotions lurking in the shadows underneath the stories of their childhoods, they were less likely to inflict their suffering upon their child:

The key to our ghost story appears to lie in the fate of affects in childhood. Our hypothesis is that access to childhood pain becomes a powerful deterrent against repetition in parenting, while repression and isolation of painful affect provide the psychological requirements for identification with the betrayers and the aggressors.

In summary, this sub-cluster focused upon situating the phenomenon of maternal ambivalence relationally. Klein and Mahler proposed that maternal ambivalence is an inherent part of the human condition, but elaborated different theories as to the origins of the ambivalence. Similarly, Winnicott spoke to the naturalness of a mother’s ambivalence and the task of containing her hatred while caretaking. Clark also indicated that maternal ambivalence was a normal part of a mother’s development, but that a mother who struggled from undue ambivalence would suffer from splitting herself into good and bad. However, Main and Black suggested that a mother exhibiting maternal ambivalence might be a mother who has an ambivalent attachment style or be an undermothered mother. Overall, the authors reviewed in this sub-cluster concur that maternal ambivalence exists; depending upon the severity of a mother’s ambivalence, many of the authors would define maternal ambivalence as a problem for women in their mothering.

**Affects and Emotions Associated with Maternal Ambivalence**

This sub-cluster explores the affects and emotions that are associated with maternal ambivalence. After defining affects, this sub-cluster examines in detail the
affect of shame and the emotion of guilt. The emotion of hatred is focused upon next, followed by the affects of anger and disgust. This sub-cluster concludes with a strategy for transforming these difficult emotions and affects.

Silvan Tompkins explains that affects are the biological templates through which we experience the world and then interpret our experiences. “Affects are sets of muscle and glandular responses located in the face and also widely distributed through the body, which generate sensory feedback . . .” Affects are important because they amplify biological impulses and cause us to care about whatever has been triggered. As Tompkins emphasizes, affects are an innate part of human biology much like the genetic code; thus, “One does not learn to be afraid, or to cry, or to startle any more than one learns to feel pain or to gasp for air.”

Tompkins identifies three categories of affects. The positive affects are interest-excitement and enjoyment-joy. The negative affects are dismell, contempt-disgust, fear-terror, distress-anguish, anger-rage, and shame-humiliation. The last affect category contains the resetting affect of surprise-startle, which interrupts the current affect and permits another affect to be experienced.

With regard to the negative affects, Donald Nathanson contributes that the shame-humiliation affect is significant for how it is triggered differently than the other affects. The other affects are triggered by internal neural events or the detection of noxious chemicals. However, the shame affect is evoked whenever the positive affect of interest-joy is interrupted. Nathanson notes that “shame is painful in direct proportion to the degree of positive affect it limits.” Shame impacts us so strongly because it is tied to our sense of our selves, our identity.
Tompkins explores how the shame affect is unique:

In contrast to all other affects, shame is an experience of the self by the self. At that moment when the self feels ashamed, it is felt as a sickness within the self. Shame is the most reflexive of affects in that the phenomenological distinction between the subject and object is lost. Why is shame so close to the experienced self? It is because the self lives in the face, and within the face the self burns brightest in the eyes.118

Nathanson observes that guilt is one of the emotions that cluster around the shame affect. However, guilt differs from shame in that is a combination of the affects of shame and fear.119 He suggests that included in the experience of guilt is the fear of being discovered in reference to an action about which one has shame, because one has violated a rule or caused harm to another person.120

Dale Mendell and Patsy Turrini observed that if mothers need to utilize aggressive energies when they are disciplining children, this conflicts with the ideal image of mother and evokes guilt.121 For many mothers, being aggressive with their children can provoke a self-evaluation that they have not mothered well, which impacts the mother in a multifaceted way:

When hatred and murderous rage arise in reaction to children’s behavior, mothers experience shame, guilt, and inferiority followed by the expectation of retribution and the need to atone. The pain of murderous thoughts toward a child is one of the common griefs of adult women as such thoughts and feelings run counter to the idealized version of the loving caretaker, and threaten the mother’s sense of herself as a woman. The innate needs of growing children frequently run counter to the internal demands an adult woman makes upon herself.122

With regard to maternal ambivalence, Parker conveys that the emotions of guilt and anxiety feature strongly in a mother struggling with her ambivalence.123 Thus, two of the underlying affects for a mother struggling with maternal ambivalence are shame and fear. When a mother feels overwhelmed by ambivalence, Parker notes that the main
challenge is how a mother tolerates the guilt and the anxiety that the ambivalence evokes.\textsuperscript{124}

Swiggart illuminates the range of possible guilt that is typical of many mothers:

Guilt. Uncertainty . . . Trying to give more. Trying to be a better mother than Mother was . . . . Guilt for providing too much attention or not enough, for giving the child too much freedom or not enough, for spanking or not spanking . . . The guilt of the working mother, the guilt of the mother who does not have to work; . . . the guilt of the mother who just wants to get away from her children, but doesn’t feel she has the right; . . . the guilt of the mother whose child is showing signs of disturbance, unhappiness; physical illness; the certainty you’ve somehow damaged your child permanently, no matter what you’ve done or failed to do.\textsuperscript{125}

Samantha Seagram and Judith C. Daniluk conducted a phenomenological study on the experience and meaning of guilt for eight mothers who had children between the ages of two to twelve.\textsuperscript{126} Three of the participants worked full time and one worked part time; all of the participants were in long-term, heterosexual partnerships. The methodology for the study was comprised of narrative interviews that focused on exploring the phenomenon of guilt.

Seagram and Daniluk found that these mothers felt a sense of complete responsibility for the health, welfare, and development of their children. Because of the profound love these mothers had for their children, they were highly sensitized to their children’s feelings of unhappiness or suffering. Seagram and Daniluk concluded that the mothers’ guilt was strongly related to their struggles around desiring to be good mothers:

A significant and underlying component of the participants’ experience of maternal guilt was their sense of inadequacy in meeting their expectations of being “good mothers.” The women’s sense of inadequacy was separate from, but related to their feelings of responsibility, connection, and desires to have a positive impact on their children, all of which contributed to setting unrealistic maternal standards. It evolved from their continual self-evaluation with respect to these standards and their assessment that indeed they were falling short of meeting these ideals.\textsuperscript{127}
Edleman explores shame in mothers and how the infant perceives itself based on its experience of being seen by the mother. Edleman points out that if a mother has not been able to integrate her shame or make it conscious, the infant will gaze at the mother and see its own terror and dread. Commenting upon how profoundly this interaction affects both, she notes: “It is also possible that the fear seen in the mother’s eyes is her fear of not being a good-enough mother, a fear which could very well exist precisely because she loves her baby and is aware of her own woundedness.”

Further, Edleman suggests that such a mother may be a shame-carrier. Shame-carriers are those for whom the shame affect has become a lifestyle and for whom the habitual response to much of their environment is shame. Toward healing the chronic and pervasive sense of shame, she proposes meeting the shame by tending to the inner infant and providing that infant with the holding environment that it did not receive.

Mary Ayers explores the effects of shame when carried in a mother’s gaze. Ayers notes, “Eye-to-eye contact is one of the most intimate relationships possible between human beings . . . Eyes have the power to repel, conceal, and destroy, and alternatively, attract, connect, and create.” She adds that shame can disintegrate one’s sense of self, but it can also be a sparking of psychic life because shame provokes consciousness. Examining the effects of being seen (or not) in relationship to identity, Ayers states:

If the infant is not seen, she cannot exist or have a being. She increasingly feels helpless and ashamed. The adult individual suffering from shame in the core of the self is living in the eye of mother, made insane by the failure situation but unable to separate from the look in mother’s eyes.
Diane Fosha observes that there is much pathology in Western culture regarding poor access to emotional resources and many are wounded because they did not have enough relational support to tolerate and express intense affects. She notes that experiencing intense affects without support can cause harm, because the self becomes overwhelmed:

When attachment figures cannot support the individual so that he feels safe in feeling his feelings, affective experiences can threaten to overwhelm the integrity of self and relationships; when faced alone, they can be unbearable.

Parker theorizes that mothers are seriously challenged by the element of hatred in their maternal ambivalence. The hate evokes the loss of the mother’s own internal good object. The loss then provokes persecutory guilt or depressive guilt. For the mother, this translates to: the problem is either that my child is bad or that I’m a bad mother.

Omer posits, “Hatred is the soul’s reactions to unmet dependence.” He describes the role of hate in the human experience:

Hate is an emotion, not an affect. Hate is part of our essential nature. Hate is a part of our frustration of desire—especially the desire for union. I prefer thinking of it that way instead of love being our essential nature. That way hate isn’t relegated to a secondary place . . . . In order to metabolize hate; you need teeth made of hate.

Omer indicates that hatred is composed of the affects of anger, disgust, and shame.

With regard to the affect of anger, Louis H. Stewart indicates that the anger is aroused when one’s autonomy is restricted, which can provoke chaos. In order to protect oneself from perceived attack, an anger response emerges. In children, this can look like thrashing or biting to repel the attack; in adults, the anger response is directed toward getting rid of the cause of one’s frustration.
Tompkins describes the affect of anger-rage as one in which there is a high rate of neural firing and a punishing quality of sensory stimulation.\textsuperscript{143} He states that the anger affect troubles societies more than other negative affects because anger threatens negative social consequences for another. Hence, Tompkins observes that societies try hard to contain the anger affect:

> Of all the negative affects it is the least likely to remain under the skin of the one who feels it, and so is just that affect all societies try hardest to contain within that envelope under the skin or to deflect toward deviants within the society and toward barbarians without.\textsuperscript{144}

In contrast to the intense physiological reaction involved in the anger affect, Tompkins indicates that the contempt-disgust affect is more subtle in that it operates fundamentally as a reactive defense to keep the body from digesting food or substances that might create illness.\textsuperscript{145} However, disgust also signals to the body feelings of rejection.\textsuperscript{146} Unlike the shame affect that evokes self-consciousness, disgust provokes the least self-consciousness because one’s consciousness is outwardly focused upon an object. Tompkins notes that even when one bears disgust toward oneself, there is little self-consciousness because the self has split itself into a subject and an object in which the subject holds the object in contempt. He illuminates the challenges of self-contempt:

> As self-contempt generalizes, any negative affect may become the unwanted state which offends the self. Under these conditions I may be disgusted by the fact that I am distressed, disgusted with my timidity or any fear I experience, disgusted with my own irritability and even with my shyness or shame. Such a state of affairs has been incorrectly defined as self-hatred. It is rather the contempt for the self for the self and its feelings.\textsuperscript{147}

With regard to navigating a difficult affect or emotion, Omer contributes that when one is experiencing a strong or painful feeling such as hatred towards one’s child, an image lurks nearby.\textsuperscript{148} If the image can be expressed or manifested, the feeling can be
transformed. He describes the possibility of working with a difficult affect towards the possibility of transmuting the affect into a capacity, which he defines as “. . . a distinct dimension of human development and human evolution that delineates a specific potential for responding to a domain of life.” Thus, for example, the affect of shame could transmute into dignity or autonomy. Similarly, the affect of fear could transmute into courage.

This sub-cluster explored the emotions and affects that are related to maternal ambivalence such as hatred, guilt, shame, anger, and disgust. Parker observed that feelings of hatred are uncomfortable for Western culture, so what often emerges into awareness instead is guilt. Nathanson pointed out that underneath the guilt are the affects of shame and fear. Edelman illustrated how shame can become toxic and how a shame-carrier may need to work through the shame. Omer illuminated the possibility of transmuting the affect of shame into the capacity of autonomy. Overall, this sub-cluster detailed some of the struggles involved affectively and emotionally for a mother who feels challenged by her ambivalence. This sub-cluster was crucial in the exploration of maternal ambivalence because, as Tompkins conveys, “All the negative affects trouble human beings deeply.”

**Cultural and Sociological Perspectives on Maternal Ambivalence**

The third sub-cluster of literature looks at the phenomenon of maternal ambivalence from a cultural or a sociological perspective. Different cultures construe motherhood or the tasks of mothering in distinct and unique ways. In Western cultures, families are typically nuclear, meaning that households rarely contain more than one
married couple (or a single adult) and their children; the woman often maintains primary responsibility for the children. In traditional cultures, households can consist of a couple, their children, and many relatives; the responsibilities of childcare are often shared among many of the women and the older children. Thus, mothering and maternal ambivalence is strongly affected by the cultural slant through which it is being viewed.

The majority of authors in this sub-cluster analyze Western culture’s relationship to motherhood, focusing upon how Western culture idealizes or denigrates motherhood. Some authors critique the modern nuclear family structure in contrast to traditional cultures that provide multiple caretakers. Other authors examine how mothering has changed historically in Western culture or how it looks different depending upon minority or class issues. Overall, this sub-cluster explores how maternal ambivalence is perpetuated culturally.

Nancy Chodorow and Susan Contratto have argued that our cultural fantasy of the perfect mother is at the heart of our cultural dilemmas around mothering. They purport that this cultural fantasy has led to the oppression of women in the interests of children whose needs are also fantasized. They suggest that this fantasy comes from our infancy. For infants, the mother is known only in her capacity as a mother:

Blame and idealization of mothers have become our cultural ideology. This ideology, however, gains meaning from and is partially produced by infantile fantasies that are themselves the outcome of being mothered exclusively by one woman. If mothers have exclusive responsibility for infants who are totally dependent, then to the infant they are the source of all good and evil . . . . For the infant, the mother is not someone with her own life, wants, needs, history, other social relationships, work . . . . Growing up means . . . recognizing her subjectivity and appreciating her separateness.

Dally also observes that our culture tends to idealize mothers, which she thinks occurs in part because the needs of children are discordant with the structure and
organization of our society; our culture tolerates this gap by idealizing mothers or denigrating them. Since World War II, when bonding became the primary focus of mothers with their babies, mothers have felt guilty if they had to leave their babies or if they felt unable to be good mothers 24 hours a day. She analyzes our idealization of mothers and how idealizing creates the splitting apart of love and hate:

> Idealization can be described as a feeling of love towards something or somebody towards whom one actually has feelings of both love and hate. The hate is ignored and so kept from consciousness. The love is unrealistic because it separated from the hate with which it is actually inextricably connected. Thus it becomes illusory, in that it is supported by distorted or falsified perception, which is used unconsciously to prevent the hate from becoming conscious. If it is pointed out that hate is actually present alongside the love, angry reactions are liable to be provoked.

Looking through the lens of cultural change, Dally comments that women’s burdens around motherhood are complicated by the cultural shifts that now permit women greater freedom regarding their decisions about having children. For a very long time historically, a woman’s chief role in life was motherhood. However, now that overpopulation is regarded by some as a worldwide problem, having babies is considered irresponsible in some social circles. Yet, there is also a belief that one should only have children if one can provide them with love, care, and material things, which are considered necessary for optimum development. Dally emphasizes how the role of choice in women’s decisions to become mothers affects them:

> The fact that any woman can choose . . . whether or not she becomes a mother has a profound effect on women, on men, on families and on parenthood itself. First there is the common idea that one should only have children if one is able to care for them properly . . . For most people this means getting married . . . producing a small family . . . and devoting to them a tremendous amount of time, emotion and money . . . The wherewithal to organize things like this has had a profound effect on family life . . . . It also raises new questions and creates new dilemmas.
After becoming a mother herself, Swiggart became curious about Western culture’s idealization and denigration of mothers and conducted interviews with many women to hear about their authentic experiences of mothering.\textsuperscript{160} Though some women were willing to express their subjective experiences, she found a surprising cultural silence in which some women wanted to hide or deny their vital experiences as mothers: “This cultural silence about the emotional realities of child rearing creates such anxiety, guilt, and feelings of inadequacy that it is too threatening for many people to examine their subjective states as they care for their children.”\textsuperscript{161}

Swiggart concluded that Western culture’s idealization of mothers serves the culture through hiding the complexity of what is involved in nurturing children.\textsuperscript{162} Our idealization is a smokescreen that keeps us from evaluating how to provide optimum care for our children and tend to the mothers (or the caregivers) who tend the children. Instead, we have been focused upon determining which mothers are good and which mothers are bad, which has silenced women for fear of being seen as bad mothers:

It is extremely difficult for mothers to admit they do not want to spend time caring for their children, and that nurturing seriously interferes with their personal ambitions. Being aware that you don’t want to care for you own child . . . strikes many women at the core of their gender identity. It seems to be as mortifying for a woman to admit she often feels no desire to nurture her child as it is for a man to admit he cannot get an erection. What is a mother if in fact child rearing is tedious to her? What does it mean that she would rather do something else?\textsuperscript{163}

Maushart concludes that because of this cultural ideology around motherhood, the present generation of women feel they must mask their authentic mothering experiences so that they appear brave, serene, and all-knowing.\textsuperscript{164} She purports that the diagnosis of postpartum depression for those women who are struggling with mothering is problematic. Although the diagnosis recognizes the depression that can occur after having
a baby, the diagnosis also suggests that the normal woman copes with the enormity of becoming a mother without issue.  

Kathy Weingarten focuses on the difficulty of having one’s identity shaken when one’s sense of oneself as a mother is challenged. Until she had cancer and needed to become an outlaw to the main code of good motherhood (which she defined as meeting your child’s need first before meeting your own needs), she was unaware of how much the cultural messages about good mothering were informing her actions as a mother. She discovered that these cultural rules regarding maternal behavior had silenced her from even identifying to herself much of her authentic experience as a mother. She states that what is missing in our modern times is the mother’s voice, her subjectivity.  

Jessica Benjamin explains that the problem with idealizing mothers is that it does not permit hate to come forward and support the experience of love to be less idealized and more authentic. It also leads to the denial of subjectivity for mothers and reduces mothers to being an object, which leads to domination. It also means that privilege and the power of agency falls to the father. Thus, mothers must claim their own subjectivity:  

The child can only perceive the mother as a subject in her own right if the mother is one. And here we must be clear that the mother’s subjectivity (in contrast to the maternal ideal) must include imperfection to be real, to her and her child; real subjectivity does not require her to be self-sufficient, perfect and omni-competent. Yet this ideal of self-sufficiency commonly goes unquestioned, as it did for the mother who, when asked what care and support mothers need, could not understand the question . . .  

Marianne Hirsch examined psychoanalytic texts looking for evidence of maternal anger, which she perceived to be a pointed assertion and articulation of subjectivity. Instead, she found that such texts were filled with desires for maternal approval and with fears of maternal power. Hirsch concluded that the texts collude with the culture through
“. . . silencing and repressing any form of maternal anger which is not restricted to the protection of the children but is directed at them and is therefore perceived as profoundly threatening and dangerous even by the mothers themselves.” 172

Adrienne Rich illustrates this conundrum:

Mother-love is supposed to be continuous, unconditional. Love and anger cannot coexist. Female anger threatens the institution of motherhood. 173

Warner purports that mothers today are enshrouded in The Mess, which she defines as “a wall of inner noise about trying to be a perfect mom.” 174 Because of the cultural obsession on being perfect mothers, Warner found that many women are struggling with stress-related ailments like insomnia, migraines, and rashes, as well as suffering from significant despair, anxiety, and fatigue. 175 She thinks that what women do in the name of perfect motherhood is really about reparenting themselves and trying to compensate for some needs that were unfilled in their own childhoods. 176

Parker theorizes that our problem is that we defend against the recognition of maternal ambivalence because we are afraid that a mother’s anger will destroy her love and lead to isolation and abandonment of the children. 177 She speculates that society’s wariness of maternal ambivalence is perpetuated by infantile fears of loss.

After her interviews with 38 mothers of toddlers from diverse social classes and ethnic backgrounds, Hays concluded that our culture practices intensive mothering. 178 Intensive mothering is an ideology that promotes mothers devoting the majority of their time, money, and energy to the well-being of their children and placing the children’s needs above their own. Hays states that this endeavor is seen as sacred, because children are innocent and thus mothering is women’s special and sacred work:
In short, child-centered child rearing means doing what is best for your child rather than what is convenient for you as the parent; it means concentrating on what you can do for them rather than on what they can do for you. And this, many mothers tell me, is the way it should be.\(^{179}\)

Susan Douglas and Meredith Michaels place the responsibility about our cultural obsession with motherhood on the media who they say are promoting the *New Momism,* which they define as a romanticized version of mother who devotes her entire being to her children.\(^{180}\) They joke: “Intensive mothering is the ultimate female Olympics. . . . the competition isn’t just over who’s a good mother—it’s over who’s the best.\(^{181}\)

Thurer adds that the cultural obsession around being perfect mothers is an urban legend or falsehood.\(^{182}\) This falsehood suggests that if we fail to dispense the right amount of mother love at the right time, our children will be irreparably harmed and the next generation doomed.\(^{183}\) Thurer describes how this cultural ideology affects women:

Our society simply refuses to know about a mother’s experience—how being yoked to a little one all day transforms her. To confess to being in conflict about mothering is tantamount to being a bad person; it violates a taboo; and worse, it feels like a betrayal of one’s child. In an age that regards mothers’ negative feelings, even subconscious ones, as potentially toxic to their children, it has become mandatory to enjoy mothering.\(^{184}\)

Ann Crittenden tallies the cost of motherhood economically for many families in the United States of America in which the mother has opted to be a stay-at-home mother or work part-time due to the lack of good child care.\(^{185}\) Because of the lack of good, quality social programs to support the process of raising children, she notes that many educated middle-class women will forego their previous careers and experience a serious loss of income dubbed the *mommy tax.* In 2001, she estimated that the cost of this mommy tax would be around six hundred thousand dollars over a woman’s life span. She observed that the tax is highest in Anglo-Saxon countries, but much lower in France
and Scandinavia because those countries have paid maternity leaves and public
preschools, which means that mothers do not have to sacrifice their incomes.\textsuperscript{186}

As Diane Eyer comments, the United States of America is the worst of the
industrialized nations in terms of providing public funds to support the rearing of
children.\textsuperscript{187} Instead, she purports, we have become used to our culture, which relies upon
the exclusivity of mothers caring for children and then promotes mothers feeling guilty
and blamed for their deficiencies.

Regarding fathers’ participation in family life, Eyer comments that our culture
does not hold them to the same standard that women are held to with regard to
parenting.\textsuperscript{188} She observes that our culture does not place shame or guilt on fathers for
their absences even though they are away from their children substantially more than
mothers. For example, there have been many studies regarding paternal absences, but
those studies are referring to fathers who do not live with their children. In contrast,
maternal absence is a term that has been used to describe maternal employment. Further,
Eyer notes the lack of studies on father-infant interactions or on the quality of
father-infant interactions.

Eyer points out that in the United States of America and in the United Kingdom,
attachment theory dominates regarding child-rearing and it promotes the superiority of
the stay-at-home mom.\textsuperscript{189} However, other cultures employ different strategies with
regard to childcare. On an Israeli kibbutz, infants are separated from their mothers at birth
and raised in children’s houses. Additionally, Eyer indicates that in traditional cultures,
young children are often reared cooperatively with multiple caretakers.\textsuperscript{190}
An example of a culture that engages in multiple caretakers is found in Turkey, as Margaret Boushel, Mary Fawcett, and Julie Selwyn discuss.\textsuperscript{191} Although child-rearing is regarded as one of the mother’s primary responsibilities there, she is also expected to receive support in this task from closely linked networks of female relatives.

Rosenthal describes the differences between attitudes to childcare in Western industrialized societies versus many rural African societies.\textsuperscript{192} Rosenthal notes that in the West, there is a high value placed on the developing individual child. Because in the West, childcare ideology believes that proper development requires significant support, the mother is considered the primary social agent who ought to nurture this development. Rosenthal notes that in many African communities, the cultural ideology regarding child-rearing is community based. She suggests that these communities believe that the welfare of its members is the concern of all and hence childcare is shared among slightly older children and the networks of female kin. In the communities that are becoming more industrialized, childcare is often assigned to siblings, who will bring their younger siblings to school in order to care for them.\textsuperscript{193}

Similarly, Sobonfu Somé describes how in her Dagara tribe in West Africa the community has a constant concern about the welfare and health of all its members, which leads to a focus on the very old and the very young.\textsuperscript{194} Thus, children are free to roam around the village because the children know that someone will always be available to attend to them. As S. Somé notes, the village’s community orientation means that the children receive the gift of multiple caretakers involved to solve their problems:

The fact that we are able to bring children into this world does not mean that we will always be equipped with what it takes to raise a child. It is not enough to want to be a good parent; we need help and community—it takes a community to keep a couple sane . . . . If a child grows up with the idea that only mom and dad
are her community, then when she has a problem, if the parents cannot fix it, the child doesn’t have anybody else to turn to. The parents alone are responsible for whoever the child becomes, and this is too much to ask of just two people—or, many times, just one person.195

With regard to some Maori communities in New Zealand, Harriet J. Smith comments on the difficulties that can occur when a community-based childrearing culture changes its style of childcare.196 Smith notes that when the Maori occupied villages, the Maori children enjoyed calling all women mother and all men father. After the age of two, the children were free to roam the village and to spend the night in neighbors’ homes. Overall, there was little maltreatment of children.197

However, Smith continues, during the twentieth century many Maori moved to urban environments in which they attempted to emulate their neighbors of European ancestry who did not practice community-based childcare.198 In the urban environments, the Maori suffered poverty, isolation, and high stress. In 1972, Smith reported that over one generation, the child-abuse rate skyrocketed such that Maori children were suffering abuse six times higher than that of nearby children of European ancestry.199

In a different vein, Smith spent a great deal of time observing wild baboons and other primate species in Keyna.200 From her studies of these primates, she deduced the necessity and the value of socializing for all primate mothers and their babies:

Isolation and lack of social support are risk factors for poor parenting in both human and nonhuman primates. Wild primates and human mothers in preindustrial societies remain an integral part of their communities while they continue to do productive work. Stay-at-home mothers in modern industrial societies are at higher risk of becoming socially isolated, and thus are out of sync with the highly social primate way of life.201

Jean Liedloff echoes Smith regarding the problematic child-rearing styles that can occur in modern industrial societies.202 Based on her experiences with the Yequana
Indians in the South American jungle, Liedloff theorizes that many infants in Western
culture suffer from not being held enough. In the jungle, Liedloff witnessed how infants
were included in all aspects of daily life and were in constant proximity to a caretaker’s
body from birth until they crawled. Thus, Liedloff speculates that lacking sufficient
holding results in the deprivation of an essential experience, which she considers to be a
break in the continuum of meeting the infant’s needs. She theorizes that such infants
grow up, but that parts of them remain infantile and long for this holding experience. She
links this common lack in Western culture to the prevalence of self-hate and self-doubt
that proliferate in our civilization.203

In contrast, Susan Griffin argues that the problem is more fundamental than
Liedloff describes.204 Griffin discusses that across the globe, cultures and civilizations
have developed fearing that which is primal: women, nature, Eros, and darkness.
Because of civilizations’ fears and desires to control nature, most cultures grew
institutions toward dominating instinct and nature. Toward that goal, they created
institutions, authorities, and gods in the masculine form. Hence, because of women’s
association with nature, institutions were created toward controlling women:

Even the institution of motherhood becomes damaging to both mother and child.
A woman who is mother is divided from the culture. And because of this she must
be split in her own soul. Despite the propaganda of a culture which excludes
women, women have a capacity for cultural expression which is as large as the
human capacity. But culture has ordained that woman has no need of culture and
culture no need of her. And so she is excluded from the life of her society. One of
the means of this exclusivity is to make her a mother.205

Further, Griffin comments that women have been strongly affected by cultures’
domination over women.206 As small children, many girls attempt to fit the mold that
culture proclaims for them. Griffin expresses surprise that more mothers do not mistreat their children, given how the institution of motherhood is used against women:

Hatred and mistreatment of children is not the common fact of society. But ambivalence is, the ambivalence of the mother who . . . has inside a heart which longs for freedom . . . which cannot bear this unnatural isolation from the life of the psyche shared by other beings. And the infant must know this and must take this fact in, which indelibly maims and instills a feeling of rejection and unworthiness in the child’s heart.\textsuperscript{207}

Similarly, Joseph Rheingold examines cultural influences upon women in Western societies.\textsuperscript{208} He theorizes that many women have an ingrained fear about being a woman in this culture because it is a \textit{man’s world}. He suggests that the fear of being female creates a basic conflict for women between the life force and the death force; the conflict is between her urges to reproduce and the negative consequences the havoc of reproducing will reap. Women tend to adapt to the cultural pressures of being female in two ways: they embrace their femininity and become tender wives and mothers or they revolt against their femininity and revere masculine values.\textsuperscript{209}

Rheingold indicates that a woman’s core fear of being female gets expressed in displaced emotions such as anger, guilt, and hate.\textsuperscript{210} He suggests that given the pressures under which women suffer culturally, it is noteworthy that many women are nurturing:

The fear of being a woman may be observed in every biologic “crisis” of a woman’s life . . . Becoming a mother means undergoing suffering and a profound readjustment, made more difficult in individual cases by such problems as a floundering marriage, an immature husband, a hostile mother or mother-in-law, economic worries, and defect or illness of the infant. To expect a woman with even the usual demands made upon her not to be at least ambivalent about motherhood is to expect the superhuman. What is remarkable is that she may be nurturant.\textsuperscript{211}

Cheryl Meyer, Michelle Oberman, Kelly White, Michelle Rone, Priya Batra, and Tara C. Proano observe that in every culture infanticide exists and that it is as old as
human society itself. They observe that in Western culture, we react with disbelief when a mother kills her children. Yet, given the societal expectations, they suggest that it is surprising that more women do not hurt their children.

Meyer et al. illustrate the dilemmas that mothers face:

Women seldom receive any validation for their natural feelings of boredom, frustration, and impatience. Therefore, they feel deviant when they have such feelings and frequently keep their sentiments to themselves in an effort to prevent others from seeing what “bad” mothers they really are. Depression, isolation, and helplessness may result.

Further, Meyer et al. explain that mothers who kill their children often fall into two categories: those who are portrayed as mad and those who are portrayed as bad. The mad mothers are those who were considered good mothers and followed traditional gender roles, but who suffered a lapse of judgment or who developed a mental illness. The bad mothers are those who were considered poor, callous mothers, who neglected their children and did not conform to appropriate feminine behavior. Thus, Meyer et al. note that society concludes that women who kill their children are either mad or bad.

Shifting toward a historical analysis of mothering in Western cultures, Molly Ladd-Taylor and Laura Umansky observe that the concept of mother love as being instinctual to women’s natures did not exist in Western culture prior to the eighteenth century. Recognizing that the familiar stereotypes of bad mothers include, for example, the career woman who has no time for her children, the welfare mother, and the teen mother, they track historically the roots of where this bad mother came from:

The “bad” mother we recognize today has historical roots in the late eighteenth and nineteenth century. Her appearance connects to the new ideas about motherhood and childhood innocence that accompanied industrialization, the American Revolution, and Protestant evangelicalism. These historical changes continue to inform mothering today . . . Vestiges of the Victorian ideal of motherhood persist: the “good” mother remains self-abnegating, domestic,
preternaturally attuned to her children’s needs; the “bad” mother has failed on one or more of these scores.\textsuperscript{216}

In contrast, as Judith Harris notes, the most prevalent fear in the early 1900s was of spoiling one’s children and in that era, women were expected to restrain themselves and not show children too much affection.\textsuperscript{217} For example, “German mothers were warned not to pick up the baby when it cried, lest they turn it into ‘the tyrant of the house.’” \textsuperscript{218}

Elizabeth Badinter chronicles the historical changes in maternal behavior over the last four centuries in France and found that the cultural definition of what constitutes a good mother changed greatly during that time.\textsuperscript{219} In the seventeenth century, a good mother sent her infant to a wet nurse shortly after birth, and did not mourn much if the infant should die.\textsuperscript{220} Badinter states that historical and literary documents reveal marked indifference about newborn babies and a wide discrepancy regarding parental love and attention according to sex and birth order.\textsuperscript{221}

After publications by Rousseau in 1760 urging mothers take care of their children personally and to breastfeed them, Badinter found that maternal behavior began to shift.\textsuperscript{222} A new image of the ideal mother began to emerge during the eighteenth century and this image involved the baby and the child at the center of the woman’s attention.\textsuperscript{223} Badinter suggests that the cultural change came about slowly and that writers, administrators, and doctors worked a great deal in pursuing arguments that would entice women to highlight mothering as their main focus.\textsuperscript{224}

Shifting from this historical perspective, Patricia Hill Collins comments that what is often neglected in the feminist analysis of motherhood is the minority perspective.\textsuperscript{225} Collins argues that because physical survival is assumed for middle-class, white children,
feminists tend to focus on women’s lack of power in a patriarchal society and how that affects the psychological well being of children and their mothers in that context. What is missing in that context is the question of race and class. For women of color and their children, the quest for power and self-definition can only be addressed along with the awareness that minority mothers and their children are struggling simply to survive.\textsuperscript{226}

Susan Chira comments that the icon of the good mother transcends across race and class lines but that the definition of what constitutes a good mother varies.\textsuperscript{227} Whereas in the 1950s in White America, a good mother was the one who stayed home with her children, in African-American homes children viewed mothers who worked all day as a symbol of devotion and not neglect.\textsuperscript{228}

From the years 1993-1994 in Richmond, California, Annette Lareau studied the differences between the ways in which race versus class affect families and children.\textsuperscript{229} Lareau found that issues of race had less effect than issues of class on parenting styles. She states that middle-class parents—defined as families where one parent had a college education or a managerial job—practiced \textit{concerted cultivation}, a parenting style that required parents to focus on developing their children’s talents, opinions, and skills.\textsuperscript{230} In contrast, working class parents—defined as families where neither parent was in a job that requires complex skills—practiced the \textit{accomplishment of natural growth}, a parenting style where parents thought that children’s development would occur naturally when they were provided with basic support such as shelter, comfort, and food.\textsuperscript{231} Observing that there were costs and benefits to both parenting styles, Laureau tallied the costs of concerted cultivation:

Parents, especially mothers, must reconcile conflicting priorities, juggling events whose deadlines are much tighter than the deadlines connected to serving meals
or getting children ready for bed. The domination of children’s activities can take a toll on families. At times, everyone in the middle class families—including ten-year old children—seemed exhausted.  

Regardless of one’s race or class, Douglas and Michaels argue that all women are affected by the media blitz that pretends women have choices, while promoting that an enlightened woman would be self-sacrificing in the extreme for her children:

Central to the new momism . . . is the feminist insistence . . . that they are active agents in control of their own destiny, that they have autonomy. But here’s where the distortion of feminism occurs. The only truly enlightened choice to make as a woman, the one that proves, first, that you are a “real” woman, and second, that you are a decent, worthy one, is to become a “mom” and to bring to child rearing a combination of selflessness and professionalism that would involve the cross cloning of Mother Teresa with Donna Shalala.  

In contrast, Danielle Crittendom suggests that the idealization of motherhood is not at the core of modern women’s challenges with motherhood, but rather, thinking that a woman ought to be in control of her life is the problem. She notes that in past times, our grandmothers did not fret over whether a particular marriage was right for them or whether having a baby would compromise their individuality. Crittendom highlights how a modern woman’s decision to have a child can wreak havoc on her plans:

. . . we are taught to anticipate many things . . . But the . . . life-changing decision that the majority of us eventually make is the one we are now least prepared for—the act of having a child. This is why all discussions of . . . how we will choose to live our lives invariably circle back to this one “problem.” The received wisdom of our time has been to be wary of motherhood—to “fit it into” our careers . . . and “to not let it define you.” The discovery when we do have babies . . . is that they in no way “fit into” any career . . . and that motherhood is about as defining an experience as any human being can undergo.  

Similarly, Daphne De Marneffe also considers that one of the main issues regarding motherhood for today’s women is control. She says that control is part of an autonomous adult identity, one that conflicts with the messy world of child bearing and child rearing. She suggests that the cultural focus on being professional and
self-sufficient has created a strange new taboo for women against acknowledging their maternal desire to mother.

Further, De Marneffe suggests that women are caught between the two worlds:

A focal point for maternal ambivalence today is the underlying tension between the reality that motherhood has the potential to transform us . . . and our complex reactions to that fact. Women today struggle with wanting to let their relationship with their child teach them . . . Yet they also want . . . to continue their previous commitments . . . That tension, between openness to the possibility of letting motherhood radically reorder one’s priorities and continuing with one’s other valued goals relatively unaffected, contributes to the inchoate sense of inadequacy or confusion that can abruptly emerge on any given day. 237

In contrast, Ginette Paris links motherhood to power. 238 Paris observes that in a society that is fairly sexist, maternity features as a significant outlet for feminine power. Paris explains that children’s dependency upon their mothers in their first few months is absolute; the mothers’ care determines whether they will live or die. For some mothers, this source of power fulfils them and nourishes them. Yet, Paris notes that for the mother who dedicates herself primarily to the task of mothering, the departure of her children as young adults is equated with the end of her special sense of power. 239 Such a mother may be flung into an identity crisis, overwhelmed with maternal ambivalence, or may become bitter and resentful about having to discover a different way to empower herself.

Andrea O’Reilly suggests that fear of maternal power is central to the idealization and denigration of mothers. 240 She notes that feminist theorizing in the 1970s revealed that women were ambivalent about power, authority, and anger, which feature greatly in the act of mothering. O’Reilly illuminates the paradox for women with power:

Mothering is a profound experience of both powerlessness and power; it is this paradox of motherhood that helps explain women’s ambivalence about motherhood. This ambivalence about maternal power—along with fear of the maternal, mother-blame, cultural devaluation of motherhood, and
matrophopia—distance daughters from their mothers and scripts the relationship of mother and daughter as one of disconnection and estrangement.241

In order to determine what the experience of mothers who did not subscribe to the dominant cultural narrative of good mothers looked like, O’Reilly studied mothering outlaws.242 She defined these women as mothers who did not adhere to the intensive mothering ideology that Hays identified of sacrificial motherhood, which mandated meeting the child’s needs to the exclusion of the mother’s.243 She interviewed fifteen mothers, ages 23-46, who challenged the good mother ideology, and who had an income of fifteen thousand to seventy-five thousand dollars per year. Her participants challenged the good mother ideology by making it a point to focus upon their own needs, through parenting in collective fashion or by creating an extended community for their children.

Overall, O’Reilly found that her participants were freer from experiencing guilt than typical mothers.244 She stated that some of her participants had experienced guilt in the past, but by challenging the good mother ideology and deciding to mother from their own needs and choices, they had freed themselves from guilt. Thus, they experienced more agency, autonomy, and empowerment in their mothering work.245

After reviewing the cultural and sociological literature, it is clear that the phenomenon of maternal ambivalence is a conundrum in Western cultures. Many authors such as Warner, Maushart, Hays, and Dally highlight how Western culture’s idealization of motherhood has led to a distorted image of mothers, such as the image that the good mother ought to sacrifice herself for the good of her child. Badinter locates this cultural definition of mothering historically, noting that in past centuries mothering was not a significant concern for women. Other authors, such as Rosenthal and Liedloff, focus upon how Western culture’s construction of mothering within a nuclear family structure
that depends primarily on one caregiver (typically the mother) perpetuates the problem of optimal development and maternal ambivalence. Some of the authors, such as Benjamin, Hirsch, and Rich, locate the crux of the problem in the suppression of feminine anger or in the denial of women’s subjectivity. Regardless of how the different authors determine the origin of maternal ambivalence, the overall consensus is that maternal ambivalence is the inevitable backdrop for women who mother in Western societies.

In conclusion, this cluster of *Maternal Ambivalence* explored literature that detailed the various causes of maternal ambivalence, from the primal relationship of mother and child to the cultural constraints of being raised in a nuclear family. This literature highlighted the challenges that can occur when mothers are overwhelmed by maternal ambivalence, especially with the negative affects and emotions they experience.

Throughout the literature, there was much speculation as to the origins and components of maternal ambivalence, but there was little conversation about what actions a mother who is suffering from an acute state of ambivalence can do about it. Clark’s study attempted to determine the meaning of maternal ambivalence for mothers, but did not propose how to help a mother who was struggling. Kraemer articulated the dilemma that mothers face and articulated the challenge for a mother in terms of tolerating her ambivalence, but again did not speak about how to help a mother. Hence, it appears that a gap in this literature exists regarding what a mother who is overcome with feelings of hate, guilt, or shame might do to transmute the painful state in which she finds herself other than psychologically splitting.
**Initiation, Motherhood, and Maternal Ambivalence**

This cluster of literature will explore the concepts surrounding initiation and how they relate to motherhood and maternal ambivalence. The material in this cluster will be divided up into three sub-clusters: Initiation, Initiation and Motherhood, and Initiation and Maternal Ambivalence. In the first sub-cluster, the key components of initiation will be examined followed by a focus upon the challenges of initiations. In the second sub-cluster, motherhood will be investigated as one important example of an initiatory experience. In the third sub-cluster, the connection between initiation and maternal ambivalence will be portrayed.

**Initiation**

This sub-cluster begins with an etymological definition of initiation. Arnold van Gennep describes initiation within indigenous cultures and defines the three parts of an initiation. Focusing upon the elements of initiation, Mircea Eliade, Eleanor Hall, Bill Plotkin, Kidd, and Meade describe the identity change that occurs through the symbolic death and rebirth phases of an initiation. M. Somé and Joseph Campbell elaborate on ordeals as a critical part of an initiation. Victor Turner, Francoise O’Kane, Bani Shorter, and Robert L. Moore examine the unique aspects of the middle phase of an initiation such as liminality and communitas.

In order to begin examining the concepts surrounding initiation, this cluster will first look at some of the different meanings associated with the term *initiation*. The *Oxford English Dictionary* defines initiation as the beginning of something or the origination. The *American Heritage Dictionary* contributes that initiate comes from
the Latin and is defined as “to cause to begin” or “to start a particular action, event, circumstance, or happening.” Also, initiation is defined as the having of a ceremony, ritual, or test that ushers an individual toward a new status in an organization or the having of new knowledge.

During his immersion in indigenous cultures, van Gennep observed that many human societies use ceremonial rituals (rites of passage) to mark significant transitions in the social status of individuals. He called these ceremonial rites initiations and the individuals who participated in the rites initiates. The rites were used to highlight an individual’s change and to effect the change through the use of ordeals. In particular, the social changes that happen during birth, puberty, marriage, parenthood, and death were acknowledged during the rites.

From van Gennep’s observations, he found that across different cultures, the rites were comprised of a tripartite schema of initiation: pre-liminal rites, liminal rites, and post-liminal rites. Pre-liminal rites were rituals designed to help separate the person or the group from their familiar social context (i.e., the rites could be simple, like washing or crossing through a door). Liminal rites were threshold rituals that expressed the transition or helped to effect the change involved for the person or the group (i.e., pregnant women living in a Toda village in India had to occupy three different huts during their pregnancies). Post-liminal rites were rituals of incorporation that assisted the person or group in returning to their community and being acknowledged bearing their changed status (for example, eating and drinking together).

In philosophical terms, Eliade notes that initiation can be equated with a basic change in one’s existential condition because after the rites are complete, the initiate has
literally become a different being.\textsuperscript{254} Further, Eliade posits that for adolescents, the initiatory rites are indispensable because that is how they are first fully introduced to their human community and to the spiritual and cultural values of their community. Without initiation, individuals do not become fully who they are and open to the life of the spirit.\textsuperscript{255} Eliade elaborates on the significance of initiation:

\texttt{}``... initiation lies at the core of any genuine human life... any genuine human life implies profound crises, ordeals, suffering, loss... “death and resurrection.”... whatever degree of fulfillment it may have brought him, at a certain moment every man sees his life as a failure. This vision... arise[s] from an obscure feeling that he has missed his vocation; that he has betrayed the best that was in him. In such moments of total crisis, only one hope seems to offer any issue—the hope of beginning life over again.\textsuperscript{256}"

Hall contributes that the archetype of initiation is rebirth (archetype is defined as the primordial pattern of the psyche).\textsuperscript{257} ``Initiation is an active entry into the darkness. It means to ‘enter into’ an experience of psychic significance with one’s eyes closed, mouth shut, wearing a veil—kind of veiling that paradoxically permits seeing.” \textsuperscript{258}

Because modern cultures no longer have rituals to help people undergo the experience of initiation, Hall observes that initiation occurs anyway within the psyche:

``The rites are gone—yet the mystery remains. The unconscious self has an autonomous way of making itself known; if people do not gather anymore on a sacred road to search for their lost souls, the gathering together and the search will be translated into the movement and language of our interiors. Rites of passage have turned inward where they can be lived out as stages of psychic transformation.\textsuperscript{259}"

In discussing the concept of initiation, Bill Plotkin describes how it involves the process of surrendering one’s familiar identity.\textsuperscript{260} Plotkin points out that in order for people to undergo a significant shift in their self-concept, it is necessary for them to also have a shift in their understanding of what is possible. Such a change happens when people encounter what seemed to be unimaginable before. Plotkin further asserts that this
encounter requires a non-ordinary state of consciousness and that nature-based cultures around the world have rituals and practices to assist people with this transformation.\textsuperscript{261}

Kidd suggests that initiation occurs when an individual is called to change; it involves a symbolic process of death and rebirth.\textsuperscript{262} Kidd observes that \textit{sacred disintegration}, which involves the dissolution of the old form of oneself, is a necessary component of initiation.\textsuperscript{263} Regarding the disintegrative components, Kidd adds:

When you’re in the midst of initiation . . . you may think you’ll be stuck in the dying place forever. You cannot see beyond it. It is hard to keep moving, to put one foot in front of the other, because they are always landing on some new and unfamiliar plot of ground, and half the time that place is a swamp.\textsuperscript{264}

Meade likens one’s first birth as a fall into life, whereas one’s initiatory birth involves a fall toward death and the underworld.\textsuperscript{265} He states, “Only by a descent and a series of adventures along the dark roads of the unconscious can the inner life fully awaken.”\textsuperscript{266} Further, Meade suggests that the first danger of modern life is \textit{not} becoming oneself because one does \textit{not} undergo an initiation. He comments that true growth requires a brush with death and that Western cultures have trouble with the necessity of a true brush with death.\textsuperscript{267}

Meade illuminates the essence of initiation:

Initiation includes death and rebirth, a radical altering of a person’s “mode of being,” a shattering and shaking all the way to the ground of the soul. The initiate becomes as another person: more fully in life emotionally and more spiritually aware. Loss of identity and even feeling betrayal of one’s self are essential to rites of passage. In that sense, every initiation causes a funeral and a birth; mourning appropriate to death and a joyous celebration for the restoration of full life.\textsuperscript{268}

Regarding the initiatory process, Omer deduces that a hunger exists in moderns for this type of experience, as well as resistance when one approaches an initiatory
threshold. He clarifies that “the term *initiatory threshold* refers to transitions that require a transformation of identity to complete and integrate.”

M. Somé observes that in contrast to his Dagara tribe in West Africa, Western cultures lack formal initiatory rituals. M. Somé suggests that for the West, adversity and ordeals are our initiation. Ordeals act as a catalyst, initiating change from within a person, towards gaining inner strength and living a responsible life. They also stretch the physical self so that new awareness can be experienced and in this way new experience and wisdom can be obtained.

Giving an example of an initiatory ordeal, Marion Woodman describes the process of receiving radiation in her treatment for uterine cancer. She states that the radiation stripped her down to the bone to the point where she felt that her body was the sacrifice in her development toward new consciousness.

Campbell also emphasizes the significance of ordeals in the initiatory process, because ordeals are what effect the transformation of the individual into a hero. Campbell calls this process the *hero’s journey* and identifies that psychological transformation is the goal of the hero’s journey. He notes that the rituals of indigenous cultures are focused on killing the infantile ego and bringing forth an adult.

Campbell describes the essence of the hero’s journey:

To evolve out of this position of psychological immaturity to the courage of self-responsibility and assurance requires a death and a resurrection. That’s the basic motif of the universal hero’s journey—leaving one condition and finding the source of life to bring you forth into a richer or mature condition.

Of the tripartite schema that Van Gennep identified, Turner focused upon the middle stage, what he called the *liminal* period. *Limen* is a Latin word, which translates to threshold; hence, Turner referred to the initiates in this stage as *threshold*
people. Turner noted that during the liminal period, initiates were often suspended in a vulnerable state between identities, which was symbolically enacted by rituals where the initiates were buried like corpses or by having them suckle like newborn babies. He commented that such rituals had the effect of exposing initiates to the sacred mysteries and causing them to reflect on their societies and what sustained them. Because the rituals changed the innermost nature of the initiates rather than simply giving them new knowledge, Turner thought that these rituals were the main focus of an initiatory rite.

Further, Turner determined that during liminal thresholds, initiates are released from their ordinary social structures and tasks, thus they often have a special experience of bonding with each other and a deep sense of community. Turner referred to this as communitas. He defined communitas as a sacred experience of community in which people step out of ordinary time and bond to each other with regard to their basic humanness. He described the distinctiveness of communitas:

Communitas . . . is almost everywhere held to be sacred or “holy,” possibly because it transgresses or dissolves the norms that govern structured and institutionalized relationships and is accompanied by experiences of unprecedented potency.

R. Moore contributes that in moments of communitas, “People get a sense of being equal before God, or the sacred.” During experiences of communitas, he notes that people are less judgmental than usual, which means that people can often receive the acceptance that they crave and that is not available to them at ordinary times.

Regarding the liminal period, O’Kane declares that initiates in this phase are in contact with the dark, chaotic, and ugly aspects of life. Initiates experience a reality that is outside of culture and society, and that is a departure from their typical identity. The liminal phase is particularly important because it can provide individuals with a
better perception of their places within the cosmos and an interpretation of their personal myths. O'Kane emphasizes that psychologically this phase supports initiates with finding a different relationship to the chaotic aspects of life; it is through contact with these difficult elements that healing emerges:

It is by accepting the dark, the ugly, the sick that we may succeed in being faithful to the true nature of the soul. And we need to accept chaos so as to maintain a contact with the sacred and thus with the religious axis indispensable to a healthy psychic vitality.\textsuperscript{286}

Thomas Moore describes the disintegration that occurs psychologically for people during the liminal phase.\textsuperscript{287} He calls the disintegration a \textit{dark night of the soul} and says that this phase plunges one into darkness and leaves one feeling destroyed. Regarding the challenges and costs to the individual undergoing the dark night, T. Moore states, “Genuine catharsis requires the emotions of shame, dread, fear puzzlement, and even hopelessness. Anything less is too superficial.” \textsuperscript{288} T. Moore analyzes the necessary components of the disintegrative phase:

You can’t be renewed unless past behavior and thinking are shredded and packed away. But this can’t happen without torment. The ideas and styles that have become familiar to you are you. To give them up is to have your very identity ripped apart and disposed of. You try to hang on, and that’s where the torture focuses. People say they want to change, but when it comes down to the heart of the process, they resist strongly, and there is a battle.\textsuperscript{289}

Shorter articulates the specific challenges women can face during liminal thresholds in their lives.\textsuperscript{290} She indicates that not acknowledging the liminal challenges that exist for women after marriage or after having children can impede women’s development. For girls, the liminal threshold toward becoming a woman is particularly challenging, because it means accepting change and reestablishing her relationship to her
own femininity. Also Shorter adds: “Mother cannot teach her girl child to be a woman; she can only expose her to the necessity of being a woman.”

With regards to the struggles of liminality, Murray Stein utilizes the image of caterpillar undergoing transformation towards becoming a butterfly. He asks:

Does the caterpillar know that it will emerge as a butterfly when it enters the cocoon, becomes a pupa, and dissolves? There must be an act of faith on the insect’s part. “Instinct” is our bland name for a remarkable act of spontaneous courage. For the larva must not resist the process that grips it with such urgency, but must cooperate with all its energy and ingenuity.

This sub-cluster covered the literature that describes initiations, detailing the identity transformation that is at the heart of an initiatory experience and the use of rituals or ordeals that assist individuals in changing. Because the initiatory sequence is a primal pattern of the psyche, it is helpful to consider this pattern with regard to examining experiences that many find challenging, such as motherhood or maternal ambivalence.

**Initiation and Motherhood**

This sub-cluster describes the initiatory aspects of motherhood. Joyce Block, Barret, and Brooke Shields characterize the identity changes involved in becoming a mother. Then the research literature examines women’s transition to motherhood, looking primarily at what impairs a woman from successfully attaining a maternal identity.

Block depicts the degree to which motherhood can be an initiation, stating, “Motherhood is a catalyst of change.” She comments that even as mothers often want to change, they also find the changes inherent in motherhood difficult because mothering revives their childhoods and buried aspects of themselves. She describes the changes:

A woman’s sense of her self undergoes a metamorphosis as she gradually integrates her identity as a mother into her identity as a person . . . mothering is
not an experience that is easily compartmentalized. The intense . . . involvement most new mothers have with their babies . . . emerges out of the deepest layers of her personality and thus reflects her own rational and irrational wishes and fears as well as her baby’s. As these wishes, fears, and associated images of the self are unearthed . . . they alter her perceptions of who she really is, and what she is capable of doing . . . Subjectively she has changed . . .

Block says that what is challenging about the identity change of becoming a mother is that it means that women belong to a new social group (mothers). Thus, women begin to reference their mothering behavior in comparison and contrast to other mothers, which may be tranquil or uneasy. Regardless of the nature of the association with other mothers, the alliance affects how mothers perceive and define their mothering. Block depicts how mothers are affected by this referencing:

In the process of identifying with her new reference group, the new mother begins to assume and eventually internalize the attitudes and behaviors of other mothers, making every effort to adhere to the group norms particularly, but not exclusively, when in direct contact with other members. The culture of “the group” becomes a part of her just as she becomes a part of the culture.

Similarly, Harriet Lehner observes, “Mothers are especially vulnerable to ignoring our own strong inner voice when it conflicts with the voice of authority. And we may take the voice of authority all too seriously to begin with.”

Focusing upon how becoming a mother affects women, Daniel Stern contributes that once a woman becomes a mother, her identity is significantly reshaped. This is because every part of her self—woman, daughter, worker, her place in her family of origin, and then mother—is opened up for reinterpretation.

Campbell asserts that a woman becoming a mother experiences many dangers and goes through an identity transformation from maiden to mother. Thus, she is a hero (often unrecognized) because in giving birth and in rearing a new being, she has given over her self to the life of another.
Focusing on how motherhood radically changes women, Wolf emphasizes how Western culture has difficulty acknowledging the symbolic losses and shifts in identity that a pregnant woman experiences and how shocked and ill prepared many first time mothers are with their initiation into motherhood. Wolf notes that our culture connotes motherhood as being effortless and natural. Because many mothers do not find their experiences of mothering to be easy, they can become depressed and angry. Wolf observes that mothers dwelling in the United States of America have the highest post-partum depression rate of all developed countries.

Barrett highlights that women’s initiation into motherhood requires women to surrender their selfhood as singular beings and to surrender control over their physical bodies when pregnant and experiencing labor. Also, women need to develop their capacity to sense the unspoken needs of their babies and to subordinate their own desires in meeting those needs. Barrett states that the challenges of new motherhood are initiatory:

In a very profound way, a woman who gives birth to her first baby is not “herself” for a very, very long time afterwards. No matter how much you wanted the baby, no matter how much joy you felt in her arrival, no matter how much household help you have, you still must, at some point, shed the skin of our old individual self and grow new one with enough room for this small person-who-isn’t-quite-an individual yet.

Shields focuses on how the ordeals of early motherhood caused a crippling, post-partum depression for her. Shields emphasizes that after her daughter was born, she experienced a disintegration of herself; her mind was full of escape visions like jumping out a window or throwing her infant at a wall. She recollects how she found herself wishing she had had a full-time job when she decided to become a mother,
because that entailed a familiar identity. Instead, when she became a mother her sense of self and identity were markedly unsettled.\textsuperscript{307}

In contrast to Barrett, Shields, and Wolf (who describe their ordeals entering into motherhood as initiatory), the research literature focuses upon what impairs women’s adaptations to motherhood. The research literature examines women’s challenges with mothering such as postpartum depression, anxiety, poor social support, and marital distress. The research literature describes the process of women becoming mothers as the \textit{transition to motherhood} rather than calling it an initiation and it attempts to pinpoint when women attain a maternal identity.

Comparing women’s maternal adaptation during childbearing in Norway, Sweden, and the United States, Ermalynn M. Kiehl and Marjorie A. White found that mothers who had a strong identification with the motherhood role prior to the birth of their babies were more satisfied with motherhood and more confident with their ability to cope with the tasks of motherhood.\textsuperscript{308} Kiehl and White suggest that this finding supports the idea that pregnancy is a significant part of motherhood in that it is the time of preparation for motherhood and the time during which the woman is beginning to form the maternal identity.\textsuperscript{309}

In her research with women on their transition to motherhood, Reva Rubin studied how women achieve a \textit{maternal identity}, which she considered the end point in the transition to the maternal role.\textsuperscript{310} Rubin defined maternal identity as the woman's internal sense of competence in the maternal role and her knowledge of her infant.\textsuperscript{311}

Within this process of achieving a maternal identity, Ramona T. Mercer delineates a formal and an informal stage.\textsuperscript{312} In the formal stage, the woman bases her
mothering on that of experts or chosen role models, paying significant attention to the social consensus about how to mother. In the informal stage, the woman begins to gradually differentiate her style from the experts until she has built a repertoire of parenting behavior. She describes the achievement of maternal identity:

In the achievement of maternal identity, the mother has established intimate knowledge of her infant such that she feels competent and confident in her mothering activities and feels love for her infant; she has settled in. A new normal has been reached in her relationships and her family. The woman experiences a transformation of self in becoming a mother, as her self expands to incorporate a new identity and assume responsibility for her infant and her infant's future world.

In her research with women on their transition to motherhood, Eileen R. Fowles found that mothers who were diagnosed with postpartum depression had a harder time achieving a maternal identity. Her research revealed that these mothers (approximately 10 percent of the general population) might also experience an increased difficulty with the development of the emotional attachment between mother and baby. Fowles concluded that this learning supported the need to evaluate postpartum women more closely for several months after delivery.

A 1985 study looking at the relationship between pregnancy problems, postpartum depression, and early mother-infant interactions found that the mothers who had experienced challenges (pregnancy problems, marital difficulties, or ambivalence about the child) tended to be more depressed after the birth of their children. These mothers expressed more punitive childrearing attitudes than the mothers who did not have pregnancy problems and their infants appeared primarily drowsy and then fussy. It was unclear whether the infant’s depressed affect was a result of exposure to the depressed behavior modeled by their mothers or from minimal stimulation provided. The
study suggested the importance of future research on how a mother’s attitude toward having a child may impact the mother’s interactions with her child.\textsuperscript{319}

Paula Nicholson designed a qualitative research study to identify themes surrounding the meaning of motherhood and experiences of depression with 24 British women in their transition to motherhood.\textsuperscript{320} An important theme that emerged for these women was the experience of \textit{loss} in becoming a mother, such as loss of one’s autonomy, time, appearance, femininity, sexuality, and occupational identity. Because loss is taboo in the expert literature on birth and motherhood, Nicholson observed how that negatively impacted the women:

\begin{quote}
It is argued that if these losses were taken seriously and the women encouraged to grieve that postpartum depression would be seen by the women and their partners, family and friends as a potentially healthy process towards psychological re-integration and personal growth rather than as a pathological response to a "happy event." \textsuperscript{321}
\end{quote}

Focusing upon the initiatory aspects of motherhood, this sub-cluster covers some of the specific challenges for women when they become mothers and their identity changes. This sub-cluster also highlights that in the research literature, women who have difficulty in the transition to motherhood are much more likely to experience depression after birth and to have difficulty in attaining a maternal identity.

**Initiation and Maternal Ambivalence**

Within the category of the initiatory aspects of motherhood, this sub-cluster looks at maternal ambivalence as one of the significant ordeals for women in their mothering. Joyce Edward and Parker contribute how maternal ambivalence can act as a catalyst to further a mother’s development. Two clinical situations are portrayed that depict mothers
who seriously struggled with maternal ambivalence. Stanislav Grof discusses women’s infantile regressions and how that can relate to their birth traumas.

For many women, one of the greatest ordeals of motherhood involves the navigation of their maternal ambivalence. Edward discusses the phenomenon of maternal hatred and calls it a catalyst for development. Edward suggests that regardless of whether women’s hatred is conscious, expressed, or inhibited, mothers who hate are experienced by themselves and their offspring as bad mothers. Because society maintains the idealistic image of mothers as all-loving, a mother’s experience of her own hatred can be jarring and injure her self-esteem. However, Edward comments that in a healthy woman with a healthy child who has a supportive environment, it can foster a woman’s ongoing development:

Hatred of her child can also afford a mother an opportunity to revise certain distorted self and object representations formed during her own development, which continue to exert an influence on how she experiences herself and others in the present. It is often said that only when one is a parent oneself does a person have an opportunity to see both oneself and one’s mother more realistically and to understand, appreciate, and forgive both the mother of one’s childhood and one’s childhood self.

Similarly, Parker suggests that if a woman’s ambivalence is manageable and she can tolerate the pain of her conflicted feelings, the experience of ambivalence can be a source of creative insight regarding herself and her child. If a woman’s ambivalence is unmanageable, the ambivalence creates intolerable levels of guilt, which leads to feelings of being a bad mother or having a bad child. Parker links unmanageable maternal ambivalence to having anxiety around the potential loss of one’s child. She points out that one of a mother’s greatest fears is that her hatred will cost her the child’s love, which in turn heightens the dilemma around experiencing any hatred towards her child.
Yet, Parker indicates that when a mother’s ambivalence is manageable, she can become more conscious of her own feelings and those of her child, which can result in furthering her maternal development. Building on Jung’s concept of individuation (defined as the psychological development and differentiation of the individual), Parker theorizes that maternal ambivalence can support *maternal individuation.*

Maternal individuation is an ongoing process in which ambivalence, coupled with the wish to experience the well-being of mother-love, pushes a mother into discovering ways of mothering which are congruent with her particular capacities and desires, rather than measuring herself against maternal mythologies.

In contrast, Marion Michel Oliner describes the inner world of some of her clients: women who consider themselves to be bad mothers and who are seriously hindered by their maternal ambivalence. Oliner suggests that these women are challenged by their infantile regression when they have children and are surprised by the rage that is periodically evoked in the process of caretaking. As a result of this and other issues, the women disqualify themselves from being good mothers and also experience rage at this disqualification. Oliner suggests that this rage can sometimes erupt and lead to a woman abusing her child. Oliner elaborates on how these women typically defend against the uncomfortable feelings:

The mother may then defend against these unwanted feelings toward her child . . . we may see . . . oversolicitousness accompanied by exaggerated fears for the child’s health . . . we may see murderous rage displaced to another person in the family . . . It may be less dangerous for a mother to feel intense rage toward her spouse . . . Another way for a mother to protect her child from her hostile wishes is for her to use the defense of splitting good and bad objects. She then makes her child the all-good object and herself the bad . . . The price she pays . . . is a lowering of her self-esteem with . . . depression.

Regarding women’s infantile regressions after they have children, Grof notes that the process of giving birth can be traumatic for both mothers and children. He
documents that an imprint is left in the psyche from one’s birth experience, but that people do not usually remember this experience. However, difficult experiences or threats to one’s biology (such as childbirth or a serious illness) can re-awaken aspects of this birth trauma, because it elicits cellular memories of other threats that were biologic in nature. Thus, some women’s infantile regressions could be the result of having their birth traumas evoked. Grof describes the crisis that can follow:

A deep experiential encounter with birth and death is regularly associated with an existential crisis of extraordinary proportions, during which the individual seriously questions the meaning of existence, as well as his or her basic values and life strategies. This crisis can be resolved only by connecting with deep, intrinsic spiritual dimensions of the psyche and elements of the collective unconscious.\footnote{332}

In an attempt to help mothers with psychological challenges, George Christie and Anna Correia conducted a long-term psychotherapy group with neurotic or borderline mothers who had disturbed children.\footnote{333} Their focus was on addressing the repressed ambivalence of the mothers and the sadistic defenses that had also developed in the mothers, which prevented them from relating more freely to their children. After addressing the mothers’ conflicted feelings about needing to rely upon professional helpers, the therapists gradually found that the mothers needed to address their pain and guilt feelings regarding having destructive impulses towards their child.\footnote{334} They discovered that each time a mother and the group would work through some ambivalent feelings, the mothers would experience increments of growth and individuation, and begin to demonstrate new initiatives and resourcefulness.\footnote{335}

Regarding the ordeal of maternal ambivalence, this sub-cluster examined how this ordeal can further women’s personal development or be a serious detriment that impedes women in the care-taking of their children and themselves. Given that maternal
ambivalence is a significant phenomenon for mothers in Western culture, it seems important to help mothers learn how to navigate this ordeal.

In reviewing this cluster on initiation, motherhood, and maternal ambivalence, it is noteworthy that motherhood and maternal ambivalence can generally correlate to initiatory thresholds. While not all mothers will find their processes of becoming a mother initiatory, many will and they will discover that their identities are altered or permanently changed by the mothering process. Within the mothering landscape and particularly for those who struggle with mothering, many mothers will also find that their maternal ambivalence is an ordeal and that it has led them on an initiatory journey.

While the literature details the struggles for women in becoming mothers or in coping with mothering, there is little written about the beneficial aspects of a mother’s challenges or how she can be aided by her struggles. For example, the research literature emphasizes anything that inhibits women’s transition to motherhood and attainment of a maternal identity, such as postpartum depression or pregnancy problems. While observing the impact of these ordeals upon a mother is important, the literature does not speculate or report any studies about how a mother may have been transformed through her struggles, which has furthered her psychological development. Edwards and Parker do address the positive contribution a woman’s maternal ambivalence might make in her mothering, but they do not offer any concrete examples to support their ideas.

This lack of discussion about the positive possibilities of maternal ambivalence is curious. Because Western culture defends against recognizing that maternal ambivalence exists, as Parker notes, perhaps most research that has occurred has naturally been oriented toward the negative implications for the culture or children. For instance, the
research literature has tended to focus upon how mothers with postpartum depression, maternal ambivalence, or poor maternal identity have demonstrated impaired interactions with their infants. The literature has also studied anything that can be easily observed as a hindrance for women in their transition to motherhood. While this research is important, it reveals that a gap exists regarding literature that could explore the potentially beneficial aspects to women’s motherhood ordeals, such as that of maternal ambivalence.

**Imaginal Approaches to Maternal Ambivalence**

This cluster will examine maternal ambivalence using an imaginal approach. Henry Corbin coined the term *imaginal*, saying that the imaginal is “... a world that is ontologically as real as the world of the senses and that of the intellect.”

Omer contributes that an imaginal orientation to psychology brings one into relationship with that which is unseen. The imaginal approach attends to many perspectives, especially marginalized or taboo perspectives, endeavoring to bring these aspects into relationship with each other. Omer indicates that while modernity has tended to desecrate and deanimate our daily life, “our everyday experiences are infused with the imaginal.” Hence, becoming aware of the images that infuse experience can be likened to witnessing rainbows and seeing the colorful dimensions to sunlight that are always present, but may not seen by the naked eye unless the light is reflected just so.

Shaun McNiff explains that “imaginal reality is always situated in an actual experience, a specific image, an immediate reality.” McNiff explores the imaginal primarily through art making and dialoging with imagery. Through creating and exploring images, he finds that he is supported to enter into the archetypal imagination
contained within his imagery and to explore dimensions and attitudes that have influenced him, but which may have been hidden.

The literature that is reviewed will be divided into two sub-clusters: Archetypes and Archetypal Myths Associated with Motherhood. The first sub-cluster examines the Great Mother archetype as the primary archetype for motherhood and maternal ambivalence. The second sub-cluster explores archetypal myths that relate to motherhood or to the dark feminine, such as Kali, Medusa, and Demeter-Persephone.

**Archetypes**

This sub-cluster begins with Jung’s investigation of the term *archetype* and then expands into exploring the central archetype for this research, the Great Mother, as described by Erich Neumann. Marija Gimbutas’s work with the Goddess religions follows next, which leads into a discussion of the suppression of the feminine under patriarchy. The themes about the bipolar nature of the feminine archetype, the tandem nature of archetypes, and a perspective about how women are influenced by the different nuances of the archetypal feminine are examined. This sub-cluster ends with a discussion about mother-complexes and mother-daughter relationships.

Jung deduced the existence of archetypes by observing the repetition of images and motifs cross-culturally in myths and stories, which revealed the existence of the archetypes.\(^\text{341}\) He considered the archetype to be the original prototype for things in the material world.\(^\text{342}\) While he emphasized that we cannot directly perceive the archetype because it is formless, its presence is reflected to us through dreams, images, and myths.\(^\text{343}\)
Jung indicates that archetypes are found in the *collective unconscious*, which he defined as the part of the psyche that is universal in origin and is inherited from our ancestors.\(^3\) In contrast, he defines the *personal unconscious* as the part of the psyche that holds personal material that has been forgotten or repressed. Besides these two levels of the psyche, Jung also described a third level of the psyche, *consciousness*, which is characterized by material of which we are cognizant.\(^4\)

Woodman describes how archetypes affect people:

Archetypes are energy fields innate in our psyches. They are like hidden magnets. We cannot see them, but we can see their images and we are propelled by their energy.\(^5\)

Naomi Ruth Lowinsky offers that an archetype can be described as an underlying pattern that influences our personal and cultural layers of experience.\(^6\) She portrays how the archetypal affects these layers: “When a woman becomes a mother she embodies the archetypal mother and becomes the culture bearer who will socialize the child.” \(^7\)

Erich Neumann emphasizes that archetypes act in accordance with their own laws, which are separate from the experience of the individual.\(^8\) He suggests that as consciousness unfolds, the unconscious also unfolds, expressing itself in many forms including images and symbols.

With regard to the archetypal feminine, Neumann establishes that the central archetype here is that of the Great Mother.\(^9\) He specifies that “the basic symbolic equation woman = body = vessel corresponds to what is perhaps mankind’s . . . most elementary experience of the Feminine.”\(^10\) In the matriarchal stage of consciousness, early humans equated the body with the world. As such, women were celebrated as the
most excellent vessels because of their life-bearing capacity. Neumann describes the greatness of the feminine archetype:

The Feminine appears as great because that which is contained, sheltered, nourished, is dependent on it and utterly at its mercy. Nowhere perhaps is it so evident that a human being must be experienced as “great” as in the case of the mother. A glance at the infant or child confirms her position as Great Mother. Her numinous superiority constellates the characteristic situation of the human infant in contrast to the newborn animal, which is far more independent at birth.

Further, Neumann notes that the archetypal feminine, as the Great Container of life, represents all that contains and sustains life as well as that which destroys life. Thus, the Great Mother archetype has a bipolar nature with both positive and negative elements, like all archetypes. A primary image of her is the black and white egg: this is a container image that symbolizes the world; it also represents how she holds the opposites, like birth and death or night and day.

Neumann suggests that early man experienced these paradoxical components of the Great Mother archetype (the good versus the bad) in a collective, unified fashion. However, as consciousness developed, images of the Great Mother began to be split into images of the Good Mother and images of the Terrible Mother, which indicates that the perception of the archetype began to be divided. Images of the Good Mother typically were vessels, gourds, or clay pot images adorned with breasts representing how the good mother nourishes her inhabitants. Images of the Terrible Mother often took the form of monsters like witches, specters, vampires, and ghouls, indicating how death, danger, and distress are part of the feminine.

Because the Great Mother represents both positive and negative attributes, Neumann states that the elementary character of the archetype is ambivalent. He maps
out the positive and negative characteristics of the feminine in a diagram, which he calls the elemental and transformative axes of the Great Mother archetype.\textsuperscript{359} The diagram is an attempt to describe how the feminine archetype promotes development in radically differing ways and to represent the numinous quality of the archetype.

Neumann’s diagram is a circle with four quadrants.\textsuperscript{360} In the top, the quadrants are the Good Mother and the Positive Transformative Character axes, containing the energies of the \textit{Vegetation Mysteries} (birth, rebirth, and immortality) and the \textit{Inspiration Mysteries} (wisdom, vision, and ecstasy). Key images in the first quadrant are those of the Mother (Isis or Demeter); in the next quadrant, Virgin images dwell (Sophia or the Muse).

The lower two quadrants in Neumann’s diagram feature the Terrible Mother and the Negative Transformative Character axes.\textsuperscript{361} These axes focus upon the \textit{Mysteries of Drunkenness} (ecstasy, madness, and impotence) and the \textit{Death Mysteries} (sickness, extinction, and dismemberment). The key images here are those of the Young Witch (Lilith or Asarte) leading towards those of the Old Witch (Kali or Gorgon).

Neumann indicates that when one resides at one axis (i.e., the Good Mother), one can find oneself propelled towards the opposite axis (i.e., the Terrible Mother):

When an ego approaches a pole along one of the axes, there is a possibility that it will pass beyond this pole to its opposite. This is to say that in their extremes the opposites coincide or can at least shift into one another. This phenomenon, which is typical for the unfathomably paradoxical character of the archetype, constitutes the foundation of a great number of mysteries, rites of initiation . . . \textsuperscript{362}

Additionally, Neumann notes that the primary ambivalence of the archetype can be surpassed when the opposites of the archetype unite and transform; for example, in the way that rotting earth feeds the growth of tiny seeds into new vegetation.\textsuperscript{363} Thus, at the
heart of the archetypal feminine are the *transformation mysteries*, which are modeled after the earth’s alchemical transformation of matter into new material. Similarly, women, with their numinous capacity to menstruate, support a fetus, and feed a baby through their blood, are a prime example of the transformation mysteries. Based on these primal mysteries of the feminine, Neumann notes that the symbolic and spiritual mysteries of the archetypal feminine revolve around the mysteries of preservation, formation, nourishment, and transformation.\(^{364}\)

Kathie Carlson depicts the positive and negative aspects of the Great Mother:

> The Great Mother is essentially bi-valent, embodying both a “good” and a “terrible” aspect . . . Yet this ambivalence is not a static either/or; it expresses one of the most profound and deeply held beliefs of the Old Religion---that life is essentially a *process*, “becoming” instead of “being,” and that this process follows a cyclical pattern that endlessly repeats itself . . . just as a decaying fruit produces from its dying the medium that enable the hidden seeds within it to sprout . . . So the Goddess created life, sustained it, destroyed it, and took it back into Herself in death, only to recycle what She had killed back into new life . . . \(^{365}\)

Maria Gimbutas echoes Neumann and Carlson, emphasizing that the main theme of the Old European Goddess symbolism is the cyclical mystery of birth, death, and renewal of life on Earth.\(^{366}\) Gimbutas continues explaining that the primary deity for the old Europeans (the people who occupied Neolithic Europe from the seventh to the third millennium B.C.) was the Goddess.\(^{367}\) They worshiped her through a multitude of images and forms that conveyed the magnitude of her powers, from regenerating life to destroying life. Some of the images were sculptures of the female body or of its procreative parts (vulva, breasts, and womb).\(^{368}\) Images of the Goddess as life-giver were often animals like the pig, deer, or bear. Images of the Goddess as a snake, bird of prey, or stiff nude conveyed nature’s destructive powers.\(^{369}\)
According to Gimbutas, around the fourth and third millennia B.C. when East Central Europe began to experience invasions, the Goddess as the primary deity began to be supplanted by the dominant symbol of the Indo-Europeans, the sun, which represented the God of the male-dominated society.³⁷⁰ Warriors became a prominent class in this new society. The new religion worshiped a pantheon of sky-gods, the horse, and weapons of war. Images of female Goddesses like the Dawn or Sun Maiden instead became brides or wives of male deities. Overall, the civilizations of Old Europe experienced economic and social shifts as the dominant culture and religion became patriarchally oriented.³⁷¹

Gelda Lerner defines patriarchy: “Patriarchy . . . means the manifestation and institutionalization of male dominance over women and children in the family and the extension of male dominance over women in society in general.” ³⁷²

Woodman conveys that the effects of living in a patriarchal society have resulted in a denial of feminine values and consciousness.³⁷³ Further, she expresses that initially the patriarchal shift from the Old European Goddess culture was simply an emphasis on masculine values, but that has morphed into a situation where our culture is being tyrannized by a crazed, power-hungry, masculine energy that has wounded both the feminine and the masculine energies of our culture.³⁷⁴ In particular, Woodman notes the effects of the patriarchy upon women: “Grandmothers and mothers have adjusted to patriarchal values to the point of extinguishing their own femininity.” ³⁷⁵

Woodman details the patriarchy’s impact:

Mothers and grandmothers for generations have despised their female bodies . . . No matter how hard they try, they feel that they have failed from the start. Their contempt for their own matter is in their cells and . . . in the cells of their daughters. “I don’t deserve to live” is blurted out as the bottom line of self-rejection. The unspeakable black hole that many women have to face in their dreams is that place of rejection. The child, as feminine being, was not reflected
because centuries of patriarchal thinking have scorned matter. It is shame... It is matter so wounded, so betrayed that it is dissociated from consciousness.  

Veronica Goodchild observes that the marginalization of the feminine in our culture had led to the alienation of the chthonic and chaotic depths of feminine instinctuality. She emphasizes that what has been devalued in patriarchal consciousness is the sensual, the dark, and the transformative aspects of the feminine. She states that Eros, which connects one with one’s primal nature, has been most oppressed.  

Similarly, Monica Sjöö and Barbara Mor posit that what the patriarchy has repressed in Western culture is paganism, nature, wildness, rebellion against male authority, and the rule of women. They define madness as any one of those things individually or collectively and suggest that madness is a political term. 

Linda Leonard concurs: “Women who buy into our cultural feminine ideal will have... difficulty with the dark, chaotic form of the feminine, not daring to look at that side of themselves.” Further, she indicates that a woman who expresses the energy of the dark feminine will be called mad. 

Phyllis Chesler adds, “Women are impaled on the cross of self sacrifice.” She theorizes that because women are denied aspects of their individuality and the possibility of being culturally supreme, some women are driven mad by this conundrum. They are driven to express aspects of their sexuality, aggressivity, grandeur, or emotionality, which are traits that are unacceptable in a patriarchal culture. 

In addition to the negative impact upon women and men, Jean Shinoda Bolen suggests that centuries of patriarchal focus on masculine qualities, rational thinking, objectivity, and data-based information are hurting the planet Earth, because of how we
have abused her resources.\textsuperscript{383} She states that what has been left in the shadows are the feminine qualities, such as feeling, subjectivity, and aesthetic appreciation.

Carlson indicates that our mistake as a culture is in expecting a woman to be only the positive aspect of the archetype of the Great Mother.\textsuperscript{384} Carlson states that a woman cannot will herself to be the Good Mother archetype no matter how hard she tries and the pressure she may feel from the culture to do so is a significant problem for many modern women. Differentiating from this pressure is a common individuation task for women as well as learning that one carries the archetype and can relate to it, but one cannot control the Great Mother archetype.\textsuperscript{385}

Further, Carlson notes that because the patriarchy values masculine qualities, many women often grow up male-identified and reject feminine qualities.\textsuperscript{386} When a life-changing experience occurs such as birth or death, these women can be plunged into the mysteries of the Feminine archetype. They may be overwhelmed and disoriented; their identities may shift and transform as they reclaim aspects of the feminine.\textsuperscript{387}

Similarly, Kathryn Allen Rabuzzi focuses upon women in our patriarchal culture who favor the masculine over the feminine.\textsuperscript{388} “To reject the image of the mother, as many modern women do, is to favor patriarchal values that focus instead on the image of the individual hero.”\textsuperscript{389} Rabuzzi observes that the problem with the hero focus, which is the central image of selfhood in Western cultures, is that it means focusing on an individual’s journey, whereas the story and focus of a mother needs to be relationally oriented.\textsuperscript{390} Rabuzzi suggests that women need to develop a motherself, a self that maintains a binary-unity in which a woman’s focus is on her maintaining her core
selfhood and being in relationship to her child’s core selfhood. Rabuzzi cautions
women about mothering in patriarchal cultures:

If she does not ritually estrange herself from patriarchy, a woman risks losing her
way along the often perilous path of the mother . . . instead of experiencing
herself positively, she may fall into one of two familiar patriarchal traps. On
the one hand, she may lose all sense of self, being swallowed up by the Mother
Goddess archetype, which seems to be what every good mother “should” be. On
the other, she may so fear that possibility that she herself, in reaction to
patriarchal admonitions about the kind of mother she should be, becomes the
swallower. In that case what she swallows is the growing selfhood of her child.

Melissa Gaye West suggests that our cultural split of the Great Mother archetype
has resulted in us labeling the darker side bad and relegating it to our unconscious. We
have been left with only the Good Mother in our consciousness. West concludes that our
culture has internalized the voice of the Good Mother, which tells us that mothers should
have no needs of their own and should always attend to their children.

James Hillman explores the archetypal perspective of mothers focusing upon the
tandem (syzygy) component of archetypes. In addition to the bipolar nature of
archetypes, he explains that archetypes typically express themselves in tandems like
mother-child, good-bad, or dark-light.

Hillman states, “The altar at which much of psychology worships is the shrine of
the Negative Mother”; because of this phenomenon, in a mother-child tandem the mother
is often constellated as bad, while the child is often constellated as good. Thus, when a
woman strives to enact the Good Mother, she is likely to be haunted inwardly by the
tandem part of the Bad Mother and to suffer great self-recriminations or to be defensive
against her badness. Additionally, Hillman indicates that by giving birth to a child, a
mother typically is expected to be mature and “. . . to move away from imaginative
attitudes and spontaneous behaviors that belong to the child archetype.” Hillman
suggests that helping mothers to reclaim their imagination and remember how to play can help with this conundrum:

So therapy with an actual mother is rapprochement with her archetypal child of imagination—through re-kindling fantasies, re-finding pleasures, releasing spontaneity, re-awakening dreams. It brings back the voices, the animals and the ghosts . . . . The mother’s therapy begins in the tandem with her lost child of imagination, and her therapist is her actual child. Though mothers know this and practice it playing with their children, even a momentary experience of bad mothering can set a woman back into the adult posture, its separation and loss. 399

In a similar vein as Hillman, T. Moore examines the other side of the bad-mother tandem, the *good-child*. 400 T. Moore observes that Western culture is prone to focusing on the innocent child archetype and that we have split the archetype of the child. While romanticizing children on the surface and attempting to give them everything, we also have a culture in which parents dominate, sexually abuse, and terrorize children. We are attracted to and repelled by the innocence of children, T. Moore notes, and therefore we hate and love the archetypal child. “We crave the child, and yet we do everything to avoid the inferiority that is attached to what we crave.” 401 Thus, as T. Moore indicates, the split in how we approach children means that in the shadows of our consciousness dwells our pleasure about being the masters of our children and our desires to hurt them.

Barrett states that the Virgin Mary is Western civilization’s supreme representation of motherhood. 402 The problem with this cultural image is that Mary is often portrayed as a one-dimensional mother: a mother who is utterly at her child’s disposal, undistracted by her sexuality, and submissive to a fault. 403 In contrast, Barrett observes that the evil mother shows up in our stories and mythology; she is the one who neglects her children’s needs and cripples them for life with neuroses and anxieties. 404
From her studies of the mother figures in fairy tales, Sibylle Birkhäuser-Oeri concludes that the figures represent archetypal images of mothers. She notes that typically the figures have incredible gifts or subhuman traits, which means that they are better or more evil than the average woman. Because the mother figures are extraordinary in some way, Birkhäuser-Oeri explains that they represent motherhood in all its various aspects in contrast to representing an actual mother. She conveys the significance of the archetypal mother upon individuals:

. . . one can have an experience of mother which is not necessarily identical with the experience of a specific woman as mother. This means as much for our psychic life as the personal mother does, and we continually meet it an inner reality in the most diverse situation, either as aiding power or potent danger.

Further, Birkhäuser-Oeri deduces that the European fairy tales that originate from Christian countries often focus upon the dark aspects of the feminine more than on the light. Because Christianity has a deity that does not include evil in its image of god or include the dark aspects of the feminine, she deduces that the feminine went underground to thrive in the fairy tales.

Birkhäuser-Oeri indicates that this split between the positive and negative aspects of the archetypal feminine had problematic effects upon women:

. . . a woman really needs an image of female completeness or a goddess who does not only represent the light side. It would protect her from one-sided idealization of the feminine and motherhood. If she does not know the dark mother in herself she runs the risk of identifying with her light side. She then nevertheless lives the dark side, but unconsciously; in other she becomes possessed, with accompanying dangers for herself and others.

Writing about a fight with her seventeen-year-old son, Anne Lamott illustrates how she had internalized the voice of the archetypal Good Mother, resulting in
overwhelm when the denied Bad Mother started to emerge. “I started calling out to God, ‘Help me! Help me! I’m calling on you! I hate myself, I hate my son’! I wanted to die.”

Lamott describes further how the split Mother archetype affects many mothers:

This is a closely guarded secret; the myth of maternal bliss is evidently so sacrosanct that we can’t even admit these feelings to ourselves. But when you mention the feelings to other mothers, they all say, “Yes, yes!” You ask, “Are you ever mean to your children?” “Yes!” Do you ever yell so meanly that it scares you?” “Yes, yes!” “Do you ever want to throw yourself down the stairs because you’re so bored with your child that you can hardly see straight?”

Coming from a different perspective on the feminine archetype, Paris argues that our mistake as a culture is in equating the biological mother with the archetype of the Great Mother. According to Paris, the problem with this equation is that it forces every woman who bears children to enact the role of the archetype whether or not she is motivated or interested in mothering. Pointing out that archetypes are independent of gender, she suggests that we need to degenderize the maternal function.

Additionally, Paris comments on the problems of our patriarchal, self-sacrificing, model of motherhood and the irony that it still exists in our post-feminist culture. She highlights that because our culture is in a post-feminist era, women who give up too much to mother perceive their sacrifice as personal rather than cultural:

Whereas previous generations of women felt and saw the limitation put upon their gender, young women of post-feminist cultures perceive their choice of motherhood as something that comes from their hearts, and as such, as a personal rather than a cultural choice. That is how a myth working in the background becomes invisible: one thinks it is a personal choice. Myth is always cultural, but always felt as personal, something that is felt in the heart.

Focusing upon the different nuances of the feminine archetype, Bolen examines how women are affected by archetypal influences through noting how a woman is drawn toward a particular Greek Goddess, such as Athena, Artemis, Hestia, Persephone,
Aphrodite, Demeter, or Persephone. These Greek images of women have resided in the human imagination for over three thousand years and they also come from a patriarchal society. Through her studies and observations, Bolen found that women vary a great deal with regard to what particular image or goddess resonates with them in their lives. While all of these Goddesses are present in every woman, typically a woman is influenced strongly by one or two Goddesses at a time.

For instance, Bolen comments that some women may never feel strongly called by Demeter, the mothering Goddess, but rather feel more strongly centered around Artemis, who is focused on achieving her goals as the hunting Goddess. Since women change throughout their lives, the Goddess or archetypal pattern that is primary for them can also change. Thus, women that oriented themselves strongly around Artemis in their youth could change in her twenties or thirties and feel pulled by Demeter to become mothers. Bolen depicts the challenge for Artemis women who feel called by Demeter:

Their heroic tasks are to risk intimacy or to become vulnerable emotionally. For them, the choice that requires courage is to trust someone else, or need someone else, or be responsible for someone else. Speaking up or taking risks in the world may be easy for such women. For them, marriage and motherhood require courage.

With reference to the archetypal feminine, Penny Lewis suggests that an important part of women’s health is linked to women’s capacity to access the different feminine archetypes and to experience the archetypal energy in their body. Lewis indicates that this capacity is an integral part of what she calls the embodied feminine self, which she defines as “a way of knowing that is rooted in bodily experience and comes from an intuitive, experiential, and relational . . . consciousness.” Lewis also utilizes the Greek Goddesses to represent the different flavors of the archetypal feminine.
Similarly, Jennifer Barker Woolger and Roger J. Woolger also observed that each of the Greek Goddesses personified a distinct type of feminine energy. For example, they convey that Athena is connected with civilization, intellect, and the Father. For Aphrodite, the body, sensuality, and Eros are primary. In contrast, Persephone is drawn by the underworld, visions, and dreams. As part of healing the wounded feminine in industrialized cultures, they suggest that women dialogue and interact with the archetypal Goddesses with whom they are poorly connected. Although they indicate that it is unlikely that the Great Mother will ever be restored to her primordial unified state, they propose that by attending to the Goddesses that have been weak or neglected within ourselves, we can shift how the feminine is experienced and received in Western cultures.

Overall, Woolger et al. indicate that Western, industrialized cultures are experiencing a gradual reawakening of the Great Mother archetype and a reclaiming of feminine energies. They suggest that the last three thousand years of overwhelming focus on the Father archetype has wounded our individual and collective psychic health. Woolger et al. detail the wounding that has occurred from too much Father:

Seen from the larger perspective of world religion, the cultures of Western civilization are like the children of a family that has suffered a terrible divorce. The children now live only with the father and are forbidden to mention their mother’s name or remember those . . . times they once spent in her embrace. With only a father to guide us, despite his love, we have become hardened . . . heroic, and grimly puritanical in our effort to forget the lost security and sensual trust in the earth the Mother once gave us.

Thus, Woolger et al. conclude that it is important that we understand the nuances of the different goddesses, which are emerging from the collective unconscious.

In his explorations with the Great Mother archetype, Jung discovered that the mother archetype is the foundation for a mother complex. Jung theorized that a
complex develops through our associations with our personal mothers, which form against the backdrop of the mother archetype. He defines a complex as psychic fragments that split off from the individual’s conscious self because the fragments contain material that the individual cannot yet acknowledge. This complex is an independent entity that affects the individual at various times according to its own rhythm.

Jung indicates that women’s mother complexes tend to form in two directions: women either have a positive-mother complex, which leads towards an overdevelopment of feminine instincts, or they have a negative-mother complex, which leads towards the extinction of feminine instincts. Jung indicates that women with a positive-mother complex can become obsessively preoccupied with their children, or feel compelled about romantic relationships and in competition with other women, or they can lead a shadow-existence under their mothers’ shadows as perpetual maidens. The glorified images of mother in our culture are based on the positive-mother complex.

For the women with a negative-mother complex, Jung clarifies that they have an overwhelming resistance to maternal supremacy. He states, “The motto of this type is: Anything, so long as it is not like Mother!” These women fight against their instincts, the dark, and the mysterious; they cultivate objectivity and their intellect. Jung points out that a woman whose complex is a reaction against feminine instincts often is challenged with knowing and actively pursuing what she wants in life. She can have great difficulty with her menses, marriage, and pregnancy.

Ruth Anthony El Saffar depicts the negative-mother complex:

The absence of a healthy mother in the daughter works on her and on the whole collective as a toxin. Whether or not women live out the mother side of the mother/daughter dyad, they must meet sooner or later the territory poisoned with unexpressed grief and rage that is their experience of the mother within. And
when mothering becomes an embodied experience, few women are prepared for the feelings of depression and desperation that sometimes surface, especially if their own mothers have been . . . troubled. The image of mother as all good and self-giving collides with the woman’s own often unmet narcissistic needs.\textsuperscript{431}

Hillman suggests that a mother-complex could be described as the imprint upon people’s psyches from their mothers.\textsuperscript{432} Hillman illuminates how a mother-complex impacts people:

The mother-complex is basic to our most permanent and intractable feelings. In this sense the mother is, as Jung said, fate. This complex is the permanent trap of one’s reactions and values from earliest infancy, the box and walls in every situation whichever way one turns . . . The way we feel about our bodily life, our physical self-regard and confidence, the subjective tone with which we take in or go out into the world, the basic fears and guilt’s . . . and for a woman the mother-complex comes particularly into play in her self-identity feelings and her sexual feelings.\textsuperscript{433}

Maureen Murdock indicates that because of patriarchal culture’s resistance to the feminine, mother-daughter relationships are primed for challenges.\textsuperscript{434} Mother-daughter relationships are affected by how each has integrated the archetypal mother, the cultural images of mother, and her personal experiences of mother. Murdock emphasizes that some of the difficulties can be attributed to the desires of an adolescent daughter to separate from her mother and to be different than her. In order to achieve this separation, many young women make their mothers into the Terrible Mother so that they can differentiate. The rejection can also occur by the mother when the daughter blooms in adolescence, portraying a ripening maiden. Overall, Murdock conveys that part of the challenge for women in patriarchal cultures lies in developing their relationship to the feminine: “If a woman has not been initiated into a feminine mythology by her mother or grandmother she has to develop her own relationship to her inner feminine, to the Great Mother.” \textsuperscript{435}
Josselson comments that women’s relationships to their mothers contribute significantly to their identities. She illustrates the significance of a personal mother’s influence upon a daughter:

The intricacy of a woman’s connection to her mother is so profound and far-reaching that I have come to the conclusion that one can learn more about who a woman “is” by knowing about her relationship to her mother than any other single aspect of her life. In any case, all else will flow from this source. What ever a woman is, in a deep psychological stratum of her being, either pays homage to or disavows her mother.

Birkhäuser-Oeri adds that women who have close ties to their personal mothers are fated towards attempting to find relationship to the mother archetype in their unconscious. Depending upon how a woman relates to her internal image of mother, the effects of this phenomenon can be creative or destructive. She specifies:

The mother-fixated person should really by rights be the best fitted to make contact with the unconscious, that is to discover a totally individual spiritual attitude. However, such a person can also get stuck in an alien, often pathological, animality which is frequently an expression of still unconscious artistic talent.

Overall, this sub-cluster focused on exploring the nature of the Great Mother archetype and how this archetype is expressed in Western culture. Because the West has a challenging relationship with the feminine and the dark feminine in particular, the dark feminine has become a conundrum for mothers and others to navigate. Hence, the literature is filled with the quandary of how the dark feminine is being expressed or repressed in Western culture.

Archetypal Myths Associated with Motherhood

This sub-cluster examines three archetypal myths that are associated with motherhood. The myth of Kali is explored, followed by the myth of Medusa, as potent
examples of the Terrible Mother. Finally, as an expression of the archetypal pattern of mother and daughter, the myth of Demeter-Persephone is investigated.

As Jung has observed, the expression of archetypes can often be found in myths and fairytales. Bolen describes the significance of myths: “Myths evoke feeling and imagination and touch on themes that are part of the human collective inheritance.”

In exploring archetypal myths about the Divine Feminine archetype, Caitlin Matthews offers that after two thousand years of marginalization, we live during a time when the Divine Feminine is being remembered and celebrated once more. She distinguishes between the White Goddess, who personifies qualities of love and inspiration, and the Black Goddess, who represents mysteriousness and instinctive qualities. Matthews suggests that the Black Goddess is slowly being appreciated more in the West, but because Western culture has disdained matter and feared that which it does not understand, it has traditionally feared the Black Goddess. For example, the Black Goddess often is correlated with chaos, or with elemental forces such as earthquakes, hurricanes, or fires. Because she represents contact with uncertainty, darkness, and ways of not knowing, the Black Goddess lies at the basis of spiritual knowledge.

In contrast to the industrialized West, Matthews suggests that the native peoples of the world live in greater harmony with the earth. For them, the earth is an integral part of their lives; the earth is their sacred kin. They do not destroy their habitat or hate their bodies. Rather, as Matthews expresses, they have communion with the earth: “Communion with the Black Goddess is usually nonverbal, nonintellectual—it derives through the body itself, for she is our basic prima material.”
Matthews states that the Black Goddess appears to us in many myths and stories. She appears to us as Kali, the fierce Hindu goddess who successfully killed many demons. She also appears to us in the wrathful images of the Buddhist deities and in the Greek stories about Medusa, the monster whose gaze could turn one into stone. Matthews concludes: “The Black Goddess is terrifying because she does not just nurture her offspring; she makes them change by challenging them.”

In exploring myths about Kali, Manuela Dunn Mascetti notes that the legend of Kali is an ancient one dating to the beginning of Hindu recorded history and first written about in the Mahabharata. Mascetti states, “Kali is an ambivalent goddess who destroys in order to create a better world for us, and as such her actions are like those of a fierce mother.”

Ajit Mookerjee observes that Kali is the goddess who emerged at a time when demonic male forces were destroying the world. The helpless gods prayed for assistance to the Daughter of the Himalayas. The gods answered their pleas by sending forth streams of fire. From the fire emerged the goddess Durga and then in the worst battle to destroy the manbeasts, the goddess Kali burst out of her brow and joined in the fighting. Filling the skies with her roar and laughing, she slaughtered the demon army. Hence, Kali is known as the forceful part of Durga.

Mookerjee expresses that Kali is typically depicted in her warrior aspect and she is often known as the South-facing, black Kali or Dakshinakali. In this manifestation, she can be a frightening image with disheveled hair, a girdle of human hands, an enormous tongue lolling from her mouth, and her many hands holding weapons as she dances on her consort’s body. However, Kali is also worshiped as the Virgin-creator, in
whose images she is depicted in white, or as the sustaining Mother, in whose images she is colored red.\textsuperscript{454} Hence, Kali is a triple goddess of creation, preservation, and destruction, making her a great goddess because she is the source of all energy in the universe.\textsuperscript{455}

Marcia Starck and Gynne Stern convey that the image of Kali portrays the mother archetype in her most primitive and powerful form.\textsuperscript{456} She is usually referred to in her destructive phase, but they observe that that since destruction can result in purification, Kali also represents creation.

Gail Carr Feldman and Katherine A. Gleason state that some Kali devotees think that her purpose is to cut through duality.\textsuperscript{457} They illustrate how Kali affects duality:

Harboring anger at another person creates duality by causing you to feel separate from that person. Kali attacks and roots out the misperception that anyone or anything is separate from divine consciousness.\textsuperscript{458}

David Kinsley observes that Kali is a goddess who challenges stability and order.\textsuperscript{459} He warns: “Although she may be said to serve order in her role as slayer of demons . . . she becomes so frenzied on the battlefield . . . that she herself begins to destroy the world that she is supposed to protect.”\textsuperscript{460} For example, he references one Kali story in which she is dancing wildly on the battlefield after having becoming drunk on the blood of her victims. Her husband, Śiva, lies down on the battlefield like a corpse in order to stop her. When she dances upon him, Kali is calmed through his grace. Hence, Kinsley purports that Kali is dangerous and has the tendency to become out of control.

El Saffar also explores the dark feminine, which she indicates is supremely captured in the mythology of Medusa.\textsuperscript{461} She posits that Medusa represents the dark side of the mother, from which men and women must separate themselves if they want to be
accepted in our patriarchal culture. Yet, in repressing the Terrible Mother, El Saffar deduces that her power and negativity grows. Hence, the Terrible Mother gets expressed in stories about evil witches, stepmothers, or tales like Medusa that exemplify a caricature of female power.\textsuperscript{462}

In explaining the tale of Medusa, Bernard Evslin, indicates that Medusa was born to a family of monsters (Gorgons) who had to live underwater because they were so ugly that the gods could not bear to look at them.\textsuperscript{463} Ironically, Medusa was beautiful. Poseidon, king of the sea, became enchanted by Medusa and wanted her for his bride. He gave her a brilliant necklace and declared her his wife. Athena, the goddess of wisdom, longed for this necklace. Burning with envy and rage, Athena snuck up on Medusa and used her magic to change Medusa’s beauty into ugliness. Medusa’s hair became snakes that hissed and she learned that her gaze would turn anyone who looked at her to stone. Many tried to kill Medusa because she became such a fearsome monster, but they always failed. Perseus, a warrior, succeeded in slaying Medusa by gazing at her reflection in his shield in order to cut her head off. Then he used the mighty head as his weapon.\textsuperscript{464}

Commenting about Perseus’s relationship to Medusa, Matthews notes that Medusa did not harm Perseus as long as he only gazed at her reflection.\textsuperscript{465} Similarly, she theorizes that some may need to view the Dark Goddess primarily through her reflections. Matthews suggests that the Dark Goddess is here to warn and admonish us.

A third significant myth that illuminates the Great Mother archetype is the Greek story of Demeter and Persephone. In the myth, as explained by Christine Downing, Demeter is the mother of an adolescent girl who is abducted by Hades and taken to the Underworld.\textsuperscript{466} Demeter is grief-stricken by the loss of her daughter Kore (she is called
Persephone later), and experiences a number of mishaps in her wanderings to find Kore. Eventually the goddess Demeter harms the Earth with a famine, conveying her wrath at the loss of her daughter. Zeus, her husband, intervenes on behalf of mankind, negotiating with Hades to let Persephone go. Persephone is allowed to return to the world and to Demeter. However, because Hades has initiated Persephone into sexual mysteries and because Persephone ate some pomegranate seeds during her time with him, she is forever changed by her Underworld initiation. Thus, she was a girl when she left, but she returns to Demeter as a woman. Additionally, the negotiation details that she may stay with Demeter for two-thirds of the year, but must stay with Hades for one-third of the year, during which she will be Queen of the Underworld.\textsuperscript{467}

In discussing the Demeter-Persephone myth, Carlson observes that it is a primary archetypal pattern for women.\textsuperscript{468} Further, Carlson theorizes that the patriarchy has split apart the mother-daughter tandem, such that women lack a primary experience of mother and in this way they are often \textit{motherless daughters}. Instead, many women’s primary experience is of relating to men or Hades. Hence, Carlson proposes that the sequence of the myth is altered for these women and they live the myth backwards:

\ldots a woman is unconsciously driven to live the myth backward \ldots [thus] she begins, it \ldots as Hades’s wife (or daughter) \ldots She is estranged from herself, lacks conscious grounding in a feminine matrix \ldots and exhibits symptoms of being in Hades: disembodiment, insubstantiality, lack of definition as a woman and person \ldots Lack and loss turn to longing \ldots Finding the Mother \ldots becomes an unconscious if not conscious goal and is often achieved \ldots via a deep initiatory process, a symbolic death and rebirth. Through this initiation, the woman becomes a Demeterian Kore \ldots a feminine identity is born \ldots\textsuperscript{469}

In contrast, Carlson conveys that if women were raised with a strong relationship to Demeter, their lives would be characterized by positive feminine bonding.\textsuperscript{470} Such women would have an experience of the Great Mother archetype as the source of all life,
awareness and acceptance of the natural order of life, and an embodiment of the sensate world. If a woman were to grow up with this type of relationship to Demeter, she would probably be grounded in strong relationships with her female relatives and friends. She would be in tune with her bodily rhythms and the natural realm. She would most likely have relationships to men and the archetypal masculine, but her self-identity and source of self-esteem would not come from her relationship to the masculine.\textsuperscript{471}

Carlson adds that because we are not connected to an archetypal image of Mother in our culture, women are often motherless daughters on a transpersonal level.\textsuperscript{472} She concludes: “Without the Mother aspect of the Self, a woman is without connection to her source, without grounding, without an authentic body, without a matrix.”\textsuperscript{473} Carlson illustrates the effects of not having a recognized archetypal Mother in our culture:

In my experience, the personal mother rarely carries the Self consciously for a woman in our culture, at least not past earliest childhood, though unconsciously our enormous expectations and mother blaming mirror the bigness that is laid upon her. With the exception of the Virgin Mary—the human mother of a divine Son—there is no proper place to refer the archetypal Mother in our culture . . . So she operates unconsciously, extending our childhood dynamics and entanglements with “Mom” far beyond our early days for some of us, keeping both us and our personal mothers bound by the weight of the archetype.\textsuperscript{474}

Overall, this sub-cluster looked at three myths that depict the feminine archetype: Kali, Medusa, and Demeter-Persephone. The emphasis in this literature exploration was on myths that portray the dark aspects of the feminine or the mother-daughter relationship because of their connection to the topic of maternal ambivalence. However, as Matthews notes, there are thousands of images and examples of the Divine Feminine, from young maiden to old crone and everything in between.\textsuperscript{475}

In conclusion, this cluster of literature has investigated the territory of the Great Mother archetype as a way to examine imaginal approaches to maternal ambivalence.
This cluster has described the Great Mother archetype and then explored her influences by observing how our culture experiences and expresses this archetype. While the literature amply discusses the dark or negative side of this archetype and Western culture’s challenges with the dark feminine, there is a gap in the archetypal literature with regard to translating what this means for the personal woman who is mothering. Thus, what is absent in the literature is how an individual mother holds the tension of the destructive and the creative aspects of the Great Mother archetype, as well as how she integrates these influences in her mothering.

**Conclusion**

This literature review has surveyed the complex and multi-faceted terrain of maternal ambivalence. From the personal to the cultural to the archetypal aspects of ambivalence, this review has sketched out the conundrum of maternal ambivalence, detailing its origins and examining the problematic aspects of it for mothers, their children, and Western culture. Overall, the literature review revealed both the normality of maternal ambivalence and the hardship of it.

The first cluster, Maternal Ambivalence, began with naming the main components of maternal ambivalence, delving into the dynamics of the mother-child relationship, and exploring developmentally how ambivalence arises within that relationship. The next part of the cluster investigated the negative affects and emotions that are associated with maternal ambivalence such as anger, fear, shame, grief, disgust, guilt, and hate. This cluster ended with a cultural perspective on maternal ambivalence, examining how
Western culture’s idealization of motherhood and its emphasis on one primary caregiver who has little support (often the mother) can perpetuate ambivalence.

The second cluster, Initiation, Motherhood, and Maternal Ambivalence, introduced the theme of initiation. It named the key components of initiation, specifically the three stages of an initiation, the ordeals involved, and the transformation of identity. Then this cluster investigated how motherhood can be initiatory and how aspects of motherhood, in particular the confrontation with one’s maternal ambivalence, can also be initiatory and further women’s maternal development.

The third cluster, An Imaginal Approach to Maternal Ambivalence, discussed influences upon maternal ambivalence that often are unseen, such as archetypes. This cluster looked at the Great Mother archetype, its positive and negative aspects, and how this archetype is expressed in Western culture. Culminating with exploring some cultural manifestations of the archetype, this cluster reviewed relevant myths such as Kali, Medusa, and Persephone-Demeter.

Overall, this literature review on maternal ambivalence revealed a great deal regarding women’s personal challenges with maternal ambivalence. However, it was noteworthy that the literature lacked exploration about how women who are struggling with their maternal ambivalence—particularly the experience of hatred and the negative affects of shame, anger, and disgust—can engage and transmute their ambivalence. Additionally, there was little written about how maternal ambivalence can positively contribute to a woman’s development. Primarily, the literature emphasized the origins of maternal ambivalence, the hardships of it, and how it negatively impacts mothers and children.
Winnicott recognized the phenomenon of maternal ambivalence, but he suggested that mothers need to be able to tolerate their feelings of hatred for their babies without acting upon them.\textsuperscript{476} Other authors such as Warner addressed how our current cultural idealization of the good mother is causing women significant stress around mothering their children, but failed to cover what mothers might do with the overwhelming emotions and challenges to their identities that they experience.\textsuperscript{477}

Kraemer has noted the lack in the literature, saying that “. . . the question of how the mother feels about how she feels, and what she does with what she feels is not considered.” \textsuperscript{478} Clark focused on the influence of maternal ambivalence on a mother’s sense of self, but does not explore what mothers who are burdened with ambivalence might do to help themselves.\textsuperscript{479} Finally, Neumann emphasized that the Great Mother archetype is inherently ambivalent, which indicates that maternal ambivalence is a natural aspect of motherhood.\textsuperscript{480} Yet, he does not clarify how a mother in a patriarchal culture might navigate her ambivalence in such a way that does not deny the dark aspects of the archetype, but rather permits her to experience and express this aspect without injuring her child or herself.

In conclusion, this gap in the maternal ambivalence literature points toward the necessity of research that explores what struggling mothers might do with their feelings of ambivalence towards engaging and transmuting these feelings. As such, the focus of this doctoral dissertation is oriented around the Research Problem: which aspects of the experience of maternal ambivalence need to be expressed in order for struggling mothers to disidentify from the identification with the negative mother? Additionally, this research is narrowed by the hypothesis, which speculates that at the core of
unmanageable maternal ambivalence is self-hatred or child-hatred, which in order to be transmuted, requires a safe container in which to engage the transgressive expression of hate and the tending of unmet dependency needs.
CHAPTER 3

METHODOLOGY

Introduction and Overview

This methodology is geared toward exploring the Research Problem: which aspects of the experience of maternal ambivalence need to be expressed in order for struggling mothers to disidentify from identification with the negative mother?

I conducted research to explore my hypothesis that at the core of unmanageable maternal ambivalence is self-hatred or child-hatred, which in order to be transmuted requires a safe container in which to engage the transgressive expression of hate and the tending of unmet dependency needs.

In order to explore this Research Problem, I used a methodology that was created by Omer called Imaginal Inquiry. Imaginal Inquiry entails four phases: 1) Evoking Experience involves evoking the specific phenomena to be investigated; 2) Expressing Experience requires expressing and collecting data about the identified phenomena; 3) Interpreting Experience involves analyzing the data and making meaning of it; and 4) Integrating Experience includes assisting participants to integrate their experience of the research and synthesizing the learnings about the phenomena and communicating them to the constituents who would be interested in it.

The research methodology of Imaginal Inquiry is situated within the participatory paradigm. The participatory paradigm is a worldview that has been reignited during our post-modern era, which focuses on recognizing one’s participation in the world and one’s
enchantment with the world. In part, this paradigm is about the reclamation of one’s subjective experiences with the world. It invites researchers to include their inherent participation in the phenomena they study as well as their objective observations.

In the participatory paradigm, the primary tool for researchers is their reflexive capacity, which assists them with exploring the inter-subjective nature of the phenomena they are studying. Omer defines reflexivity as the capacity to engage with one’s reactions and to be aware of one’s imaginal structures that shape and constitute one’s experience. Omer has called seeking the inter-subjective nature of phenomena, passionate objectivity, or looking for the deep, ordering principle of a phenomenon.

In order to explore the inter-subjective nature of a phenomenon, the phenomenon one desires to study must be available for exploration during the research process. Hence for this research on maternal ambivalence, the methodology needed to help participants with contacting their maternal ambivalence, which Parker defines as a complex experience in which loving and hating feelings for one’s children exist side by side. Parker states that maternal ambivalence is revealed through a mother’s symptoms of guilt, shame, or feelings of being a bad mother. Thus, this research design strove to evoke guilt, shame, or feelings of maternal failure for participants, which then indicated the presence of maternal ambivalence.

The research was conducted during two group research meetings. In the first meeting, the focus was on helping participants to recall some recent moments when they were challenged with mothering their children. Through supporting the participants to deeply re-enter these moments and create an image out of these moments, an experience was evoked that focused on participants’ feelings of hatred for their children or for the
role of mother. More experience was evoked in the second research meeting when the participants engaged in a role-play activity with their images, which supported them in embodying the underlying affects of their images. The final experience that was evoked for participants focused on finding and embodying a friendly voice or ally in contrast to voices that criticized their mothering.

The Expressing Experience phase occurred in the first and second research meetings. In the first meeting, experience was expressed and collected when the participants wrote and then verbally spoke about a recent time when they were challenged as mothers. More experience was expressed when the participants created images from their verbal sharing and engaged in a dialog with their images.

In the second meeting, Expressing Experience continued when the participants engaged in a role-play activity with their image and then wrote about the activity. The participants expressed further experience after a guided meditation on finding a friendly voice when each created an image, wrote about this voice, and then did a role-play activity with this voice. The final opportunity to express experience occurred when the participants wrote about key moments from the research process and then each verbally shared one of those moments and her experience of being a research participant.

The participants’ expressions of experience were collected as data for this research study primarily through audio recordings of all participants’ verbal sharing, which were later transcribed. Expression was also collected when the participants wrote in their journals. My impressions and those of the co-researchers regarding participant expression were also collected through audio recordings of debriefing meetings and through debriefing notes.
The third phase of the research, Interpreting Experience, involved analyzing the data and making meaning of it. Data analysis started with sifting through the data to determine the key moments of the research. In the second meeting, the participants explored their key moments of the study. The co-researchers and I also explored the key moments from the study after every research meeting. Through evaluating the key moments in relationship to significant theories, four learnings emerged from the data.

The fourth phase of this research, Integrating Experience, was focused on understanding and integrating the learnings from this study. For the participants, opportunities for integration occurred at the end of the research meetings when they were asked to share verbally how the activities had affected them. For other constituencies such as clinicians and organizations who deal directly with mothers and families, the learnings will be communicated through future articles, books, and workshops.

In order to enhance this study’s validity, two co-researchers agreed to be present during the Evoking and Expressing phases of data collection. Nancy Campbell, a friend of ten years, a doctoral student at the Institute of Imaginal studies, and a single, full-time working mother of two children, was the first co-researcher. Catherine Held, a friend of seventeen years, a doctoral student at Pacifica University, and a single, full-time working mother of two children, was the second co-researcher.

This research study had many limitations, in part because maternal ambivalence is a culturally-taboo topic, which means that the process of exploring this terrain needed to be approached carefully. For instance, research participants might have been challenged with exploring the hatred aspect of maternal ambivalence and they might have been reluctant in a group format to express their experience for fear of being negatively
regarded by me and the other participants. However, this limitation may also have served the data collection process. Because participants were able to witness each other transgress the cultural taboo against expressing hatred and to be positively regarded in the process, this could have contributed toward deepening participant participation.

The group format imposed other limitations on how this data collection occurred. Because participants had to wait until their turn to verbally share, some immediacy of their experience may have been lost or shifted by other participants’ sharing. While some of this restriction was addressed through opportunities to journal after the Evoking activities, it still had an effect on how participants expressed their individual experiences.

Other limitations of this study included the demographics of the research participants. Because the criteria for choosing participants included a high level of psychological awareness, this may have influenced the data that were collected as such participants may have been able to explore more deeply than others into affects like shame, anger, fear, or sadness. Thus, the study’s learnings may be limited in their generalizability to the greater population of mothers. Yet this same limitation may have also served this study by increasing the authenticity and depth of the learnings. (Authenticity is important because it is an indicator of validity within the participatory paradigm.)

An additional demographic limitation occurred in that the study ended up being comprised of a fairly homogenous group of participants. While I attempted to widely advertise the research study and to gather a demographically diverse group of participants, the seven mothers who completed the study were primarily middle-class, college-educated, part-time working mothers that would fit Lareau’s profile of parents.
who raise their children using concerted cultivation (a style in which parents work hard to nurture their children’s development.) The participants’ social location also reflects my own social location. Since the population of participants who chose to participate in this study was rather narrow, that may reflect that parents who employ concerted cultivation child-rearing styles are more concerned with negative mothering issues than other populations of mothers.

Because the participants were a somewhat homogeneous group of mothers, this may have been an important factor both in the type of data that was collected and in the analysis of the data. Thus, the learnings that were discovered may be most applicable and relevant to a population of mothers who occupy a similar social location to those involved in this research study.

Further, I placed the following delimitations on the study. I limited the data from art-making activities to participants’ verbal and written expressions about their art, so that a visual data analysis could be avoided. I screened participants for any tendencies toward child abusiveness or the possibility of physically acting out their aggressiveness or hatred with their children, as I wanted to avoid ethical dilemmas around needing to contact Child Protective Services. I also wanted to avoid the possibility that participants may have been negatively influenced by this study and its focus on expressing hatred toward their children, such that they enacted those feelings with their children.

**Participants**

In order to deal with the possibility of attrition, I originally recruited ten participants for this study. One participant had a medical emergency with her child on the
day of the first research meeting, which meant she had to drop out of the study. Another participant worked at a job with one of my co-researchers, which disqualified her for this study. Additionally, one participant simply did not show up at the research study meeting. Thus, I began the study with a total of seven participants.

I recruited participants through word of mouth and through flyers (Appendix 5) placed at local organizations in Sonoma County, California: Kidspot, Lomi Community Clinic, Chrysalis, California Parenting Institute, Frogsong Cohousing, Two Acre Wood Cohousing, and MyGym. I posted flyers advertising the study at some online computer sites such as Craigslist and Sonoma West County Online Bulletin Board. Additionally, I posted flyers at many local schools: Live Oak Charter, Oak Grove, Park Side, Summerfield Waldorf, Independent Sebastopol Charter, Sunridge, Childkind preschools, and at the Santa Rosa Junior College Student Health Services office. Finally, I posted information about the study in local newsletters like the Sebastopol Parents Club, Petaluma Mother’s Club, and the Santa Rosa Mother’s Club.

The population for this study consisted of mothers who identified themselves as struggling with episodes of unmanageable maternal ambivalence. In order to define this term, I borrowed from Parker’s definition of unmanageable ambivalence, which she equated to the moments when a mother’s ambivalence evokes a great deal of guilt, resulting in a state of self-hatred or child-hatred. I defined mother as a woman who identified with that term, between ages 25 and 50, and who was significantly responsible for the care of at least one child between the ages of six months to 10 years of age.

Participants may have been motivated to engage in this research because of the possibility of experiencing some relief with their concerns about being negative mothers.
Other benefits for participants may have included: 1) a greater understanding of their personal histories as children and how the mothering they received affects their mothering; 2) increased awareness of their dependency needs and how those needs can affect their mothering; and 3) the community support of other mothers who also struggle with maternal ambivalence.

There was a possible risk with this research that exploring maternal ambivalence would aggravate participants’ unmanageable maternal ambivalence. This could have deepened a participant’s hatred toward herself or toward her children. Other risks included uncovering personal material of a painful nature of which the participants were unaware prior to the research and increasing participants’ challenges with mothering and with their relationships to their children.

I attempted to decrease these risks by choosing participants who had a high level of psychological awareness and by paying careful attention to how each individual participant was reacting and responding to the research process. At the end of each meeting, there was an integrating activity (Appendix 19 and Appendix 28) that focused on how participants were affected by the research activities, and which assisted me in maintaining contact with each participant. Also, each participant was informed of the potential risks of this study when they received an Informed Consent Agreement prior to the beginning of the study (Appendix 4).

In choosing participants for this study, I used the following criteria in selecting participants. The first variable was availability to attend and commit to two research meetings that were four and one-half hours in length. The second variable I used in selecting participants consisted of enthusiasm and flexibility for exploring their maternal
ambivalence, ability to participate in group work, psychological awareness, and willingness to engage in art making.

This first variable seemed to be the greatest limiting factor for potential participants. Many potential participants declined to participate when they learned of the length of the study and that they could not bring their children to the research meetings, which meant they needed to have childcare to attend. For example, a male member of the FrogSong Cohousing community sent me an email suggesting that I ought to revise the expectations for participants due to the hardships involved in asking mothers to leave their children on two Sundays, two weeks apart, for close to five hours.

Outside of these variables, I strove to find a demographically diverse population of mothers for the study. To clarify further, I was interested in having mothers participate who were from different backgrounds than other mothers in the study regarding characteristics such as ethnicity, socio-economic status, age, marriage, sexual status, education, and age of a mother’s children. I particularly hoped that my advertising at the Santa Rosa Junior College and the California Parenting Institute would solicit some mothers for the study who were younger, single mothers, or of a minority ethnicity. While I did converse with some mothers who sounded like they fit these profiles, none of them managed to follow through with the phone interview.

However, the seven participants who did end up being part of the study did have some noteworthy differences from each other. One participant was the mother of a biological child and a stepmother; another participant was in a lesbian partnership and mothering her biological child created with a sperm donor and her partner’s child; a third
participant was married to a man from a minority culture and they spoke two languages in their household; and a fourth participant grew up primarily in Germany.

I first initiated contact with potential participants after they telephoned me or emailed me in response to viewing the recruitment flyer (Appendix 5). Then I responded to their contact with a telephone call (Appendix 6). At that time, I either began a screening interview (Appendix 7) to determine their eligibility for this study or I set up a future date and time to conduct the interview. About one week after the screening interview, I contacted potential participants to convey their rejection or their acceptance for this study (Appendix 8 and Appendix 9).

Two weeks prior to the beginning of the study, I sent all the participants an information letter (Appendix 10) that covered pertinent details about the study including a map to the research location (Appendix 11). I also sent them an Informed Consent Agreement (Appendix 4), which detailed confidentiality issues and guaranteed their anonymity during the study. I conveyed that their privacy was protected through the use of pseudonyms and I ensured confidentiality of the data through placing audio recordings and written data in a locked cabinet in my home. At that time, participants were also informed that a transcriber might be utilized for creating a written text from the audio tapes, although I chose to undergo the labor of transcribing all of the audio tapes myself.

At the start of the first research meeting before any data were collected, I asked that participants to sign the Informed Consent Agreement and I reviewed some of the significant contents of that form. As part of that discussion, I focused on the importance of maintaining confidentiality for all of the participants and emphasized that their decision to participate in research activities was a voluntary decision.
Four Phases of Imaginal Inquiry

Evoking Experience

For this research study on maternal ambivalence, it was necessary to evoke an experience for the participants that provoked contact with their feelings of guilt, anxiety, or shame regarding their mothering or their children. Thus, the very first material evoked for this study was evoked during the Preliminary Screening Interview (Appendix 7). This interview addressed the women’s mothering history, their relationships to mothering, and their relationships to their children. During the interview over the telephone, I asked questions of the potential participants like, “What have been some of the difficulties or challenges you have experienced as a mother?” The interview also required women to describe how they disciplined their children and if they used physical methods of discipline.

In the first meeting, evoking experience officially began when I read a quotation. The quotation from Rich (Appendix 13) stated:

My children cause me the most exquisite suffering of which I have any experience. It is the suffering of ambivalence: the murderous alternation between bitter resentment and raw-edged nerves, and blissful gratification and tenderness. Sometimes I seem to myself, in my feelings toward these tiny guiltless beings, a monster of selfishness and intolerance. Their voices wear away at my nerves, their constant needs, above all their need for simplicity and patience, fill me with despair at my own failures, despair too at my fate . . . 9

The evoking of experience continued through inviting the participants to take part in a guided meditation that focused on assisting participants to recall three recent moments when they had difficulties with mothering (Appendix 14). After some
journaling (Appendix 15), the participants were asked to speak individually about one of their difficult mothering moments for five minutes (Appendix 16).

While I had originally planned simply to have one participant talk after another participant was finished, before the first research meeting I realized that something different needed to happen to acknowledge the vulnerable nature of what the participants were discussing. Thus, after each participant spoke, I lit a candle to acknowledge this part of her (the negative-mother subjectivity) that had experienced difficulty in her mothering and I verbally acknowledged the participant in a spontaneous fashion. For example, after one participant spoke I said, “I am very touched by what you have shared. In honor of all that has come forward, I light this candle for this part of you, and particularly your courage.”

After a break, the evoking of experience continued through having each participant create an image (Appendix 17). The participants were instructed to create an image from the sharing of their difficult mothering moment on a pre-formed plastic mask using materials such as permanent markers, beads, buttons, feathers, paint, glitter, markers, moss, or tissue paper. They had thirty minutes for this task and they were asked to work silently while music from a compact disc recording called *Adiemus: Songs of Sanctuary* accompanied them.

The last evoking activity for the first meeting occurred when the participants engaged in dialogs with their images (Appendix 18). The participants were asked to prop up their images in a corner of the room and then silently ask their images questions from a pre-printed handout. The handout included questions like, “What do you dislike about
the role of mother?” Then the participants were instructed to listen inwardly for the images’ answers and to write those responses down in their journals.

In the second research meeting, evoking began through the participants watching a segment from a popular television show called *Desperate Housewives* (Appendix 21). This five-minute segment portrayed a mother of four children experiencing exhaustion in her mothering and a moment in which she ran away from her children. Although I had originally planned that after watching this segment the participants would begin doing role-plays with their images, when I announced this activity the participants exhibited a great deal of discomfort. Thus, before we engaged in the role-play activity, I addressed some of their concerns and questions before we continued with evoking experience.

More evoking occurred when the participants began to do the role-play activity with their images (Appendix 22). The participants were invited to put on their plastic masks and thereby physically embody the images that they had created in the first meeting. Each participant was given five minutes in front of the group to speak, sound, or express in any fashion the experience of her image, which represented the part of her who struggles with mothering. Although originally I had planned that the co-researchers or I might demonstrate this activity due to its challenging nature, in the debrief meeting after the first research meeting we agreed to refrain from demonstrating this activity. We made that decision because in the first meeting the participants as a group appeared to be comfortable enough in expressing their difficult mothering moment or in creating their images. Instead, when I announced this activity, I indicated that the co-researchers or I would coach participants if they needed help during their role-plays.
After a silent break and some journaling, the participants were asked to participate in a guided meditation designed to evoke an experience of support for the participants’ mothering struggles (Appendix 24). This meditation invited each participant to recall the feeling of being supported by a friend in her life around her mothering issues when the participant was struggling with feeling criticized. The guided meditation included examples of what a friend might say (or have said) such as, “I see and I feel how hard you work at mothering and the consistent energy you devote to meeting your child’s needs; I want to honor and recognize you for this.” After the meditation, the participants were instructed to create an image of their friendly voice. For this activity, the participants worked with black and white paper, chalk or oil pastels, and scissors.

After some journaling time, the last activity designed to evoke experience occurred when the participants were invited to do another role-play in front of the group (Appendix 26). Each participant was given five minutes to individually express and embody aspects of their critical voice and their friendly voice that they heard during the meditation. All of the participants engaged in this research activity.

**Expressing Experience**

In order to express experience for the study, participants needed an opportunity to express how they were affected by the experience that was evoked and I needed to be able to collect their expressions as the data for the study. The expressing of experience began during the telephone-screening interview when the participants verbally responded to a questionnaire (Appendix 7) and I wrote notes. Data collection continued during the first meeting when the participants in a group format shared verbally how they were
affected by the Rich quotation (Appendix 13). More data were expressed and collected when the participants wrote in their journals about how they were affected by the guided meditation (Appendix 15). Then the participants were each invited to verbally express a difficult mothering moment (Appendix 16).

After a break, the participants expressed more experience through creating an image based on the guided meditation (Appendix 17). Data regarding the image were collected when each participant engaged in a dialog with her image and wrote the response in her journal (Appendix 18). The participants expressed more experience at the end of the first research meeting when they were invited to share in a group format regarding their experiences of how the research process had affected them (Appendix 19). Although originally I had planned for this to be the last data collected during the first meeting, I discovered that we had ten extra minutes so I invited the participants to speak about anything regarding the research study that they had not yet had a chance to express. Several participants took this spontaneous opportunity to voice some concerns. One participant spoke regarding her concerns of whether or not she had been appropriate in her sharing. Another participant spoke about the possibility of running into other participants outside of the research study and how she would not want to impose upon others, but at the same time she wanted to acknowledge that they had shared some significant moments together during this study. These spontaneously voiced concerns became further data that were expressed and collected.

Following the end of the first research meeting, the two co-researchers and I had a debriefing meeting in which we spontaneously expressed how the participants and the research had affected us. Within two days, we expressed more experience about the
participants and the research process through journal writing, which was directed by a questionnaire (Appendix 20).

In the second research meeting, the participants expressed experience when they shared in a group format how images or reflections from the first meeting that had affected them during the intervening two weeks (Appendix 21). I had originally planned that the next opportunity to express experience would happen when the participants engaged in a role-play with their images. However when this activity was announced after viewing the Desperate Housewives television segment, the participants expressed confusion and discomfort, which became more data that were expressed and collected. Then the participants did the role-play activity with their images, which provided verbal data (Appendix 22) that were collected. More experience was expressed when the participants were asked to write about how the role-play had affected them (Appendix 23).

After a silent break and a guided meditation focused on recalling a friendly voice, the participants engaged in further expressing of experience through an art-making activity (Appendix 24). These data were collected when the participants wrote how they were affected by the meditation and art process (Appendix 25). More expressing of experience occurred when the participants did a role-play activity on embodying the critical and the friendly voices (Appendix 26). Originally I had planned that more data would be collected when the participants wrote in their journals using a questionnaire about this role-play activity. Because we were lacking in time, I suggested to the participants that writing about the role-play was optional. Thus, if they were so inclined, I invited them to simply write (not using the questionnaire) about how they had been
affected by the role-play. Later after checking their journals, I was surprised to see that all of the participants had elected to write an entry after this role-play.

After a break, data collection resumed when the participants were asked to write about three key moments for them during the research process (Appendix 27). Although I had originally planned that the participants would verbally share these data and then I would collect more written data, we did not have enough time. Thus, the participants were directed to verbally share one of their key moments and to also share about their experiences of being research participants at the same time (Appendix 28). All of the participants’ verbal data during the study was audio recorded and later transcribed.

Following the end of the second research meeting, the two co-researchers and I had a debriefing meeting in which we spontaneously expressed how the participants and the research had affected us. Within two days, we also expressed more experience about the participants and the research process through journal writing, which was partially directed by a questionnaire (Appendix 20). Eighteen days after the second research meeting, the two co-researchers and I had a summary meeting in which we spoke about the key moments of the research study. All of the researchers’ verbal data were audio-recorded and later transcribed.

**Interpreting Experience**

In order to interpret the participants’ experiences during the research study, I conducted a thorough process to explore how the research activities had affected the participants by identifying *key moments* from the study. Regarding key moments,
Omer suggests:

A moment may be imagined as the soul’s punctuation of time . . . it is the soul’s experience of a unit of time. Moments make time meaningful, the way grammar makes speech meaningful.\textsuperscript{10}

As Karen Jaenke explains, the challenge with data interpretation is to sift through the key moments and piece together the story that is not explicit in the data.\textsuperscript{11} Thus, my first step toward finding the hidden story or determining the learnings from this study involved identifying key moments in the data.

There were many ways in which I engaged in identifying the key moments from the study. One way was by asking the participants to individually identify key moments through journaling and then by speaking about these moments (Appendix 27). The second way I explored the key moments was through the researcher debriefings and post-research journaling (Appendix 20) in which the co-researchers and I intuitively identified moments that touched us. In a summary meeting, the co-researchers and I discussed the parallels and differences in our interpretations of the key moments. In this meeting, we used the tool of reflexivity to explore how we were affected by the key moments and to also track what imaginal structures were present for us in relationship to the key moments.

Additionally, I transcribed the audiotapes from the study and applied a condensation approach with those transcripts in order to identify key moments. Steinar Kvale describes the condensation approach as the process of going through a text and looking for similar themes or the repetition of themes.\textsuperscript{12} Thus, I went through the transcript and synthesized what a participant was saying into one or two words. For instance, a participant volunteered that the first meeting had affected her mothering in
this way: “I’ve noticed a shift in how I’m holding things and processing things—a deepening of experience and less reactive.” From her sentence, I concluded that the first meeting had left her feeling less reactive with her mothering.

Finally, I went through the transcripts and noted the underlying affects from all of the passages. Thus, when a participant articulated how guilty she felt, I tracked the presence of the shame affect. When a participant said, “It’s a really scary thing to bring here,” with regard to sharing her difficult mothering moment, I observed the presence of the fear affect about revealing her maternal ambivalence.

After combing through the data in these multiple ways, I ended up with four key moments that the co-researchers and I had agreed upon in our summary meeting. The four key moments were: 1) Transgressing the Taboo on Evoking the Dark Mother, 2) Volcano Erupts, 3) Expression of Longing for Authentic Community, and 4) the Friendly Voice Meets the Critical Voice.

The first key moment, Transgressing the Taboo on Evoking the Dark Mother, began with the first participant who shared her difficult mothering moment. She transgressed the taboo against expressing hate right away when she shared how she sometimes hates her children and wants to squish them. Included in this key moment was a later moment when another participant wanted to add a skeletal figure to the altar to represent the dark mother. This key moment captured the immense vulnerability that occurs in transgressing the taboo against expressing the hate towards one’s children, as well as the shame and fear.

As I sorted through the data, I discovered that this first key moment was intimately tied to the second key moment, Volcano Erupts. The second key moment
captured the emotional whirlwind that occurred in the room after the participants had finished viewing the *Desperate Housewives* segment and I had announced the research activity of role-playing the images. One participant began to sob and later expressed that this moment evoked a great deal of madness, terror, and shame for her. Other participants appeared confused, disturbed, and overwhelmed. The level of intense affect in the room continued while the first few participants engaged in the role-play of their images. For example, while role-playing her image one participant screamed: “I don’t care about anything; I only care about myself! My poor son! I’m so horrible. I just don’t know what to do with this; I want to hurt myself!”

From the first and second key moments, I discovered two learnings from the data. The first learning, Learning One, suggests that transgressing a primary cultural taboo for women of expressing the hatred that lives at the core of maternal ambivalence evokes the overwhelming affects of surprise-startle, fear-terror, and shame-humiliation, and can be disorienting to identity structures. The other learning that emerged, Learning Two, suggests that to turn toward embodying and expressing maternal ambivalence is to touch upon primal states of chaos and madness, primal splitting and psychic numbness.

Returning back to exploring the key moments, the third key moment, Expression of Longing for Authentic Community, refers to a moment that occurred at the end of the first research meeting. At that time, one participant began weeping out of her desire for authentic community, and she noted that she hadn’t even known she was hungry for authentic community until she participated in the research process. This key moment led to the fourth learning, Learning Four, which suggests that having the culturally-taboo
mother’s hatred for the child communally received and witnessed evokes a state of liminality and transmutes isolation into communitas.

The fourth key moment, the Friendly Voice Meets the Critical Voice, refers to a moment during the second research meeting when the participants were engaged in a role-play of their critical and their friendly voices. Towards the end of this role-play, one participant suddenly began to sob in the middle of her critical voice’s role-play, which appeared to result in the emergence of more freedom in her expression. Later she expressed how she was surprised by her “surrender into criticism” and said, “I’ve been held by my friends and supported and the positive voices are internalizing, neutralizing the negative.” Out of this key moment emerged the third learning, Learning Three, which suggests that the expression of extreme subjective states that accompany maternal ambivalence creates greater spaciousness, acceptance, and an embodied sense of power for the mother.

To move from identification of the key moments to the learnings involved a thorough re-examination of the data. For this process, I utilized a research tool described by Kvale as meaning categorization. Meaning categorization involves noting a significant theme and then analyzing the components of that theme.

Thus, the first step with meaning categorization required that I identify significant themes in the data, which I had already accomplished through naming the four key moments. Then the next step was to analyze the components of each theme by examining the key moments to determine what elements had combined to create that moment. For example, with the key moment Volcano Erupts, I found the following components: 1) the participants transgressed the taboo against expressing and embodying hate; 2) the affects
of surprise, shame, and fear were evoked; 3) an initiatory threshold arose, involving the rattling of participants’ adaptive identity structures; and 4) the state of madness was evoked as well as psychic numbness.

After analyzing the components of the four key moments, I returned to the data to determine if there were other moments that were similar in nature to the key moments. After I uncovered other moments in the data that resembled the key moments, I grouped this information into four *what happened* sections for the Learnings Chapter. Once I had these four sections, I distilled the unique aspects into the four learnings.

After uncovering the key moments and the learnings, I returned to some of the concepts, principles, and myths examined in the literature review and engaged in a theoretical analysis to understand what had happened during the study. My exploration involved exploring new theories and myths that I had not previously considered. For example, I discovered that theories regarding madness bore a similarity to some of the data that emerged during the study and thus were important for this study. Similarly, the myth of Kali emerged as a central myth for the data, which both surprised me and helped me to understand the data better.

Examining the key moments in relationship to significant theories was a complex and lengthy process of many months during which I felt as though I were inviting these components to meet inside my brain and cook together. This cooking process also involved examining the data in relationship to the hypothesis for this study. The hypothesis was: at the core of unmanageable maternal ambivalence is the undermothered mother’s self-hate or child-hate, which in order to be transmuted requires a safe container in which to engage the transgressive expression of hate and the tending of unmet
dependency needs. Finally, this lengthy cooking process resulted in the distillation of four learnings from the data, which will be covered in detail in the next chapter.

**Integrating Experience**

Integrating the learnings from the data collection was a significant part of bringing this research study to completion, as well as the final phase of Imaginal Inquiry. This phase involved helping the participants to integrate their experiences during the study. This phase also involves communicating the learnings to other constituents for whom the learnings may have implications, such as organizations that work directly with mothers and families, psychologists, and the field of Imaginal Psychology.

Because the participants were directly involved in the research process, my goal was to assist them with integrating the learnings first. Thus throughout the first and second research meeting, there were specific activities designed to help them with integration. At the end of both meetings, I invited the participants to verbally share how the research process had affected them (Appendix 19 and Appendix 28). Also, at the start of the second meeting, the participants were asked to share how the research had affected them in the two-week interval between the meetings (Appendix 21).

During the second meeting, the participants were supported with integrating this research further through having a focused time to write about their key moments during the study (Appendix 27). Although I had originally planned that the participants would be able to speak their key moments, there was a shortage of time. So the participants were instructed to share one key moment in conjunction with how the research had affected
them. Finally, the participants received the Summary of Learnings (Appendix 30) after this dissertation was approved, which further supported them in integrating the learnings.

In addition to the research participants, the learnings from this research study are important for other mothers or for parenting organizations (i.e., California Parenting Institute or Matrix in Sonoma County, California). I have future plans of incorporating these learnings into an article or a book. I would like to create workshops that support mothers with the opportunity to engage and transmute their hatred toward their children.

The learnings from this study also have implications for clinicians, especially for those who are in a direct position to counsel mothers and their children. The learnings could assist clinicians to increase their awareness about a mother’s subjective experience, thereby increasing their curiosity to investigate and have less judgment about the actual experience of mothers with whom they are working. Though it may seem obvious that a clinician ought to be interested in the subjective experience of mothers, an article titled “Mother-Blaming in Major Clinical Journals” by Paula Caplan and Ian Hall-McCorquodale reveals that it is not. In this article, the authors demonstrate how mental health professionals tend to criticize mothers and that mothers are very rarely regarded as healthy or described in positive terms in the clinical journals the authors reviewed.

Additionally, the learnings from this study could inform clinicians about the cultural taboos mothers face with regard to being good mothers. When mothers have additional struggles such as drug addiction, their struggles around mothering are compounded. For example, an article from a local newspaper, The Bohemian, highlighted the issues that a mother can face when attempting to recover from methamphetamine
addiction. In addition to learning parenting skills and relapse prevention, the mothers in this article are challenged with managing their shame about the kind of mothers they were under the influence of methamphetamines and coping with the anger their children can have toward them about their addiction.

For the Institute of Imaginal Studies and the field of Imaginal Psychology, the implications of the learnings from this study are many. One implication is to increase the support for image-based work. Because the archetype of the Great Mother has often been split in Western cultures into the good mother and the bad mother, cultural images of mothers have also been split and Western culture has tended to either idealize or scapegoat mothers, as Chodorow and Contratto have stated. As a result, many mothers, like Weingarten, have held an incomplete image of what it means to be a mother, which has meant that they have stifled themselves in an attempt to be only good mothers. Thus, the learnings from this study support the significance of expressing and integrating the full spectrum of a mother’s experiences in mothering her children.
CHAPTER 4

LEARNINGS

Introduction and Overview

This research sought to explore struggling mothers’ challenges with maternal ambivalence and with the negative mother subjectivity. Seven participants and three researchers explored the Research Problem: which aspects of the experience of maternal ambivalence need to be expressed in order for struggling mothers to disidentify from identification with the negative mother? The hypothesis was: at the core of unmanageable maternal ambivalence is the undermothered mother’s self-hate or child-hate, which in order to be transmuted requires a safe container in which to engage the transgressive expression of hate and the tending of unmet dependency needs.

Cumulative Learning: Engaging the Dark Feminine Leads to Transformation

Emerging from the data collection and the data analysis was a cumulative learning from this inquiry. The cumulative learning states: disidentification from the negative mother involves transgressing a primary cultural taboo for women of engaging and expressing hate and other extreme subjective states while being communally witnessed and received. The gifts of disidentification are spaciousness, acceptance, an embodied sense of power, and an experience in communitas.

Encompassed within the cumulative learning are four individual learnings. Learning One proposes that transgressing a primary cultural taboo for women of
expressing the hatred that lives at the core of maternal ambivalence evokes the overwhelming affects of surprise-startle, fear-terror, and shame-humiliation, and can be disorienting to identity structures. Learning Two proposes that to turn toward embodying and expressing maternal ambivalence is to touch upon primal states of chaos and madness, primal splitting and psychic numbness. Learning Three proposes that the expression of extreme subjective states that accompany maternal ambivalence creates greater spaciousness, acceptance, and an embodied sense of power for the mother. Learning Four proposes that having the culturally-taboo mother’s hatred for the child communally received and witnessed evokes a state of liminality and transmutes isolation into communitas.

The four learnings are organized conceptually and discussed individually in the next section with a thematic or poetic heading introducing the propositional statement for each one. Discussions for the learnings follow a specific format with six components: 1) what happened; 2) how I was affected; 3) imaginal structures; 4) theoretical concepts assisting in these interpretations; 5) my interpretations of what happened; 6) and validity considerations.

Throughout the discussions, the seven participants are identified by pseudonyms to protect their anonymity, but the two co-researchers are not. There are references to the research activities that transpired during the data collection process, which entailed two meetings, each four and one-half hours long, two weeks apart. These meetings occurred in the group room at the Lomi Psychotherapy Institute in Santa Rosa, California, in November 2006.
In order to help with the data collection process and assist with confirming the validity of the learnings, the co-researchers met with me two weeks prior to the beginning of the research and they explored some of the research activities through enacting them. The co-researchers were also present during both research meetings and they met with me afterward in order to de-brief about what had transpired with the participants. Within 48 hours after the meetings, the co-researchers and I journaled about how we were affected by the research. Three weeks after the data collection was over, I met with the co-researchers in order to decide what were the most significant moments of research.

**Learning One: A Volcano of Shock, Shame, and Terror Erupts**

All of the participants expressed varying degrees of discomfort when they were asked to express their maternal ambivalence. Their discomfort was revealed primarily by the affects of fear, shame, startle and the feelings of guilt and confusion. The range of discomfort went from observations of discomfort, to mild fear, to overwhelm and terror in conjunction with expressing maternal ambivalence. Learning One proposes that transgressing a primary cultural taboo for women of expressing the hatred that lives at the core of maternal ambivalence evokes the overwhelming affects of surprise-startle, fear-terror, and shame-humiliation, and can be disorienting to identity structures.

**What Happened**

In the first research meeting, the seven participants, the two co-researchers, and I sat in large, comfortable chairs around an altar, which held mother images, orange gourds, dried leaves, and candles. The participants were invited to briefly share what
drew them to the research study, before the process of expressing maternal ambivalence began. Then I read a quotation from Rich (below) and the participants were asked to share how they were affected in relationship to that quotation.

My children cause me the most exquisite suffering of which I have any experience. It is the suffering of ambivalence: the murderous alternation between bitter resentment and raw-edged nerves, and blissful gratification and tenderness. Sometimes I seem to myself, in my feelings toward these tiny guiltless beings, a monster of selfishness and intolerance. Their voices wear away at my nerves, their constant needs, above all their need for simplicity and patience, fill me with despair at my own failures, despair too at my fate . . .

Lisa, a mother of a three old boy, commented, “I felt validated. Very validating the power of her words, but also I found it selfish—it was about her—which is what’s validating!” Evalene, the mother of 12-year-old stepson and a seven-year-old, stated, “I almost felt uncomfortable with the guilt that I felt associating with that . . .”

The next opportunity to express maternal ambivalence emerged when the participants were asked to speak individually about one difficult mothering moment for five minutes. This activity followed a meditation and journaling process, which had guided participants in exploring three recent and difficult moments that they had experienced with their children. Gabi, the mother of a 12-year-old girl and 4-year-old boy, spoke first. She described a moment with her daughter in the car when she wanted “to smush her.” Speaking in a frank tone, she noted, “I wanted to take her liveliness and take her excitement and put her in a box and shut her.”

Along with Gabi’s expression of hatred was her shame and self-criticism:

Gabi, you’re not going to have her around for very much longer . . . you should enjoy her. Look at how happy she is to be with you. You should be cherishing this and aren’t you going to feel bad when she’s gone and you are old . . . I think the biggest thing I am left with situations with my kids is almost this grief. I’m going to be so sad when they are gone and I hope I don’t just focus on all the bad things I did . . .
Ann, the mother of three sons, did not share one difficult mothering moment. She focused on a montage of moments with her two older sons when their behavior was unruly. In a humorous tone, she said, “They are like puppies without obedience training, that I have taken to obedience school for years, and it’s just never taken.” She pointed out how she grew up trying to be a “good girl,” which meant that she had a “strong narrative about social mores, social rules, and conduct” that affects her. She commented on how she feels the surrounding culture perpetuates the problem of mothers having difficulty with their children saying, “I blame the patriarchy.” She noted the shame that accompanies moments when she hates her children:

. . . that reminds me very much of what you are describing in that I hate them in that moment. And that is just the most incredible heart breaker for me. . . . just being desperate for their compliance and horribly embarrassed when I don’t get it. And horribly ashamed at my inability to affect their behavior.

In contrast with Ann, Evalene spoke directly about a particular moment six months earlier in which she became furious with her 12-year-old stepson because he was neglecting his homework. Because she felt that her explosion of anger had been detrimental to their relationship, she commented that since that moment she had carefully kept her interactions with him on an even keel and that their relationship had not been the same since. In a quiet yet honest manner, she expressed guilt: “I’ve had a real difficult time accepting that I don’t felt the same way about my stepson the same way as I do about my son, and my stepson has never had a mother.”

Later, in her journal in the second research session, Evalene further depicted her discomfort while watching other participants wear their images and embody their maternal ambivalence. Evalene wrote:
I felt rage and expressed it once. It frightened me to the point that I have never acted that way again. I don’t like that side of me, and I felt uncomfortable seeing the embodiment of such rage.

Evalene also wrote about her fear that the participants’ children might be negatively affected by the mothers’ processes of embracing their authentic selves in this study.

Patty, a lesbian mother of two sons, chose to speak on a difficult mothering moment when she felt angry with her sons in the early morning before school. The boys had been dawdling in their attempts to get ready and they were late for school. They were all sitting in the parked car in their driveway and she was screaming and pushing against the steering wheel. One son told her that she was scaring him and suggested that she needed to see “the emotion doctor again and get some medication.” (Eighteen months earlier, Patty had been diagnosed with a mental illness and she had received some medication that had been very helpful.) As was the case with Ann, shame was the primary affect accompanying Patty’s expression of maternal ambivalence:

But the fact was that I was out of control. Thank God for him [her son] for speaking his truth, but for me the shame of being out-of-control with my rage and the reality, which doesn’t have to do with my mental illness, the reality of the edge of my ability to manage the stress of being a mother in that moment was huge. The shame is terrible and for me the shame of feeling like a hypocrite because I am a pacifist and an anti-war activist and I’m changing the world one boy at a time . . .

Rose, a mother of a three-year-old daughter, began her sharing by describing a multitude of feelings that she was experiencing and how she tried hard to witness moments when she was upset with her daughter, rather than act upon them. I interrupted her to ask if she had a specific moment to share. Then Rose began to describe a moment when she was in the car with her daughter. Rose was driving and her daughter was in her car seat, screaming and yelling. Rose emphasized how she felt pushed to maintain control
and then suddenly she found herself losing control and slapping her daughter. She noted in a curious manner, “I feel shocked at myself because it happened so fast . . .
immediately she’s crying and the worst part is just feeling guilty and totally helpless and trapped.” When this research activity was finished, Rose observed that she felt as if Kali or Durga were in the room and she asked permission to add a scary-looking skeletal figure to the altar that she found on the shelves in the room. Rose’s comment was affirmed by Lisa, who expressed that “surrendering to the madness is liberating.” Many of the other participants echoed Rose and Lisa with other comments about madness.

Although Rose did note her discomfort around expressing this experience, later she wrote about how she experienced less shame than some of the other mothers.

When one mother shared about her deep shame (session #1), I felt moved . . . I also felt relief that I do not feel that deep shame and that if I ever do, the experience will not be so unfamiliar because of how she and others shared with me.

Maya chose to share about several difficult moments that had happened with her almost six-year-old son in relationship to his sexual explorations with other children. After one moment that happened at Maya’s son’s school, the mother of the other child chose to take her child out of that school because she felt there was not enough supervision. Maya noted that these moments have evoked a great deal of emotion and suffering for her. Speaking in an angry yet humiliated tone, she said:

So what come up for me . . . over and over again in various degrees is incredible shame, incredible guilt. Why does it have to be my child? You God damn son of a bitch, why can’t you get it through your fucking, thick skull that you cannot do this! . . . The first incident, I could not . . . say anything. I just brought him home. We did our evening routine. And that night, I felt that rage that I knew was my mother’s rage, for the incident! I never did anything like this, you know? Nothing!
Towards the end of Maya’s sharing, she shrieked a loud, guttural sound: “Aiyhaee!” She was half-crying and half-laughing and her voice was choked up. With regard to her vocal expression, Maya explained: “That is what it feels like inside of me. Oh my, God, Why? Why is this happening?”

Lisa was the last participant to share her difficult mothering moment. She focused on the previous evening when she’d become angry while lying down next to her three-year-old son in an attempt to help him go to sleep. Because her son had been taking along time to relax, her edge of tolerance with his failure to sleep was evoked. So finally she left the room and asked her husband to come in and help. With regard to sharing this incident, Lisa spoke in a hushed manner: “It’s a really scary thing to bring here. And I didn’t really want to talk, but I want to be part of this . . . ” In exploring about the recovery period associated with moments where she felt she was at her edge, she wrote:

And then it takes me a while to recover from that. Often days, some times depending on the incident and how justified my reaction was. The recovery period is so hard, because I beat myself up. And so I have to talk myself back to being “okay” at least with myself. In each of these events my body is very heated—I am fuming!

In the second research meeting, the participants exhibited the greatest discomfort when they were asked to express their maternal ambivalence through wearing the images they had created on plastic masks. The images had been created during the first meeting after the participants had shared their difficult mothering moments.

Toward the beginning of the second research meeting, the participants were asked to re-read their journals from the first meeting, which captured their dialogues with their images. Then after viewing a Desperate Housewives television clip, the research plan had been that the participants would have five minutes to put on their masks and engage in
role-plays with their images. In this fashion, the participants would be invited to speak and embody their images, and thus further express their maternal ambivalence.

The participants seemed uncomfortable after this research activity was announced. Rose stated, “This is vulnerable . . . and its been two weeks and I’m not even settled in the room or connected with the other women yet to do something quite like that.” Gabi declared, “This is scary, but I’ll go first.” Patty asked, “Would it be all right if I could sit with my image for a little while? I haven’t seen her for two weeks . . . ” Lisa asked if she could take her journal up with her when she did her role-play. Catherine wondered if there might be some confusion in the room about what exactly the participants should express. She sought to address this potential confusion by asking: “If what someone is feeling now that was evoked by the television program is different than the experience with the mask—is it more important to have the present experience be expressed or the mask?”

Because the participants seemed unsure and unready to do this research activity, I decided to slow down the research process by inviting the participants to stand up and retrieve their masks from the table upon which they were displayed and to put the masks in their laps. Then I answered some questions, clarified that the goal was to embody the experiences underlying those of their images, and reminded the participants that participation in this research activity was voluntary. Because Patty was crying on the couch, I took a moment to check-in with her before proceeding with this activity. Amidst sobs, Patty uttered: “I’d like to run out the door. I’m surprised. I love performance but the thought of performing myself is just terrifying. I can’t imagine being able to do it.”
Because Patty appeared to be so distraught, I left my chair and asked Patty if I could sit beside her before the role-play began. Patty replied, “Okay, but don’t touch me.” I agreed and sat cross-legged on the floor next to the couch upon which Patty was huddled, since there was little room upon the couch for another person. Then the role-play activity began and Patty scribbled in her journal.

At the end of the day, Patty verbalized to the group that she had written, “Fuck you, Cammy!” several times in her journal in response to how she had felt pressured by doing this exercise. She also summarized in her journal how strongly she had been impacted at this moment and how hard it had been for her.

When Cammy just blurted out now we’re gonna put on the masks and let them speak, I fucking detonated! Surprise, shock . . . fear, shame, terror. I was so embarrassed that I couldn’t keep myself under control at all! Yeow! The last time I got out of “control” I had to go to the hospital! What if this exercise evoked that feeling level? Could I trust these lovely, compassionate “researchers” to handle a fucking psychotic break? That’s the fear I had if I had to do the exercise.

How I Was Affected

When I was listening to the participants share their difficult mothering moments, I was affected by an overall feeling of awe and deep appreciation. In particular, I was touched by Gabi’s courage of going first and revealing moments of hatred with her daughter. In listening to Patty, Maya, and Evalene, I felt honored that they would explore such vulnerable material with the group and speak so honestly. Maya’s guttural sound affected me deeply; I felt jolted by the primacy of her expression and the accuracy with which it seemed to convey her suffering.

I also appreciated Lisa’s courage in speaking at all when she clearly felt so scared to share her maternal ambivalence. With regard to Ann, I appreciated her clarity about her
mothering process with her sons and how she could intellectually grasp the links between the culture and its impact upon her as a mother.

In contrast, I felt some frustration and lack of empathy with Rose because she spoke in a circular fashion and took a long time to get to the moment she wanted to share. Although she shared some vulnerable material (i.e., slapping her daughter), I felt somewhat confused and distanced in listening to her.

I was the most affected by the material in this learning when it became clear that most of the participants in the second research session were experiencing discomfort around the activity of embodying their images. I felt overwhelmed, but I tucked away my reactivity for later exploration, because I felt that I needed to soothe the participants enough so that they could embark upon this research task. After I had checked in with Patty before the role-play activity began, I felt concerned about her and worried. By choosing to sit close to her during the role-play, I felt as though I would be better able to support her (and myself) for what she might experience during the role-play.

More aspects of how I was affected showed up when I was driving to a local restaurant immediately following the second research session. On the way there, I experienced a gatekeeping attack that was focused on the flaws of the research design and how the participants were not aided in embodying their images by witnessing the Desperate Housewives television clip. This critical voice also emphasized the stupidity and futility of focusing upon maternal ambivalence as a research topic and how cruel and ridiculous I was to ask the participants to explore their feelings of hatred, dislike, and frustration for their children.
In addition, two weeks after this research session, I experienced what I dubbed *researcher rope-burn*, which I defined as the leftover aspects of how I was affected by the study, when I was participating in an Authentic Movement session with my women’s group. At that time, I felt full of terror and overwhelm; I was afraid of being physically touched and experienced flashbacks of other terrifying moments from my life. I suspected that I was feeling aspects of what Patty might have felt when she was so afraid during the second research session.

**Imaginal Structures**

Witnessing the participants’ discomfort surrounding their work with maternal ambivalence evoked several imaginal structures for me. While witnessing Gabi, Maya, Lisa, Ann, Patty, and Evalene share their difficult mothering moments, I felt my capable adult structure emerge. For this structure, I have an image of a mature and grounded woman who is not disturbed by the uncomfortable feelings and strong emotions in the room. This imaginal figure believes in the importance of this research and understands it rationally, emotionally, and intuitively.

In listening to Rose’s difficult mothering moment, I experienced a fierce woman structure. For this structure, I have an image of a woman cutting through air with her hands or a knife. This woman has little time to waste and is impatient. She barks orders and requires others to focus quickly. I have experienced this structure a lot when attempting to get my children ready for school in the morning.

When I witnessed the discomfort in Patty before the beginning of the participants’ role-play, a terrified, crying child emerged. This scared child structure is doing her best to
satisfy what the adults have asked for and feels hopeless to get it right. This structure first became conscious to me at age 21 when I lived in a remote Nepalese village where nobody spoke English or Nepalese, which were the languages I spoke. I was one of the few white people the villagers had ever seen and I felt as though I might become crazy or die. This structure was born in my early childhood when I ran from my father in terror when he wanted to beat me.

Close upon the heels of the scared child is a critical figure structure. This structure emerged when I was driving in the car after the second session and it also emerged through the years spent creating this study. This structure feels frustrated with this research study, which it regards as a pointless exploration that will only cause pain and suffering. This structure is also afraid of what is involved with this research study and it does not understand the relevance of embarking upon this study. I suspect this structure first emerged when I was a child. Rather than revealing my angry or hurt feelings to my family, this structure wanted me to hide from them and thereby eliminate my suffering.

**Theoretical Concepts Assisting in These Interpretations**

The concepts of maternal ambivalence and hate are the beginning place of this learning. Concepts that explain taboos, transgressing taboos, repression, and the return of the repressed are central for this learning. Additionally, the concept of the adaptive identity will further help to illuminate this learning.

Examining maternal ambivalence more closely, Parker explains that the most challenging aspect of maternal ambivalence is the hate that mothers experience. Omer conveys that hate can be called an emotion or a state of consciousness, which can be a
very painful place. He notes that identifying or aligning with it can relieve it. He indicates that the negative affects (identified by Tomkins as dismell, disgust, fear-terror, distress-anguish, anger-rage, and shame-humiliation) are constituents of hatred.

In Western culture, as Parker has acknowledged, it is culturally taboo to express hate towards one’s children. Freud conveys that the term taboo takes us in two opposing directions: it means sacred as well as forbidden. Further, he deduces that taboos are culturally determined toward the protection of someone or something; those who violate a taboo are then considered taboo also. Freud points out that the desire to violate the taboo exists in people’s unconscious and that taboos are maintained through cultural rules and psychologically through repression.

About repression, Freud indicates that thoughts and feelings that are unacceptable or too painful to bear are separated from the conscious part of the mind into the unconscious through the mind’s distancing act. Then, the phenomenon that Freud calls the return of the repressed occurs in which the repressed material shows up in an individual’s life through instincts or symptoms. Further, he conveys that when the repressed material returns to consciousness, it has an eerie, uncanny quality due to its surprising quality of familiarity and it returns with a great deal of anxiety.

Commenting on the significance of transgressing a taboo, Omer contributes that the act of transgressing a taboo can lead to transforming the habits of a group or it can lead to scapegoating the one who does the transgression. Thus, the act of transgressing is psychologically risky and it involves a time of heightened affects.

Additionally, as Josselson notes, motherhood is the single most significant factor that affects women’s identity. Thus, the transgression of the cultural taboo against
expressing hatred towards one’s children is a significant and primary taboo for women, which affects their identity. Hence, the process of expressing hatred could evoke an overwhelming state for women, which could upset their identity structures, particularly their adaptive identities. Omer explains that an adaptive identity is one that has developed around self-images that have emerged in the process of coping with overwhelming events or trauma.  

My Interpretations of What Happened

Learning One proposes that transgressing a primary cultural taboo for women of expressing the hatred that lives at the core of maternal ambivalence evokes the overwhelming affects of surprise-startle, fear-terror, and shame-humiliation, and can be disorienting to identity structures. Because experiencing or expressing hatred towards one’s children is considered taboo in Western culture, the participants may have defended against recognizing their hatred and may have repressed it in their daily lives. During this study, they were asked to remember difficult moments with their children where they experienced guilt, shame, or maternal failure (which is representative of maternal ambivalence) and express aspects of those moments.

Since this act of expression involved the return of their repressed hatred and it involved the transgression of the cultural taboo against expressing hatred, I am theorizing that the participants experienced psychological risk and emotional overwhelm. Thus, many of the participants exhibited an intense affective experience and some of them displayed a disruption in their normal sense of themselves or their adaptive identity.
An analysis of the transcripts from the data revealed that many participants felt a great deal of shame or guilt while others felt anxiety or fear underlying their expressions. Other participants felt both as well as shock and surprise. Still other participants felt some confusion and a fear of becoming crazy. Thus, for many participants the process of transgressing the taboo against expressing hatred was overwhelming, discomfiting, full of intense affects, and disruptive of their normal senses of themselves.

For example, Patty is a participant who experienced a disruption of her sense of normal identity. When she was invited to role-play her image, she was overcome with many feelings and then embarrassed that she “couldn’t keep herself under control.” Evalene also found the process of expressing maternal ambivalence disorienting to her identity. She wrote about how witnessing the embodiment of rage was tremendously uncomfortable and how it evoked fear for her about the participants’ children. In contrast, Gabi is an example of a participant for whom the process of expressing her maternal ambivalence was tumultuous, but less disruptive to her sense of identity.

Validity Considerations

This learning proposes that transgressing a primary cultural taboo for women of expressing the hatred that lives at the core of maternal ambivalence evokes the overwhelming affects of surprise-startle, fear-terror, and shame-humiliation, and can be disorienting to identity structures. For this learning, I demonstrated moments from the data when participants were exhibiting their discomfort in conjunction with expressing their maternal ambivalence. I attempted to show the full range of the participants’ discomfort with expressing their ambivalence—from mild and tolerable, such as the
participants’ reactions after the Rich quotation was read, to overwhelming and distressing, such as before the role-play with the images.

When the researchers sought to identify the key moments of the research, all three of us agreed that the time period after the television clip was shown and before the role-play with the images was very significant. We felt as if a volcano had erupted in the room and that understanding Patty’s reactions, as well as those of the other participants, was crucial to making sense of what had happened. We agreed without reservation that this moment felt central to this research on maternal ambivalence. As I reflected further upon what happened and read through the transcripts of the researchers’ debriefing after the research meetings, I discovered how the process of transgressing the cultural taboo of expressing hate towards one’s children is quite significant and serious for women.

After the second research meeting, Catherine, Nancy, and I discussed the cultural challenges imposed by the good mother cultural ideal. I discussed some of the difficulties that existed for me with interviewing some of the participants for this study because of their fears around whether I would be doing reporting to Child Protective Services (CPS) based on what I heard during the study. In the conversation with the co-researchers, I noted how supporting the participants to engage and express their hate towards their children was challenged by the CPS rules, which symbolize the intensity with which Western culture reifies the good mother. Commenting on this situation, I clarified:

So bringing the dark mother part forward and the freedom to work with it is affected by the litigious system in our society (or the CPS system), which can be a good thing . . . But the bad part is some people are hampered by feeling so afraid that they are going to blow it [be a bad mother and hurt their child] that they start shutting down and closing down.
Hence, the cultural rules (i.e., be a good mother, do not express hate toward your children, and refrain from abusing children) have resulted in the overwhelming levels of affect and disorientation for identity structures when mothers risk to transgress the taboo on expressing hate toward their children. Theoretically this learning is validated by Freud’s concepts on taboos, repression, and the return of the repressed. Omer’s concepts on transgressing taboos, hatred, and the adaptive identity are significant for this learning.

Learning Two: She Who Burns and Cries; Blind Rage

Each of the participants was invited to embody her maternal ambivalence through creating an image and engaging in a role-play with her image. This activity was accomplished by having participants create images on top of plastic masks and later placing the masks upon their faces. This activity was affectively intense and evoked a range of reactions for the participants, such as contact with the state of madness, chaos, and primal splitting as well as psychic numbness. Overall, the archetype of the dark feminine was evoked, which was revealed by the chaotic, discombobulating energy that emerged. Learning Two proposes that to turn toward embodying and expressing maternal ambivalence is to touch upon primal states of chaos, madness, primal splitting and psychic numbness.

What Happened

During the first research session, I invited each of the participants to create an image based on a difficult mothering moment. Specifically, I suggested that they follow their intuition to guide them in depicting the part of themselves who struggles with their
children or the role of being a mother. While listening to some instrumental music and refraining from talking, the participants spent 30 minutes using paint, glitter, tissue paper, permanent markers, buttons, straw, and moss to create an image on a plastic mask (Appendix 17). After this activity, the participants engaged in a dialog with their images by journaling.

At the second research meeting, the participants watched a five-minute television clip from *Desperate Housewives*. Then the participants were instructed to put on the mask and role-play their images’ experience for five minutes in front of the group.

Patty created an image (Appendix 32, Illustration 7), which she titled, *SHE WHO BURNS and CRIES: Blind rage tower inferno*. Her dialog with this image describes some of the intense emotional states that were evoked in creating her image:

See the hidden inside face for fear, weariness, despair, fatigue, guilt, doubt, failure. Yellow skin, sunken eyes, blocked mouth. See the outside of the mask for blind rage, fiery tongue, slashing eyes, engorged pulsing fury, no ears for idea exchange, hair ablaze with screaming intensity.

Although Patty had written in her journal at the first research meeting, “It doesn’t scare me to interview Her or write her response,” Patty stated later that she felt like running out of the room at the second meeting when the instructions were to embody one’s image. Before the role-play began, I emphasized that participation in this activity was truly voluntary. Yet, at the end of the designated time period for this activity, Patty chose suddenly to get up in front of the other participants and speak for five minutes.

She did not put the mask on her face, but rather she held her mask to the right of her face. She spoke deeply about her challenges with mothering and sprinkled her narrative with humor. She described days of not getting out of her pajamas when her sons
were little and the difficulty of cleaning up poop that had gotten everywhere. She recalled endless driving and the feelings of helplessness when her sons were fighting in the car.

Patty wrote about her decision to participate in the role-play activity in a different fashion than the other participants:

I kept judging my natural inclination toward outrageous humor as glib or disassembling or diversionary. Once I decided my technique was just as fucking valid as primal scream, I was able to breathe, lighten up, and recheck in with the ME that has been saving my life all my life. I LOVE THAT FUNNY IRREVERENT SMARTASS!

Like Patty, Gabi demonstrated an affective intensity in her image work. She titled her image (Appendix 32, Illustration 4), *Bitch Banshee Wild Wilomeena*. When Gabi put on her mask, she said later that she felt that the image just took her over and began expressing itself. These words poured forth: “I don’t know what to do!” Screams of “AHHHH!” emerged, followed by “Fuck, I want a mommy! I want a mommy!” Then, Gabi began hugging herself and the expression shifted: “I love you! I love you!” Earlier in her dialog with the image, Gabi’s journaling revealed how her children’s needs often prevented her own needs from being met.

Their needs. Jesus Christ it’s like a black hole. There’s no room for me to be wild. There’s no room for me to be crazy. There’s no room to spew fire and throw things and break things and be god damn inappropriate. Their needs are constant. They are too much and I can’t do it. I won’t.

In a similar vein to Patty and Gabi, Lisa created an image (Appendix 32, Illustration 5) that began with her ugliness. This was represented by the red paint on the mask detailing her dark, trapped parts like her anger, her suffering, and her guilt. She wrote about her desire to hide this ugly side away. She said that the birth of her son had slowly peeled away layers of her self and revealed this dark side.

When Lisa put on her image, she cried heavily and screamed at times:
Help me! I’m tired of feeling so alone! What do I do . . . I don’t know what to do with myself, I feel so trapped and lonely! I don’t care about anything; I only care about myself . . . my poor son! I’m so horrible. I just don’t know what to do with this . . . I want to hurt myself! Can’t I just have some peace? Why am I so alone? This is impossible.

Evalene chose to be the third participant to stand in front of the other participants and engage in the role-play activity with her mask. In contrast to the work of Patty, Gabi, and Lisa, Evalene’s dialog work with her image (Appendix 32, Illustration 3) depicted a lack of strong emotions or affects. Unlike most other participants, she used permanent markers as the primary medium in decorating her mask. At the very last moment during the art-making time, Evalene put a bunch of straw inside the mask, which resulted in straw protruding from the eyes, mouth, and around the edges. She wrote, “The surface looks great . . . the inside is weak and lacks the integrity . . . I am my kids’ stuffed shirt.”

Later, Evalene expressed dissatisfaction about her stuffed nature. She wrote:

I would like to become more than a “straw mother.” I would like to understand who I am as a whole being. I don’t want the things that come out of my mouth to be straw. I want to bring back my true inner self, which has been buried underneath my role as a mother.

Although she had the option of speaking for five minutes, during the role-play Evalene spoke for about ten seconds. In a sincere and straightforward manner Evalene said, “Oh no! Everything’s fine!” In her journal writing, she indicated that since her image had no name, it might as well be no one. She also suggested that this experience around which her image was created was quite potent by writing that “the difficulty affects every thing I do. It’s with me all the time.”

Coming from a different vantage point than the previous participants, Ann felt compelled to explore how the women in her matrilineal line had influenced her and her mothering. She created an image (Appendix 32, Illustration 2) that expressed her
maternal legacy by focusing on what she knew of her great-grandmother. Ann shared that that her great-grandmother had one child that was conceived on her honeymoon night and that she felt her needs were incompatible with those of having a child. This resulted in her great-grandmother disguising her needs, her feelings of sorrow, and her feelings of being trapped.

In a dialog with this image, Ann’s journaling reflected a desire for Ann not to share the same fate as her great-grandmother:

You do not have to mother out of this place. It’s okay to be messy. Unbutton your lips. Trust yourself. You know what you’re doing. My mask is starting to crack. Can you see it? My mask won’t let you breathe. I used it to survive. You don’t have to.

Maya titled her image *Ereshkigal* (Appendix 32, Illustration 6), and explained that she was the archetypal death goddess in the myth of Innana, who dwells in hell and guards the gate of hell. Maya sprung up to role-play her image after Evalene was finished. In a fierce tone she said,

How dare you? Nothing is fine! I am the witch in the wild eating the children . . . I am the depths of your beings . . . I am the pain and the suffering of your existences, why do you deny me a place? . . . I wake you; I beat you; I eat you!

Later after role-playing her image, Maya noted that “I keep feeling like I want to scream, bellow and puke. I’m actually waiting to throw up because I think it will be a physical removal of ancient shit I’ve been carrying around.” Yet, in contrast to the other participants, Maya also emphasized “an immense, embodied sense of power” that was available to her underneath this negative mother image. Looking directly at the other participants during the role-play, she expressed passionately:

I am your wisdom. I am a place of strength and nurturing and love. I am your place of power—dark, beautiful, glorious, strength and power. When you listen to me and you honor me, when you love me, you love yourselves. For I am the
mother—and as I giveth, I taketh away. And as I taketh away, I give. Remember me and you will be free.

Rose’s exploration of maternal ambivalence resulted in the creation of an image titled God speaks to me (Appendix 32, Illustration 1). Before the role-play activity began, she commented that what happened for her with the mask did not fit the guidelines or format that I had described. When she was in front of the group for her role-play with the image, Rose did not put the mask on her head. Instead, she held the mask and positioned the mask so that its forehead made direct contact with her forehead. She maintained this posture for the full five minutes and she did not speak any words. Instead, she wept a series of different cries, sobs, and sighs. The dialogue she wrote in the first meeting may be an indication of the non-verbal communication she was experiencing with her image:

My name is love and pain. My name is all of Creation. My name is Chaos and Order. My name is holding it all and I am at peace with the contradictions and the paradoxes. I am at peace with the polarities and the extremes. I am exuberant with Life. I am your true Self and your True Power and your True Peace.

How I Was Affected

While watching the participants create their images, I felt a great deal of sorrow, reverence, and amazement. In particular, when I was observing Lisa, I was attracted to how carefully she was putting glue on the lips of her mask, followed by glitter and red paint. I quietly vibrated while watching her and felt many tears inside. With Evalene, I was surprised at how much ease she seemed to exhibit in creating her image, using the permanent markers to detail the plastic mask. With regard to Patty, I was struck by her use of tissue paper on the mask and curious about how she tucked herself away in a corner of the room in which to create. I was mesmerized by Ann’s use of buttons on her
mask and glitter on her mask. I was curious about Gabi’s usage of multiple materials (moss, feathers, and colored twine) enveloping her mask.

When the participants were engaged with role-playing their images, I felt profoundly touched by the primal nature of their work. With Gabi, I vacillated between feeling awe at the outpouring of her crying and identifying with her expression of anger and hurt. With Lisa, I felt a similar awe, which was colored by concern about whether this process was too much for her. With Evalene, I felt startled by her short role-play and amazed at what she expressed in her two seconds. When Rose did her forehead-forehead role-play with her image, I was deeply moved and felt moments of sorrow and moments of joy. When Patty suddenly decided to do a role-play with her mask at the very end, I felt enlivened by her bravery and capacity to speak, given that she had been so full of fear previously.

In contrast to how I felt while watching the other participants, I was less affected by witnessing Maya put on her image and speak as Ereshikgal. Similarly, when Ann put on her mask and spoke from the place of her great grandmother, I did not experience many strong feelings and I felt “buttoned up” with myself and with my needs.

**Imaginal Structures**

In witnessing the participants create their images and engage in dialogue with them, I felt a wise woman imaginal structure. This imaginal figure trusts the creative process and believes that whatever expression is brought forward has meaning and purpose, even if it is not apparent on the surface. This structure first emerged in my early twenties when I took art therapy classes and learned from personal experience how
permitting myself to create images brought forward unknown psychological material, which resulted in some healing moments for me. I can feel that this structure is with me when my everyday anxiety decreases and I feel myself inhabiting my body more.

In watching the participants engage in the role-play activity with their images, I felt a mix of imaginal structures. I felt the wise woman structure detailed above and some wounded child structures described below.

In witnessing Gabi and Lisa, I felt an angry, raging child structure. This child is screaming her head off and is so fed up with the rules, which have silenced her, that she will stop at nothing in order to be heard. This structure harnesses a great deal of energy and power when she comes forward, but also fear. This structure was born in my childhood, when I defied my father when I was about eight years of age. I had committed some unremembered misdeed and rather then take his punishment (a spanning with the buckle part of a belt), I ran thundering down the hallway into my room, where I immediately locked the door while he pounded on the outside demanding to be let in.

My wounded child structure was also evoked. When this structure is upon me, I feel an ache in my chest, my posture collapses, and I feel mute. I first became conscious of this structure when I began creating images of myself as a child in art therapy classes. This structure emerged in my childhood. The most potent image of her is a memory of a moment that followed after I had defied my father. While he pounded furiously on my bedroom door, I hid in the closet of my room for hours, terrified and alone.
Theoretical Concepts Assisting in These Interpretations

Fleshing out this learning begins with concepts that discuss cultural taboos and repression. Concepts that are central to this learning are ones that describe the liminal threshold, the primitive states of chaos, madness, primal splitting, and psychic numbness.

Learning One discussed how transgressing the taboo against expressing hate, which is enforced by repression and cultural rules, is one of the primary taboos for women. Learning One also discussed how the process of transgressing this taboo involves the return of the repressed hate and other psychological material that has been repressed from consciousness. Finally, the return of the repressed occurs in conjunction with heightened affects and anxiety, which disrupts identity structures.

Hence, the process of transgressing the cultural taboo evokes a liminal threshold. Turner describes the significance of a liminal state, indicating that initiates are between identities and suspended in a vulnerable state. Omer has referred to this state as a place where an individual is at an *initiatory threshold*, which is a place of transition in which identity can be transformed.

While dwelling in this liminal state, O’Kane conveys, individuals are in contact with primal states of being. She notes, “During the liminal phase, a reality that is outside society and culture—and outside ego life—is experienced. Deep values and emotions are brought into the open . . . ” Further, she conveys that one of these primal states includes sacred chaos, where normal reality is suspended.

Regarding chaos, Goodchild indicates that chaos in Western culture often is connected with the marginalized feminine. She defines chaos as “a system of nonlinear
dynamics” and conveys that the marginalized feminine includes the instinctual, cyclical, sensual, erotic, dark, rhythmic, and transformative dimensions.

About the feminine, Neumann conveys that the Great Mother Archetype is bipolar, with positive and negative aspects. He notes that when one lives at one pole, such as the Good Mother pole, one can find oneself propelled toward the opposite pole, which is the Terrible Mother.

With regard to the negative aspect of the feminine, Omer observes that “When the repressed feminine returns, she returns as madness or extreme subjective states.” Additionally, Omer posits that underneath hate lies unmet dependency needs.

About madness, Sjöö and Mor indicate that what the patriarchy denies or represses is considered madness in Western cultures. Hence, madness in Western culture is primitiveness, wildness, nature, emotion, or aggression.

Similarly, Leonard deduces that a madwoman is one who expresses the energies of the dark feminine archetype. She describes that the madwoman expresses energies such as chaos, Eros, creativity, madness, and wildness. At the core of the madwoman image live the archetypes of Kali and Ereshkigal, and the myth of Dionysus.

Regarding primitive psychological states, Edelman contributes that such states can lead the psyche toward primal splitting. Thus, when the primitive aspect of the mind comes into contact with the overwhelming or the numinous, it deciphers the world through its sensory foundations. Because the numinous is experienced as other, the psyche splits into two: me and not-me.

Similarly, Lifton adds that in situations of extreme stimulus when the body and mind feel assaulted, the psyche can either close down or open up. In such moments,
some people close down and develop psychic numbness. He characterizes this state as moments when the psyche cannot assimilate imagery, which diminishes its capacity to feel and think.

**My Interpretations of What Happened**

Learning Two proposes that to turn toward embodying and expressing maternal ambivalence is to touch upon primal states of chaos, madness, primal splitting and psychic numbness. When the participants were invited to do a role-play of their images and express and embody the parts of them who struggle with mothering, Patty, Gabi, Lisa, Rose, and Maya revealed aspects of themselves that were suffering from anger, grief, fear, loneliness, terror, guilt, hurt, and power. In contrast, Ann and Evalene focused on how they limited their emotional expression and how they felt they had compromised themselves as a result.

Because the expression of maternal ambivalence is culturally unacceptable, mothers tend to avoid revealing their dislike with their mothering role or with their children. When they do experience these taboo aspects, they are often overwhelmed with shame, guilt, or feelings of failure about their capacity as a mother. The shame, guilt, or feelings of failure act to inhibit the mother from exploring what is underneath her experience of hating her children. Subsequently, the mother attempts to regain equilibrium with herself and her children in any way she can before the next overwhelming incident of maternal ambivalence affects her. In this fashion, mothers can become stuck in a loop with their maternal ambivalence, never fully exploring what lies underneath their feelings of hatred. Thus, the emotions and feelings that live underneath
the maternal ambivalence—such as the mother’s rage, grief, frustration, exhaustion, fear, unmet dependency needs, or her childhood wounding—are not experienced or acknowledged.

In this research study, participants were instructed to transgress the cultural taboo against expressing hate and to embody their maternal ambivalence. This activity was affectively intense and brought participants into contact with the primal states of chaos, madness, psychic numbing, and primal splitting. I theorized that this occurred because in addition to transgressing the taboo on expressing hate, this process evoked a liminal state for participants and it provoked the return of some psychologically repressed material. The primal emotional states that were expressed seemed to expose some psychological material that typically is shielded from view due to maternal ambivalence. The primal emotional states, which could have formed around unmet dependency needs of the participants during their childhoods, were comprised of rage, grief, frustration, reverence, power, confusion, and the absence of emotion.

For example, Patty displayed a primal emotional state of rage in dialoging with her image. Because she was terrified by the thought of wearing her image and embodying it, she expressed extreme distress and feelings of chaos or madness. Similarly, Lisa, who spoke of wanting to hurt herself while embodying her image, displayed grief, anger, and contact with the primal states of chaos and madness. In contrast, Evalene displayed contact with primal splitting and psychic numbness. Specifically, she exhibited little distress during her role play, saying that everything was fine; yet, in her journal, she communicated that the difficulty she experiences around mothering affects her all the time and affects everything that she does.
Validity Considerations

Learning Two proposes that to turn toward embodying and express maternal ambivalence is to touch upon primal states of chaos and madness, primal splitting and psychic numbness. For this learning, I exhibited moments from the data when the participants were engaged with their images, which were created from their difficult mothering moments. Then, I explored those moments in depth in order to reveal the intense affective states and the primal nature that the participants contacted.

Conversations with the co-researchers supported the validity of this learning. When the researchers met to de-brief following the first research meeting, we shared aspects of how we felt in witnessing the participants create their images. I commented that “I had moments of just wanting to wail.” Nancy echoed me, replying, “Especially during the mask making, I just could barely hold it in.” In a similar vein, Catherine noted that when the researchers met two weeks before the research study to explore the research activities, she wept a great deal when she was creating her image.

When the researchers met three weeks after the second research meeting to determine the key moments from the research, Nancy expressed curiosity about the participants’ lack of mentioning their children in the second research meeting. As we explored this phenomenon further, we speculated that the participants’ ambivalence with their children was less of the focus because we were examining the terrain that is often covered up by the ambivalence. We speculated that the participants’ children disappeared from the research view because their own wounded child structures became the focus. As such, the expression of their primal affects accompanying this child structure became the focus.
Learning Three: The Dark Goddess Brings an Embodied Sense of Power

All of the participants had the opportunity to express their maternal ambivalence through participation in the research activities. During the activities, many of the participants were also able to experience and express some of the intense emotional places that accompany maternal ambivalence and that often remain hidden, such as madness, psychic numbness, terror, fear, extreme distress, hatred, and guilt. After these activities, many participants expressed feelings of acceptance, freedom, and an embodied sense of power. Learning Three proposes that the expression of extreme subjective states that accompany maternal ambivalence creates greater spaciousness, acceptance, and an embodied sense of power for the mother.

What Happened

At the end of the first research meeting after participants had finished dialoguing with their images, there was about thirty minutes for participants to speak individually about how they had been affected by the research process so far. Lisa said, “. . . [The] message came to me, that I need to find ways to actually have my anger and release it.” She shared her idea to express her anger away from her son through dancing, art, or screaming in the car. Lisa also detailed the benefits she experienced through creating her image:

I realized that what my son has done for me in my life is actually put me in touch with . . . my real self. And I saw that in doing this mask. The mask is layers . . . There’s the ugliness first, and then trying to hide the ugliness. Then there’s the yellow—that’s the clarity. And it’s all there and its becoming more seen. And it’s good that it’s all becoming seen. And it’s okay that it’s all becoming seen.
Evalene noted that it was important to her to hear the other mothers share and to realize that she was not the only one who had experienced some difficulty with mothering. She commented that she felt as though she had “worked through something.” Rose focused on what she learned in dialogue with her image, particularly in response to the constant level of fear that she experiences. She said, “When my heart is open, then that God-self can come and that love and compassion and those divine insights and the feeling of peace.” Ann highlighted that her image had helped her realize that what her great-grandmother perceived to be the truth—that her own needs could not be met because of her child—did not need to be Ann’s truth. Maya observed how her image had brought her into a different relationship with herself:

I’m just sitting with an immense embodied sense of power that I didn’t feel before . . . the conversation that I had with the mask . . . [it] is very much about really honoring and acknowledging and being in contact with that dark, decrepit, devouring mother. And the real power that comes through in that place and it’s the place of transformation and the place of grittiness, and how you are not allowed to live there.

At the start of the second meeting, the participants were invited to share individually how the first research meeting had affected them over the past two weeks. Maya noticed that the work from the first meeting was helping her to step more fully into her power with her mothering. She highlighted that she felt “a deepening of experience and less reactivity” in relationship to her son. Evalene observed that she had a “huge release” in the first meeting, which permitted her to get out a lot of tension. After that meeting, she had “the ability to be more patient and more understanding” with her son and stepson and she felt “much more free.” Lisa focused on how she had more courage to share “the ugly side” of mothering with other mothers. She observed, “I think even
though it’s shocking . . . for them to hear me talking about that side, I think it’s really good. It validates something that’s so unspoken about.”

Rose acknowledged that she felt more peace and acceptance with mothering her daughter. She said that during the first meeting, her tears helped her have a great release of tension. After the first meeting, she felt more relaxed and expansive. She described one night when she was helping her daughter to go to sleep; suddenly she experienced a shift within herself. Rather than rushing through the night routine preoccupied with what she had to do next, she was “just consciously being present” and looking her daughter in the eyes while she laid on the bed next to her.

Ann commented about the changes within herself in relationship to her children:

I noticed that I was more present with the ways in which my kids push boundaries and I was more present with giving myself permission to set limits with them from a place of not expecting them to be any different. And so the limit setting was very neutral, and not charged. And I thought that was very interesting that my charge comes from my resistance to who they are showing up at that moment in time and my belief that I need to be everything and limitless . . . It was another form of peace coming up this last two weeks . . . And I could be a lot more loving with them too from that place, which was wonderful.

Gabi also noted that she felt that her difficult mothering part had become more integrated with the rest of herself. She stated, “I’ve been different with my kids; I’ve been doing more dancing, and hiking, and more gnarly [wild] facial expressions.”

Later in the second research meeting, the participants were invited to participate in a guided meditation focused on developing a friendly voice to counteract the gatekeeping voice, which often criticizes mothers about their ambivalence. This was followed by an opportunity to explore what the friendly voice looked like through working with art materials and journaling. Then the participants were invited to do a
role-play activity in front of the group focusing on the critical voice and the friendly voice.

When speaking the critical voice, Maya cried fiercely and said that she was “in the pit of bad mothering” and “All I’m eventually trying to do is to climb my way out to be a good mom.” Later, she reflected:

I was surprised at the surrender into the criticism; I wasn’t expecting to cry. It felt good to cry. I’ve been deeply affected by the criticism I’ve received externally and internally and it’s good to just witness it. I’m also watching that the supportive voices really live in me as well. I’ve been held by my friends and supported; the positive voices are internalizing, neutralizing the negative.

Gabi expressed that she left this exercise feeling “like a really good mother. I’ve worked hard . . . It’s my path and I feel like I have my criticisms and inner terror but inspite of my fucked-upness, I am a damn, tootin’ good mama.” This contrasted with the statement she made in her preliminary interview in which she spoke of feeling like a bad mother on many days, but that she had gotten used to that and that it was a part of her.

In her journal about how mothers view themselves, Patty observed:

It is still heartbreaking to witness the dramatic self-loathing. It is good to see some self-soothing skills. Maybe we can teach our kids to use the Gentle Voice within. Maybe that’s what Jesus does for some people?

With regard to the critical/friendly voices role-play, Patty observed that others do not say the horrible things to her, but rather that she is the one who says horrible things to herself. Patty also noticed that the critical voice was louder than the friendly voice:

I really hate the spectacles I have on that can only see the shit; I’m a prisoner of my own perception. I only have ears for the criticism, when the vast majority of real messages I get truly are, “You are so cool!”

A little while later, Patty acknowledged the shift she experienced during the
role-play activity when she realized that she did not have to get up and experience “extreme primal nakedness” like the other participants. After she let go of the huge pressure she put on herself to do “it right” like the other participants, she noted that she was befriended by an internal part of herself. This part suggested that she did not have to wear the mask and do the role-play the way the other participants were doing it. Patty conveyed:

And when I stopped shaming myself for not being able to do that . . . I remembered my job is the jester at the funeral; it’s my calling. And it’s okay for me to approach my horror and my own trauma and my own insanity and my own life with the stark honesty of humor. And that was really great to remember that I don’t have to do it the way you guys do it; I don’t have to; I can’t. I don’t have to and I can’t.

At the end of the second research session, the participants were invited to do a final speaking round. They were asked to share a key moment from the research study—a moment that impacted them strongly—and anything else about their experience of being a research participant. Focusing on her work with her image, Maya reported that one of the gifts from the Dark Goddess was getting in touch with her stuffed rage, anger, and the raw baseness of life. She specified: “I feel like I have woken up more to living out that archetype and embodying it more and having a fuller sense of really physically being here in this world and living out who I am and my truth.”

Additionally, Maya commented that the work with her image had resulted in a different type of gift. She described the essence of the other gift:

I probably will puke at some point and I will puke up whatever it is that is at the base of my being that is preventing me from processing through and that is the Dark Goddess gift for me right now . . . getting in touch with all that stuffed rage and anger; the silencing that we do to be the good girl. To be the good girl, we silence that raw, powerful energy.
Similarly, Evalene commented about how important her image was for her and that it helped her realize how blocked she has been. Because of how she feels blocked, she noted that she feels drained often: “So, nobody gets the best of me here, especially not me!” Taking her time in speaking, Evalene shared a recent story in which she had jaw surgery and thus her jaw was wired shut. At that time, a neighbor felt free to drop off her kid to play with Evalene’s kid twice a day; Evalene had wanted to say, “Go to hell!” but she literally could not. She emphasized that she is more than a straw being and how her image had created a hunger in her to get her sense of self back, so that she would be able to share her creativity and what she values about life with her children.

Ann commented on the power she felt in reconnecting herself with her female ancestors instead of viewing them as the source of this sickness (i.e., selfishness) that has been handed down through the generations. She also focused on the mothers’ relationship to themselves, noting:

Hearing each of us describe in what ways we are “bad moms” really highlighted for me the universal way in which women are taught and expected to (internalize) what it means to be a “good mom” and how impossible it is to achieve because it, by definition, means not human (i.e., perfect).

Rose focused upon how the critical/friendly voices role-play was a good reminder for her about supporting herself and others in seeking affirmation with their mothering when they need it. She spoke about how affirming mothers in general was important to her. Then, Rose spoke directly to Lisa (one of Rose’s friends outside of the research study):

Part of why I think I don’t tell you more about what a great mom you are is because . . . that’s just a given! And I forget that you don’t know that, and that you need to hear that from people! And when you were up there crying on your turn, I felt like I’ll get up there and be your friend voice! And I will tell you all of the 25 things that I can think of right now of how you are such a fabulous mom.
If you’re having a hard time, I’ll do it!

This statement evoked tears from Lisa, who was sitting across the room from Rose, and a grateful expression on her face. It also inspired Ann to reach out to Maya, who was sitting in a chair next to her, in a gesture of silent support. (Ann and Maya are also friends outside of the research study.) Tears began streaming down Maya’s face and she and Ann began hugging each other.

**How I Was Affected**

At the beginning of the second meeting when many of the participants were sharing how they felt their mothering had been assisted in a positive way by the first research meeting, I felt surprised. For example when Lisa spoke of having the courage to share the “ugly side” of mothering with others, I was curious and gratified. When Maya focused upon her experience of decreased reactivity, I was astonished. I felt pleased that the process of expressing her maternal ambivalence seemed to help her with her mothering, but also still a little suspicious and anxious about what else might be there.

At the end of the second research session when Evalene commented upon how important her image was for her towards reclaiming her sense of self, I felt pleased and satisfied. At that moment when she talked longer than she had at any other moment during the research study, I was aware that I was witnessing a moment of change.

When Maya expressed her critical voice about being in the “pit of bad mothering” and later Rose reached out to Lisa, affirming that she would speak the friend voice for her, I felt incredibly moved and fulfilled. I felt as though the participants had unwittingly participated in a play that I had scripted and requested to be performed just for me. In my
awe, I had a moment of ecstasy around how perfect it all was that I had suffered for years with my maternal ambivalence and how I was able to utilize my suffering for this research study and for these other mothers. I felt grateful and honored. Likewise, when Patty was expressing how an inner voice befriended her around doing her role-play with the image differently, I felt some euphoria that she would be empowered in such a unique way that would work just for her. I felt in touch with the divine wisdom of the universe.

**Imaginal Structures**

I think I was surprised by the participants’ expressions about how working with their maternal ambivalence had been helpful to their mothering because of a deep, embedded structure I have around not trusting. For this imaginal structure, I have an image of a child covering up her ears so she won’t be able to hear what is happening around her, especially that which she expects to hear, such as how she is a failure or how she is bad. This structure is so intent on protecting me from perceived harm that it instructs me strongly with messages like, “assume the worst until proven otherwise.”

I am weary of this imaginal structure and how it has interfered with my proceeding faster with my work and with trusting that my work has any value. I first became conscious of this structure at the Senior Awards Ceremony night in my last year of high school. I had been flooded with tears and felt humiliated and ashamed because I had not received an award for my theatrical or creative writing skills, but was instead honored for being valedictorian, which at that time I felt was not worth very much.

When I witnessed Evalene speaking determinedly, I felt an imaginal structure of a proud mama. For this imaginal structure, I have an image of a beaming mother who is
simply happy to witness the changes and growth of those who are in her care. She does not need anything from anyone, other than to enjoy the miraculous possibilities that could occur. This imaginal structure began to emerge when I was a young adult employed to build hiking trails in the Colorado mountains with disadvantaged teenagers.

When I witnessed the participants, particularly Maya and Rose, reflecting on their experiences with the critical/friendly voices role-play, I had an imaginal structure of *all being well with the universe*. When this structure is with me, I feel at peace with the confusion, struggle, and anxiety that often is part of my normal daily experience. I do not have a strong visual image for this structure. Instead, when this structure graces me, I feel a sensation of being deeply rooted and part of the earth and her inhabitants; I feel blessed with knowing and understanding how difficult experiences fit within the jigsaw puzzle of life. My first memories of this structure happened when I was a young child, sitting around a campfire with my family and we were singing songs.

**Theoretical Concepts Assisting in These Interpretations**

Omer’s concepts on adaptive identity, gatekeeping, disidentification, multiplicity, the Friend, and the repressed feminine are central to this learning. Other concepts that inform this learning are: the Great Mother archetype, repression of the dark feminine, and the embodied feminine.

Omer defines an adaptive identity as an identity that is created in response to overwhelming events and traumatic experiences. This identity tends to have repetitive images of self and lacks flexibility. This identity is often maintained through gatekeeping.
Omer explains, “*Gatekeeping* refers to the individual and collective dynamics that resist and restrict experience.”

Omer defines *disidentification* as a tool that can assist the adaptive identity in shifting from its stuck state in which it is generating repetitive images of the self. The act of disidentifying supports the psyche to acknowledge different images of the self. Omer refers to this idea that the psyche has many parts that are distinct and separate unto themselves as a *psychological multiplicity*. Assisting the psyche with disidentification is the Friend, defined by Omer as an archetypal aspect of the psyche that can assist one through passionate objectivity and deep wisdom.

With regards to the Great Mother archetype, Neumann indicates that the archetype consists of the Good Mother and the Terrible Mother. The Terrible Mother is also called the dark feminine and it represents the destructive, fierce, and primal aspects of the feminine.

Goodchild points out that Western culture represses or marginalizes the dark feminine. Hence, chaos, madness, nature, and primal being are also repressed.

Omer observed that extreme subjective states or madness accompany the return of the repressed feminine. Thus, when the repressed feminine is expressed or embodied, the nature of the expression includes primal states of intense affect, wildness, or chaos.

Lewis states that the embodied feminine self is a way of knowing and being that is deeply rooted in bodily experience. It is a type of consciousness that includes ways of knowing from intuition, relationships, mystery, and natural cycles.
My Interpretations of What Happened

Learning Three proposes that the expression of extreme subjective states that accompany maternal ambivalence creates greater spaciousness, acceptance, and an embodied sense of power for the mother. Because of the psychological tendency to ward away experiences that would evoke change or cause a person to shift out of her adaptive identity, mothers who are struggling with their negative mother identity will perpetuate the rut they are stuck in through gatekeeping. This tendency restricts the mother’s access to other parts of herself, which means that she is kept from experiencing multiple aspects of her psyche.

During this research study, the participants were encouraged to explore and express their maternal ambivalence. The direction of the research activities supported them to go past the individual and the collective barriers around expressing hatred toward their children, which in turn supported them to access and express the extreme subjective states that are associated with maternal ambivalence. Through expressing some of the madness, chaos, and primal material, they were supported to more fully embody the dark feminine archetype. As part of this embodiment, some of the participants experienced the raw power, fierceness, and energy that lives in the dark feminine as well as the primal states.

After expressing the extreme subjective states, the participants no longer were in the position of fearing the hatred and primal states associated with maternal ambivalence, which helped them to disidentify from the negative mother subjectivity. Thus, they experienced greater spaciousness and acceptance for their experience and their
expression, which supported them in having an awareness of the multiple aspects of themselves in contrast to dwelling on the negative mother subjectivity.

Gabi, who spoke of feeling “like she was a really good mother,” is an example of a participant who experienced greater spaciousness and acceptance of herself. Evalene, who noted a decrease in her frustration and an improvement in understanding her children’s perspective, is also an example of a participant who felt greater acceptance and spaciousness with herself.

Patty, who struggled with embodying her image and then felt inspired to do the activity in her own fashion, is an example of a participant who experienced an embodied sense of power. Maya, who spoke directly about the raw power she was contacting while role-playing her image, also experienced an embodied sense of power.

**Validity Considerations**

Learning Three proposes that the expression of extreme subjective states that accompany maternal ambivalence creates greater spaciousness, acceptance, and an embodied sense of power for the mother. Because this study was a short-term study, the long-term effects upon mothers of expressing their maternal ambivalence cannot be examined. Thus, for this learning I demonstrated moments from the data in which the participants observed how the process of expressing the intense emotional states associated with maternal ambivalence had affected them. I emphasized moments from the data in which the participants focused upon the psychological shifts they had experienced of spaciousness, acceptance, and an embodied sense of power.
This learning is grounded in Omer’s Imaginal Transformation Theory. This learning is supported by Neumann’s concepts on the feminine archetype, Lewis’s theories on the embodied feminine, and Goodchild’s work with the dark feminine.

The co-researchers’ statements support the validity of this learning. In the de-brief meeting that happened following the second meeting, Catherine voiced that she felt that the participants’ sharing at the start of the second meeting confirmed the hypothesis for this study around what is needed for mothers to disidentify from the negative maternal subjectivity: “Every single one of them is a better mother because of this.” Nancy agreed, observing that this study attracted mothers who “felt the import of their mothering experience . . . and felt that it was necessary to bring it out and forward.” Catherine further expressed:

It’s like the double-edged sword of motherhood is that you have to identify in order to disidentify. They kept bringing the dark mother into the room. So it’s like you have to own and be it, not push it away, in order to not get swept up in it.

**Learning Four: The Ugly Self Expressed and Witnessed Generates Communal Bonds**

During the research, the participants were invited to share aspects of the difficulties they experienced in mothering their children in a group format. This process resulted in an experience of significant bonding between the participants. All of the participants expressed awareness or appreciation for the emotional support they experienced through participating in the research process. Learning Four proposes that having the culturally-taboo mother’s hatred for the child communally received and witnessed evokes a state of liminality and transmutes isolation into communitas.
What Happened

In the first research meeting, in-depth expressions of maternal ambivalence began shortly after the participants had concluded a guided meditation. During the meditation they had been asked to recall three difficult moments with their children and to explore those moments further in their journals. Then the participants were instructed to speak for five minutes on one moment that troubled them with their children. Participants were sitting in chairs in a circle. Gabi spoke first about a moment when she was in the car with her daughter, when her daughter was chattering animatedly. Gabi stated:

I wanted to be mean to her . . . I mean there’s a definite dash of almost hatred in there of her in those moments . . . it is stronger than I don’t like her, it is “Shut the fuck up!” . . . in this particular instance I turn up the radio, and I’m like, “Let’s listen to music.”

When Gabi finished speaking, there was an almost palpable sigh in the room when I lit a candle for this part of Gabi and briefly acknowledged what she had shared. Rose spoke next and she also talked about a difficult moment when she was in the car driving with her daughter. When she finished, I lit a candle and acknowledged Rose for bringing this part of herself into the room. Ann was the third participant to speak on her difficult mothering moment. She paused before she shared her difficult moment and told me: “I just want to thank you for lighting those candles in the midst of this. That is just an incredibly, beautiful, gesture.”

Later in the second meeting, Ann articulated how much she had been affected by witnessing the other participants express their maternal ambivalence through the role-play with their images. In her journal, she wrote, “I wanted to hug, protect, cry with, defend against, witness, laugh with and support these beings; I felt connected to
something incredibly small and immensely large . . . ” In her journaling, Ann identified that connecting with the other participants during the breaks was a significant part of the research for her and allowed her the opportunity to further integrate this material.

Some of the participants, such as Rose, attributed the feeling of support they experienced to the rare opportunity to share deeply and truthfully with a group of women. In the first meeting when participants were introducing themselves through sharing about what drew them to the research, Rose declared: “Even though officially it’s a research project, anywhere I can sit in an emotionally supportive space with other moms and talk about being a mom, that’s a support group basically.” Lisa echoed her later: “I’m always seeking to be validated, and this just seems like a great group where I will be able to really get that . . . ”

Towards the very end of the first meeting, a moment of heightened affect occurred with Rose. The participants had just concluded all of the research activities for the day; they had finished a speaking round where they had been invited to share individually how they were affected by the research process. Because there was an extra ten minutes before the meeting needed to close, I invited the participants to bring forward any questions or concerns that they had not had a chance to address. Several participants brought up issues and then Rose asked the group a question. She was concerned about whether group members might acknowledge each other when they were out in the world with their kids. Choking with tears, she said:

I think I’m feeling a lot of sadness about the state I’m in my daily life. I’m imagining seeing one of you out in the world and not being able to have, like that soul-heart connection. It’s just a message for me that I want to live, not from this business—this business place of rushing and being more on the surface—I want to live from a place that’s more in my center, in my heart and gut . . .
A few participants responded to Rose. Then she uttered, “I think I have been more lonely lately than I knew, because it takes something like the extreme opposite experience to realize what you’re missing . . .”

After Rose had finished speaking, I felt a sense of fullness in the room and observed what appeared to be satisfaction on the participants’ faces. I asked the participants to gather around the altar and to speak a phrase, share a song, or share an image as a way to close the meeting. Maya sang a song, which seemed to reflect the feeling tone of the room:

She’s been waiting, waiting; she’s been waiting so long. She’s been waiting for her children to remember to come home . . . she’s been waiting so long. She’s been waiting for her children to remember to return. Blessed be and blessed are the lovers of the Lady; blessed be and blessed are maiden, mother, crone. Blessed be and blessed are the ones who dance together; blessed be and blessed are the ones who dance alone.

At the end of the second research meeting, Gabi stated that the most significant part of the research for her was feeling connected to the group of women. Gabi had expressed during the preliminary interview the intensity with which she had initially struggled with mothering due to being reared by an alcoholic, mentally ill mother. When asked if there was anything she was concerned about with regard to being a research participant, she expressed that it is hard for her if someone else is particularly needy in a group, because it evokes “the bitch” in her. At the end of the second meeting, in the last sharing round, Gabi volunteered:

I feel so connected to you all and I’m surprised about that. I wasn’t expecting that . . . because I just really don’t like being in groups of women! So I came in willing to be here with my own experience, but not really wanting to connect. But then when I came in here today, I felt like, “Oh, I know you a little bit!” And then just the unfolding and the witnessing and the sharing and the watching. It feels like it’s kind of healing for me.
In a similar vein to Gabi, Patty also focused on the importance for her of feeling connected with a group of women. Patty wrote that when she first started the research process, she went through a process of status checking in which she was comparing and contrasting herself to all of the other participants. Then at the start of the second research meeting, Patty observed a shift in her feelings regarding the other participants.

It made me feel like I have a community . . . And I sit here in this room with beautiful, intelligent, full, rich women, and I see myself there. And that’s a huge relief. And just really embracing a circle of peers that I completely respect and admire and its nice to be interwoven in that. And I accept myself here, instead of feeling like I am peeking through the windows at the cool people.

Lisa was another participant who appeared to feel tended by the group of women and by me. During her preliminary interview, Lisa had expressed a concern about being misunderstood by others, saying that she thought that others perceived her often as being “too out there.” She echoed this concern in her journal, revealing how significant this issue was for her. Minutes after she walked in the room during the second research meeting, Lisa initiated contact with me and asked for a hug.

At the second research meeting, Lisa was the second participant to do the role-play activity with her image. During the role-play, Lisa wailed and screamed a great deal. About being a mother, she yelled, “This is the most lonely experience I’ve ever had and I was sure it was going to be the best!”

After the role-play, Lisa wrote:

I got to really have my ugliness being witnessed with my pain around mothering. I felt really good afterwards. So seen which was really incredible—so healing. It did not matter who I was up there—I wanted to share the hardest part of what my experience is being a mother in USA 2006. My throat is sore from screaming. It was so great to witness other moms bringing forth a part of their identity and being so vulnerable . . .
In contrast with Lisa and the other participants, Evalene appeared to be a quieter participant who did not seem very interested in connecting with the other participants during the breaks or with the researchers. In the first meeting, when she shared her difficult mothering moment about her stepson and her guilt about not feeling as close to him as to her birth son, she appeared to feel relieved by having shared. Yet for the rest of first meeting, she did not speak very much. The co-researchers and I worried that the process may have overwhelmed her and that she might fail to return for the next meeting.

However, Evalene was one of the first participants to show up at the start of the second meeting. Then, in the last sharing round, she seemed to come forward in a different way than she had appeared during the rest of the research process. She spoke for a full five minutes, expressing how blocked she had felt and how she had not wanted “to delve into the ugliness.” Further, she said that the work with the mask was difficult because, “This stuff is buried so deep inside of me that . . . I’m not going to write it, not going to talk about it, not going to have anything to do with it!”

Yet in her journal, Evalene wrote, “Another important aspect of what we’ve done is the sense of sisterhood I have felt with the group.” Additionally, she expressed awe: “Cammy, I just want to say that this experience has changed my life. Thank you.”

Although Maya did not make many statements about how she felt supported by the research process, she did comment on how she was affected by being in the group of women. She noted, “I just love to say that in these kinds of circles that we don’t get here alone; we get to the place by all of the sharings of all of the women because it’s a process of mirroring . . . so, thank you.” After the critical/friendly voice role-play, Maya stated how much that activity and the research process had helped her to support herself.
I really felt when I spoke the supportive voice, it was like my friends’ voices . . . but it came out as my voice . . . It spoke to the level of integration I feel that this process has helped me get to . . . their voices are my voices and that truth lives within me. Yes, I have these difficult times and by getting in touch with the really difficult times and bringing them out and honoring and celebrating them, I can really be present and honor and support myself.

In the last speaking round, several participants articulated their desires to support other mothers in general. Patty stated: “I feel really committed to getting the authentic voice of the work of what we do, and the dance on the blade of the double-edged sword out there.” Patty identified that her mission with participating in the research study was not to engage in therapy, but rather, “I came here to get mother’s voice heard.” Patty ended with an appeal for help with getting the real voices of mothers heard in research.

Ann noted: “I really have this strong image and I don’t know if it will happen, but I see thousands of these masks in a traveling art show all over the nation and all the stories attached.” Maya agreed and suggested that this work with the dark mother was greater than all of us.

Evalene expressed her significant desire to befriend other mothers:

I am feeling a great sense of hope for the other women out there who have not been part of this and how many of them need this . . . I’m going to try to keep getting out and keep moving forward with things. It’s so, so important, so thank you. I know its been said, but this is just so huge.

How I Was Affected

I was affected by this learning and by the participants in a number of different ways. When the participants began to share their difficult mothering stories, I felt deep empathy for each of them. I was especially touched by their courage and vulnerability, which moved me to reveal my own vulnerability by letting my eyes tear up when I lit the
candles at the ends of their stories. When Beth expressed appreciation of my lighting the candles, I felt seen by her in my process of tending to the participants.

Rose’s expression of longing for community at the end of the first meeting strongly affected me. I felt as though her expression had an archetypal quality and that her longing echoed the longing and the state of loneliness for many mothers everywhere.

I left the first research meeting with a feeling of fullness, ecstasy, and awe. This feeling of ecstasy took about 24 hours to leave my body and woke me up in the middle of the night with thoughts about the participants. This feeling of fullness also left me feeling anxious about the upcoming second research meeting. Because at the end of the first meeting the group seemed to have a deep experience of community, I worried that there would be a different or difficult experience in the second meeting, which would shatter that feeling. I also worried that I would fail the participants in some significant way.

With regard to the other participants, I felt pleased that Lisa seemed to gain a great deal from the research process and that she had gone from worrying about being misunderstood to feeling pleased about having her ugliness be witnessed. Similarly, I felt pleased that Gabi experienced an unusual outcome of feeling connected with a group of women. I felt very excited by Evalene’s sharing at the end of the second research session when she seemed to burst out of herself and into the room.

In contrast, I greatly appreciated Maya’s sharing of her difficult mothering moment and the guttural sound she expressed; yet, she did not seem to need as much tending from me as the other participants. Similarly, I valued Ann’s depth in her sharing of her difficult mothering moment, but I felt that she did not need much support from me.
Finally, I felt overwhelmed when the participants were talking about their desires to help other mothers in expressing the dark feminine. I felt pleased that they were so affected by the research process that they felt motivated to help others, but I felt that I was not ready to put on the cloak of responsibility for bringing this work to a greater arena. I felt that I still had a great deal of work around making sense of what had happened during the research process.

**Imaginal Structures**

Listening to the participants’ expressions of maternal ambivalence and tending their need for support evoked two primary imaginal structures in me. The first structure revolved around that of the good mother. In contrast, the second structure focused on my fears of failing to meet the needs of the participants or on being the bad mother.

In listening to the participants share their difficult mothering moments, I found that my therapist structure was coming forward. Particularly as participants like Gabi, Maya, and Patty showed their vulnerability in relationship to the difficult feelings they were experiencing with their children, I literally felt myself expanding internally and I felt the growth of my capacity to witness and respond with empathy to the participant’s suffering. This structure seems to emerge when there is strong affect occurring and/or immediate suffering happening for others. Though I wish this structure would emerge more in relationship to my own suffering, it usually does not. This structure was born in listening to my single mother’s woes as a child. It grew when I listened to friends and began to be developed when I sat with clients as an intern therapist at a junior college.
The second imaginal structure that emerged in relationship to this learning is based on my fears of being the bad mother. This structure was evoked in response to my fears that emerged after the first research meeting about how I would fail the participants in some important way. I also felt aspects of this structure when I was driving to the research site before the first research meeting and I experienced a great deal of nausea and had to pull my car over to vomit. This structure was born in my high school years when I was obsessed with academic achievement and with being valedictorian.

When I’m in contact with this structure, I feel a tightness in my chest and my breathing becomes very shallow; my thinking narrows and I feel myself becoming constricted. This structure has a rigid thinking style. For example, things in life are either black or they are white. This structure is perfection oriented.

When the participants were talking about helping other mothers express the dark feminine, I felt catapulted into my not knowing, child structure. This young child structure is overwhelmed by the loud stuff happening around her and does not know what she needs to do or how to proceed with the next task. She is non-verbal and I think she first emerged in the chaos of my early life when I was one or two years old.

**Theoretical Concepts Assisting in These Interpretations**

The concepts of cultural taboo, taboo, and shame are important in understanding this learning. The concepts of liminality and communitas are also central to this learning.

Parker has observed the cultural taboo for women about expressing hate towards one’s children. She notes that women may intellectually agree that love is accompanied by hate, but emotionally this understanding is warded off. Parker states: “... for most
mothers, most of the time, it [the hate] is largely invisible—concealed, masked, contained—but never wiped out by love for the child.”

Parker clarifies that both hate and love have their roots in the unconscious, but that love typically lives in the conscious aspect of the psyche.

Freud conveys that taboos are culturally determined by authorities toward protecting something or someone, which has the effect of evoking sacredness about the thing or person. The desire to violate the taboo exists in people’s unconscious. Taboos are maintained through cultural rules and psychologically through repression; those who violate a taboo are at risk for being considered taboo.

Thus, those who transgress a taboo are at risk for shame. Tomkins indicates that shame is a significant affect that evokes self-consciousness and mortification. He clarifies that “... shame is the affect of indignity, of defeat, of transgression, and alienation... shame strikes deepest into the heart of man.

Nathanson states that shame has a significant influence upon us because it is tied to our identity. Edelman concur, indicating that “... shame is caused by a discrepancy between the ego ideal and the exposed truth; this discrepancy causes one to lose a sense of self-identity.” Hence, risking the shame that is evoked by transgressing a taboo can evoke a liminal state.

Van Gennep indicates that liminality is about being at a threshold. O’Kane notes that individuals experiencing liminality depart from their typical identity and they are in contact with the dark, chaotic, and the ugly aspects of life. O’Kane observes that it is through the contact with these difficult elements that healing is evoked, which also
shifts people’s perceptions of their places within the cosmos and provides new interpretations of their personal myths.

Turner observes that when individuals enter into a liminal state together, they often have a special experience of bonding each other, which he called communitas. He defines communitas as a sacred experience of community that cuts through normative social structures. In the throes of communitas, people bond to each other with regard to their basic common experience of inhabiting a human body and in being alive. Turner stated: “Spontaneous communitas has something ‘magical’ about it. Subjectively there is in it the feeling of endless power.”

My Interpretations of What Happened

Learning Four proposes that having the culturally-taboo mother’s hatred for the child communally received and witnessed evokes a state of liminality and transmutes isolation into communitas. Because the cultural taboo against expressing hatred toward one’s children is one of the most significant taboos for mothers, mothers often go to great lengths to hide their experience of maternal ambivalence from others and from themselves. This can result in a state of isolation for the mother, which in turn deepens the shame this part of the self carries and which further isolates and alienates this part.

In contrast, participants were invited during this study to risk transgressing the cultural taboo against expressing hate toward their children. The experience of undergoing this risk and in having the shameful part of the self witnessed and supported evoked a liminal state for participants. This liminal state created a profound and sacred experience of community, which lessened the isolation many of the participants have felt.
with regard to their mothering struggles. It also created an opportunity for them to experience the culturally taboo part of themselves differently.

For example, Lisa, who worried about being misunderstood in the beginning of the research and then later was grateful to have her “ugly part” seen, is a participant who experienced communitas. Similarly, Gabi, who had the unusual outcome of feeling connected with a group of women, is another participant who was strongly affected by the communitas. Finally, Rose, who wept at the end of the first research meeting about how the participants would interact with each other outside of the research setting, is another example of a participant strongly impacted by the communitas.

Validity Considerations

Learning Four proposes that having the culturally-taboo mother’s hatred for her child communally received and witnessed evokes a state of liminality and transmutes isolation into communitas. For this learning, I demonstrated brief excerpts from the data when the participants observed how they were affected by being in community when sharing their maternal ambivalence. I attempted to demonstrate data for most of the participants that revealed how important they found the feeling of support, the experience of camaraderie with the other participants, and the experience of empathy from the researchers while sharing their difficult feelings about their children. Theoretically, this learning is grounded in concepts on taboo, the affect of shame, and the concepts of communitas and liminality.

Initially, I was unaware of this learning until the co-researchers in the debrief sessions emphasized how affected the participants were by being in community around
this topic of maternal ambivalence. In the debrief sessions following the first research meeting, Nancy spontaneously volunteered: “I felt like the women came into the room trusting you from the interview process and it just held all the way through; they had incredible trust for you; you were so trustworthy.”

Catherine emphasized how the candle lighting and the sentences of acknowledgment I spoke after the participants shared their difficult mothering moment were good witnessing. Further, Catherine commented:

It wasn’t according to script, and it was incredibly good witnessing and touched them all very deeply and touched you very deeply. I mean you were in tears, or close to it, with every single woman and they got that. I mean they just got that heart-connection from you . . . I think that’s really good data to look at in terms of each individual woman’s path. I mean you tapped into something beyond you, I think, about them and their challenges.

Conclusion

The learnings from this research indicate the significance of supporting struggling mothers with expressing their maternal ambivalence as part of the process involved in disidentifying from the negative maternal subjectivity. In summary, four learnings and a cumulative learning emerged from the data collection, interpretation, and analysis.

Learning One proposed that transgressing a primary cultural taboo for women of expressing the hatred that lives at the core of maternal ambivalence evokes the overwhelming affects of surprise-startle, fear-terror, and shame-humiliation, and can be disorienting to identity structures. Learning Two proposed that to turn toward embodying and expressing maternal ambivalence is to touch upon primal states of chaos and madness, primal splitting and psychic numbness. Learning Three proposed that the expression of extreme subjective states that accompany maternal ambivalence creates
greater spaciousness, acceptance, and an embodied sense of power for the mother. Learning Four proposed that having the culturally-taboo mother’s hatred for the child communally received and witnessed evokes a state of liminality and transmutes isolation into communitas.

Overall, the cumulative learning from this inquiry indicates that disidentification from the negative mother involves transgressing a primary cultural taboo for women of engaging and expressing hate and other extreme subjective states while being communally witnessed and received. The gifts of disidentification are spaciousness, acceptance, an embodied sense of power, and an experience in communitas.

These learnings have demonstrated the importance for struggling mothers of having opportunities to transgress the taboo against hatred and to express maternal ambivalence and the accompanying primal states. These learnings also demonstrated the value of such expressive work in that the mothers experienced an embodied sense of power and shifted out of the negative mother identity.

Before the study was conducted, the hypothesis proposed that at the core of unmanageable maternal ambivalence is self-hatred or child-hatred, which in order to be transmuted requires a safe container in which to engage the trangressive expression of hate and the tending of unmet dependency needs.

How does this hypothesis relate to the learnings?

Learning One revealed that transgressing a primary cultural taboo for women against expressing the hatred that lives at the core of maternal ambivalence evokes the overwhelming affects of surprise-startle, fear-terror, and shame-humiliation, and can be disorienting to identity structures. Learning Four revealed that having the culturally-taboo
mother’s hatred for the child communally received and witnessed evokes a state of liminality and transmutes isolation into communitas.

With Learning Four, the safe container in which the culturally-taboo mother’s hatred was received and witnessed is similar to the tending of unmet dependency needs, but it is not exactly the same thing. Thus, these learnings indicate that the hypothesis was close in its proposal of what a struggling mother requires in order to disidentify from the negative mother subjectivity, except that the data did not show precisely that unmet dependency needs were tended.

Additionally, what I did not suspect in constructing the hypothesis was the new information that was revealed by Learning Two (embodying maternal ambivalence results in contacting primal states) or by Learning Three (expression of maternal ambivalence creates an embodied sense of power).

Learning Two revealed the depth of difficulty that can be involved for mothers in embodying maternal ambivalence. Because transgressing the taboo of hatred evokes the startle, fear, and shame affects and is disorienting to identity structures, the process of embodying maternal ambivalence can bring one into contact with extreme subjective states like madness or psychic numbness.

Learning Three revealed the gifts that can be involved after the risk of expressing and embodying extreme subjective states. Because the expression of extreme subjective states brings one into contact with the dark feminine archetype, an individual can experience the raw power that lives in the dark feminine in addition to the madness.

In conclusion, this new information that is generated by the learnings is helpful when revisiting the Research Problem. Before the study was conducted, I narrowed my
focus for this study by asking the following Research Problem: which aspects of the experience of maternal ambivalence need to be expressed in order for struggling mothers to disidentify from the identification with the negative mother?

Based on the learnings, my answer to this question is that mothers need to express the affects of startle, fear, and shame and any of the primal emotional states that accompany maternal ambivalence. Also, mothers need to feel communally received and accepted during the process in order for mothers to transmute the self-hate or child-hate they are besieged by during states of unmanageable maternal ambivalence.
CHAPTER 5

REFLECTIONS

The “terrible mother” is the shadow side of almost all women. Even childless women carry this archetype and try to distance themselves from it. For a mother to recognize that she feels rage towards her child, to act on that rage is truly frightening. Women are expected to be “good-enough” mothers.

—Marcia Starck and Gynne Stern

*The Dark Goddess*

Introduction

The learnings that emerged from this inquiry into mothers’ challenges with maternal ambivalence have significance and implications that are the focus of this chapter. In the first section, the significance of the learnings will be discussed in relationship to the study’s Research Problem and hypothesis. Mythic and archetypal reflections on the learnings follow in the second section. Implications of the study to specific constituencies and the wider community are outlined in the final section.

Significance of the Learnings

This inquiry was designed around the Research Problem: which aspects of the experience of maternal ambivalence need to be expressed in order for struggling mothers to disidentify from the identification with the negative mother? Four major learnings emerged from the data collection and interpretation. These learnings addressed that disidentification from the negative mother subjectivity necessitates the expression of the
extreme subjective emotional states that accompany maternal ambivalence while being communally received. These learnings emerged from two data collection meetings designed to assist the seven participants with exploring, embodying, and expressing their maternal ambivalence.

Learning One and Learning Two discussed the difficulties involved for participants in expressing maternal ambivalence. Learning One proposed that transgressing a primary cultural taboo for women of expressing the hatred that lives at the core of maternal ambivalence evokes the overwhelming affects of surprise-startle, fear-terror, and shame-humiliation, and can be disorienting to identity structures. Learning Two proposed that turning toward embodying and expressing maternal ambivalence is to touch upon primal states of chaos and madness, primal splitting and psychic numbness.

Learning Three and Learning Four discussed the benefits that can occur for participants after they express and embody their maternal ambivalence. Learning Three proposed that the expression of extreme subjective states that accompany maternal ambivalence creates greater spaciousness, acceptance, and an embodied sense of power for the mother. Learning Four proposed that having the culturally-taboo mother’s hatred for the child communally received and witnessed evokes a state of liminality and transmutes isolation into communitas.

In short, the data from this research study and the learnings reveal the challenges that are intertwined with expressing maternal ambivalence as well as the importance and benefits for the struggling mothers. The learnings and the data are also closely aligned
with the research hypothesis, which attempted to pinpoint before the study took place what the struggling mothers needed in order to disidentify from the negative mother.

The hypothesis for this research study was: at the core of unmanageable maternal ambivalence is self-hatred or child-hatred, which in order to be transmuted requires a safe container in which to engage the transgressive expression of hate and the tending of unmet dependency needs.

With regard to how the specific learnings relate to the hypothesis, Learning Three revealed that the expression of the extreme subjective states supported the transmutation of the unmanageable maternal ambivalence. Learning One and Learning Two revealed that transgressing the taboo of expressing hate was an integral part of expressing maternal ambivalence. Learning Four revealed that communally receiving and witnessing the culturally-taboo mother’s hatred helps to transform isolation into communitas.

In conclusion, while the witnessing involved in Learning Four bears some similarity to the tending of unmet dependency needs, they are not the same. Hence, in contrast to the hypothesis, Learning Four discovered that what the participants needed as part of disidentifying from the negative mother was to be communally received and witnessed. I can speculate that this experience of being communally received and witnessed probably also tended some unmet dependency needs for the participants. However, because I did not collect sufficient information about the participants’ early histories and childhoods, I cannot officially state that the data showed that the participants’ unmet dependency needs were tended. Further, I can speculate that the participants most likely have shame in relationship to their unmet dependency needs and therefore they may have been reluctant to discuss or share them.
Evalene, who created the straw mask, was a participant whose process during the study is an especially poignant example of the research hypothesis. Evalene had forgotten her anger toward her stepson and then initially had trouble remembering any experiences of ambivalence toward her children. For her, transgressing the taboo against expressing hate was an enormous task, which was revealed by the fear she felt when the other participants were embodying their images and expressing rage. However, the other participants’ expressive work helped her to transgress this taboo and to access her feelings of hatred toward her stepson and to express them.

The supportive witnessing by the group appeared to help Evalene accept this part of herself and to shift out of the stuck place she had been occupying. She appeared to feel received by the community, which was demonstrated by her coming back early on the second research meeting and by her sharing more of herself with the group. By the end of the second research meeting, she seemed to blossom. She began talking not only about how the research process had changed her life, but also she spoke and wrote about “feeling much more free,” and about having more capacity to consider how things might be from her children’s perspective.

Overall, I was surprised to find that the research hypothesis matched the data and the learnings somewhat closely. Because I truly did not know what would help mothers to disidentify from the negative maternal subjectivity and because this question was an important question for me personally, I was very curious to see what would emerge during the study. From the literature review, I knew that shame was a key affect and that it would be integral to expressing maternal ambivalence, but I did not know what other affects would be included. Hence, after the study was over and I had analyzed the data, I
was surprised to learn that the process of expressing maternal ambivalence evokes so many affects and that it touches upon primal states such as madness. Although I suspected this, I could not have named this phenomenon before the study occurred.

With regard to the learnings, the other unexpected surprise was that the affects of disgust, dismell, and anger did not feature more strongly during the study. Because as Omer observes, many negative affects are constituents of hate, I would have expected that expressing maternal ambivalence and transgressing the taboo on expressing hate would have evoked these other negative affects. Looking back at the data, it is apparent that the dismell affect was present in minute amounts during this study.

For example, the dismell affect was present when Maya referred several times to a feeling of nausea and having an overwhelming urge to throw up. Tomkins qualifies that the dismell affect is evoked in situations in which something smells bad and this affect exists to keep people from ingesting bad food. He says that this affect is very closely linked to the disgust affect and that the presence of either affect can convey that feelings of rejection or contempt have been evoked. Further, he explains how differently the experience of shame versus the experience of contempt impacts people:

Shame-humiliation is the negative affect linked with love and identification and contempt-disgust-dismell are the negative affects linked with individuation and hate. Both affects are impediments to intimacy and communion, within the self and between the self and others. But shame-humiliation does not renounce the object permanently, whereas contempt-disgust does.

Based on his illumination of the difference between shame and contempt, I am speculating that if the study were longer, the disgust affect might emerge more during the research study. For this study, I am theorizing that the moments of contempt were well hidden during the research study, since when contempt is evoked one is led to reject the
object. Thus, while the dismell affect was present during the study, the disgust affect and the experience of contempt seemed to be hidden during this research study.

Similarly, I was surprised that the anger affect was not more present during this study. I think this affect was present in small amounts during the study and that several participants expressed anger, particularly when they were embodying their images. However, I am theorizing that the other affects of surprise, fear, and shame were stronger or more noteworthy and thus they overshadowed the anger affect. Perhaps this was because, as Lerner comments, anger is typically taboo for women, so they are often unaware that they are even experiencing it.  

Patty was one participant who clearly expressed anger through her journal writing of “Fuck you, Cammy!” Yet, although she felt empowered enough to write this statement and to share that she had written it with me and with the group, she was not able to embody the anger and speak it directly to me. More significantly, she also could not directly role-play her image that she had titled SHE WHO BURNS and CRIES: Blind rage tower inferno, a title that suggested that a great deal of anger was present for this part of herself who struggles with mothering.

Finally, these new and subtle aspects that have emerged from examining the learnings in detail have led me to reconsider my Research Problem. Previously, my Research Problem was: which aspects of the experience of maternal ambivalence need to be expressed in order for struggling mothers to disidentify from the identification with the negative mother?

Based on this review of my learnings, I am now led to consider that a new Research Problem for a future study might be worded as follows: which of the negative
affects that are associated with the hate, living at the core of maternal ambivalence, need to be expressed in order for struggling mothers to disidentify from the identification with the negative mother?

Mythic and Archetypal Reflections

Kali, the Hindu goddess of creation and destruction, is the primary myth and guiding archetype for this study. Before the study took place, I had been drawn to the Demeter/Persephone myth as the guiding myth for this study because that is a myth that captures many aspects of women’s initiatory journeys. However, two weeks after the data collection was finished, I participated in a session with an Authentic Movement women’s circle that I have been a part of for nine years. At that session, I embodied and expressed leftover pieces from the research process that had become stuck in my body. Specifically, I expressed my experience in witnessing Patty when she was affected with terror about embodying her image. While my body and soul were still infused from my explorations, I entered a local store and became mesmerized with a Kali statue, because of the way she resonated with my experience. Hence, it was from this organic process that I discovered that Kali was the guiding archetype for this study.

As discussed in Chapter 2, Starck et al. indicate that the myth of Kali portrays the mother archetype in her most primitive and powerful form. She is typically depicted in her destructive phase when she is destroying all that lies in her path, which is why she often is referred to as the Terrible Mother. Starck et al. observe that some women have avoided motherhood due to the fear of the terrible mother aspect of themselves; they
suggest that Kali is important in helping women to develop relationship with the angry nurturer part. They illustrate the necessity of the terrible mother part:

Just as the Mother in her cosmic aspect destroys, so too, does the Mother in her personal aspect. The very process of bringing up a child implies that the mother must kill some aspects of that child. The good gardener weeds out extra seedlings so much a good mother weed out unwanted traits in her children. Often this “weeding” kills some part of the child’s creativity or spontaneity.\(^5\)

Mookerjee expresses that the tale of Kali can be seen as the triumph of feminine energy over masculine power run amuck.\(^7\) “Kali manifested herself for the annihilation of demonic male power in order to restore peace and equilibrium.” \(^8\) In the primary story of Durga and Kali, the male gods were unable to correct the situation by themselves and they had to create another goddess—not a god—to fix things in a deadlocked situation.\(^9\)

Mookerjee indicates that in our current times we are also suffering a situation of unbalanced patriarchal power.\(^10\) Thus, we are hungry for Kali to come again, despite the annihilation she will bring, in order to help us restore our divine feminine spirituality. Additionally, Mookerjee notes that when that the cultural images available to women become increasingly limited or repressed, women will spurn motherhood itself if they sense that in mothering they will lack necessary psychological and physical freedom.\(^11\)

In this study, the energy of Kali became apparent after the participants shared their difficult mothering moments in the first research meeting. The participants acknowledged this phenomenon themselves by articulating that they felt as if Kali or Durga had entered the room. Rose, who felt inspired to put the skeletal figure on the altar, personified this specifically. Later in the first meeting, as the participants created their images, Kali’s energy surfaced again. Maya’s image, *Ereshikgal*, and Gabi’s image *Bitch*
Banshee Wild Wilomena, and Patty’s image, SHE WHO BURNS and CRIES: Blind rage tower inferno, especially conveyed Kali’s presence.

In the second research meeting, Kali entered the room after I announced the research activity of role-playing the images that the participants had created. It was during this time period that Patty became extremely distraught and wanted to run from the room and the other participants were scared and confused about how to proceed forward with the activity, which evoked for me the feeling that a volcano had just erupted. The first two participants, Gabi and Lisa, who role-played their images with much screaming and crying, could be considered manifestations of Kali’s force. Similarly, Maya was another participant whose role-play revealed much Kali energy with her poignant phrase: “I wake you; I beat you; I eat you!”

In the co-researcher meeting two weeks after the data collection was finished, Catherine commented to me that when I announced the role-play activity, she felt that I embodied Kali literally. I “be-headed the participants by asking them to get out of their heads and into their bodies.” She detailed the moment she witnessed me embodying Kali:

You were being Kali in the moment. It’s a metaphor of them being the children and you being the mother. You stepped in as the dark mother. “Okay, now I’m going to be an asshole and I’m going to make you do this thing you hate, and I don’t care if you don’t like it because this is my research . . . We just have to do it.” And you were going through all this stuff about being a bad researcher and causing them pain, and fucking up and doing it wrong and you had to do it. That’s exactly what a mother has to do.

As Catherine illustrated, during the study I embodied aspects of the Terrible Mother and directed the research participants toward the role-play activity with their images. To support me in this endeavor, I had the theory-in-practice for this study, Imaginal Transformation Theory. I also felt as though I were standing on the shoulders of
authors like Parker and Kraemer, from whom I understood the normality of maternal
ambivalence as well as the hardships of it. However, I was still full of fear about what I
was asking the participants to do, in part because I am a product of my culture, which has
steeped me in cultural imagery regarding the good mother.

For example, Parker captures in nutshell the dilemma that a mother in Western
culture faces: “Central to what renders ambivalence unmanageable is every woman’s
desire to be a good mother in concert with the quite specific fears and anxiety mobilized
by the state of late twentieth-century motherhood.”

Thus, for a woman or mother who desires to utilize the dark aspects of the Great
Mother archetype, where does she go for support in her endeavor? Such a woman may
find herself challenged in a culture that primarily features images of the Good Mother.
Given that if the dark aspects of the feminine are not acknowledged, they live on in the
unconscious or in the imagination, as West observes, it behooves us to develop a
relationship to the Terrible Mother and find ways to use her energy constructively.

Implications of the Study

Personal Process

I have been strongly impacted by this inquiry into maternal ambivalence. At
times, I have felt as though this dissertation is a living entity that so desired greater
expression that it hungrily sought a willing body and soul (mine) through which it could
come to life. Born out of personal necessity, this inquiry has taken me into many foreign
places and changed me. Here is my story about how I have been affected by this inquiry.
Unbeknownst to me, this inquiry began when I received the daimonic image in which I desired to slice at myself, which was described in Chapter 1. That was an excruciatingly painful image, which parts of me wanted to avoid. However, I also felt compelled to explore the image. So, during the first few years of my daughter’s life, I managed to seek out texts and articles that helped me to understand how the state of motherhood in Western cultures contributed to my struggles with mothering.

Supported by these texts, I pondered what precisely to research about motherhood. I had gleaned that motherhood is often initiatory, but there was something more, something that I could not articulate that I felt should be the focus of my study. During this period, I continued to have many difficult moments with my son when he seemed unruly, wild, and impossible to direct. When strangers and others came up to me to complain about my son’s behavior, I could hear their unvoiced judgment of bad mother, which echoed my own judgments about myself.

Then there were the moments I experienced excruciating shame and hatred with my son. For example, one day after school, he refused to follow a teacher’s direction to get off a handrail. The teacher reacted by yelling at me and threatening a mandatory visit to the principal’s office every day after school for my six-year-old son. This overwhelmed me because I was struggling to walk with a herniated back condition while carrying my two-year-old daughter. The result of this episode was feelings of humiliation coupled with hatred toward my son for evoking such a vulnerable state. After expressing some of my wrath to my son, I was immediately overcome with self-hatred and remorse for how I was clearly a bad mother in this situation. Yet, I was also left with an awareness that I had just experienced some inexplicable and important phenomenon from
which I could not extricate myself. The saving grace of this phenomenon was that I knew it held the clues of what I wanted to research.

Through this episode and other similar ones, I discovered that I wanted to research maternal ambivalence and how to help mothers be free from their negative maternal fixation. In conjunction with the literature review, my discoveries empowered me to refrain from judging myself about my mothering capabilities and to take my son for diagnostic tests, which revealed that he was challenged with a condition called attention deficit hyperactive disorder. Further empowered with knowledge about my son’s nervous system, which compelled him to move constantly and compromised his ability to focus his attention, I was supported to have more compassion for him and for myself in our interactions.

As my challenges with my son lessened and my self-confidence as a mother grew, I felt enormous relief to be out of the rut in which I had been stuck perpetuating my negative mother identity. Then as I began talking with potential participants for this study and I encountered the cultural mandates on good mothering through my conversations, I discovered how I had been overly identified with a cultural phenomenon that really was not about me. As I began collecting data, I started to witness the intensity of the taboo against expressing hate towards one’s children and how transgressing this taboo was extremely difficult for many mothers. As data collection continued, the depth of response from the participants regarding expressing the dark feminine completely surprised and moved me.

In the time that has transpired since data collection, I have been awed by how this study has changed my perception of motherhood and of the experience of hatred. I am
relieved to feel more empowered as a mother/woman and for that I thank the dark feminine archetype. Finally, I suspect my future work lies in continuing my relationship with the dark feminine and in helping others to embrace and embody her also.

**Research Population**

The research population for this study consisted of mothers who identified as struggling with moments of unmanageable maternal ambivalence, but who were not physically acting it out on their children. According to Parker, unmanageable maternal ambivalence is revealed by the presence of overwhelming guilt. The participants needed to have at least one child between the ages of one and ten and be willing to explore the territory of their ambivalence.

For the research population, there are significant implications that are associated with Learning Three and Learning Four. Learning Three indicated that the expression of extreme subjective states that accompany maternal ambivalence creates greater spaciousness, acceptance, and an embodied sense of power for the mother. Learning Four indicated that having the culturally-taboo mother’s hatred for the child communally received and witnessed evokes a state of liminality and transmutes isolation into communitas.

For struggling mothers, the implications from this research are that if they are willing to express their hate in a safe environment, they will experience increased empowerment and greater acceptance of themselves and their children. These implications mean that some of the intense judgments that many mothers suffer toward themselves or their children can be transmuted. When mothers are not caught in a
negative mother identity, their rigidity is decreased and they are likely to have more flexibility and playfulness in responding to their children. This outcome has the potential to strengthen the attachment relationship between mothers and her children.

Additionally, the implications from this research are that if mothers are willing to risk sharing their culturally-taboo hatred of their children and it is communally received and witnessed, their isolation can be transmuted. Given that the literature on mothering in Western culture portrays women as struggling with severe isolation, this implication is noteworthy. It means that mothers could have a profound experience of community that is transformative as opposed to crippling. A transformative experience of community might nourish, nurture, or enliven these mothers, which would help them to be less depleted and overwhelmed. These mothers could experience more vitality and life-force, which would support these mothers to engage their children and their lives more creatively. Hence, this outcome has the potential to feed vital elements of a mother’s soul and by extension her children.

These implications were demonstrated at the end of the study when many of the participants expressed their desire to share the process of expressing the dark feminine with other mothers. Six months after the study was complete, one participant contacted me and requested that I contact the other participants toward borrowing their images (masks) for a Mother’s Day display. Five participants chose to share their masks for this public display created to celebrate a more authentic experience of motherhood.
Social Institutions

The implications of this research are important for many social institutions. Besides institutions like marriage, family, and motherhood, the implications from this research are significant for any organizations that are involved with mothers and children on a daily basis, such as daycare programs, schools, parenting organizations, and hospitals. All of these institutions are tasked with navigating the authentic challenges for mothers, children, and families in relationship to the cultural taboo against expressing hate. This taboo limits the expression that many mothers will do naturally, meaning that many mothers will hide the parts of themselves that hate their children and therefore be at risk for guilt, shame, and a negative mother identity. Because of this taboo, other mothers will repress their hatred, which could then erupt in a violent fashion toward their children.

Thus, the implications from this research could affect and revolutionize social institutions by legitimizing the need for mothers to engage and express their states of hatred. Such institutions could create a safe, supportive environment for people to express their hatred (one in which young children are not present) and thereby transmute it.

There are specific populations of mothers who could potentially really benefit from engaging their hatred. Mothers who are struggling with postpartum depression, single mothers, and mothers who feel inadequate about their capacity to mother are some of the social groups who could be assisted. Because the cultural taboo around good mothering is strongly entrenched in Western culture, mothers may need significant support to transgress this taboo and risk expressing their hate toward their children. If mothers are willing to take this risk, they may become freer, more joyous mothers.
O’Reilly describes freer mothers who insist on mothering outside of patriarchal norms as *empowered mothers*. Further, she elaborates on how these mothers differ:

. . . it is about making herself count as much as her children (when possible); it is about being part of the equation; and about making choices that are not only beneficial to her children but also to *her*. It is essential to consider that empowered, resistant mothering is about choice and not about uncovering the “True,” right way to mother . . . . I would suggest that empowered mothering should not only be about choice but also about acceptance and respect among mothers. It seems that it is often mothers themselves who police other mothers into compliance with a discourse that is both oppressive and limiting.

While the goal of creating empowered mothers is an important goal, these institutions would also need to be careful to select the population of mothers who could truly benefit from this work as opposed to those for whom this process might be confusing and might trigger episodes of abuse toward their children. For instance, Meyer et al. report that some mothers who commit infanticide are those who suffered silently with shame, guilt, and depression about their mothering and then suffered a sudden snap in their self-control toward their children. Conclusively, institutions that employed these expressive practices would want to carefully screen the mothers they selected to embark upon engaging their hatred towards their children.

**The Profession of Psychotherapy**

This research has significant clinical implications for those who work psychologically with people. The greatest implication lies in the value of engaging states of hatred for people involved in intimate relationships. Because love and hate are inherent parts of intimacy, as Klein notes, learning how to navigate hatred is an integral part of being human. Thus, this research points toward the necessity of acknowledging states of hatred, expressing them, and transmuting them. However, because of the taboo against
expressing hatred, clinicians will need to work skillfully even to see hatred in their clients as well as to tolerate their own discomfort and judgments about hatred.

The other important implication from this research for clinicians is the redefinition of mothers, mothering, motherhood, and by extension the feminine identity. Rather than succumbing to the cultural taboo around mothering, this research could assist clinicians with maintaining their curiosity about the real mothers who sit in front of them. As such, in referring to their 2002 study on maternal guilt, Seagram et al. commented: “As therapists, we need to be especially cognizant of the pervasiveness and power of the dominant myths of motherhood in perpetuating feelings of guilt and inadequacy among our clients who are mothers.”

This could re-vitalize psychological explorations for families about the origins of their suffering other than blaming the mother. If the mother is seen as a person who is valued in her own right, perhaps the trend toward mother-blaming, which Caplan, et al. revealed in their investigation of clinical journals for the years 1970, 1976, and 1982, would be altered. In addition to re-defining the source of the problems for families, maybe clinicians would have fresh insights for Western cultures about what a healthy mother looks like and notable qualities of healthy families.

The Academic Discipline of Psychology

Like many disciplines, the academic discipline of psychology has tended toward following and echoing primary cultural themes. According to Woodman, one primary theme in Western psychology has been the domination of patriarchal values or masculine energies over feminine energies. Bolen elaborates that the patriarch has valued...
masculine qualities such as rational thinking, objectivity, and data-based information in contrast to feminine qualities like feeling, subjectivity, and aesthetic appreciation.  

Woodman continues: “For centuries, our culture has disdained matter, and so deep and so unconscious is our contempt for the body that we cannot see the rejection of the living body in our addictive behaviors.” In her psychoanalytic work, Woodman observed that this cultural phenomenon impacts both men and women and causes people to turn away from their instinctual nature:

The black hole in many men is as black as it is in many women. Some even take a certain pride in being “shut down.” The fact is their matter is dissociated from their spirit and their fundamental contempt for matter is in their cells. So long as they stay in their superficial persona, they may be caring, generous . . . but in the intimacy of sexuality they cannot feel their own passion connected to their own being. They may experience fear, emptiness, nothingness. Overcome by the black hole at the center, they cannot reflect themselves nor their partner, however much they try.

Because the implications from this research support mothers toward becoming more empowered, the wider implications for the discipline of psychology is that this research could be another step toward supporting the feminine to thrive in Western culture. Perhaps the trend in psychology of valuing the masculine qualities such as rational thinking, objectivity, and data-based information over the feminine might be shifted. This could impact the ways in which many psychologists gather information and have tended to rely upon test results over intuitive impressions.

Thus, the implications from this research could be one small step toward shifting the cultural bias of masculine traits over feminine traits. Especially as our planet appears to be struggling with serious issues such as global warming, finding a way to embrace the feminine in all of her forms seems important.
Implications for Future Research

With regards to future research, the implications from these learnings suggest that further research on expressing hatred could be helpful with different populations of mothers. Initially, my suggestion would be to target populations of mothers who are challenged in unique ways in their mothering. For example, single mothers, mothers of color, immigrant mothers, or mothers of children with special needs are mothers whose subjective experience of mothering can become lost in the dominant culture. Thus, research that explored their unique voices and how their maternal ambivalence expresses itself differently could be a significant contribution to this body of research.

Secondly, I would like to see this same research repeated with a group of mothers who did not demonstrate significant maternal ambivalence in their preliminary interviews. Because I chose mothers for this study who were already aware of their ambivalence, they were primed to begin exploring and expressing their hatred. Thus, I am curious to see what would happen with mothers who are unaware of having maternal ambivalence or who are not concerned about it.

Within this population, I can identify two sub-groups. The first group might be mothers who experience hatred towards their children, but who are not troubled by this. The second group could be mothers who have denied their ambivalence so intensely that the research on exploring and expressing hatred might be very distressing for them. I am particularly interested in supporting this second group and helping them to tolerate the experience of exploring their hatred and expressing it. Because this second group has banished hatred from their awareness, my suspicion is that other members of their families (children, spouses, etc.) may have picked up on the mothers’ denied hatred and
be experiencing and expressing it. Hence, supporting such mothers with expressing their hatred and transmuting it may be very important for these families.

**Conclusion**

This chapter focused on the significance of the learnings and exploring the implications of these learnings for relevant constituencies. This chapter explored the myth of Kali and delved into how she as the goddess of creation, preservation, and destruction has an aspect that is referred to as the dark feminine that is the guiding archetype for this study. Finally, this chapter was a reflection upon this research study, which has been an inquiry on how to help struggling mothers disidentify from their identification as the negative mother.

I am reminded of the irony that Western culture has split the Great Mother archetype and preached the importance of the positive mother, which has resulted in many individual women becoming stuck in silence with the negative mother aspect of themselves. These women have considered it their individual problem how they struggle with mothering because they are not aware of the narrowness with which Western culture expresses or reflects images of the mother archetype.

Hence, my interest is to support mothers in expanding their range of imagery about mothering and to have a balance between the dark and the light aspects in their mothering. Above all, my desire is to help women honor and claim their voices and their experiences that may have become lost in mothering. My hope is that women will feel empowered to bring more aspects of themselves into relationship with their children.
As I reflect further upon this inquiry and its origins, I am reminded of the daimonic image from whence this study emerged. I am reminded of my past self when my soul hurt so badly that slicing my body felt like a desirable act. I am reminded that at that time I lacked any words with which to express my experience. The moment when I stood alone on the path was the only safe place in which the image could emerge to express itself. I bow to this image. I give thanks that through this inquiry, the image has been seen and heard.
APPENDIX
APPENDIX 1

ETHICS APPLICATION

1. Participant Population

My population for this research will be made up of mothers who identify as consciously struggling with moments of unmanageable maternal ambivalence, but who are not currently physically acting it out on their children. For the purposes of this research, I will be using Parker’s definition of “unmanageable ambivalence,” defined as the moments when a mother’s ambivalence evokes a great deal of guilt, which than can lead her to a state of self-hatred or hatred of her child. I am defining “mother” as a woman who identifies with that term, between the ages of 25 and 50, and who is responsible for the care of at least one child between the ages of one to ten years of age.

The participants need to be “psychologically sophisticated” in that they are aware of their maternal ambivalence and uncomfortable with it, but not currently physically acting out their ambivalence toward their children. For example, the participants should not have been reported to Child Protective Services recently or have a mothering style that could earn them such a referral in the future. For this study, I will be seeking a diverse population of mothers from different types of backgrounds, regarding demographic characteristics such as ethnicity, socio-economic status, age, marriage, sexual status, and age of a mother’s children, and the total number of a mother’s children.

I am planning to recruit potential participants through flyers placed at local organizations in Sonoma County, California such as Kidspot, Lomi Community Clinic, MyGym, Chrysalis, and California Parenting Institute. I will advertise my study on computer online sources like Craigslist and Sonoma West County Online Bulletin Board. Additionally, I will advertise in the newsletters of Sebastopol Parents Club, Rohnert Park Mothers Club, Santa Rosa Mother’s Club, Petaluma Mothers Club, and Summerfield Waldorf School. I will target schools such as the Live Oak Charter School, Oak Grove, Summerfield Waldorf School, Independent Sebastopol Charter School, Sunridge School, Childkind preschools, and at the Santa Rosa Junior College Student Health services.

Ideally, I would like to recruit ten participants. I will need a minimum of seven participants to generate sufficient data for this study.

2. Procedures Involving Research Participants

I will first have contact with participants by the phone when they respond to my recruitment flyer (Appendix 5). At that time, I will initiate a brief conversation with them to ascertain their availability to attend the two research meetings and if they have enough
time for a short interview of about twenty-five minutes (Appendix 6). If they do not have time right then for the screening interview, I will make an appointment for a future time to conduct the interview (Appendix 7).

For applicants whose interview reveals a questionable or poor fit with the participant profile I need for this study, I will call them one week after the interview has occurred and decline their participation in the study (Appendix 8). For applicants whose interview revealed that they were a good match for this study, I will telephone them and accept them as a participant one week after their interview occurred (Appendix 9). Two weeks prior to the beginning of the study, I will send the participants a packet of written materials containing information about the study, the Informed Consent Agreement, and a map detailing where the study will be held (Appendix 4, 10, 11). I will ask participants to review the Informed Consent Agreement and bring it to the first research meeting. (In case they forget, I will have extra copies at the first meeting.) I will make reminder phone calls to all of the participants about the first meeting on November 1, 2006 and about the second meeting on November 15th, 2006.

My next contact with participants will occur at the first research meeting (Appendix 12). I will begin by covering practicalities such as where the bathroom is located and when we will have breaks, confidentiality, and any questions about the Informed Consent Agreement. Next, I will introduce the co-researchers and myself. Then I will invite the participants, the co-researchers, and myself to introduce ourselves in about two minutes, answering the question, “What drew me to this study?” (Appendix 13). Immediately following the introduction process, I will read an Adrienne Rich quotation and invite participants to speak one sentence of how it affects them.

Contact will participants will continue when the participants experience a brief meditation focused on recalling some difficult mothering moments (Appendix 14). They will write in their journals about these moments (Appendix 15) and then speak individually to the whole group for five minutes about one of their difficult moments (Appendix 16). After a break, the participants will create images from their difficult mothering moments (Appendix 17). Using a set of questions that I provided, they will engage in a dialog process with the image they created (Appendix 18). Finally, this research meeting will end with an opportunity for participants to share how the activities have affected them (Appendix 19).

Contact with participants will resume with the opening ritual for the second meeting, which involves giving participants a chance to share any images or reflections from the first meeting (Appendix 21). Then participants will be invited to watch a television clip from Desperate Housewives. Next, participants will be instructed to role-play the image they created from the first meeting by putting on their image and express the primary experience of their image in about five minutes (Appendix 22). After journaling about this process and having a break, participants will engage in a guided meditation focused on finding a safe place and a kind, loving voice that can respond to their critical mothering voice (Appendix 23).

Based on their experiences with the meditation, the participants will create an image of the loving voice (Appendix 24). Then the participants will be instructed to write five sentences that the critical voice says to them about their mothering and to write five sentences that the kind, loving voice says about their mothering (Appendix 25). These research activities will culminate in an opportunity for the participants to role-play their
critical voice followed by role-playing their loving, friend voice (Appendix 26). Finally, the participants will write about what their perceptions are regarding three key moments during the research process; then they will share one of those key moments (Appendix 27). The research process will end with the participants sharing verbally about how the research process has affected them (Appendix 28). My last contact with participants will be a follow up/thank you letter in which I convey that I will send the Summary of Learnings after my study is completed and approved (Appendix 29 and Appendix 30).

3. Consent Process

I will send a copy of the Informed Consent Agreement to all participants prior to the beginning of the research study so that they can read the form and have time to digest the contents (Appendix 4). The intent of this form is to inform participants of the inherent risks in participating in this study and their rights of confidentiality as a research participant. Should the participants experience duress during the research; there is a statement about how I will refer participants to a psychotherapist. There is also contact information for the Institute of Imaginal Studies. I will be asking all participants to sign the form and bring it to the first research meeting. (I will bring extras in case they forget.)

4. Risks

Regarding the possibility of risks for the participants, I have made the following statements in an “Information to Participants” letter (Appendix 7): “As with any research, there are some risks. This study’s exploration of women’s challenges with motherhood may evoke some unexpected or uncomfortable feelings for you.”

I anticipate that the research activity of role-playing the image and embodying the part that does not like mothering or their children may trigger some rage, grief, anger, fear and self-judgment (Appendix 22). A serious risk with this research is that it may aggravate participants’ unmanageable maternal ambivalence, which may have the effect of deepening a participants’ hatred toward herself or toward her children. Other risks include: 1) uncovering personal material of a painful nature of which the participants were unaware of prior to the research; and 2) increasing participants’ challenges with mothering and with their relationship to their children.

I plan to attend to these risks through checking-in with participants if needed after the role-play of their image and through having an empathic response. In addition, if a participant’s experience during the research evokes an unbearable level of affect for her, I will be ready to refer her to several therapists.
5. Safeguards

As a way to safeguard against potential harm for the research participants, my screening protocol involves asking questions that will help me to determine which applicants would not be a good fit for this study. I plan on not including applicants for this study who demonstrate a current situation of physically assaulting their children. By not including participants with these and/or other characteristics that do not seem to be a good fit for this research methodology, I intend to safeguard against harm to the participants from the start.

I will warn participants of possible risks with this research study in an Information letter, which will be sent along with the Informed Consent Form and map (Appendix 4, 10, 11). I will be communicating to participants what they can expect at each phase of the study in a few sentences at the start of each research meeting.

During the study, I plan on establishing a safe enough container for the participants through utilizing empathy and by checking-in with the participants often. I have chosen the co-researchers of Nancy Campbell and Catherine Held, whom I trust and whom have demonstrated their capacity with empathy, which assists me with this concern. At the end of the meetings, I have scheduled time for participants to share how they are affected by the research process.

I plan on attending to my reactions to the data collection process by engaging in a journaling practice immediately after each data collection meeting and I will ask my co-researchers to engage in a similar practice (Appendix 20). In addition to tracking how we are affected by the research study, we will also engage in many of the research activities prior to data collection in order to assist us with attending to participants’ reactions during the research process.

6. Benefits

For Participants:

While this is a short-term study and thus may not provide the participants with the benefits of a long-term study, there are possible benefits for participants in this study. Some benefits for the participants may be: a greater understanding of their personal history as a child and how the mothering they received affects their mothering now; the awareness of their emotional needs and how those needs can affects their mothering; and the experience of community support for the part of them who struggles with mothering or hates their children. Additionally, participants may experience some relief with their fears and concerns around being a bad mother and they may experience an increase in love and compassion for themselves as women and as mothers.
For Mothers, Children, and Families in General:

There may be benefits for mothers, children and families in general from this study. The learnings from this study may reveal the importance for these groups of acknowledging the effect that maternal ambivalence can have on mothers (both positive and negative) and the value of exploring maternal ambivalence as opposed to avoiding it. Also, the learnings may reveal what could assist mothers in coping more effectively with unmanageable ambivalence. Other benefits may be to highlight that in significant relationships, a complexity of feelings exists (i.e., the existence of both love and hate) and the normality of this for the human experience.

For Clinicians and Psychologists:

The learnings from this research study may have benefits for clinicians, especially those who are in a direct position to counsel mothers and their children. The learnings could assist them with increasing their awareness about a mother’s subjective experience, thereby increasing their curiosity to investigate and have less judgment about the actual experience of a mother with whom they are working. For other psychological practitioners, the benefits from this study may involve learning more about the archetype of the Great Mother and how images that portray her consist of both creative and destructive components. Other benefits may come from new theories generated from the learnings about how a mother can more effectively manage her maternal ambivalence.

7. After the Study

Two weeks after the second meeting for the data collection, I will be sending all participants a thank you/follow up letter (Appendix 29). In that letter, I will state that the participants will receive a Summary of Learnings upon completion and approval of the study (Appendix 30).
APPENDIX 2

CONCEPTUAL OUTLINE

Evoking Experience

Meeting One

- Adrienne Rich quotation capturing the essence of maternal ambivalence.
- Guided meditation exploring three recent difficult mothering moments.
- Participants verbally share one difficult mothering moment.
- Participants create a negative mother image from their difficult mothering moment.

Meeting Two

- Participants watch television clips from the show, Desperate Housewives.
- Participants engage in a role-play with their negative mother image.
- Guided meditation focused on evoking a friendly voice in contrast to a critical voice.
- Participants create image of the friendly voice.
- Participants engage in a role-play of the critical and the friendly voice.

Expressing Experience

Meeting One

- Participants express how they are affected by the Rich quotation.
- Participants journal on difficult mothering moments.
- Participants express one difficult mothering moment.
• Participants create a negative mother image.
• Participants engage in a written dialog with their negative mother image.
• Participants share how they are affected by the research activities.

Meeting Two
• Participants share their reflections on how the first meeting has affected them.
• Participants engage in a role-play with their negative mother image.
• Participants journal on how the role-play affected them.
• Participants journal on the critical and the friendly voices.
• Participants role-play critical and friendly voices.
• Participants journal on how the role-play affected them.
• Participants journal on key moments of research.
• Participants express one key moment from research.
• Participants journal on how being a research participant has affected them.
• Participants express how being a research participant has affected them.

Interpreting Experience

Meeting Two
• Participants journal about key moments from the research.
• Participants express one key moment from the research.

Integrating Experience

Meeting One
• Participants share how the research activities have affected them.
Meeting Two

- Participants share reflections on how the first meeting has affected them.
- Participants journal about key moments from the research.
- Participants express one key moment from the research.
- Participants share how being a research participant has affected them.
- Group participates in a closing ritual that involves each person sharing an image, poem, or song, which reflects a significant learning about the research process. Researcher gives special stones to each participant.

After the Research Meetings:

- The researcher sends the Summary of Learning to participants upon completion of the dissertation.
APPENDIX 3

CHRONOLOGICAL OUTLINE

Meeting One

I. Greet participants and give out name-tags (12:30 p.m.)

II. Pass out Informed Consent Agreements and review with participants (12:45 p.m.)

III. Provide general information (location of restroom and kitchen) (12:48 p.m.)

IV. Introduction of research and overview of activities (12:55 p.m.)

V. Researcher discusses confidentiality guidelines and explains that participation is always voluntary (12:58 p.m.)

VI. Opening ritual--introduce co-researchers and researcher; ask participants to state their names and one sentence about what “drew them” to the research study (1:00 p.m.)

VII. Adrienne Rich quotation followed by participants’ verbal reactions (1:30 p.m.)

VIII. Guided meditation on difficult mothering moments (1:45 p.m.)

IX. Journaling on difficult mothering moments and restroom break (1:50 p.m.)

X. Participants share difficult mothering moment, five minutes each; researcher lights candle after each participant speaks (2:00 p.m.)

XI. Break, fifteen minutes (researchers set out art supplies) (2:45)

XII. Participants create art image from the difficult mothering moments (3:00 p.m.)

XIII. Participants engage in a written dialog with their image (3:30 p.m.)

XIV. Closing ritual: Participants share how they are affected by activities; journals and images are collected (4:00 p.m.)
Meeting Two

I. Greet participants (12:30 p.m.)

II. Open ritual--share reflections from the first meeting (12:40 p.m.)

III. Co-researcher passes back journals; participants read over entries (1:00 p.m.)

IV. Watch television clip from Desperate Housewives (1:05 p.m.)

V. Role-play with negative mother image, five minutes each (1:10 p.m.)

VI. Journaling on role-play (1:45 p.m.)

VII. Silent break, ten minutes; researchers set out art supplies (1:55 p.m.)

VIII. Guided meditation on finding a friendly voice (2:05 p.m.)

IX. Creating an image of the friendly voice (2:10 p.m.)

X. Journaling on friendly and critical voices (2:30 p.m.)

XI. Role-play activity on friendly and critical voices (2:45 p.m.)

XII. Journaling on role-play activity (3:20 p.m.)

XIII. Break, fifteen minutes; researchers clean up art supplies (3:30 p.m.)

XIV. Journaling on key moments (3:45 p.m.)

XV. Sharing one key moment (3:55 p.m.)

XVI. Participants’ sharing of how research has affected them (4:20 p.m.)

XVII. Closing circle, researcher gives participants special stones; all share image, song, or poem reflecting significant impact of research (4:50 p.m.)
APPENDIX 4

INFORMED CONSENT AGREEMENT

To the Participants of this Research:

You are invited to participate in a study on the challenges of motherhood. The study’s purpose is to explore what is uniquely challenging for women as they mother and to learn what is helpful for women when they are struggling with mothering challenges.

Participation will involve: speaking and sharing personal information in a group format, journaling, doing an art-making process, viewing a portion of a television show, engaging in role-play type activities, and participating in two guided meditations. This will take place in Santa Rosa, California at Lomi Psychotherapy Institute (see attached map). Various parts of each meeting will be audiotaped. The meetings are four hours and one-half hours long. Meeting dates will be:

Sunday November 5, 2006 12:30—5:00 pm
Sunday November 19, 2006 12:30—5:00 pm

For the protection of your privacy, all tapes, transcripts, and journals will be kept confidential. Your identity will be changed through use of a pseudonym. The data will be stored in a locked file under my control and only my co-researchers will have access to these files. A professional transcriber may be used in transcribing the audiotapes. If the material from this research is published, any information that might identify you will be altered to ensure your anonymity.

This study is of a research nature and may offer no direct benefit to you, although I hope it will deepen your understanding of your unique challenges with motherhood. The published findings, however, may be useful to parenting organizations, clinicians, and others concerned with mothers, children, and families. This study is designed to minimize potential risks to you. However, some of the activities such as participating in the art process may provoke emotions such as shame, grief, or sadness for participants. If at any time you develop any concerns or questions, I will make every effort to discuss these with you. Because I am a researcher, I cannot provide psychotherapy for you. However, I will facilitate a referral for you to an appropriate mental health professional should you request it.

If you decide to participate in this research, you may still withdraw your consent and discontinue your participation at any time and for any reason. Please note that I, as the researcher, may need to terminate your participation from the study at any point out of concern for your safety or for the integrity of the research.
If you have any questions or concerns, you may call me at #707-824-4483 Monday through Thursday 9-2 pm or email me at cammy@cammymichel.com. You may also contact the Dissertation Director at the Institute of Imaginal Studies, 47 Sixth Street, Petaluma, CA, 94952: (707) 765-1836. The Institute of Imaginal Studies assumes no responsibility for any psychological or physical injury resulting from this research.

I, ______________________, consent to participate in the research study on women’s challenges with motherhood. I have had this study explained to me by Cammy Michel, a doctoral candidate at the Institute of Imaginal Studies. Any questions of mine about this research have answered, and I have received a copy of this consent form. My participation in this study is entirely voluntary.

___________________________________       _______________________________
Participant’s Signature                          Date

___________________________________       _______________________________
Witness Signature                                Date
APPENDIX 5

RECRUITMENT FLYER

SEEKING MOTHERS
FOR A RESEARCH STUDY ON
THE CHALLENGES OF MOTHERHOOD

- Have you ever worried if you are a *good mother*?

- Are you sometimes plagued with guilt or doubt as a mother?

- Do you envy other mothers who seem to mother better than you?

Mothers who have at least one child between the ages of 1 and 10 needed for a research study in Santa Rosa. These mothers will have an opportunity to explore their unique challenges with motherhood through group discussion, journaling, and art.

**Dates of Research:** Sunday November 5, 2006 12:30—5:00 pm

Sunday November 19, 2006 12:30—5:00 pm

If you are interested in participating, please contact:

Cammy Michel, a Doctoral Candidate at the Institute of Imaginal Studies and a mother of two young children, #707-824-4483 or cammy@cammmichel.com
Hello [applicant name]. My name is Cammy Michel, and I am calling in response to your interest in the research study on women’s challenges with motherhood.

Where did you get the flyer or hear about the study?

Let me tell you a little bit about the study. The dates for the study are the Sunday afternoons, 12:30-5:00 p.m. of the first and third Sundays in November, the 5th and the 12th. We will be meeting in downtown Santa Rosa at the Lomi Psychotherapy Institute and refreshments will be provided. There will be between seven and ten women and we will spend the time exploring mothering challenges in a group and individual format. We will do some art making, journaling, and other creative processes on what challenges each us in particular, as a mother.

Briefly, let me say a few words about myself. I am a mother of two young children as well as a doctoral candidate at the Institute of Imaginal Studies in Petaluma. This research study is part of my doctoral work, which is inspired by my own mothering challenges.

Does this study interest you? To be selected as a participant for this study, you would need to be able to attend both of those dates in November from 12:30-5:00 pm. Is that possible for you? Great.

So, to proceed forward, I need to do a brief interview with you to see if this study is a good fit for you and if I can select you for this study. It will take about twenty minutes. Are you available to talk now or would you like to set up a phone appointment for another time? [If she is busy, set up a time.]

I will begin by asking some background information before I ask some questions about your experiences as a mother. Before I begin, I want to let you know that all of your personal information will be held confidential. The notes I take will be kept in a locked file cabinet in my office. Also, so that I don’t take up too much of your time, when you have sufficiently answered a question, I will say, “Thank you. The next question is . . . ”
APPENDIX 7

PRELIMINARY SCREENING INTERVIEW

Name:
Address:
City/State/Zip:
Phone:
Number of Children and Ages:
Occupation:
Date of Birth:
Education Summary or highest degree obtained:
Have you ever had any therapy or counseling?

Questions About Your Experiences with Motherhood

1. Tell me briefly about when you first became a mother and what that was like for you.

2. If you have other children, what was it like when you became a mother for the second or third time?

3. What have been some of the difficulties or challenges you have experienced as a mother?

4. How have you coped or worked with those difficulties or challenges?

5. Have you sometimes thought or felt like you were a bad mother?

6. Let me ask about physical discipline. Do you hit your kids? How often?

7. Who in your life has supported your development as a mother?
8. Who in your life has undermined your development as a mother?

9. As best as you can recall, when you were a girl, what did you think and feel about the possibility of being a mother someday?

10. What was your mother or caretaker like when you were growing up?

11. When you were a child, what was the structure of your family for the most part? For example, did you grow up with a mom and dad and siblings or . . . ?

12. What draws you to the possibility of being a research participant in this study?

13. Do you have any concerns about being a participant?

Questions About Your Needs as a Research Participant

1. Do you have any special needs or accessibility issues?

2. During the research process, all cell phones and pagers will need to be turned off. They can be looked at during breaks for emergencies, but otherwise they need to be off. Is that possible for you?

3. Participating in this research study will involve sharing personal material about yourself in a group setting with approximately ten other mothers like you. It will also involve some writing and a simple art process, both of which I will be holding onto between sessions. Do you think you will be comfortable enough to do these types of activities?

4. As with this interview, all of the material from the research sessions will be kept confidential and pseudonyms will be utilized when the research is written up and a professional transcriber may be used for that process. I will have one or two co-researchers present with me at the research sessions and they will be required to keep all information shared confidential. Portions of these sessions will be audiotaped. Given that, do you think you will be comfortable enough to participate in this research? Do you have any concerns?
APPENDIX 8

SCRIPT FOR PHONE CALL OF PARTICIPANT REJECTION

Dear [Applicant],

Thank you so much for your interest in my research study and for taking the time last week to answer my questions.

After I reviewed the interview, I felt that some of your responses suggested that this research study might not be a good fit for you, as some of the research activities may be too provocative in nature. It does not sound like that would be helpful to you at this time in your life.

Do you have any questions?

Again thank you for your time and your interest in my study.

Goodbye.
APPENDIX 9

SCRIPT FOR PHONE CALL OF PARTICIPANT ACCEPTANCE

Dear [Applicant],

Thank you so much for your interest in my research study and for taking the time last week to answer my questions.

I have sorted through your interview answers and I have determined that you are a good fit for this study. Thus, I officially accept you as a participant for this study.

Do you have any questions?

Just a reminder: the research meetings are Sunday November 5 and Sunday November 19 from 12:30 p.m. to 5:00 p.m. You must attend both meetings.

Again thank you for your time and your interest in my study.

Goodbye.
APPENDIX 10

INFORMATION LETTER TO PARTICIPANTS

Dear Participant:

Congratulations on being accepted for this research study!

Before we begin, I want to give you some basic information about the study. As you may know, I am a doctoral student at the Institute of Imaginal Studies in Petaluma and I am researching women’s challenges with motherhood. Two co-researchers who are also doctoral students will assist me. There will be approximately ten research participants at this study. Refreshments will be provided at both meetings.

During the research meetings, I will be asking you to participate in a variety of activities to help me understand more fully your unique challenges with motherhood.

As with any research, there are some risks. This study’s exploration of challenges related to mothering may evoke some unexpected or uncomfortable feelings for you. As a participant, you have the right to discontinue your participation at any time during the study. Though I hope that will not occur, it is important to me that you understand this right and that you speak to me if you have concerns about your ongoing participation.

Another right that you have as a participant is the protection of your confidentiality so that you can feel more comfortable to share and so that any information you share is respected. All participants will be asked to honor each other’s confidentiality by not taking any of their personal or confidential material outside the research container. You may choose to use either your given name or a pseudonym at the research meetings.

The activities during the research meetings will consist mainly of: group discussion, journaling, art making, role-play type activities, and guided meditations. I have designed these activities to be evocative and meaningful based on my experiences as a therapist intern at the Santa Rosa Junior College as well as my doctoral education at the Institute of Imaginal Studies.

If you experience any concerns during the research process, I will be happy to talk with you, but I cannot serve as a therapist for you since it would put me a dual role. If you would like to have some therapeutic support, I will be able to give you several references for a therapist at any time.

As I mentioned earlier, certain parts of the research will be audiotaped. All tapes and recorded material will also be held in strict confidentiality and will be stored in a
locked container. Additionally, you will be writing in journals during the research meeting, which will be collected between the meetings and stored in a locked file cabinet. The journals will be sent to you after the research meetings have occurred.

Finally, you will be creating art at both research meetings, which I will collect and store in a locked room. At the end of the second research meeting, you will be invited to take your art home.

My intention is to create a strong research container that will invite you to relax into the research process and discover new information about yourself.

Please read the enclosed Informed Consent Agreement and bring it to the first research meeting on November 5th, 2006. Also enclosed is a map to assist you with easily finding Lomi Psychotherapy Institute. I encourage you to try to arrive at least ten minutes prior to 12:30 pm on November 5th so that you have some time to settle in before we begin.

Thank you and I look forward to meeting you,

Cammy Michel
#(707) 824-4483 or cammy@cammymichel.com
APPENDIX 11

MAP OF RESEARCH LOCATION

Lomi Psychotherapy Clinic 534 “B” Street
APPENDIX 12

SCRIPT FOR GREETING PARTICIPANTS

Hi and welcome. I am Cammy Michel, the researcher. What is your name? [I will be checking off participants’ names on a clipboard as they come in.] Would you fill out a nametag for yourself? Would you sign the Informed Consent Agreement and put it in this basket? Thank you and here is a copy for you to keep. [If they forgot their signed form, I will hand them an extra one to sign at that moment.]

Please, choose a seat.

[When all participants have arrived and have sat down in the circle of chairs that were arranged by the co-researchers and myself, I will introduce the research.]

Hello and welcome to this first research meeting on the challenges of motherhood. I am Cammy Michel, the researcher for this study and I have several co-researchers who are helping me. Over there are Catherine Held and Nancy Campbell, who are also doctoral students.

Before we get started, let me orient you to this building. Out that door and down the hall are the restrooms. I have scheduled some time for breaks so that you can use the restroom or get a drink of water or eat a snack. Although I would prefer that you not miss too much time with the research activities, please feel free to take care of yourselves and use the restroom when you need to. Underneath your chair, you will find a journal and a pen that is yours to use for this study. Although I will be collecting these journals at the end of today’s meeting, I will bring them to our second meeting and then send them to you a few weeks after the study is over. Please put your name on your journal at this time.

Everyone has signed the Informed Consent Agreement Agreement, right? I want to remind everyone that we have agreed to keep what is said here confidential and not to take what anyone says and repeat it outside this research container. Also, I want to note that the form states that participation in these research activities is voluntary.

Does any one have any questions about that or anything regarding logistics? Let me remind you to turn your cell phones off please and then we will get started.
APPENDIX 13

SCRIPT FOR OPENING RITUAL FIRST MEETING

Let me welcome you again. I deeply appreciate your effort in being here, arranging childcare and taking time out from your busy lives, thank you. I also appreciate your courage and desire to participate in this research and explore in depth some of your challenges with mothering.

As you know, there are two research sessions for this study—today and two weeks from today.

Today, we will be exploring aspects of our own unique and particular experiences with mothering that we have found to be challenging. We will be writing, talking, and at one point, creating an image around our challenges.

As a way of beginning, I would like each of us to say our names, how many children we have and their ages, and then in one or two minutes to answer this question: “What drew me to this study?”

I will start us off with answering that question and then I would like us to go around the circle to the left.

Hi, my name is Cammy Michel, I am a mother of two children, ages four and eight. I have felt drawn to create this study by the many unexpected moments I’ve had with my children that were difficult and left me feeling as though I was not a very good mother. I was surprised by how much they affected me and left me questioning myself. These moments evoked a strong interest in me to understand better what happens for women inside themselves as they mother, particular when they feel challenged with mothering.

[Participants and co-researchers share.]

Thank you all for sharing.

At this time, I am going to read a brief quotation. I invite you to close your eyes and to focus inward while I read this quote from Adrienne Rich.

While journaling on her challenges with motherhood, Rich wrote:

My children cause me the most exquisite suffering of which I have any experience. It is the suffering of ambivalence: the murderous alternation between bitter resentment and raw-edged nerves, and blissful gratification and tenderness. Sometimes I seem to myself, in my feelings toward these tiny guiltless beings, a monster of selfishness and intolerance. Their voices wear away at my nerves, their constant needs, above all their need for simplicity and patience, fill me with despair at my own failures, despair too at my fate . . .

Before you open your eyes, let us pause one moment more and simply notice how you are affected by Adrienne’s words.
Thank you. Now, please open your eyes. Let's go around the circle and share how we are affected by Adrienne's words. Take a minute or so to speak. [Participants share.]
APPENDIX 14

SCRIPT FOR A FOCUS ON DIFFICULT MOTHERING MOMENTS

Now, we will transition to the beginning of the research process and take some time to focus on our difficult mothering moments. To start this, we will close our eyes for about ten minutes and take some time to reflect inward.

So, I invite you to find a position that is most comfortable for your body, to more fully relax in your chair or to lie down. Taking a moment to stretch if you need to or to find a position that is most comfortable for you body, begin to let the room and the other folks around you fade out. Allow your eyelids to slowly close if it feels comfortable doing so or allow your eyes to become unfocused and tune into how your body feels now.

Notice where your body may be having some tension. Check in with your feet, check in with your legs, your trunk, your belly, your arms, your chest, your face. I invite you to tense up any part of your body that is having trouble relaxing and then let it go. Do that again. Now, once more tense all of your body and release. Place a hand on your belly and breathe in and out, not needing to change your breath, just noticing how the body breathes on its own and your hand moves up and down on your belly. Good. Find yourself relaxing even further into the floor.

Take this time to recall some recent and difficult moments with your child or children in the last few months. If you can, identify three moments in particular that challenged you to the edge of your capacity as a mother. The moments when the demands upon you were too great or a moment when perhaps you clenched your jaw or said to yourself, “I am a bad mother.” Let the tension of those moments and the feelings that washed over you be present with you now.

[Researcher pauses for a few minutes to give participants time with their images.]

In a few moments, we are going to journal about these moments. Slowly, without losing your inward focus, begin to open your eyes and find the journal and pen that have been placed under your chair. Catherine will pass out a handout to assist you in your writing process.
APPENDIX 15

SCRIPT FOR JOURNAL ENTRY #1 AFTER MEDITATION

Please use these questions as a springboard for writing about your experience. I encourage you to write quickly and trust the words that come forth without censoring them.

Before you begin working with these questions, please title this entry in your journal as follows: Journaling Entry #1.

1. How do you feel affected by this meditation? What thoughts, feelings sensations or imagery have been evoked from this meditation?
2. Please describe the three most difficult moments you experienced with your child or children recently.
3. What was the worst part about each of these moments?
4. When these moments were over, what thoughts, feelings, body sensations or imagery remained regarding yourself or your children?
5. Anything else you want to include about these moments?

Thank you. You can put down the journal for now. At this time, I would like us to sit together again in a circle, as we were earlier today.

[Researcher pauses to allow the participants to gather together again.]
APPENDIX 16

SCRIPT FOR VERBAL SHARING ON DIFFICULT MOTHERING MOMENT

Now, one at a time, we are going to choose one of the moments we wrote about and share with each other about that moment for five minutes.

Rather than going around the circle, I invite each of you to speak when you feel ready.

I want you to share with us what is most significant for you about that moment and anything that continues to live with you now from that moment.

[Participants share taking around five minutes a piece.]

Thank you all. I was very touched by your sharing. We will take a ten to fifteen minute break to stretch, use the restroom, get a drink or snack if you need to.

[During the break, researcher and co-researcher bring out art materials and begin to lay them out for easy access.]
APPENDIX 17

SCRIPT FOR CREATING AN IMAGE OF THE NEGATIVE MOTHER

Now using the materials that have been laid out, we will take around twenty minutes to create an image and then we will journal some more. Let this image or face emerge from your sharing of your difficult mothering moment. Use the pre-made plastic masks over there as a jumping-off point for your image and then allow your intuition to guide you in how to depict this character who struggles with her children or the role of being a mother. There are beads, buttons, feathers, sticks, markers and other accoutrements with which to create this image.

This is an opportunity to explore what she looks like; there are no right images or wrong images; this is simply a time to discover more about her. All right, let us begin. If any one is having difficulty, we will check in with you.

[Participants work on their images. Soft music will be playing on a compact disc player.]

I see some folks are all ready done; we have five more minutes to finish this art process.

[Researcher rings Tibetan bowl.] Time to finish your image.
APPENDIX 18

SCRIPT FOR DIALOG WITH AN IMAGE

Now we will take fifteen minutes to dialog with our images. I would like you to find a place in the room where you can have some space. Prop up your image or mask so that you can see it. Then, as you gaze at your image, I want you to begin a conversation process. Nancy will pass out a sheet that has a series of questions on it. Use these questions to start the dialog with your image. Then, write the responses you hear your image making in your journals.

[Nancy passes out the following sheet with the typed information upon it.]
Please title this entry as follows: Journal Entry #2

1. When did you first come into being?
2. What brought you here today?
3. What is it like to be seen in this way?
4. Are there parts of your experience that tend to go into hiding? If so, what are they?
5. What don’t you like or enjoy with the role of mothering?
6. What don’t you like or enjoy with mothering your children?
7. Do you have a name?
8. Is there anything else you want me to tell me at this time?

[Participants engage in the dialog process while soft music plays in the background.]
[Researcher rings the Tibetan bowl.]

Now, it is time to say goodbye to your image. You might thank the image for speaking with you or speak some last-minute things.
APPENDIX 19

SCRIPT FOR CLOSING THE FIRST RESEARCH MEETING

So we have around thirty minutes total to help us close this afternoon. I would like us to take about twenty minutes right now. I would like you to focus on how are you affected by the research process so far. Let us talk popcorn style again.
[The participants speak for twenty minutes until co-researcher rings the bell.]
Thank you all, that was very interesting. Now I would like us to stand up. Please stand in a circle. Then, as a way of closing, I invite you to share an image or a word of what stands out for you the most today, what you are most touched by. Let us start on my left and go around the circle.
APPENDIX 20

SCRIPT FOR RESEARCHER JOURNALING AFTER BOTH MEETINGS

1. How were you affected by the research today? What thoughts, feelings, body sensations, or imagery were evoked by the research?

2. How do you think the participants were affected by the research?

3. Were you affected by any participant in particular? How?

4. Were you affected by any research activity in particular? How?

5. Were there aspects to the research that were uncomfortable for you?

6. Did you witness any participants seeming to have feelings of guilt, shame, anger, or fear? (These feelings often underlie maternal ambivalence.)

7. Were the participants comfortable (or not) with their sharing?

8. Did you witness any participants appearing to feel critical of themselves for parts of what they shared?

9. Did anything surprise or concern you?

10. What were the key moments (defined as a moment that touched you or others significantly) of this research meeting?

11. Anything else you want to add?
APPENDIX 21

SCRIPT FOR OPENING RITUAL FOR THE SECOND MEETING

Greetings, it is nice to see all of you again. Would you fill out nametags again? This afternoon, I would like us to begin with a few minutes of silence, as a way to help us fully arrive here. Feel free to close your eyes or keep them open, whatever is most comfortable for you.

[Researcher rings bell at the end of a few minutes.]
Thank you. This afternoon we will begin with fifteen minutes to check in around our last meeting. Does any one have any reflections, images they would like to share from the first meeting?

[The group speaks and a co-researcher rings the bell at the end of the fifteen minutes.]

At the last meeting, we explored a difficult mothering moment and created images from that moment. Today we will continue that exploration and deepen further with it. We will start our journey back into this terrain by watching a portion of the television show, Desperate Housewives, which some of you may be familiar with. For those of you who are not, we will be watching a five-minute segment about a woman named Bree who has four children and is currently struggling with mothering.

[Co-researcher starts portable DVD player and plays the television clip.]
APPENDIX 22

SCRIPT FOR EMBODIMENT OF THE NEGATIVE MOTHER

In this television clip we just watched about Bree, she receives some comfort from her friends when they share some of their difficult mothering experiences. She sums up what she needs saying, “We need to tell each other these things!”

So, for the next 60 minutes we will embark upon what Bree suggests; however we will endeavor to do so by more fully embodying the image that each of us created from the last meeting and speaking directly as that character. For example, when you feel ready, you will go that table, pick up the image you made and put it on. Then you will come over here and speak and move as that image or character. Catherine, Nancy, or I may ask you questions when you are up here or coach you to go further. We will begin by ringing the bell and end with three rings of the bell.

Before we begin, I know this process can be scary for some. Perhaps it is scary because it is finally allowing ourselves to speak thoughts and feelings that we often do not allow ourselves to have with regard to mothering or our children. However, this is a very special time when we get to voice this part. I encourage you to embrace this part for this moment and speak what your image or character does not like about your children or about mothering to the fullest. You may go once or you may go several times. Catherine or Nancy will go first to model what we are talking about and we may prompt you at times during this process if it seems like you are getting stuck.

[Researcher rings the bell. Co-researcher or researcher picks up an image and begins to talk. Then participants follow. At the end of sixty minutes, researcher rings the bell.]
APPENDIX 23

SCRIPT FOR JOURNAL ENTRY #3 AFTER IMAGE ROLE-PLAY

Please use these questions as a springboard for writing about your experience. I encourage you to write quickly and trust the words that come forth without censoring them.

Please title this entry as follows: Journal Entry #3

1. How are you affected by this process of embodying your image or character?
2. What thoughts, feelings, body sensations, or imagery are evoked for you from this process of embodying your image or character?
3. How are you affected by witnessing others in the process of embodying their images or characters?
4. What thoughts, feelings, body sensations, or imagery are evoked for you by witnessing others embody their images or characters?
5. Is there anything else you want to add?

We are now going to have a fifteen-minute silent break, to help us stay with this process. So please take care of yourselves, eat or drink, and use the restroom, but try to remain with your own thoughts and feelings. I will ring the bell to signify that we will be beginning again.
APPENDIX 24

SCRIPT FOR MEDITATION AND ART PROCESS TO FIND A FRIEND

[Researcher rings bell and participants gather.]
Now, we will be doing another guided meditation.
I invite you to get in a position that is most comfortable for you, to lie or sit down. I invite you to use this time as an opportunity to be with yourself. Begin to let the room and the other folks here with you fade out. Allow your eyelids to slowly close and tune into how your body feels. Check in with your feet, check in with your legs, your trunk, your belly, your arms, your chest, your face. I invite you to tense up any part of your body that is having trouble relaxing and then let it go. Do that again. Now, once more tense all of your body and release. Place a hand on your belly and breathe in and out, not needing to change your breath, just noticing how the body breathes on its own and your hand moves up and down on your belly. Good. Find yourself relaxing even further into the floor.

Now we will begin our journey. Let my words carry you along on this journey and if any of the words or images are jarring for you or do not make sense, simply ignore them. Picture yourself alone on a path in nature unsure of where you are headed. You are walking and walking, curious about where you will end up. Just as you are beginning to wonder when this journey will end, you go around a bend in the path and encounter a friendly looking animal who beckons you forward. Your pace increases as you follow this animal and you find yourself moving quickly and losing track of exactly where you are headed. Suddenly, the animal stops and you stop. You look around. Right in front of you lies an incredible place, a place of beauty and peace. The animal wanders away and you find a good resting spot in this place of sanctuary. You lie down and begin to sink even further into relaxation.

You are almost asleep when you remember a recent and difficult mothering moment, a moment when you feel you ought to have acted differently with your child (or children). A voice floods into your head saying things like, “You are a terrible mother!” and “A good mother would not have done that!” You are flooded with guilt, shame, and self-loathing. The feelings surprise you, especially erupting in this place of beauty, and yet they don’t surprise you at all. They seem to tell the truth as you have sometimes felt it: the truth of how you are flawed as a mother and as a woman.

The unpleasant feelings are almost too much to bear when a friend who loves you and knows you and your child (or children) really well pops into your head. This friend responds to the critical voice, stating some objective and authentic truths about the reality of how you mother. For example, your friend might say, “I see and I feel how hard you work at mothering and the consistent energy you devote to meeting your child’s needs; I want to honor and recognize you for this.” Your heartbeat slows and your breath becomes more even paced again. You feel comforted and supported; you feel seen and loved.
Basking in the serenity of this place once more, you relax and feel at peace in every way.

[Researcher pauses for a minute or two.]

After awhile, your eyes begin to glance around and note the details of this special place. Your gaze happens upon the friendly looking animal. The animal beckons you to follow and you find your self re-tracing your steps back to the path you had originally been on.

Sensing that your journey is just about over, you pause to remember as many details as you can about your special place and about your friend. Telling yourself that you can return to this place and to your friend at a future time, you start to ready yourself to return to this room. You notice the sounds of this room and of the people around you. You may start to stretch or shift your body.

Before you stand up, I want to give you instructions as to what we will be doing next. We will be creating an image of the loving, friendly voice that supported you during this meditation. There are chalk pastels and oil pastels and paper you can use to create this image.

For those who may get anxious about drawing, I encourage you to relax and trust your intuitive sense of what wants to emerge. There is no right way and no wrong way to create this image. It may help to remember and stay with the feelings that were evoked in you when the friend was supporting you during the meditation.

So, when you are ready, please open your eyes and stand up and begin to gather your art supplies; some folks may need to share pastels. We will take around fifteen minutes for this art process.

[Participants stand up and engage in the art process.]

Thank you, it is time to bring your art making to a close. Please put your materials back and find your seats again. Place your images in front of you.
APPENDIX 25

SCRIPT FOR WRITING ON THE FRIENDLY VOICE

Now, based on the image that has emerged of the kind, loving friend’s voice and the guided meditation, I want you to open up your journals and we will journal about the friend’s voice. I would like you to first write five sentences of how you often are critical of your own mothering or how you imagine others are critical of you as a mother. Then, allow the image you have made of the friend to infuse you and write five sentences in response to that critical voice. Catherine will pass out a handout to assist you with your writing process.

[Catherine passes out the handout and participants write ten sentences.]

Please use these questions as a springboard for writing about your experience. I encourage you to write quickly and trust the words that come forth without censoring them.

Please title this entry as follows: Journal Entry #4

1. What thoughts, feelings, body sensations, or imagery were evoked for you during the guided meditation?
2. What thoughts, feelings, body sensations, or imagery were evoked for you during the art-making process?
3. Next, please write five sentences about how you are often critical of your own mothering or how you imagine others are critical of you as a mother. These sentences might be some of the ones you heard during the guided meditation.
4. Now, close your eyes for just a moment. I invite you to remember the loving friend who came to you during the meditation and the image that followed. When you open your eyes, write five sentences in response to the critical voice with the support from the loving friend.
APPENDIX 26

SCRIPT FOR EMBODYING THE FRIENDLY VOICE AND FOR JOURNALING

Now, we need to clear some space so that have some room to move and talk. One at a time, I want you to come up and walk and talk.

Our next process is to fully speak aloud the kind and loving voice. However, before you do that, I first want you to speak aloud some of what you hear inside when you do not like your children or your mothering and when you then have guilt or shame about your mothering. Speak that voice over by this chair, which will have an image on it.

Then you will be speaking the kind and loving voice. Speak that voice over by this other chair, which will have a shawl and a rose upon it.

Loosely use the sentences you have just written, but don’t worry about trying to remember them exactly. What is most important is simply to speak each of these voices in a fashion that is true for you.

Because this may seem somewhat complex, Catherine and Nancy will go first to model what we are doing and we may prompt you through the process if it seems that you are getting stuck. We will begin after we ring the bell and we will ring three times to signify the end of this process; we will have 45 minutes for this process.

[Researcher rings Tibetan bell and Catherine or Nancy go first followed by other participants. Researcher rings bell 3 times.]

Thank you. I would like you to pick up your journals again and answer some questions. Catherine will pass out a handout to assist you with your journaling process.

[Catherine passes out the following handout.]

Please title this entry as follows: Journal Entry #5

Question One: How did this process of speaking the critical voice and the friendly voice affect you?
Question Two: How were you affected by witnessing others speaking the critical voice and then the friendly voice?
Question Three: Anything else you would like to add?

Thank you. We will now have a short ten-minute break.
APPENDIX 27

SCRIPT FOR JOURNALING AND SPEAKING THE KEY MOMENTS

We are coming to the end of the research process. For a few moments, I would like you to close your eyes and think back to all that we have experienced. Remember the first meeting when we shared our difficult mothering moment and then created an image or character from that and did a dialog to get to know that character. Reflect back over today and our process of embodying the character. Then consider the guided meditation where we found a loving voice to speak to the critical part of ourselves and the process we just went through of speaking aloud the critical and the loving voice.

Out of all these moments and some that I didn’t mention, I would like you to journal about what were the three key moments of the research process for you. A key moment is a moment that strongly affected you and touched you, one full of thoughts, feelings, images, or sensations. Nancy will pass out a handout to assist you with your journaling process.

[Nancy passes out the following handout.]

This journal entry is focused on writing about three moments during the research that you experienced as “key moments.” A key moment is a moment that strongly affected you or touched you. A key moment is one that evoked significant feelings, thoughts, images or body sensations.

Please title this entry as follows: Journal Entry #6

1. Begin journaling to identify what are the three Key Moments of this research for you.

2. When you have identified the three moments, briefly describe some of the details about each of the moments.

3. Lastly, see if you can identify why these moments strongly touched you.

Now, I would like you to each briefly share the one moment that has been the most powerful for you during this research process.

[Participants speak.]
Okay, for one last time, I would like you to pick up your journals and answer this question: How have I been affected by being a research participant in this study? We will just take a moment for that question.

[Researcher pauses to allow participants to write.]

Thank you. Now, please stand up and we will stand together. As a way of helping us close this process and say goodbye to each other, I would like each of you to share with the group something about have been affected by the research process. It could be what you just wrote or perhaps you might share through a poem, an image, a phrase; it is up to you to decide.

Before we do that, the co-researchers and I have a small gift for you to honor your participation in this research. We have a stone with a word on it, which we felt spoke to a quality that came forward when you sharing your difficult mothering moment.

[Cammy, Catherine, and Nancy pass out the gift stones.]

[Participants speak.]

If you would, let us close our eyes and offer some hopes, wishes, or prayers for ourselves in our mothering and for other mothers, children, and families.

[Participants, researcher, and co-researchers speak.]

Thank you, now it is time to say goodbye.

[Researcher rings bell for the last time.]
FOLLOW UP/THANK YOU LETTER TO PARTICIPANTS

Dear [participant’s name],

I am very grateful for your participation in this research study on women’s challenges with motherhood. I hope that the experience of being a participant in this study has been a useful and enriching one.

I am still integrating the learnings from the study and I suspect that you may be as well. If you have any questions, or would like to discuss the learnings with me, please feel free to contact me. I will be sending you a copy of the Summary of the Learnings upon completion and approval of the study.

Again, I want to express a hearty thank you for your commitment and energy in participating in this study.

Sincerely,

Cammy Michel
cammy@cammymichel.com
#(707) 824-4483
APPENDIX 30

SUMMARY OF LEARNINGS

Dear [participant’s name]:

Thank you once again for participating in the November 2006 research study on women’s challenges with motherhood.

In the past year, I have completed the dissertation on which this study is based. Therefore I would like to share some information regarding the study and the Summary of the Learnings that emerged out of the study.

Summary of Research

Because mothers in Western culture can struggle a great deal with feeling as though they are negative mothers (which is revealed by guilt, shame, and anxiety), this research study endeavored to explore what would help these mothers to let go or shift out of a negative mother identity. When mothers are stuck in a place of feeling as though they are negative mothers, the literature reveals that mothers are struggling with maternal ambivalence. Rozsika Parker, author of Mother Love/Mother Hate: The Power of Maternal Ambivalence, defines maternal ambivalence as the experience of having contradictory impulses and emotions towards one’s child, such as feelings of love and hate. (Hate can consist of any negative feelings like anger, frustration, disgust, contempt, distress, anxiety, fear, guilt, and/or shame.)

Based on Imaginal Transformation Theory, which was developed by Aftab Omer at the Institute of Imaginal Studies, this research study hypothesized that mothers would need to express their hate toward their children and feel emotionally supported during the process in order to let go of the negative mother identity. After integrating the data from the research study, I found the following learnings regarding the nature of maternal ambivalence and what mothers need to disidentify from the negative mother identity.

Summary of the Learnings

Because the process of expressing hate about children is a primary cultural taboo for women, when mothers engage in such expressions they can experience feelings of surprise, anxiety, fear, terror, guilt, shame, or humiliation. Often this can be
overwhelming and a mother can feel jolted by the process of expressing hate, as though she is not her normal self. Further, the process of expressing and embodying hate can bring mothers into contact with overwhelming emotional states such as chaos, numbness, or madness. (About madness, Monica Sjöö and Barbara Mor, authors of The Great Cosmic Mother: Rediscovering the Religion of the Earth, indicate that what the patriarchy denies or represses is considered madness in Western cultures.)

When mothers are willing to express the vulnerable and overwhelming emotional states that accompany maternal ambivalence, this supports mothers in having a different experience of themselves from that of the negative mother identity. This shift enables mothers to experience greater spaciousness, acceptance, and an embodied sense of power.

Finally, the process of being witnessed and accepted by supportive others while expressing the culturally-taboo hatred enables mothers to no longer feel isolated with the negative mother identity. This process can create a sense of sacredness and authentic community.

So, dear participants, these are the learnings I was able to discover based on your incredible and amazing work in the research study in November 2006. I hope that these learnings make sense for you. If you have any questions or concerns after reading these learnings, please contact me.

Once again I am so grateful for your participation in this study.

All the Best,

Cammy Michel

#(707) 824-4483
Cammy@CammyMichel.com
APPENDIX 31

SUMMARY OF THE DATA

Participant Journals

Patty’s Journal

Dialog with an image: Are there parts of your experience that tend to go into hiding?

See the hidden inside face for fear, weariness, despair, fatigue, guilt, doubt, failure. Yellow skin, sunken eyes, blocked mouth.
See the outside of the mask for blind rage, fiery tongue, slashing eyes, engorged pulsing fury, no ears for idea exchange, hair ablaze with screaming intensity.
My name is SHE WHO BURNS and CRIES. Blind rage tower inferno.

[Patty used her journal to write down her reactions about doing the image role-play.]

Cammy says we will now express this. Tell each other these things. NO FUCKING WAY, CAMMY. NO WAY. Too scary. No way. You are fucking nuts! I don’t know how to be willing to do this.
I am being traumatized by witnessing this. I can’t imagine that this can be useful.
I can see that this seemed to be a good idea at the time, but really, Cammy, did you expect primal scream? This feels much too intimate. It is like watching someone skin themselves alive. And not helping. She’s bleeding to death and we’re watching her . . . I can’t even look.

How are you affected by the process of embodying your image?

My distress was very close being unmanageable. I kept judging my natural inclination toward outrageous humor as glib or disassembling or diversionary. But, really, we each cope how we cope. Once I decided my technique was just as fucking valid as primal scream, I was able to breathe, lighten up, and recheck in with the ME that has been saving my life all my life. I LOVE THAT FUNNY IRREVERENT SMARTASS!

Patty’s notes about key moments of the research:

Jesus Christ! When Cammy just blurted out now we’re gonna put on the masks and let them speak, I fucking DETONATED! Surprise, shock, fear, shame, terror. I was
so embarrassed that I couldn’t keep myself under control AT ALL! YEOW! The last time I got out of “control” I had to go the hospital! What if this exercise evoked that feeling level? Could I trust these lovely, compassionate researchers to handle a fucking psychotic break? That’s the fear I had if I had to do the exercise.

Gabi vocalized my experience so exactly! I have cried and raged and pounded the floor just like she was doing. I was FUCKING TERRIFIED!

Shame followed fear, embarrassment for not being cool . . . I will be fine now, but it took TWO HOURS to settle down enough to go home to my family . . . I want my insanity, fear, confusion, and passion to be part of the conversation in research.

Lisa’s Journal

Journaling on the difficult mothering moments:

And then it takes me a while to recover from that—often days sometimes depending on the incident and how justified my reaction was. The recovery period is so hard, because I beat myself up. And so I have to talk myself back to being “okay” at least with myself. In each of these events my body is very heated—I am fuming! . . . There is a great deal of suffering involved in these incidents.

I feel guilty and bad! The bad feeling destroys me. Sometimes I feel violent and that is so frightening. But nothing has been triggering that most recently. I find I could not go as deep into is—especially as some mothers.

Journaling after image role-play:

I got to really have my ugliness in being witnessed to my pain around mothering. I felt really good afterwards. So seen, which was really incredible—so healing. It did not matter who I was up there—I wanted to share the hardest part of what my experience is being a mother in USA 2006. My throat is sore from screaming.

It was so great to witness other moms bringing forth a part of their identity and being so vulnerable . . .

I don’t understand why women don’t open up with each other. I tried to have a support group for mothers, which we agreed would only be for four women, but it became too nice! And when core issues did start to mount—one woman quit and we all stopped sadly. I let it happen also. I just did as another mother told me and did not invite other mothers to join, which led to that loss of the group. Can’t there be more permission to speak our truths? We are all too passive—courteous—nice-cautious. I wanted to join the first woman who wore her mask. I wanted to scream with her.

Journaling after critic/friendly voices role-play:

I did go up and speak my criticisms and good things I tell myself about my parenting. I feel shaky. That was really scary. I think it was hard because I feel so misunderstood as a human being. So I am afraid of being misunderstood as a parent.
Many don’t understand, partly because they show no interest. Is it all about making others feel good or are there genuine friends out there who are really interested?

*Journaling on key moments of the research:*

... when we all went around and shared after hearing the poem by Rich, two women spoke about hating their children in moments that I will always remember because I find it true for me too and it is not spoken of—Taboo! How can you hate your child? Of course we also love our children.

Putting my mask on and screaming and crying. Confessing how I feel and how I want to hurt myself.

Witnessing these women along side me. Connecting—assuming we are good.

The vocalization of the criticisms and then the supportive friendly voices in regards to parenting. It was hard for me because I really don’t get much about either side—it seems to be only (mostly) my own voices of criticism and support.

The candle lighting in honor of our presence was wonderful. It was nice to be honored in that way.

*Evalene’s Journal*

*Journaling on difficult mothering moments:*

My worst parenting moment happened last year when I was trying to help my stepson deal with his grades. I was angry and frustrated that he continuously chooses to fail. This report card came home with all F’s. We got into an argument over it and he got very upset and said he was “trying,” his best. I very heatedly told him it wasn’t good enough. I feel very ashamed of that statement. Since then I’ve disengaged and try not to get too involved “parent”-wise in his life, but it affects everything. I think even though he rejects me at every turn he still wants me to act as his mother. I do it on a superficial level and try my best but it’s a very different relationship than what I have with my own son.

*Dialog with an image:*

What brought me here today? I would like to become more than a “straw mother.” I would like to understand who I am as a whole being. I don’t want the things that come out of my mouth to be straw. I want to bring back my true inner self, which has been buried underneath my role as a mother. The surface looks great. It’s the inside that is wrong. The inside is weak and lacks the integrity. To do what is right and thoughtful. I am my kids’ stuffed shirt.

*What don’t you like or enjoy with mothering your children?*

I don’t enjoy the part of me that refuses to accept my stepson the way he is. Children should be accepted for who they are, and I’ve done a horrible job at that.
I have no name. I might as well be no one . . . the difficulty affects every thing I do. It’s with me all the time.

**Journaling after image role-play:**

I am affected in the following way: I do not want to be “her.” I do not have with in me the loud explosion of sound others have displayed, but I have used it in the past. It frightened me and now it is gone. I don’t want to be the woman in the mask because there is so much more to me than what is there. Also, I “expunged” her emotions last time . . . making her was cathartic for me and I felt I had put her behind me.

My thoughts/feelings have ranged from terrible *fright* to acceptance to rejection. I reject her. I am not no-one. I am here, quiet but thinking. I am artistic and full of depth. I am full of love and spirit. I am not full of straw.

**How are you affected by witnessing others in the process of embodying their image?**

I found it frightening. As I said—I felt rage and expressed it once. It frightened me to the point that I have never acted that way again. I don’t like that side of me, and I felt uncomfortable seeing the embodiment of such rage.

This one made me kind of wonder—we’ve talked a lot about showing our authentic selves, or at least acknowledging or embracing them. I worry that things might go too far and that our children might be negatively affected.

**Journaling after critical/friendly voices role-play:**

I have been affected by all of this very profoundly. Oddly, I feel somewhat “blocked up;” maybe because I really don’t want to delve into the ugliness. I’ve really had a hard time trying to put words to my thoughts . . . it makes sense, in that the creative part of my “self” has been denied for so long. Since our last session, I’ve been longing to “create.” I have some art in mind and soon I will have time . . .

How interesting—that the discussion on “motherhood” has awoken in me the very real need to birth new life in the form of art . . . I believe that if I indulge my creativity I will continue to be connected to this very profound experience, which means that I will have a greater ability to positively parent my children as a whole being. I cannot express the level of gratitude I feel for this experience.

**Journaling on the key moments of the research:**

I used the mask to symbolize what a huge lack of depth I exhibit on the outside. I keep coming back to the straw woman inside because I don’t want to continue to be “her.” She is me, but she isn’t. I have a real tendency to become her—I have been her for years at a stretch. I want more for myself and my family than the straw woman. I want them to see a passion for life and a love of art. I don’t want to be so caught up in the day-to-day struggle or balancing act that I never get to share with them the things that I see are important in life. I don’t want them to only see me as “mom.”
The third moment was stating the criticisms and the positives. I was actually hoping for some acknowledgement of the positive aspect of mothering and although that exercise was so, so difficult, I was appreciative of the opportunity.

Another important aspect of what we’ve done is the sense of sisterhood I have felt with the group. Cammy, I just want to say that this experience has changed my life. Thank you.

Ann’s Journal

Journaling on difficult mothering moments:

I found this meditation difficult to drop down into feeling around the memories because (I think!) . . . I’ve been re-routing the toxic beliefs that contribute to my shame, frustration, embarrassment, feelings of inadequacy toward a greater sense of compassion. Every time I feel these toxic feelings I try to see them as an indication that I’m ganging up on myself and colluding with the patriarchy. So I’ve been practicing stopping and re-allying with myself against the patriarchy and feeling so soothed and held (re: mothering myself, really) that I don’t particularly like entering into those toxic places.

Dialog with an image: What don’t you like or enjoy with the role of mothering?

. . . what I don’t enjoy is the messiness about it. I can’t control anything and my needs, wants, and desires are not important. Whether I have fun, the very question of what is fun to me, is irrelevant! I serve! At least, that’s how I’m supposed to do it . . . I’ve found ways around that. I know people talk, but I’m so fun to be around, and beautiful to behold that it doesn’t really matter. It might matter to my kids . . . I don’t like to think about that.

My children (child, really) is inconvenient. She is tiresome, tedious and uninteresting. Our needs can’t seem to co-exist. So, she is pretty much on her own . . . I hate that this horribly mundane work fell to me, simply because I gave birth. As I said, if given a choice, I probably wouldn’t have had a child . . .

Is there anything else you want me to tell me at this time?

You do not have to mother out of this place. It’s okay to be messy. Unbutton your lips. Trust yourself. You know what you’re doing. My mask is starting to crack. Can you see it? My mask won’t let you breathe. I used it to survive. You don’t have to . . .

Journaling after image role-play:

I feel strangely disconnected, more like a surveyor or scientist in the field in relationship to my mask . . . I was more affected . . . by the portrayals of other women. Awestruck at the courage they demonstrated in their profound TRUTH TELLING . . .
I wanted to hug, protect, cry with, defend against, witness, laugh with and support these beings. I felt connected to something incredibly small and immensely large . . .

**Rose’s Journal**

*Journaling on difficult mothering moments*

The worst part was thinking I had to be “in charge” to be successful and not having the control I thought I should. The worst part was feeling guilty and helpless and sad and knowing how angry and sad and helpless my daughter must have felt as well.

*Dialog with an image: What don’t you like or enjoy with the role of mothering?*

What you don’t like about mothering are the moments when you are tight and tense, rushing and . . . when your heart is closed and blocked and when you are afraid.

My name is love and pain. My name is all of Creation. My name is Chaos and Order. My name is holding it all and I am at peace with the contradictions and the paradoxes. I am at peace with the polarities and the extremes. I am exuberant with Life. I am your true Self and your True Power and your True Peace.

*How are you affected by this process of embodying your image or character?*

Crying, crying, lots of crying. Releasing, releasing. Connecting. Connecting to the world of suffering, the depth of pain. Being a part of the healing, a part of my own healing, a part of the healing of the women here.

*Journaling on the key moments of the research:*

When one mom . . . roared her banshee dark goddess voice during our first session, it was so raw, so powerful and shocking and scary and familiar. It brought a deep element, something I want to stay aware of in humanity and in myself . . .

When one mother shared about her deep shame (session #1), I felt moved and . . . I felt honored to be present when she shared that she was very brave to share that . . . I also felt relief that I do not feel that deep shame and that if I ever do, the experience will not be so unfamiliar because of how she and others shared with me.

**Maya’s Journal**

*Dialog with an image:*

I am the darkest depths of your being. I was with you in birth and I remain there in death. I contain the blackest juices. The oil slick, tears, weeping, your despair, your
hatred, your loneliness. I am the rage that fires your being who spews forth indecencies and insults from my ebony forked tongue.

I am the vibrant whore, the decrepit hag, the jealous sister. I am the devouring mother eating her own young. I weep for your lost selves. I ask the question who would you be without your children . . .

I . . . wake you whispering what ifs and wonderings, challenging sense of self to discover who you are.

*What don’t you like or enjoy with the role of mothering?*

I hate mothering. I’m exhausted. I want darkness, quiet, I want me to take care of me. I bore them, so what? Let them fend for themselves, sniveling little brats. I want to immerse in the process of surrender, all aspects of light, release trappings of world and devour all things of light and love and happiness.

I want to devour me. I want to devour and consume and revel in the bleakness and the incredible power of this wretched place.

I am strong, capable, willing, inspiring, my horridness, villainy, and treachery . . . Screaming, screaming, being heard.

My name is Ereshkigal. Sister in death guarding last gate to Hell. Are you strong enough to enter, do you know what I’m embarking on?

*Journaling after image role-play:*

I feel the anger, the power, the wisdom, the strength. I love the Death Mother, her villainy and sorcery and she provided great strength to manifest.

I keep feeling like I want to scream, bellow and puke. I’m actually waiting to throw up because I think it will be a physical removal of ancient shit I’ve been carrying around.

*Journaling after critical/friendly voices role-play:*

I was surprised at the surrender into the criticism—I wasn’t expecting to cry. It felt good to cry. I’ve been deeply affected by the criticism I’ve received externally and internally and it’s good to just witness it. I’m also watching that the supportive voices really live in me as well. I’ve been held by my friends and supported and the positive voices are internalizing—neutralizing the negative.

*Journaling on key moments of the research:*

Some key moments—the outraged cry from the depths of my being—first time felt compelled to throw up—been sitting with this for last couple of weeks. Feel need to do it more—the bellowing—allowing my experience to reach the depths. I’m realizing the cry is the cry of my pain, anguish, sorrow, loneliness, anger, disgust, hatred—all things I stuff to be appropriate and okay. By bellowing out my rage, I bring it up from the depths and integrate those feelings into my everyday experience and allow them to color my fullest expression of self.
Creation of and Dialogue with Mask—comes out of place where bellow dwells. The mask became a physical representation of all these things—these feelings and she spoke to me all her vile wickedness. I absolutely love her for it. I’ve long loved the image of the sword-bearing armed Kali—ready to cut off heads and stand victorious against that which no longer serves us. Well, I love this new aspect I’m really beginning to own who more fully helps me be myself and speak my truth.

The third moment would be the critical and supportive voice sharings. I cried and spoke of the dark depths out of which I feel I mother. And as I was writing about the previous moments, I realized that the pit feeling relates to my attempts to squash this vile Death Goddess and so I stay in the pit, but as I’ve given her a physical manifestation and voice, I feel like I own more of the supportive voice myself.

Gabi’s Journal

Dialog with an image: When did you first come into being?

I was born to this. You were hated from conception. You were born in hatred... incubated in hatred. I have always been hatred. I’ve been here always. I hate you.

What brought you here today?

Because I love you. I hate you and I love you. I fight I scratch I kick I scream I rant I rave I hate I kill I squish and I love I am your survival. I come here so that you can be whole so that you know me and claim me. I am your fire your strength your fight.

What don’t you like or enjoy with the role of mothering?

I want to be free—no shoulds—no expectations—no good—no nice. I hate all that. It infuriates me. I want to gyrate and dance and swim and roll naked in the earth. I don’t want to do my life with nice and shoulds. I want to be a wild animal and wild woman, a crazy, wild, loud, ranting free woman...

What don’t you like or enjoy with mothering your children?

Their needs. Jesus Christ it’s like a black hole. There’s no room for me to be wild. There’s no room for me to be crazy. There’s no room to spew fire and throw things and break things and be god damn inappropriate. The needs are constant. They are too much and I can’t do it. I won’t.

Do you have a name?

Bitch Banshee Wild Wilomeena.
I know you’re afraid of me Gabi, but I am not crazy like your Mother. I am fire and force and anger and fury and crazy in a primal way, not crazy in a depressed suicidal way like your mother. We are different. You are not her. I am not her. I am not insane.

Sometimes I want to scream at you . . . if you let me be here more we can be wild. I don’t want to scream and hate the kids. But sometimes I will.

But if we can have me more—more wild primal fury in more appropriate places I may not get so fired up at the kids. But then again I might because I am a total rambunctious inappropriate hating bitch of a woman. So there!! I love you.

Journaling after the critical/friendly voices role-play:

I left this exercise feeling like a good mother. Like a really good mother. I’ve worked hard. Worked hard. It’s my path and I feel like I have my criticisms and inner terror but inspite of my fucked upness, I am a damn tootin’ good mama . . .

My kids are loved and cared for. They’re great kids and I’m really proud of myself. I truly feel like I’m doing a great job. My friends so support my mothering and so does my husband and family.

Journaling on the key moments of the research:

Creating the mask was an awesome experience. It was some sort of bridge for my body, heart, hands, eyes and mind. I felt so clear in my intention in creating her. She spoke so loud and clear to me. Called me and then when we dialogued, she was right there. So clear and available, so ready to be seen and heard. This was one of my favorite art projects ever.

Wearing her. Whew! As soon as I put her on she just rushed into and through me. She’s so strong and clear and powerful. Although I felt exhausted for a bit afterwards—it was such a relief to feel her.

And Cammy, all of your love and shared heartness just poured through your eyes. You were our group’s facilitator in your voice and words but you were one of us and touched . . . us through your eyes. Your tears kept a certain depth constantly present . . .”

Participants’ Verbal Data of Sharing Their Difficult Mothering Moments

Gabi

“I think the one with my daughter is . . . the one I struggle with. I picked her up from school and we were going to have an afternoon together, which we don’t have a lot. And she’s gets really excited about this and we were going to get her some school clothes and so I picked her up and she gets in the car and she’s all excited and she’s starts talking . . . she’s asking me a bunch of detailed questions about what we’re going to do and then when are we going to do it . . . And I wrote I just wanted to go: ‘Shut the fuck up!’
“And I wanted to be mean to her and I wanted to smush her. I wanted to take her liveliness and take her excitement and put her in a box and shut her. So there is this incredible impatience, mixed with almost hatred. I mean there’s a definite dash of almost hatred in there of her, in these moments. It is stronger than I don’t like her; it is SHUT THE FUCK UP! And it’s just resentment and hatred. So, I don’t say, ‘Shut the fuck up.’ I’m sitting there just like, Uh, and I think in this particular instance I turn up the radio, and I’m like, ‘Let’s listen to music.’ And I do a pretty good job, not blurtling out my hatred and venom but it’s inside of me and that’s what I really tussle with during it . . .”

Rose

“The hardest moment when I’ve been pushed most to the edge is when I am driving and she’s in the car, and she’s very upset and she’s screaming and yelling. I’m . . . maintaining and then I just snap. I just lose it, like abruptly and all of the sudden my arm is like lashing out and I’m slapping her in the leg, and I didn’t have any conscious thought or plan do to that. So I feel shocked at myself because it happened so fast and then immediately I feel guilty, and immediately she’s crying and um, and the worst part is just feeling guilty and totally helpless . . . trapped in the car . . .”

Ann

“I just want to thank you for lighting those candles in the midst of this. That is just an incredibly beautiful gesture. You know, my experiences feel like the result of a long accumulation of moments. They don’t feel grounded in any particular moment.

“. . . one of the themes that reoccurs and is continually difficult for me with my two boys is that they are like puppies without obedience training that I have taken to obedience school for years. And it’s just never taken. And I was a good girl you know, I was a good girl and I have in me a narrative about social mores, social rules, conduct, probably class related. It’s certainly gender-related in some ways. And, the fact that my training doesn’t take with them and they show up in the world in such a way that inconveniences other people and that makes other people angry. I feel responsible for those people and I feel I need to care-take for those people and then ally against my children. I ally with the social mores and I ally with the patriarchy against them . . . And that is just the most incredible heart breaker for me . . . in the moment it’s just so painful to be stuck in that place of desperately needing them to be different than who they are.”

Evalene

“I’ve had a real difficult time accepting that I don’t felt the same way about my step-son the same way as I do about my son, and my step-son has never had a mother. He was abandoned by his mother when he was two and my husband has raised him . . . And
my stepson has some resentment toward me, based on the fact that he’s never really had a true mother and our relationship has been strained from the beginning. So we are sitting going over the report card and things are just getting more heated and more explosive and he’s saying, while you know I’m trying; I’m really trying. And I’m saying, ‘Either you try, or you don’t—you know, either you do it, or you don’t. It’s very simple, either you do your homework and turn it in or you don’t and if you are not doing your homework, that’s not really trying.’

“So things really just went from bad to worse and he ended up screaming at me and I was yelling at him. I don’t want to yell, my mother yelled when we were kids and it’s hard. It just ended up being a situation with a lot of tension in it. And things have never really been the same ever since.”

Maya

“And what’s come up over the last year or so are various incidences of sexual exploration . . . More recently, in the school playground . . .

“When the first incident happened . . . after that first incident, the mom chose to take her daughter out of the school because she felt like it wasn’t enough supervision at school to really make sure that her child was protected.

“So what come up for me, what has come up for me, over and over again in various degrees is incredible shame, incredible guilt. Why does it have to be my child? YOU GOD DAMN SON OF A BITCH WHY CAN’T YOU GET IT THROUGH YOUR FUCKING, THICK SKULL THAT YOU CANNOT DO THIS! And that overwhelming urge to want to squish him. I was physically, uh, disciplined growing up. And I’ve worked very hard to not do that, and there have been a few incidences where I have spanked him. The first incident, I could not, I was like, I didn’t say anything. I just brought him home. We did our evening routine. And that night, I just, I felt that rage that I knew was my mother’s rage for the incident.

“I never did anything like this, you know?! Nothing! It’s just that . . . [she shrieks out a fierce, loud cry] I’m sorry, but I have to do that. I’ve never done that before and that is what it feels like inside of me. OH MY GOD, THAT, WHY? WHY, WHY? WHY IS THIS HAPPENING?!”

Patty

“I have a specific incident, and I’m going to preface it with some of the process that led up to it. About a year and nine months ago, I went to the emergency room needing a psychiatric hospitalization and it was very new territory for me. And I finally got a diagnosis of Bipolar II Disorder after a decade of pick your disorder, pick your dysfunction, pick your anxiety, and take a pharmaceutical to go with it. Several months after being appropriately treated with the appropriate medication, I was doing the morning thing—getting everybody ready for school. And it can be problematic; my children are willful, fabulous, wonderful little people on the planet, of course, and very
comfortable shouting at me things they don’t care to do—like get ready for school on time . . . We got to the point where we were in the car and we were late and I was so frustrated and angry by the whole process. The car was still in park; the car was running and I was shrieking and I had a hold of the steering wheel and I’m shaking myself by the steering wheel and I’m yelling obscenities at the top of my voice, expressing how angry and frustrated I was that every morning it gets to be nine o’clock and the shoes untied or the pants have gotten dirty, no matter how early we get up . . . I was shrieking and my son said, ‘Mommy, you are out of control. You are scaring me and you need to go to the emotion doctor right now and get some medicine.’

“And it stopped me cold. But the fact was that I was out of control. Thank god for him for speaking his truth, but for me the shame of being out-of-control and my rage and the reality, which doesn’t have to do with my mental illness, the reality of my edge of my ability to manage the stress of being a mother in that moment was huge. The shame is terrible . . .”

Lisa

“You asked us to pick an example . . . I picked what happened last night. I was putting him down to bed . . . he was over-tired. I tried to be calm and stay with him for a while. Then, I just felt that I was getting closer to this edge . . . it’s scary. You all touched on it. It’s ugly; there is no escaping it. Feeling trapped. I started to get there, and then I told him, ‘I’m starting to get angry. I need you to go to sleep.’ Then I’m thinking . . . how is that supposed to be calming and soothing for him? . . . What I want to share is that eventually I did get to that edge . . . I got upset and I got myself out of there . . . my partner took over from there. But I was definitely heated, frightened, but I got myself out of there on time. It was not like what I have experienced in the past where I get totally out-of-control . . . I try to take better care of myself, recognize it and change the situation . . . it seems to be working because . . . these incidents don’t happen that much right now.

“It’s a really scary thing to bring here. And I didn’t really want to talk, but I want to be part of this, so . . . I am trying to have more control on this because my mother was very out-of-control. She had four wild crazy kids and so of course, my mother comes up for me too, or has in the past, and that makes me feel really ugly and its painful.”

Participants’ Verbal Data of How They Are Affected by the Research Activities of the First Meeting

Lisa

“Well, I realized that, what my son has done for me in my life is actually put me in touch with myself more strongly than . . . just put me in touch with myself, my real self. And I saw that in doing this mask. The mask is layers; it’s meant to be layers.
There’s the ugliness first; and then trying to hide the ugliness; then there’s the yellow, that’s the clarity. And it’s all there and it’s becoming more seen. And it’s good that it’s all becoming seen. And it’s okay that it’s all becoming seen. The feathers, I think that was about flying away and getting away, and going away . . . ”

Maya

“So I’m just sitting with an, immense embodied sense of power that I didn’t feel before. That’s from the same place that the primal scream came from. The conversation I had with the mask that feels very much from the culmination of the day’s work; it is very much about really honoring and acknowledging and being in contact with that dark, decrepit, devouring mother. And the real power that comes through in that place. And it’s the place of transformation and the place of grittiness; and how you are not allowed to live there . . . how incredibly powerful that feels in my being. My challenge now is, ‘how do I stay in touch with her?’ And the name that came up in the dialogue was, Ereshkigal.”

Participants’ Verbal Data on Some Extra Thoughts at the End of the First Meeting

Terri

“I want to know if I’m inappropriate?”

Rose

“We’re basically strangers having this profound moment that’s obviously part of our life experience but it’s so removed from our daily routine . . . I don’t have any expectations [she’s very teary]. I don’t know why I’m having all these feelings, but this is so odd . . . I just know, like in all practical senses if we have a chance encounter, with kids in tow, . . . you know that we might just give each other like a knowing look and a smile or grip hands for a moment; there might be just some very brief non-verbal interaction . . . I don’t know why I’m so sad [she sobs a bit].

“When I started talking I didn’t know all these feelings were really tied in with this. I think I’m feeling a lot of sadness about the state I’m in my daily life. I’m imagining seeing one of you out in the world and not being able to have like that soul-heart connection. It’s just a message for me that I want to live—not from this busyness—this busyness place of rushing and being more on the surface. I want to live from a place that’s more in my center and my heart and gut . . . I feel like I have meaningful interactions with people in my life you know on a fairly regular basis, but maybe that’s kind of an illusion, maybe this is like a wake up call about going deeper.”
Participants’ Verbal Data from the Second Meeting: Sharing How the First Meeting Has Affected Them over the Past Two Weeks

Lisa

“The group last week gave me a lot more courage to speak out about what my experiences [with mothering] have been like, the ugly side of it. I think, even though it’s shocking, when I share it with other mothers . . . for them to hear me talking about that side; I think it’s really good. It validates something that’s so unspoken about.”

Maya

“I think . . . another piece of my authentic self is being unveiled . . . I’m sort of stepping more fully into my power as I integrate this piece in various interactions. I’ve noticed a shift in even how I’m holding things and processing things—a deepening of experience and less reactive, interestingly. More process, less reaction.”

Gabi

“I just feel that this part is more integrated. I’ve been different with my kids . . . doing more dancing, and hiking, and more gnarly facial expressions. With my little boy, when he’s swinging, every time he comes toward me, I’m like, Woah! So, I’m just integrating this really gnarly stuff and I haven’t had any big gnarly incidences that I feel like I have to hide.”

Evalene

“I just had a huge sense of relief and our first session was a huge release for me, so I was able to get out a lot of the tension that I felt and . . . be more patient and more understanding—more able to work on understanding the children’s perspective, and not just feeling my constant frustration. I feel much more free.”

Rose

“I don’t know what exactly went through my head at this one moment, but I put my daughter down and I laid down in the bed next to her. We read a book and turn off the
light, and often we pray, or I pray and she listens. And, this one night, before turning the light off, I just rolled toward her and looked her in the eye, and we had some interactions where our faces were really close and you know, the hectic part of the night routine is over and now this is like the relaxing, sweet part of the night routine. And I was just consciously being present with her. Like I’m going to look in your eyes and not be rushing . . . I’m more present and more conscious of needing to integrate moments of being more present with her.”

Beth

“I noticed that I was more present with the ways in which my kids push boundaries and I was more present with giving myself permission to set limits with them from a place of not expecting them to be any different. And so, the limit setting was very neutral, and not charged. And I thought that was very interesting—that my charge comes from my resistance to who they are showing up at that moment in time and my belief that I need to be everything and limitless. Literally. And just the font of all resources instead of, ‘No, I have a limit and that’s okay.’ They want more from me and that’s okay. And I’m not going to give it, and that’s okay.

“So it was really interesting to watch. It was another form of peace coming up this last two weeks. It was very interesting. And I could be a lot more loving with them too from that place which was wonderful.”

Patty

“I had snapshots of you all show up in the last two weeks . . . It made me feel like I have a community because I have some long standing issues from my family of origin—classist, intellectualist, judgments about bad moms. And I sit here in this room with beautiful, intelligent, full, rich women, and I see myself there. And that’s a huge relief. And just really embracing a circle of peers that I completely respect and admire and it’s nice to be interwoven in that. And I accept myself here, instead of feeling like I am peeking through the windows at the cool people.

Participants’ Verbal Data from Role-play of Their Images

Gabi

“I don’t know what to do! AH! Fuck. Fuck, fuck, fuck. Fuck, I want a mommy!!! I want a mommy! I want one! I want a mommy! AHAHAHAHAH! (She spits and cries.) Oh no! Fuck! AHAHAHAH! Oh, no! AHAHHAH! I love you! I love you!”
Lisa

“Oh god, I don’t know. AHAHAH! Help me! Help me! [She’s screaming.] Look at you! Look at you! [She’s wailing.] Let me out!! [She’s screaming.] Help me! I’m tired of feeling so alone! [She’s screaming and crying]. What do I do? What do I do? I don’t know what to do with myself, I feel so trapped and lonely! [She cries and cries.] AH! I don’t care about anything; I only care about myself! AHAHAH!

“This is the most lonely experience I’ve ever had and I was sure it was going to be the best! [She cries.] Help me! I don’t want to be so alone! I don’t want to feel so alone! My poor son! My poor son! I’m so horrible. [She cries and sobs.] I just don’t know what to do with this. I don’t know what to do with this. I want to hurt myself! Can’t I just have some peace? Why am I so alone? [She sob.] This is impossible!”

Evalene

“Oh no! Everything’s fine!”

Maya

“How dare you! Nothing is fine! EYIAA! I am the witch in the wild EATING the children. Thriving on their little bodies. I am the depths of your beings. How dare you not acknowledge me! I am the pain and the suffering of your existences, why do you deny me a place? When you forget me, then you really suffer!! I remind you; I wake you; I beat you; I eat you!

“And, I am your wisdom. I am a place of strength and nurturing and love. I am your place of power—dark, beautiful, glorious, strength and power. When you listen to me and you honor me, when you love me, you love yourselves. For I am the mother and as I giveth, I taketh away. And as I taketh away, I give. Remember me, and you will be free.”

Participants’ Verbal Data from Role-play of Critical and Friendly Voices

Deb

“Fat women raise unhealthy children. Mentally ill women raise crazy children. Angry women raise violent boys. Inconsistent women raise children without boundaries. Women who are rude to their spouse raise children who can’t have good relationships.
“This is stuff my friend says to me. . . You are so creative. Those boys have wings to draw or paint or act or say anything they want to 24 hours a day. Your kids are so articulate and can talk about their experience and their feelings with a vocabulary that most adults don’t have because you talk about it. Both your kids have the greatest sense of humor because you are so funny! Your kids sleep soundly every night because you read to them, sing to them and snuggle them to sleep and they are going to be safe, secure men when they grow up. Your kids are going to be free spirits because you tell them . . . to go jump in the puddles. . . they have to get in the bathtub with their soccer clothes on.”

Ann

“You are not careful enough watching your children; they get in other people’s way and they cause trouble and you are not a good guardian. You are too lenient. You don’t set clear boundaries and you’re inconsistent. You don’t play with them in every spare moment. You think of yourself first. You are impatient.

“My friends tell me: You are parenting from such a deeply, loving, and authentic place. You are real. And it is sign of health that you think of yourself first. It is . . . imperative that you think of yourself first and sometimes they are better off for it. You are not responsible for what other people think of you. Your parenting is a reflection of you and it doesn’t involve other people. You keep your eyes on your own prize; you pay attention to the work you need to be doing so that you parent from a healthier place. That’s the best possible thing that anybody can do. Everybody loses their temper; it’s part of being human . . . And by being human, you undermine the system that says that mothers can’t be human.”

Rose

“Oh, you really should have figured this out a long time ago. Why you didn’t you read all those parenting books? You know there’s gems of wisdom in there and now you’re just winging it. She needs you and you can’t be there for her. You know you’re smarter than this. You’re more intuitive and empathetic than this; you should understand her a bit. You really lost it that time.

“You are such an awesome mom! You are doing a great job! You are a total inspiration for me. Of course, you lose it sometimes; you’re gonna be fine!”

Gabi

“You are just fucked up. God, are you going to go crazy like your mom did? You better not! You are too attached to your kids; you breastfeed them forever; you stay attached to them too long. You want your kids to be good too much . . .
“And from this friend: the fact that you are here, doing this right now—you’re not dead like your sister; you’re not in jail like your brother, you’re not an alcoholic like your other sister. It’s incredible that you are here. Gabi, you are doing so good; you have turned all of that pain and anguish and fear—you have turned it around and you have used it to be a really good mother. You are a really, really good mother.

“I love that my therapist says to me: the fact that you are parenting better than you were parented takes so much courage and you are a really good mother.”

Evalene

“You are never going to be anything like what your mother was. You’re not nearly good enough; you don’t cook enough; your house is always a mess. You’re always way too busy because you agree to way too much, which doesn’t leave any time for anybody else. You impose way too many boundaries on your kids. There’s no fun. You just have expectations of them that are way, way too much. You have sapped all the creativity out of your house. All you ever want is for people to be better than they are.

“You have created great boundaries for your children and you are going to lead them to be positive, healthy adults. They understand what is important for them and they understand how to love people and they have great understanding of what it means to go out and just have a good time on the soccer field or at in the kitchen. It doesn’t really matter that the house is always a mess, because what difference does it make anyway?

Maya

“You are in the pit of bad mothering. And all I’m eventually trying to do is to climb my way out to be a good mom. [She cries.] But while I’m in the pit, my kid suffers so terribly. [She sobs.] I spend so much time PROCESSING, that I have really no time for him. And that makes me mad and frustrated and upset. [She cries.] And I’m tired. And so my child doesn’t know how much I love him. He doesn’t get all the benefits of what he would have if he had a great mom, who was sunny and loving all the time and available to him; the way I should be. I don’t play with him enough or I play with him too much; and I don’t sing to him enough or I sing to him too much; and I should be putting him down to sleep by snuggling with him or I should be sitting in a chair next to his bed. Or, I should be baking every day or I shouldn’t bake because I don’t want him to grow up and be addicted to sugar. And I shouldn’t really let him watch any TV, but I don’t want him to grow up and down the road be addicted to TV so I really should let him watch a little bit. My house should be perfect and clean all the time and not chaotic and I should know where everything is all the time and that’s totally unrealistic. I REALLY SHOULD JUST LET IT BE HOW IT IS, AND OH BY GOD, I AM GOING TO EXPLODE!

“And I can’t stand his dad and I love his dad and I want to run away all by myself. And he knows it. . . And he’s present in the inner-workings of my brain and knows how
fucked up his mother really is. And he’s got really big energy and its all my fault because I don’t set good enough boundaries. If I was a better mom, he’d be more contained . . .

“My kid bounces off the wall because I let him. My kid is big and he’s loud and vivacious and full of life because I have nurtured that in him because I have witnessed his little being from inception and been aware of myself and aware of my stuff . . . Paying attention to how I was raised and paying attention to how that’s affected me and really tried to separate my stuff from his stuff. And I really, really feel like I have seen him . . . he’s really articulate and he’s really creative and he is this amazing being, who’s totally and utterly social and who has no qualms about going up to other people.”

Lisa

“You’re being too selfish . . . Don’t do what your mother did . . . . You’re allowed to tell my child what to do, but I’m not allowed to tell your child what to do. You’re not fair. You spoil our son. You’re not in touch with yourself? How are you supposed to be a good role model for our son? How’s he supposed to develop a good sense of himself?

“I would want you to be my mother. You are very aware of your son’s emotional being and he senses that. You are there for him. [She breathes heavily and cries a bit.] You love your son so much! . . . I’m so proud of you. You are doing a great job. You are doing it very differently from your mother . . . You’re not perfect, but you are working on yourself. You are finding the balance between living in a culture where you have a lot of disagreements with the way children are raised, watching TV, eating sugar, the general stuff. You want to offer a new way of parenting and you are showing that . . . Sure you fall back into being your mother once in a while, but you get yourself out of it . . .”

Participants’ Verbal Data on Key Moments of the Research

Lisa

“The moment that’s going to really stick with me . . . is this last exercise that we did where we talked about the voice of criticism and the voice of support. That was really hard for me. . . I had an issue with feeling misunderstood in general as a human being . . . I do feel misunderstood as a parent also. And so that really came up for me big time . . . . And it felt really good to vocalize that even though I didn’t have it together . . . I’m really happy that all of you got to witness me speaking my voice in that way . . .”
Maya

“The key moment of this experience was the cry that I made last time, the really deep, bellowing rageful cry. What it did was get me into feeling like I was going to throw up—like the quote about bodily functions, getting into the raw baseness of life. I’ve been sitting with this feeling of I probably will puke at some point and I will puke up whatever it is that is at the base of my being that is preventing me from processing through. That is the Dark Goddess gift for me right now, and it was getting in touch with all that stuffed rage, anger, that the silencing that we do to be the good girl. To be the good girl, we silence that raw, powerful energy. That’s really what it is the creative matrix energy. So, to be able to do that cry—out of that place came my mask and came the dialogue that I had with my mask two weeks ago. By her giving her a face and by giving her a voice, I feel like I have waken up more to living out that archetype and embodying it more and having a fuller sense of really physically being here in this world and like living out who I am and my truth.

“Then in that last activity we did . . . that statement I made about being in the pit of motherhood . . . that comes from that place of trying to stuff the Dark Goddess. So she’s like holding me to keep me down there. So, it’s sorta of a sick co-dependent way of trying to squash her. And as I wake up to that though, I really felt when I spoke the supportive voice, it was like my friends’ voices. It was like my mother-in-law’s voice (but it came out as my voice). I was saying ‘I’; I was saying ‘me.’ It spoke to the level of integration I feel that this process has helped me get to where their voices are my voices and that truth lives within me. Yes, I have these difficult times and by getting in touch with the really difficult times and bringing them out and honoring and celebrating them, I can really be present and honor and support myself. So that’s what this two-week period has meant to me. I’m still sick to my stomach. And I probably will puke at some point! And I’m looking forward to that puke!

Ann

“This woman who came up and wanted to be expressed through the mask was my great-grandmother. I didn’t know her very well and I know her really through her legacy, through my grandmother and her mother and the stories and the references. She’s taken on, and I think this happens a lot with ancestors, she’s taken on an almost archetypal sort of construct. And it’s heavily laden with perfection. It’s almost intermixed with a lot of zero-sum gain orientation around needs. Scarcity. The kids are going to take all the needs and I don’t get my needs. We can’t both get our needs met. My work prior to this workshop has really involved seeing . . . the schizophrenic nature [of motherhood]. ‘You’re damned if you do; your damned if you don’t. There is no right way to be a mother. There’s only half ways to the wrong way.’ This is so schizophrenic and crazy making . . . Women are not human and mothers are not allowed to be human . . . ”
Evalene

“So my key moment really was in building my mask, because I realized how blocked up I really, really was . . . this stuff is buried so deep inside of me that I just don’t want to even talk about it. I’m not going to write it, not going to talk about it, not going to have anything to do with it! So, my mask is . . . about the straw being that I have become on the inside. That my children don’t know about the things that were so important to me, that held my life in the balance before I ever had them. My key moment has really come down to the mask and I’ve also done a lot of thought into how my parenting affects the little microcosm that I live in: my family, the people around me, my work (because I go to work drained). So nobody gets the best of me here, especially not me!”

Rose

“When I heard you all speaking the affirmations, it was like, ‘OH! That’s more of who she is. It was like there’s more of the whole person there!’ (Because the dark side and the pain and the suffering is what we’ve focused on.) It was very happy for me . . . it was a great reminder for me. I’m pretty good about asking for affirmation when I need it. I will go to my close friends and say, ‘Will you please tell me I’m a good Mom?’ . . . This is a good reminder that I can ask. I can continue asking and maybe ask more often, and maybe I can offer that more. I feel especially strong about that with Lisa because she’s and I are friends and we’ve talked about this stuff over the years. And part of why I think I don’t tell you more about what a great mom you are is because—well, of course, Lisa’s a great mom! That’s just a given. And I forget that you don’t know that, and that you need to hear that from people! [She’s tearing up and Lisa is beginning to cry.] And when you [Lisa] were up there crying on your turn, I was like, ‘I’ll get up there and be your friend voice! And I will tell you all of the 25 things that I can think of right now of how you are such a fabulous mom.’ If you’re having a hard time, I’ll do it!”

Patty

“I didn’t come here for therapy. I came here to get mother’s voice heard. And to get my voice in the conversation of research. And I feel really committed to getting the authentic voice of the work of what we do—the dance on the blade of the double-edged sword—out there . . . So since our voices are on that tape-recorder and our journals are going to be in your possession, part of my voice is going to be in a piece of research. And that was my major goal.

“I think I had a moment. When Cammy said we had to put the fucking things on, use their voice, and kind of coming out of fucking no-where with that; I totally freaked. It was sudden; it was fast; and it was completely overwhelming! And I had asked when we made them, I said, ‘Do we have to put these on?’ And Cammy said, ‘Not today!’
“Because I was going to do something on the inside [of the mask] and if I had to put it on, that stuff would go all over my eye or something. It really, really, really, really scared me because the voices we are working with are so primal. And I still was not here for a therapy experience. I needed to hold my own therapeutic experience away from what we were doing. I embraced everyone going primal and I can describe a primal experience, but to be asked to put on that face and possibly go there was too terrorizing for me. The last time I went there, I went to the hospital.

“And I knew in my intellectual head that I didn’t have to be doing it if I didn’t want to, but I really wanted you all to like me and I wanted to be the best one here and I wanted to do it all right and my mask has to be the prettiest. So the huge pressure I put myself under to do it and get it right was at complete war with my absolute terror of the extreme primal nakedness of doing that exercise. And I was quite certain I couldn’t do it; I wasn’t sure I could stay in the room. But I told Cammy earlier that I just wrote and had the pen in my hand running across the paper, which kept me on the planet enough to stay in the room while watching . . .

“And when I stopped shaming myself for not being able to do that, not being willing to do that, I remembered my job is the jester at the funeral—it’s my calling. And it’s okay for me to approach my horror and my own trauma and my own insanity and my own life with the stark honesty of humor. And that was really great to remember that I don’t have to do it the way you guys do it. I don’t have to; I can’t. I don’t have to and I can’t. If I CAN’T, I don’t have to!

“That was a hellacious hour; I’m not going to experience one of those for a while. I will run screaming from the room. I love it that I didn’t come here to seek therapy so I didn’t have to dive into an experience that was too frightening for me. I love it that I drew this picture and then I told you [Gabi] that you have to tell me its beautiful. I love it that I wrote, ‘Fuck you, Cammy!’ in my journal several times.

“Were you girls ready to handle a little primal scream? Did you bring the fire extinguisher? . . . I was struck by own experience of the last exercise, and I got to thinking. Who actually says those mean things to me? I looked at all the people in my life: who actually says those mean things? No one in my life verbally says those horrible things to me. No one alive and living says those horrible things to me. I hear them implied occasionally, but I’m the one who says most of those things. . And my friend, who says those really beautiful things to me . . . many of my acquaintances say similar things. I really hate the spectacles I have on that can only see the shit. I’m a prisoner of my own perception . . . It’s just; I only have ears for the criticism, when the vast majority of real messages I get truly are, YOU ARE SO COOL!”

Gabi

“What I want to speak to mostly at the end here is, I don’t like being in groups of women. I have done it; I have been there. And it hasn’t been that great of an experience for me, I don’t know why . . . My experience in my life with a really fucked up mother means that women have just been scary for me. And so I have done a lot of my processing and a lot of my growing with one woman, who’s scary for me but I love her.
“I feel so connected to you all and I’m surprised about that! I wasn’t expecting that out of this for me, because I just really don’t like being in groups of women! So I came in, willing to be here with my own experience, but not really wanting to connect. But then when I came in here today, I felt like, ‘Oh, I know you a little bit!’ And then just the unfolding and the witnessing and the sharing and the watching; it feels like its kind of healing for me. I’m glad we are not continuing, because I don’t want to do that! The shit happens when you do that! But this has been the gem for me: a new experience with a group of women that feels really healthy and whole. We’re all so different and yet we’re the same. Good for me. Good for me; good for me! Good for me, yeah!

“Thanks, Cammy. And I felt through the whole thing, just such a strong thread of trust for you, and the fact that you chose what we did and in the order that we did.”

Evalene

“I have something. I am feeling a great sense of hope for the other women out there who have not been part of this. And how many of them need this? So I’m hoping that, I’m going to try to keep getting out and keep moving forward with things. I have such a sense of sisterhood with all of you and I’m really hoping that it’s going to grow. It’s so important, so thank you. I know it’s been said, but this is just so huge! It’s so big; it’s so, so, so, so, important.”
APPENDIX 32

ILLUSTRATIONS OF PARTICIPANTS’ NEGATIVE MOTHER IMAGERY

Illustration 1 - Rose’s Image
Illustration 4 - Gabi’s Image

Illustration 5 - Lisa’s Image
Illustration 6 - Maya’s Image

Illustration 7 - Patty’s Image
NOTES

Chapter 1


2. Ibid.


5. Ibid.


7. Ibid., 113.


19. Ibid., 3.

20. Ibid., 266-267.

21. Ibid., 121.


27. Ibid., 185.


30. Ibid., 3.


33. Dally, *Inventing Motherhood*, 123.

34. Thurer, *Myths of Motherhood*, xii.

35. Ibid., xi.


37. Ibid., 7-21.

39. Ibid.

40. Ibid.


48. Ibid., 218.


51. Ibid., 55-57.


Chapter 2

2. Ibid.


6. Ibid., 85.

7. Ibid., 44.


12. Ibid., 65-66.

13. Ibid., 34-36 and 62-64.


17. Ibid., 178-179.

18. Ibid., 191-193.


20. Ibid.


24. Ibid., 322.

25. Ibid., 338.

26. Ibid., 306-343.

28. Ibid.

29. Ibid., 252.


31. Ibid., 5.


33. Ibid., 197.

34. Ibid., 202.


36. Ibid.


38. Ibid., 155.


40. Ibid., 765-791.

41. Ibid.

42. Ibid., 766-767.

43. Ibid., 768.

44. Ibid., 776.

45. Ibid., 779.

46. Ibid., 771.

47. Ibid.

48. Ibid., 786.

49. Ibid., 776.

50. Ibid., 767.
51. Ibid., 776.

52. Ibid., 780.


54. Ibid., 159.


56. Ibid.

57. Ibid., i-ii.

58. Ibid., 68.

59. Ibid.


61. Ibid.


63. Ibid.


68. Ibid., 373.

69. Ibid., 373-376.

70. Ibid., 372-376.
71. Ibid.
72. Ibid., 375.
73. Ibid., 377.
74. Ibid.
76. Ibid., 31.
77. Ibid., 125.
78. Ibid.
80. Ibid., 7-13.
81. Ibid., 8.
82. Ibid., 80-99.
83. Ibid., 99.
84. Ibid.
85. Ibid., 77.
87. Ibid., 80.
89. Ibid.
91. Ibid., 20.
94. Ibid., 88.
95. Ibid., 183.

97. Ibid., 12.


100. Ibid., 62.

101. Ibid., 67.

102. Ibid., 69.

103. Ibid., 63.


105. Ibid., 442.


107. Ibid., 420-421.

108. Ibid., 421.


110. Ibid., 244.


112. Tomkins, *Affect, Imagery, and Consciousness*, vol. 1, 244.

113. Ibid., 337.

114. Ibid.


116. Ibid., 138.
117. Ibid., 149.


119. Ibid., 49 and 147-148.

120. Ibid., 144.


122. Ibid., 37.

123. Parker, Mother Love, 6.

124. Ibid.

125. Swiggart, Myth of the Bad Mother, 66.


127. Ibid., 78.


129. Ibid., 89.

130. Ibid., 17.

131. Ibid., 116.


133. Ibid.

134. Ibid.

135. Ibid., 83


137. Ibid., 5.

138. Parker, Mother Love, 94-95.

139. Omer, April 15, 2007.


142. Ibid.


144. Ibid., 111.


149. Omer, April 15, 2007.

150. Ibid.


153. Ibid. 71.

154. Ibid. 65.


156. Ibid., 90.

157. Ibid., 93.

158. Ibid., 43.

159. Ibid. 43.


161. Ibid., 10.

162. Ibid., 1-10.

163. Ibid., 32.

165. Ibid., 116.


168. Ibid., 21.


170. Ibid., 214.


172. Ibid.


175. Ibid., 125-126.

176. Ibid., 104.


179. Ibid., 114-115.


181. Ibid., 6


183. Ibid.

184. Ibid.


186. Ibid., 73-93.

188. Ibid., 146-152.

189. Ibid., 204-205.

190. Ibid., 202-203.


193. Ibid.


195. Ibid., 141.


197. Ibid.

198. Ibid.


201. Ibid.


203. Ibid.


205. Ibid., 142.

206. Ibid., 143.

207. Ibid.

209. Ibid., 137-142.

210. Ibid., 142.

211. Ibid.


213. Ibid., 163.

214. Ibid., 69-70.


216. Ibid., 6.


218. Ibid., 84.


220. Ibid.

221. Ibid., 59-64.

222. Ibid., 168-179.

223. Ibid., 169.

224. Ibid., 178.


226. Ibid.


228. Ibid., 31.


230. Ibid., 238 and 279.
231. Ibid.
235. Ibid., 120.
237. Ibid., 124.
239. Ibid., 114-117.
241. Ibid.
243. O’Reilly, *Rocking the Cradle*, 42. Here the ideology of intensive mothering as defined by Sharon Hays in *The Cultural Contradictions of Motherhood* is elaborated upon by O’Reilly: “The ideology of intensive mothering dictates that 1) children can only be properly cared for by the biological mother; 2) this mothering must be provided 24/7; 3) the mother must always put children’s needs before her own; 4) mothers must turn to the experts for instruction; 5) the mother is fully satisfied, fulfilled, completed, and composed in motherhood; and finally, 6) mothers must lavish excessive amounts of time, energy, and money in the rearing of their children. Each demand is predicated on the eradication, or at very least, sublimation of a mother’s own selfhood and in particular her agency, autonomy, and authenticity, and authority.”
244. O’Reilly, *Mother Outlaws*, 55.
245. Ibid.

251. Ibid., 21.

252. Ibid., 42-43.

253. Ibid.


255. Ibid., 3.

256. Ibid., 135.


258. Ibid.

259. Ibid., 84-85.


261. Ibid.


263. Ibid.

264. Ibid., 120.


266. Ibid.


269. Here I cite Omer in conversation with Kremer, "Between Columbine and the Twin Towers,"

5.

270. Omer, April 15, 2007.


272. Ibid.


275. Ibid., 138.

276. Ibid., 124.


279. Ibid., 11.


281. Ibid., 112-127.

282. Ibid., 129.


284. Ibid., 94-96.


286. Ibid.


288. Ibid., 64-65.

289. Ibid., 77.


291. Ibid., 83.


293. Ibid., 20-21.


295. Ibid., 182-183.
296. Ibid., 132-136.

297. Ibid., 134.


300. Ibid., 125


302. Ibid., 4.


304. Ibid., 52-53.


306. Ibid.

307. Ibid., 130-131.


309. Ibid.


311. Ibid.


313. Ibid.

314. Ibid., 226-227.


316. Ibid.

317. Ibid.

319. Ibid.


321. Ibid., 162.


323. Ibid., 254.


325. Ibid., 32.


330. Ibid.


332. Ibid., 105.


334. Ibid., 211.

335. Ibid.


339. Here I cite Omer in conversation with Kremer, "Between Columbine and the Twin Towers,"


342. Ibid.

343 Ibid.


348. Ibid., xv.


350. Ibid., 18.

351. Ibid., 39.

352. Ibid., 42.

353. Ibid., 43.

354. Ibid., 42.

355. Ibid., 30-40.

356. Ibid., 120-121.

357. Ibid., 148-149.

358. Ibid., 60.

359. Ibid., 76-84.

360. Ibid.

361. Ibid.

362. Ibid., 76.

363. Ibid., 31.
364. Ibid., 282.


367. Ibid., x.

368. Ibid., 222.

369. Ibid.

370. Ibid., 400-401.

371. Ibid.


378. Ibid., 46 and 92.


382. Ibid., 91-100.


385. Ibid., 9-10.

387. Ibid.


389. Ibid., 17.

390. Ibid., 11-17.

391. Ibid., 221.

392. Ibid., 150.


394. Ibid., 74-75.


396. Ibid.

397. Ibid., 105-107.

398. Ibid., 111.

399. Ibid., 115.


401. Ibid., 99.


403. Ibid.

404. Ibid., 219-220.


406. Ibid., 13.

407. Ibid., 12-19.

408. Ibid., 19.

410. Ibid., 117-118.


412. Ibid., 125-126.

413. Ibid., 124-126.

414. Ibid., 125.


416. Ibid., 29-35.

417. Ibid., 282.


419. Ibid.


421. Ibid., 27.

422. Ibid., 16.


425. Ibid.


427. Ibid.

428. Ibid., 26.

429. Ibid., 24.

430. Ibid.


433. Ibid.


435. Ibid., 143.

436. Josselson, Revising Herself, 226.

437. Ibid., 229.


439. Ibid., 16.

440. C.G. Jung, Four Archetypes, 4-5.

441. Bolen, Goddesses in Every Woman, 6.


443. Ibid., 3-19.

444. Ibid.


446. Ibid., 7.

447. Ibid., 18.

448. Ibid.


450. Ibid.


452. Ibid.

453. Ibid., 62.

454. Ibid.

455. Ibid., 63.


458. Ibid., 133.


460. Ibid.


462. Ibid.


464. Ibid.


467. Ibid.


469. Ibid., 161.

470. Ibid., 158-162

471. Ibid., 158-160.

472. Ibid., 144.

473. Ibid.

474. Ibid.


476. Winnicott, “Hate in the Countertransference,” 200-203.


Chapter 3


6. Ibid., 16.

7. Lareau, *Unequal Childhoods*, 236-240. Here I also refer to the employment status of the research participants for this study. Out of 7 participants in this study, 1 mother worked full-time; 1 mother was a stay-at-home mother; and 5 mothers were part-time workers.


13. Ibid., 196-199.


Chapter 4


3. Omer, *Evil and Hatred* seminar.


13. When I conducted the Preliminary Screening Interview, I asked questions that targeted information about whether this potential participant might be someone who could be referred to Child Protective Services. I strove to have no participants who would fit this category so that I could fully support the participants during the research process to express their maternal ambivalence.


15. Omer, April 15, 2007.


17. Ibid., 45.


20. Aftab Omer, email to author, April 9, 2008.


27. Ibid.
28. Ibid.
29. Ibid.
32. Omer, April 15, 2007.
35. Ibid.
37. Ibid., 38-39.
39. Ibid., 118.
42. Van Gennep, *Rites of Passage*, 42-43.
45. Ibid., 116.
46. Ibid., 139.

Chapter 5

1. Omer, *Evil and Hatred* seminar.

3. Ibid., 34.


6. Ibid., 89


8. Ibid., 8


10. Ibid.

11. Ibid.


16. Ibid., 55.


24. Ibid., 363.
REFERENCES


Collins, Patricia Hill. “Shifting the Center: Race, Class, and Feminist Theorizing about Motherhood.” In *Representations of Motherhood*, edited by Donna Bassin,


