TRANSITION TO THE MATERNAL IDENTITY IN TURKEY:

A QUALITATIVE STUDY

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BOĞAZİÇİ UNIVERSITY

2024

TRANSITION TO THE MATERNAL IDENTITY IN TURKEY: A QUALITATIVE STUDY

Thesis submitted to the

Institute for Graduate Studies in Social Sciences

in partial fulfillment of the requirement for the degree of

Master of Arts

in

Guidance and Psychological Counseling

by

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Boğaziçi University

2024

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A Qualitative Study

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June 2024

DECLARATION OF ORIGINALITY

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ABSTRACT

Transition to the Maternal Identity in Turkey:

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The transition to motherhood is one of the important transformations in life for a woman. It is known that maternal identity is constructed socially as well as biologically. Therefore, a woman's transition to motherhood is affected by many social and personal factors. Cultural background, age of motherhood, and educational status of the mother are some of these factors. The current study explored women's expectations about motherhood and their first experiences after birth during the transition to motherhood. The aim of this qualitative study was to investigate the transition to maternal identity of women in Turkey who have a university degree, have career aspirations, and became pregnant during the emerging adulthood period. Additionally, the study examined the influence of naturally occurring emotions and coping mechanisms during women's transition to motherhood on the formation of their maternal identity. Retrospective, semi-structured, in-depth interviews were conducted with eight mothers who became pregnant during the period of emerging adulthood. The findings were analyzed using the thematic analysis method. As a result, four main themes emerged. The themes were named as attitudes, never as expected, emergency valve and the birth of a versatile identity. Findings were discussed, and recommendations for counselors, and policymakers were developed. In the context of psychological counseling, the importance of preventive psychoeducational and social support programs during the transition to motherhood was emphasized.

ÖZET

Türkiye'de Annelik Kimliğine Geçiş:

Nitel Bir Çalışma

Anneliğe geçiş deneyimi bir kadın için hayattaki önemli dönüşümlerden biridir. Annelik kimliğinin hem sosyal hem biyolojik olarak inşa edildiği bilinmektedir. Dolayısıyla bir kadının anneliğe geçiş süreci sosyal ve kişisel birçok etmenin etkisinde gerçekleşmektedir. Kültürel geçmiş, anne olma yaşı ve anne olacak bireyin eğitim durumu bu etmenlerden birkaçıdır. Araştırma, kadınların anneliğe geçiş dönemine dair beklentilerini ve anneliğe geçiş döneminde doğumdan sonraki ilk deneyimlerini keşfetmeyi amaçlamaktadır. Bu nitel çalışmanın amacı Türkiye'deki üniversite eğitimi almış, kariyer hedefine sahip ve beliren yetişkinlik döneminde hamile kalmış kadınların annelik kimliğine geçiş deneyimini derinlemesine araştırmaktır. Ayrıca, kadınların anneliğe geçiş sürecinde doğal olarak ortaya çıkan duygularının ve geliştirdikleri başa çıkma mekanizmalarının onların annelik kimliğinin oluşmasındaki etkisini incelemektedir. Beliren yetişkinlik döneminde hamile kalmış sekiz anneyle anneliğin ilk bir yılına dair geriye dönük soruların sorulduğu yarı yapılandırılmış derinlemesine görüşmeler yapılmıştır. Bulgular tematik analiz yöntemi kullanılarak analiz edilmiştir. Sonuç olarak, dört ana tema ortaya çıkmıştır. Temalar tutumlar, asla beklendiği gibi değil, acil durum valfi ve çok yönlü bir annenin doğuşu olarak adlandırılmıştır. Bulgular tartışılmış ve psikolojik danışmanlar ve yasa oluşturucular için öneriler geliştirilmiştir. Psikolojik danışmanlık bağlamında anneliğe geçiş döneminde önleyici psikoeğitsel ve sosyal destek çalışmalarının öneminden bahsedilmiştir.

ACKNOWLEDGEMENTS

First and foremost, I am grateful to my thesis advisor, Assoc. Prof. Zeynep Hande Sart for always being with me on this journey, generously sharing her knowledge, energy, time and sincerity from the beginning till the end. In this process, there were times when she was more meticulous and rigorous about my thesis than I was. I feel very grateful that I was able to complete this thesis thanks to her dedication.

I would like to thank the jury members Assist. Prof. Nihal Yeniad Malkamak and Prof. Cemile Müjde Atabey. Both of them did not hesitate to offer their support whenever I needed it throughout the whole thesis. Thanks to their sincere interest and their feedback for improvement, this thesis has become much better.

I would like to thank TÜBİTAK for the financial support provided by the 2210-A Domestic General Master's Scholarship Program during my master's education.

I would like to express my sincere gratitude to my husband, Mahmut Osman, for bearing all the hardships of my student life and this difficult thesis year with me without any objection and for always making me feel supported in every way possible. I also owe both an apology and a big thank you to my son Yusuf Hamza, who has closely followed my academic journey, including attending classes in my belly before he was even born. He has been waiting patiently for the last year for the return of our long hours of playing. I cannot thank him enough for being in my life.

I would like to thank Allah for all the blessings in my life and for giving me the opportunity to write this thesis.

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CHAPTER 1

INTRODUCTION

In human life, as a foundational experience, very few experiences, such as birth and death, could be profoundly influential, and motherhood is one of them (Arnold-Baker, 2015). The journey into motherhood, including childbirth, is a precious life experience that can be described as both painful and sweet, as well as incredibly challenging and rewarding (Stern & Bruschweiler-Stern, 1998). The transition to motherhood is a time of change and transformation for women, characterized by its unique qualities (Prinds et al., 2014). During this period, experiencing joys and challenging moments about having a baby is possible and also natural (Stern, 1995). One of the core elements that changes and transforms during this process is the woman's identity (Stern & Bruschweiler-Stern, 1998). Just like at every turning point in an individual's life, the transition to motherhood may involve an existential meaning crisis (Prinds et al., 2014), identity formation process (Arnold-Baker, 2019), and the development of new perspectives in life (Adiloğlu, 2022; Cox et al., 2021). After becoming mothers, women tend to think more about life and death, and they explore what is worth living for (Prinds et al., 2014).

The transition to motherhood has a transformative influence on a woman's life, and one of these influences is on her identity (Arnold-Baker, 2019). Alongside assuming the responsibility of caring for a baby, there might even be a healing effect in the relationship formed with the baby (Almond, 2011). Many women mature in the process of becoming mothers, and they may reconcile their past while caring for their baby (Almond, 2011). The transition to motherhood, which can make a woman a better person, encompasses challenges and pains alongside its positive aspects,

resembling the process of childbirth in this regard (Nemetz, 2012; Stern & Bruschweiler-Stern, 1998).

Stern (1995) and Mercer (2004) have similarly described the transition to maternal identity. The pregnancy period, where expectations take shape; the period immediately after birth, where expectations and experiences collide; and the coping period, where expectations are reshaped and balance is regained along with experiences (Mercer, 2004). The gap between expectations and actual experiences is natural to some extent (Miller, 2007). Every woman faces that the real experience differs from what is imagined, such as the birth, sleep routines of the baby, or breastfeeding (Stern & Bruschweiler-Stern, 1998). Miller (2007) states that experiencing the mismatch between expectations and experiences may lead women to question their childcaring abilities and feel guilty about their challenging feelings about the baby (Almond, 2011), even resulting in "a temporary loss of self" (Miller, 2007, p. 61). During this period, feelings of ambivalence, doubt, lack of self-confidence, and guilt are experienced naturally (Almond, 2011). Almond (2011) described ambivalence as follows. "Ambivalence is a combination of the loving and hating feelings we experience toward those who are important to us" (p. 1). As a new mother becomes more skilled in childcare over time, her level of confidence increases, and she finds her unique mothering style (Arnold-Baker, 2019; Mercer, 2004). Barclay et al. (1997) also argue that transitioning to motherhood needs a profound change, and easy adaptation is impossible. According to Barclay et al. (1997), this process involves challenging factors such as loss, struggle, reluctance to seek help, and reforming social relationships. Yet, the new mother gradually synchronizes and gains the strength to acquire a new identity in the end (Mercer, 2004; Stern & Bruschweiler-Stern, 1998). In short, mismatched expectations during

the early stages of motherhood might lead to struggling feelings arising from this discrepancy and inexperience. The process of transition to motherhood is naturally a process in which the mother acquires new skills in baby care and discovers her maternal identity (Barclay et al., 1997).

Understanding and making sense of the transition to maternal identity from the mother's perspective is significant for her to experience this process favorably (Arnold-Baker, 2015). Thus, a mother's well-being will naturally contribute to her child's well-being (Stern & Bruschweiler-Stern, 1998), just as the baby's well-being affects the mother's psychological well-being and identity transition during the postpartum period (Mercer, 2004). Ultimately, the mother's and the baby's physical and psychological conditions in the postpartum are interrelated and equally important factors to investigate (Dinç, 2023). However, previously, the majority of studies examined the postpartum period of mothers in the first year after birth through the outcomes of their children such as the child's physical and emotional health (Dinç, 2023; Parfitt et al., 2013). Fortunately, in the last two decades, research studies on the transition to motherhood that study from the mother's perspective and focus on the mother's outcome have increased (Finlayson et al., 2020). Research has shown that the transition to maternal identity is highly influenced by culture and era and suggests that studies in this field could be investigated in different cultures (Finlayson, 2020).

The phenomenon of motherhood is biologically but also socially learned (Giles-Sims & Chodorow, 1979). From this perspective, certain factors exacerbate the transition to the motherhood process and may lead it to become pathological (Almond, 2011; Miller, 2005). Unrealistic social constructs of motherhood identity complicate the acceptance, experience, and expression of contradictory feelings in

early motherhood transitions. This situation increases shame and guilt in women, thus hindering the healthy construction of motherhood identity (Raneberg & McCallum, 2023). Some societal myths about motherhood emerge as influential factors in the transition to a motherhood identity. One of these myths is that motherhood is an innate characteristic in women, and any difficulty experienced in the process is a pathological condition that disrupts this natural state (Adams, 2014; Tuna, 2023; Veazey, 2018). The emphasis of research on a pathological perspective may stem from the belief that women are born to be mothers, and they are so deeply ingrained with the codes of motherhood that it is not a matter of concern for a psychologically healthy individual to struggle during this process (Dinç, 2023). These assumptions may even hinder women from sharing their challenging experiences among themselves. Moreover, the belief that a woman cannot desire voluntary childlessness is another myth. If a woman chooses voluntary childlessness, it is interpreted as her being unhappy and regretful (Ashburn-Nardo, 2017; Reti, 1992). Although this perception has softened in Western culture in recent years, the perspective on voluntary childlessness is still controversial, especially in Eastern countries with religious or cultural backgrounds that do not favor childlessness (Maftei et al., 2021). The choice of voluntary childlessness by women in these societies is suppressed by society. Therefore, a woman will inevitably become a mother is widely accepted in Eastern countries (Sever, 2015).

Another myth is that a mother can only nurture her child with love, and it's a traditional idea that rejects a mother's mixed feelings (Takševa, 2017). However, the nature of relationships involves the alternating or simultaneous experience of both positive and negative feelings, which also exists between mother and child and is necessary for a child's psychosocial development (Klein,1933). In the transition to

motherhood, not conceding negative feelings can increase shame and guilt for the mother, while it can also diminish the mother's self-confidence and influence the quality of identity acquisition during this period and the quality of the mother-infant relationship (Almond, 2011). In a recent study conducted in Turkey, it has been revealed that mothers not only harbor positive feelings towards their children but also experience negative emotions during moments of crisis and when they are tired and feeling constrained. Furthermore, mothers have expressed regret and guilt after noticing and expressing their ambivalent feelings. The research has also identified the need for mothers to share their ambivalent emotions (Tuna, 2023).

The notion of seeing a woman as having a sacred personality that dedicates herself to her family and children is also a traditional myth (Badinter, 2012). However, the purpose of a woman's existence and self-representation has changed over time in Western societies through modernization (Suman & Naidu, 2023). In the past, a woman's existence was primarily based on getting married and becoming a mother, but in today's world, women have found a space for existence beyond their domestic life (Suman & Naidu, 2023). With modernization, women worldwide began to have a more significant presence in education and the workforce compared to the past. Turkey has also evolved from a traditional structure to a more modern mindset in terms of the place of women in society (Sunar & Fişek, 2005). In Turkey, there has been a significant increase in the past fifty years in the percentage of women who are university graduates and actively participate in the workforce (Turkish Statistical Institute [TUIK], 2022). This has brought about various changes in societal expectations regarding a woman's place and future. The dreams and goals of women who have chosen a career path have shifted away from marriage and having children as their top priority (Suman & Naidu, 2023). Among women with high levels of

education and career aspirations in the modern era, those who are considering becoming a mother either postpone motherhood until after they have built their career or become mothers early, and motherhood and career are built together (Cooper, 2007; Gross-Spector & Cinamon, 2017). Research shows that the age at which people get married and have children has increased globally (Eurostat, ONS, 2022; TUIK, 2022). On the other hand, in Turkey, there are higher rates of highly educated individuals who became mothers at a young age compared to the West (Eurostat, ONS, 2022; TUIK, 2022). Recent statistics from the last year show that Turkey has fallen below the European birth average (Euronews, 2024; TUIK, 2023). However, according to statistics from 2015 to 2022, the ratio of births among university-educated women to the overall female population in Turkey has been increasing each year (TUIK, 2022). Therefore, in recent years, the number of university-educated women giving birth in Turkey has been steadily increasing.

Especially when the individual has just graduated from university and has not yet fully charted his or her career path, the individual is in the period of emerging adulthood. Cultural and economic reasons were effective in arising of the emerging adulthood period, which has different characteristics from adolescence and adulthood periods (Arnett, 2007). As education gained importance with modernization and the duration of education became longer in urban life, the time for individuals to find their own identities and establish a life was postponed (Arnett, 2007). Emerging adulthood is called the transition period between the end of adolescence and the beginning of the period in which individuals gain their adult positions in life. Therefore, the emerging adulthood period corresponds to the late teens and mid-to-late twenties (Hochberg & Konner, 2020). According to the study, individuals in the emerging adulthood period need time because their development and maturation are

still ongoing (Hochberg & Konner, 2020). Mothers who have children in the emerging adulthood period and who also have career aspirations choose to build their motherhood and career roles in parallel. Although the average age at first birth has increased worldwide, Turkey is a country where the average age at birth is still relatively lower than in the West (Eurostat, ONS, 2022; TUIK, 2022). Thirty percent of university graduate women in Turkey had their first birth at the age of twenty-nine or younger (TUIK, 2022). Turkey is significant in terms of the number of educated, career-oriented individuals who step into motherhood in emerging adulthood (TUIK, 2022). Although there are studies on the transition to motherhood (Arakelyan, 2019; Dinç, 2023) or the motherhood experiences of career women in Turkey (Timurturkan, 2020), there is hardly any research that focuses specifically on the population of women who have a university education and become mothers in emerging adulthood. It is thought that the experiences of this population, who became mothers during the period of building their identities during the transition to motherhood, are worth investigating.

Culture has an important place among the factors that determine the experience of transition to motherhood (Finlayson, 2020). For women who have careers and choose to become mothers, the demands of the motherhood role they have internalized conflict with the requirements of the career role they awarely target (Timurturkan, 2020). Current studies in Turkey show that cultural discourses in which mothers are primarily responsible for raising children (Arakelyan, 2019) and in which women's primary duty is motherhood (Fidan, 2014) still affect society. Moreover, it is known that women's own mothers are role models in the family, and their relationships with their own mothers have an influence on their learning of gender roles (Alparslan, 2020; Tunaboylu-İkiz, 2005). A research conducted in

Turkey shows that mothers generally tend to maintain the care practices they learned from the culture they live in and their own mothers (Arısoy et al., 2014; Bölükbaş et al., 2009; Çınar et al., 2015). Also, according to The Global Gender Gap Index (GGI) 2023 rankings, Turkey ranks 129th among 146 countries ("Global Gender Gap Report 2023," 2024). Also, a qualitative study examining the discourse of young adults who have recently become parents in Turkey revealed that these traditional patriarchal expressions persist intertwined with modern discourse in the narratives of parents. While supporting the idea of sharing parenting roles, participants expressed that the primary caregiving responsibility naturally falls on the mother (Arakelyan, 2019). A study conducted in Turkey with 324 university students aged 18-31 whose mothers had a career revealed that they were closer to egalitarian gender roles in society than those who did not have a career (Öngen & Aytaç, 2013). The same research found a significant relationship between young people's gender role attitudes and their perception of gender roles in marriage (Öngen & Aytaç, 2013). To sum up, there is a population in Turkey that is the first generation to experience being a working mother in their own family (Sunar & Fişek, 2005), and this may create generational dissonance (Lee et al., 2005; McManus, van der Does & Adem, 2024) about motherhood during the transition to motherhood. In other words, the work-family life of a mother whose own mother did not have a career and who herself has a career aspiration may differ significantly from that passed on to the next generation. Therefore, in terms of the role of the mother in marriage in Turkey, it is important to investigate how educated women whose own mothers do not have any career experience the transition to motherhood identity.

Besides, through modernization, feminism has developed a new attitude against the belief that women are only for housekeeping and giving birth, asserting

that women are equal to men and capable of doing what they wish. However, Badinter (2012) states that this counter-assumption, accompanied by the trend of self-realization, has paved the way for the have it all perception for women over time. As a result, women find themselves in a situation where they are required to succeed in motherhood and a career simultaneously (Medved, 2016; Suman & Naidu, 2023). Today's self-realization trend does not satisfy women whether they choose only a career, motherhood, or both (Badinter, 2012). Among women who choose motherhood, self-realization is imposed through the child, giving rise to an intensive motherhood model that requires the mother to be ideally engaged with her child (Hays, 1996). This increasingly solidified ideal mother model in society leads to feelings of failure, guilt, and helplessness for the mother despite all her efforts, thus increasing ambivalence (Henderson et al., 2015).

The other effect of modernization is women's detachment from the previous generation's experiences (Hartman, 2014). In the past, women could acquire knowledge through observation or consultation with their own mothers or others experienced in childcare. The information they learned about childcare came from their immediate surroundings, which were rooted in their culture and useful for individuals within the same cultural context. However, nowadays, women prefer to obtain information about motherhood, including childbirth, from experts and social media (Miller, 2005). This information, which imposes perfectionism, also lacks cultural sensitivity. Therefore, when experts who produce ideal information become the sole source of knowledge, they instill perfectionism in mothers, making them feel guilty even for minor mistakes (Almond, 2011). In a qualitative study investigating the origin of shame in the development of maternal identity in Western culture, interviews were conducted with mothers of children aged three months to four years.

The findings revealed that, instead of acquiring the wisdom of trusting their own insight from older generations, relying on external sources of information, such as social media channels, for every need leads to low self-confidence and high shame in new mothers (Hartman, 2014). In Turkey, while there are studies showing that mothers obtain information about their mothering skills from social media and this information has an influence on the acquisition of the maternal role (Ergül & Yıldız, 2021; Özkan & Özer, 2022), there are also studies showing that mothers benefit from the intergenerational transmission of baby caring from the previous generation is revealed (Arısoy et al., 2014; Bölükbaş et al., 2009; Çınar et al., 2015). The issue of how the preferences and experiences of educated women in Turkey affect their maternal identity formation during the transition to motherhood is an area that needs to be investigated.

When it comes to the transition to motherhood studies targeting mothers in Turkey, they have increased in recent years. These studies focused on mother-infant attachment, the needs of the mother and the baby in the first year of motherhood, and psychoeducation of the mother about her own and the baby's psychological needs. For example, The Video-feedback Intervention to Promote Positive Parenting Program (VIIP), sensitive to culture and socioeconomic level, carries out an attachment-based education program for mothers with children aged nine months to 33 months (Sümer et al., 2020). Moreover, The Baby95 program includes mother-baby studies to investigate the needs of both mothers and babies (Çorapçı et al., 2019). These programs were created specifically to support the needs of low-SES mothers, and their studies focus on this. The Infant Mental Health Association's program “Maternal Mental Health”, which focuses on the first year of motherhood, has been organizing symposiums for two years to draw attention to the issue and

provides psychological support services to mothers in need (Turkey Maternal Mental Health Platform - Maternal Mental Health, n.d.). Although the studies mentioned are very valuable, there is a need to expand the field of research on the transition to maternal identity, which is still fresh in Turkey, and to conduct research, raise awareness, and develop programs for different need groups.

In summary, factors such as age, past experiences, education, societal myths, and modern evaluations of women's societal roles influence the transition to maternal identity (Badinter, 2012; Finlayson, 2020; Miller, 2015). Also, it is a gradual process that spreads over time, and expecting a woman to acquire a maternal identity immediately is challenging (Babetin, 2020). Moreover, when society's expectations of maternal identity become unrealistic, they can become burdensome for first-time mothers. In the first year, when expectations about becoming a mother are shaped by real experiences, the fact that expectations are far from experience is a factor that makes the transition to motherhood difficult (Almond, 2015). Therefore, investigating the influence of the culture in which the woman grew up, the education she received, the developmental period she was in, and the career aspirations she set for herself in today's woman's transition to motherhood are crucial to understanding the experience of mothers and determining their needs in this process.

1.1 Purpose of the study

This study aimed to investigate the transition to maternal identity among women who are university graduates, have career aspirations and become pregnant during the emerging adulthood period. It is known that culture, age, and characteristics of different social groups affect a woman's transition to motherhood and shape her maternal identity (Maxwell & Leat, 2023). Therefore, how this population with

certain characteristics experienced the transition to motherhood and the influence of these characteristics, such as culture and age, on the motherhood experience were investigated. For this purpose, women's expectations regarding their maternal identity and their experiences in the early stages of the transition to motherhood were explored. Moreover, the influence of women's emotions during this period on their maternal identity and their strategies for coping with situations during this period were investigated.

1.2 Research questions

The present study aimed to investigate the transition to the maternal identity of women whose mothers did not have careers, who have university education and career aspirations, and who were in emerging adulthood during pregnancy according to the following research questions:

i. What are the expectations of women whose mothers did not have careers, who have university education and career aspirations, and who were in emerging adulthood during pregnancy regarding motherhood identity before becoming mothers?
ii. What are the first experiences of women whose mothers did not have careers, who have university education and career aspirations, and who were in emerging adulthood in the transition to motherhood identity?
iii. What is the influence of naturally occurring emotions during the transition to motherhood on forming maternal identity?
iv. What are the coping strategies of women whose mothers did not have careers, who have university education and career aspirations, and who were in

emerging adulthood during pregnancy to gain their maternal identities in the first postpartum experience?

1.3 Significance of the study

In the literature, studies on the transition to motherhood have been conducted in many different areas such as psychopathology, medical processes of mother and baby, and physical care of the baby (Arnold-Baker, 2015; Dinç, 2023; Oruç, 2018). However, it is thought that there is a need for studies that focus on the identity transformation that women undergo during the transition to motherhood and address the mother's perspective (Arnold-Baker, 2015; Arnold-Baker, 2019). In the last two decades, studies have been conducted that examine the transition to motherhood from the woman's own perspective, assume that positive and negative experiences of this period are experienced together, and open space for the discussion of the mother's non-pathological challenging experiences (Arnold-Baker, 2019). Western studies reveal that it is important to repeat these studies in different cultures and age groups (Finlayson, 2020). Turkey is a country where studies with different theoretical orientations have increased and diversified in recent years (Arakelyan, 2019; Çorapçı et al., 2020; Dinç, 2023; Sümer et al., 2020).

Sharing the challenges and negative feelings women experience during the first year of transitioning to motherhood strengthens their coping mechanisms. This information interchange allows them to realize they are not alone in this experience (Stern & Bruschweiler-Stern, 1998). On the other hand, although it is observed that women are increasingly discussing their negative emotions and experiences with each other (Arnold-Baker, 2015), it is understood that women are still quite hesitant to share these experiences in Turkey, except they only share with those they are sure

will not judge them (Chapman & Gubi, 2022; Tuna, 2023; Vik & DeGroot, 2021). Therefore, along with the positive developments experienced during the transition to motherhood, it is necessary to recognize the negative emotions and understand that this awareness is beneficial and facilitative in constructing maternal identity. In the field of psychological counseling, group counseling programs provide a suitable environment for mothers to share difficult emotions with each other (Arnold-Baker, 2020). It has been understood that the programs created in Turkey regarding the transition to motherhood in recent years are mostly aimed at families with low socioeconomic levels (Çorapçı et al., 2020) and aim to educate mothers with low awareness levels about the mother-baby relationship (Sümer et al., 2020). In order to develop a psychological counseling practice regarding the needs of the targeted group namely women whose mothers did not have careers, who have university education and career aspirations, and who were in emerging adulthood during pregnancy in this research study, it could be critical to understand the experiences of this target group.

Moreover, in Turkey, there has been an increase in childbirth preparation courses during pregnancy in recent years (Sormageç & Güldür, 2021). These courses, which prepare the mother for childbirth and the initial care of the baby, are provided to expectant mothers by midwives before delivery and mostly contain caregiving information (Ministry of Health, of Republic of Turkey, n.d.; Sormageç & Güldür, 2021). In addition, it is important that postpartum midwife home visits provide both physical education and emotional support for women in the transition period to motherhood, and there is a need to increase the prevalence and quality of this service in Turkey (Bay & Özerdoğan, 2021).

The current research utilizes the Becoming a Mother (BAM) theory as its theoretical framework (Mercer, 2004). BAM is a theory originating from the field of nursing and focusing on the work of midwives in the transition to maternal identity. When the BAM theory is examined, it is seen that it also considers the psychological state of the mother in the first year of motherhood (Mercer, 2004). Therefore, it is possible and beneficial to develop a program in which psychological counselors and midwives can work together in the context of prevention in the postpartum period. Current research can be also significant since it aims to examine the common field of two professions.

Also, a recent study reviewing scales derived from the BAM theory summarized that these scales have predominantly been applied to Caucasian women (Maxwell & Leat, 2023). Furthermore, Maxwell and Leat (2023) state that BAM is culturally sensitive and emphasize the importance of conducting studies using the BAM framework in different cultures. Considering the lack of studies on maternal transition using the BAM theory in Turkey, the current study is essential in aiming to conduct an exploratory study in the field.

The emergence of the concept of transitioning to motherhood identity is relatively recent (Mercer, 2004). Studies examining the phenomenon of transitioning to motherhood identity have been conducted mostly in Western countries (Asadi et al., 2020; Bye et al., 2021; Maxwell & Leat, 2023; Prinds et al., 2014; Walker, 2019). It might be considered that a woman's maternal identity is shaped by the influence of the culture and historical time period she is in and could be evaluated accordingly (Collins et al., 2019). Researchers have recommended that similar studies on the transition to motherhood be conducted on different cultures, beliefs, and age groups to enrich the literature (Darvill et al., 2008; Prinds et al., 2014). While striving to

keep pace with modern developments by following the West, Turkey also maintains its traditional values to some extent (Arslan, 2014). In the context of women's education and career aspirations, women in Turkey look to the West as an example. Yet, they are also shaped by a society that still bears traditional traces (Bozkurt, 2019; Sunar & Fişek, 2005). Expectations and experiences regarding motherhood vary across cultures, so maternal transition research might be replicated in different cultures (Huang et al., 2016). In the context of psychological counseling, considering the culture in which individuals experience a phenomenon is an ethical and professional necessity in individual or group counseling studies (Bemak & Conyne, 2018). Therefore, the aim is to conduct a culturally sensitive study focusing on rediscovering the influential factors in the maternal transition experience within the context of Turkey. This study aims to provide insights into individual and group psychological counseling interventions in this area.

Mothers who have children shortly after university education and have career aspirations are a significant population in Turkey (TUIK, 2022). This age range, which corresponds to the period of emerging adulthood, is defined as a period in which individuals continue to explore their life choices and identities (Arnett, 2007). The experiences of women who became mothers during this period are worth investigating specifically for the period (Finlayson, 2020). Especially for women at the beginning of their career journey, experiencing the transition to motherhood simultaneously means that two transition periods progress concurrently. Research studies aimed at understanding how these two experiences shape each other will provide a foundation for supporting new mothers in the dual transition period in the field of individual psychological counseling.

Therefore, it would be beneficial to understand the experiences of a university graduate and career-oriented woman in Turkey during the transition to mother identity. Thus, it may be possible to advance the comprehensive perspective from preventive, therapeutic, and psychoeducational perspectives (Arnold-Baker, 2019).

CHAPTER 2

LITERATURE REVIEW

The literature review has three main sections: Maternal identity, transition to maternal identity, and, theoretical framework. In the first section, factors shaping maternal identity are discussed. The second section explains the transition process to maternal identity and the factors influencing this process. In the third section, the theoretical background of the present study is presented.

In this study, the words “maternal identity” and “motherhood identity” are used interchangeably since the existing literature has used both terms in the same way so far (Arnold-Baker, 2019; Hartman, 2014; Perun, 2013).

2.1 Maternal identity

Identity is described as the fact of being or feeling that a person is and the qualities that make an individual different from others (Cambridge Dictionary, 2024). The definition of the concept of identity varies across different disciplines, but in social sciences, it is generally understood as the individual's perception of themselves and how others perceive that individual (Brenner et al., 2021). This definition implies that an individual does not have a single identity. A female individual acquires the identity of a woman, the identity of a child within her family, the identity of a student at school, the title at her workplace, the identity of a spouse when she gets married, the identity attributed by society in the event of a divorce, and the identity of a mother when she has children (Acar, 2021). Although these identities consist of generally accepted characteristics by society, the meaning each individual attributes to that identity, the elements such as self-perception, self-

realization, and consciousness related to that identity, in a way, make that identity unique for everyone (Cambridge Dictionary, 2024). From these perspectives, maternal identity is a concept formed by societal and individual factors. The formation of maternal identity can be defined and interpreted from psychological (Hartmann, 2014) and sociological (Brenner et al., 2021) perspectives as well.

There is no single definition of maternal identity. Maternity, a universal term, has different definitions and scopes according to different times and cultures (Collins, 1987; Thurer, 1999; Uttal, 1996, as cited in Barış-Şahbudak, 2022). Mother is defined in the dictionary as “a woman in relation to a child or children to whom she has given birth” as a noun and “bring up (a child) with care and affection” as a verb (Oxford English Dictionary, n.d.). Motherhood is defined as “the state or time of being a mother” (Cambridge, 2024).

Definitions indicate that the concept of motherhood encompasses not only biological aspects but also psychological and sociological elements (Collins et al., 2019). Bassin et al. (1996) claimed that motherhood is formed by complex and profound personal feelings constructed from infancy. Furthermore, according to Forcey (1994), motherhood entails such actions such like feeding and caregiving activities, which are socially constructed. Uttal (1996, as cited in Barış-Şahbudak, 2022) defines a mother as the person who meets all the child's needs, except the economic ones, until the child’s school age. This definition is mainly considered the traditional definition of motherhood and includes domestic elements (Uttal, 1996, as cited in Barış-Şahbudak, 2022).

According to traditional beliefs, maternal identity is perceived as an inherent instinct in women, and becoming a mother is considered an inevitable scenario for all women (Badinter, 2012). Moreover, according to traditional acceptance, a woman

who becomes a mother also assumes the responsibility of managing household affairs (Friedan, 1963). However, in terms of the modern evolution that reshapes maternal identity, the influence of industrialization and modernization on society over the last fifty years is evident. Following the Industrial Revolution, various changes in social life occurred due to modernization. The rise in rural-to-urban migration, increased participation of women in the workforce, and engagement in education have provided women with opportunities to pursue careers. Today, women have choices beyond the traditional role of becoming a mother. Furthermore, the contemporary ideal woman is described as educated, career-oriented, independent, and self-reliant (Badinter, 2012; Paksi et al., 2022). The changes in society regarding the role of women and, consequently, the definition of motherhood have not lightened the burden of maternal identity for women; instead, they have made the burden even heavier. In modern society, if a woman chooses to be a mother, she is responsible for meeting all their children's needs and working to fulfill the workforce requirements (Thurer, 1994). Additionally, Almond (2011) argues that the emergence of the nuclear family has led to a lifestyle that does not ease the burden of childcare for women. Consequently, carrying the identity of motherhood today has become even more challenging than before (Almond, 2011). Badinter (2012) summarizes this case in the book named, The Conflict: How Modern Motherhood Undermines the Status of Women, that maternal identity and feminine identity are increasingly diverging, and women are forced to choose between the two identities. When, for instance, women desire to return to work after childbirth, they grapple with the imposed idealized notion of motherhood (Haynes, 2008). On the other hand, the decision not to return to work is perceived as a loss for women, and this double bind complicates overcoming negative emotions during the transition process (Pistrang,

1984). Looking at the statistics, in western areas of Turkey where women are actively engaged in their careers, there has been a slight increase in women who delay having children until their 30s over the last twenty years (TUIK, 2022). A study examining the motherhood experiences of women in professional careers in Turkey has revealed that women aspiring to succeed in their professional lives also view motherhood as an area where they aim for success in parallel. The study suggests that this perception of professional motherhood is supported by the traditional view that largely assigns the responsibility of childcare to mothers, causing them to struggle with both roles simultaneously (Kaya, 2008). In another recent study on parental roles and gender, it was found that mothers tend to feel more responsible for the child, even if both parents work long hours, with fathers feeling less guilty compared to mothers who often feel guilty and responsible (Aarntzen, 2023).

Regarding fatherhood, we can observe changes from the past to the present. Before the nineteenth century, fathers' lives inside and outside the home were more intertwined, and their roles were more permeable, allowing for greater involvement with childcare. However, the Industrial Revolution, requiring labor outside the home, shifted the breadwinner role more heavily onto fathers (Gillis, 1997). Developments following modernization and feminist movements led to a dual progression of fatherhood identity that is the breadwinner father identity, responsible for working outside the home and providing financial support, and the “new father” identity, involved in childcare (Coltrane, 1996). Despite the trend toward equal sharing of financial responsibility and childcare between parents today, practical arrangements often place more childcare responsibility on mothers (Nomaguchi, 2009). A recent study on the narratives of young adult couples who have become new parents in Turkey has provided a parallel finding (Arakelyan, 2019). The participants in this

study expressed that while both parents share responsibility for childcare, mothers tend to have greater responsibility in this role.

When it comes back to motherhood, society has historically associated maternal identity only with positive attributes and defined mothers with qualities such as love, sacrifice, dedication, patience, and generosity (Takševa, 2017). Negative emotions like hatred and envy have often been attributed to stepmothers in fairy tales (Birkhauser-Oeri, 1988). The fact that the natural combination of love and hatred, inherent in every relationship, is present in the mother-child relationship has been rejected by society (Parker, 1997). Negative emotions, as natural and inevitable as positive ones, contradict the societal perception of the romantic, all-loving mother (Johnston-Ataata et al., 2018). In "The Monster Within: The Hidden Side of Motherhood," Almond (2011) similarly lists the factors that constitute contemporary maternal identity. In addition to pre-existing traditional beliefs and the perception of sanctity surrounding maternal identity, definitions encompassing perfectionism in maternal identity have emerged because of ongoing societal transformations. This makes mothers feel guilty when experiencing inevitable negative emotions toward their children and makes them struggle more with motherhood (Almond, 2011).

Besides the societal factors, the unique stories of mothers play a significant role in forming their maternal identities (Arnold-Baker, 2015). The maternal identity formed by each woman comprises individual components, including past experiences, personality, age, psychological stage, and socioeconomic position, which inevitably differ at some point from others (Dinç, 2023). Studies that consider these differences and relatively evaluate maternal identity more individually are increasing in the literature. (Arnold-Baker, 2015).

Psychological studies exploring maternal identity trace back to the formation of psychoanalytic theory (Hartman, 2014). Object-relations theory primarily bases an individual's psychological structure on their relationship with their mother. This inevitably focuses on the maternal role as a central point in the research on the child's psychological development (Doane & Hodges, 1992).

The psychoanalytic approach defines the mother figure as an object containing both good and evil in harmony, emphasizing that the ideal is not perfection but averageness (Hartman, 2014). Winnicott (1953) defined maternal identity through the "good enough mother." Being a good enough mother was defined as being adaptively and sensitively responsive to the baby's needs with a decreasing frequency and creating space for the baby to tolerate the lack it must acquire as it grows (Winnicott, 1953, as cited in Hartman, 2014). This definition suggests that the mother's role should not be perfect. It is acceptable for the mother to have behaviors that could be considered errors, neglect, or indifference to allow the child to confront the real world (Winnicott, 1953). Similarly, in object relations theory, Klein (1933) explained this duality from the baby's perspective by distinguishing between the good and bad breasts. The baby separates the destructive aspects of the mother, depicting the lousy breast from the angelic mother, and fantasizes about them as different individuals. However, over time, based on a healthy relationship, the child integrates the good and bad mother archetypes, assimilating the reality that positive and negative emotions can coexist within the mother (Klein, 1933). Klein also emphasized that the psychological structuring of an individual depends on which one's positive or negative experiences with the mother predominate (Zabcı, 2022). In this regard, Klein's (1933) and Winnicott's (1953) statements also show similarities.

As another pioneer, Jung (1982) considered maternal identity in the context of the collective unconscious and introduced the archetype of motherhood. Both maternal identity itself and the transition to motherhood are considered archetypal issues. Jung defined archetypes as products of a universal unconscious, transcending cultures and universally accepted in a similar manner worldwide, originating from the psyche and having an inherent, hereditary, and unchanging nature despite cultural and temporal variations (Jung, 1953). Motherhood archetype is one of these archetypes. From Jung's perspective, the motherhood archetype is a pattern that has a normative influence on societies. According to Jung (1982), the mother archetype is spiritually powerful, mysterious, nurturing, and wise, with a destructive and engulfing dark side. Parallel to Winnicott (1953) and Klein (1933), Jung (1982) claimed that a mother represents good and bad together. Also, Winnicott (1953) declares that a mother would be good and enough for her children by following her intuitions and experiences.

Stern and Bruschweiler-Stern (1998) provide a new perspective on the definition of maternal identity in response to the question of who mothers are. According to Stern and Bruschweiler-Stern (1998), motherhood is the identity constructed by women based on their realistic experiences. When these experiences shape the societal expectation regarding maternal identity on a healthy basis, one can speak of the healthy formation of maternal identity in a woman. Therefore, Stern (1995) suggests that mothers' individual and realistic experiences need to be explored.

The concept of 'maternal identity' was first mentioned by Rubin (1967). Rubin (1967) defined maternal identity through role attainment and claimed that as the mother fulfills the role's requirements, she will acquire maternal identity

(Meighan, 2014). Mercer (2004) renewed Rubin's approach, including the mother's individuality and cultural sensitivity, and created the Becoming a Mother (BAM) theory. Panthumas and Kittipichai (2019) also expanded Rubin's definition by developing a scale to define maternal identity, which consists of three dimensions that are mother-child attachment, competence in the maternal role, and satisfaction with the maternal role. A recent Maternal Role Perception Scale (MRPS) adaptation study in Turkey aimed to quantitatively measure the acquisition of the maternal role, drawing upon Mercer's BAM theory (Bilgin & Ecevit-Alpar, 2020). The researchers argue that, unlike other maternal role scales, the MRPS utilizes mothers' perspectives in defining the maternal role. The study revealed that the acquisition of the maternal role, as defined from the mother's perspective, is influenced by physiological, social, and psychological factors such as age, education level, income, number of children, maternal employment status, and perceived social support. The study suggests applying this recently developed scale to different groups. For example, they stated that it is a scale that can be used to investigate the effects of environmental factors, such as socioeconomic and psychosocial status, on the perception of maternal identity (Bilgin & Ecevit-Alpar, 2020).

To sum up, maternal identity is a concept that may change according to society (Giles-Sims & Chodorow, 1979). An idealized concept of motherhood emerges in each culture (Erdoğan, 2008). The cultural definition of motherhood identity experienced by a woman, whether she accepts her culture or not, might affect her (Alizade, 2006; Badinter, 2012). The societal factors influencing the formation of maternal identity stem from traditional beliefs and modern transformations.

2.2 Transition to the maternal identity

The transition to motherhood is when a woman undergoes biological, psychological, sociological, and spiritual changes (Arnold-Baker, 2015; Davis & Athan, 2023; Prinds et al., 2014; Stern & Bruschweiler-Stern, 1998). During the transition to motherhood, where transformations may occur in all these areas, it is highly likely to experience challenging experiences alongside positive emotions (Arnold-Baker, 2015). A recent concept analysis study indicates that the transition to motherhood involves psychological strains besides physical changes (Hwang et al., 2022). The developmental approach, which introduced the concept of "matresence" claims that the transition to motherhood is like the adolescent period regarding hormonal, social, ecological, psychological, and spiritual changes (Davis, 2023). The transition to motherhood, like adolescence, involves numerous changes, making it a transformative process that significantly affects individuals and requires time for adaptation (Raphael, 1975). All these complex experiences and emotions are natural and play a role in forming maternal identity (Arnold-Baker, 2019).

The experience of transitioning to maternal identity may be an existential crisis where pleasant and unexpected elements coexist (Arnold-Baker, 2015). Van Deurzen (2009) defines the maternal experience as a life crisis where everything is disrupted, and balances are re-established. Based on existential philosophy and its terminology, this approach presents research findings parallel to Stern and Bruschweiler-Stern's (1998) explanation of the psychological birth of the mother. According to Stern and Bruschweiler-Stern (1998), with the birth of the baby, priorities, relationships, and self-perception in the mother's life undergo a complete transformation. Women transform their perspectives regarding life and identities with motherhood (Athan & Reel, 2015). Furthermore, a qualitative study found that

women reorganize their identities during the transition to motherhood. At the beginning of this process, they struggle with the loss of their old identities for a while. Subsequently, they include their children in their life and integrate their relationships with their children into their identities (Laney et al., 2014).

In this section, the literature review on women's transition to the motherhood process yielded common factors, which are discussed under subheadings. Since the transition to motherhood is highlighted as a process in the literature, it is designated as a subheading (Mercer, 2004; Miller, 2005; Stern and Bruschweiler-Stern, 1998). Factors influencing the transition to motherhood are also grouped as expectations, initial experiences, ambivalence, loss, shame, doubt, guilt, self-confidence, control, regaining balance, and social bonds (Stern and Bruschweiler-Stern, 1998). Furthermore, intergenerational transmission is addressed as an individual factor (Babetin, 2020). Finally, there is a subsection on motherhood and career, which is one of the crucial factors influencing the transition to motherhood for mothers who are the current study's target population (Monro, 2016).

2.2.1 Transition process

Stern and Bruschweiler-Stern (1998) discuss a transformation in the book "The Birth of a Mother" and explain that the formation of maternal identity is similar to the birth of a baby. In other words, just as a baby is born, a mother's identity is also born with the baby. In her book *"The Stone Child's Mother,"* Nemetz (2012) expressed that developing maternal identity after childbirth is akin to a painful process like the birth of the baby, and the construction of maternal identity continues with each new struggle. Orchard et al. (2023) highlighted the alteration in the woman's brain during the motherhood transition and the increased cognitive load on the woman. The

woman's struggle during the transition to motherhood is possible from biological, social (Orchard et al., 2023), cognitive, emotional, and behavioral (Perun, 2013) perspectives. Stern and Bruschweiler-Stern (1998) divide the birth of maternal identity into three stages that are pregnancy, childbirth, and the first few months after birth. Pregnancy is a period during which the expectant mother essentially constructs expectations about her baby, her own motherhood, and the mother-child relationship. Birth and the immediate aftermath constitute a period where these expectations collide with actual experiences, resulting in chaos and upheaval. The following months represent a time when the mother navigates through her initial upheaval, reorganizing her expectations, relationships, emotions, in short, her chaos, and regaining control (Mercer, 2004). Thus, the transition to motherhood identity needs a prolonged adaptation.

The studies mentioned below fortify theories that motherhood identity is processed and accepted over a certain period. In a study by Laney et al. (2014) investigating the influence of maternal transition on women's identity development, they claimed that women initially lose their identity and enter a period of turmoil during the motherhood process. However, in the ongoing process, they acquire maternal identities, include their children within the expanded boundaries of this identity, and develop close relationships with their children (Laney et al., 2014). Furthermore, the study concluded that women with negative experiences tend to talk about it less. Finally, this study also suggests this process could be observed among mothers in different cultures (Laney et al., 2014). Another recent study examining the transition to maternal identity, stated that the mother goes through variable moods due to the changes in her daily life during the process but gradually stabilizes over time (Reveley, 2020). The same study reveals themes of emotional exhaustion,

rebuilding social relationships, adjusting to having a baby, and rediscovering identity. Therefore, the mother's identity and relationships in her social environment are regulated as she becomes accustomed to the baby and adapts her new motherhood role (Reveley, 2020).

2.2.2 Expectations

The formation of the mother's identity begins with pregnancy. The physical changes during pregnancy contribute to creating space for the baby in the woman's mind (Stadlen, 2005). Moreover, factors such as the mother's past story, the socio-cultural context she is in, her priorities, values, and fears play a role in determining motherhood representations, including desires, dreams, and fantasies about her motherhood, the expectant baby, and the mother-infant relationship during the period from pregnancy to childbirth (Stern & Bruschweiler-Stern, 1998). Under the title of 'Maternal Identity,' societal myths about maternal identity, the perception of perfect motherhood, the belief that women should excel both in their careers and motherhood and the increasingly demanding perspective on maternal identity in the modern era has been discussed (Badinter, 2012). These factors play a decisive role in shaping the representations of maternal identity in a woman's mind from childhood onwards (Miller, 2005; Stern & Bruschweiler-Stern, 1998). Nelson (2003) emphasized the importance of addressing the expectations of mothers during the prenatal period and encouraging mothers in the first six months postpartum. In a study involving 330 first-time mothers in Israel, it was found that women's expectations regarding the transition to motherhood had an influence on the mothers' mental health in the postpartum period. Furthermore, it was revealed that these expectations are influenced by idealist beliefs about maternal identity, such as having

a perfect birth experience, having perfect babies, and being a “perfect mother” who performs during birth and motherhood (Preis et al., 2018). Another study conducted in Portugal examined the link between dysfunctional negative thoughts during the transition to motherhood and postpartum depression in 387 women, finding a positive relationship between these two variables. Moreover, the same study emphasized the importance of early detection of these dysfunctional expectations and mothers' self-compassion during the postpartum period for preventive and therapeutic purposes (Fonseca & Canavarro, 2018). Therefore, investigating expectations within a cultural context is crucial in terms of preventive and treatment interventions in psychological counseling.

2.2.3 Initial experiences

From childbirth onwards, the mother experiences a reality where her maternal representations align and diverge (Arnold-Baker, 2015). Recognizing and adapting to the influence of expectations on real experiences facilitate the formation of maternal identity (Stern & Bruschweiler-Stern, 1998). Arnold-Baker (2019) summarized the identity crisis of mothers in the first year as follows. Women have a preconception about maternal identity. However, in the first experience of motherhood, they realize that preconception may not align with their own experience since their experiences are much more intense and absorbing than expected (Mercer, 2004). Feeling a discrepancy, not fully retaining their old identities, or not feeling “like a mother” while fulfilling the childcare requirements puts them in a mismatched feeling (Arnold-Baker, 2019). A qualitative study examining the factors of internal conflict during the transition to maternal identity discusses that the difficulty of the transition period increases as the gap between a woman's expectations and the experience

widens (Javadifar et al., 2013). It was found that women who experience unmet expectations during the initial months of transitioning to motherhood struggle to adjust their relationships with their babies, exhibit more severe depressive symptoms (Harwood et al., 2007) and unmanageable ambivalent feelings (Almond, 2011) during the postpartum period. Maternal representations originate from the mother's internal images, and these representations may sometimes have a disruptive effect on the transition to maternal identity, the relationship established with the baby, and the baby's development (Stern & Bruschweiler-Stern, 1998). In such cases, it may be helpful for the mother to undergo individual therapy starting from pregnancy and continuing into the postpartum period, both for preventive measures and the effectiveness of the intervention (Llairó et al., 2023). Other studies emphasizing the effectiveness of preventive interventions also highlight a similar point. The commonality among these research studies is their emphasis on the lack of realistic expectations during the transition to motherhood for women preparing to become mothers. Thabet et al. (2024) found that increasing awareness among mothers about the physical and emotional challenges likely to be encountered during the transition to motherhood increased maternal satisfaction with the maternal role and reduced depression and anxiety in mothers. Similarly, Asadi et al. (2020) claim that educating expectant mothers and fathers before childbirth will increase their awareness of challenges and help them develop coping strategies. Therefore, psychoeducational seminars that inform prospective parents about the challenging physical and psychological processes they may encounter during the postpartum period are among the preventive psychological counseling interventions conducted during the prenatal period.

The most frequently encountered topics in the literature regarding the initial emotions experienced during the transition to motherhood are explained below. Ambivalence, loss, shame, doubt, and guilt are discussed under a single heading because they are considered to be intertwined concepts. Additionally, self-confidence is explained under a separate heading due to its significant importance in the BAM theory during the transition to motherhood. Furthermore, the control factor was explained in the subsequent section.

2.2.3.1 Ambivalence, loss, shame, doubt, and guilt

During the transition to motherhood, encompassing prepartum and postpartum periods, some factors emerge along with the conflict between expectations and experiences, which are influential in the transition to maternal identity. Ambivalence, loss, shame, doubt, and guilt are some of the most encountered elements in the literature, and therefore, they were examined in this section (Almond, 2011; Babetin, 2020). First, the simultaneous occurrence of the natural burden of having a baby and the mother's adaptation to her new life can give rise to many ambivalent feelings that mothers may have toward their infants (Almond, 2011). When a woman becomes a mother, there is loss and grief because she will no longer return to her old life (Mercer, 2004; Winstanley, 2000). Furthermore, the mother confronts the reality of being responsible for someone else's life with the arrival of a vulnerable baby (Garland, 2019; Stern & Bruschweiler-Stern, 1998). After childbirth, recognizing that the needs of the baby and the mother belong to two different entities is part of the process and takes time. In other words, situations where the mother's needs are mismatched with the baby's needs create a conflict of needs (Winnicott, 1953). This situation leads to maternal ambivalence (Almond, 2011). Maternal ambivalence is

expected within a certain spectrum and can even be beneficial for the healthy progression of the mother-child relationship (Almond, 2011). Moreover, up to an extent, these emotions can even lead the discerning mother to strive for better parenting. (Adams, 2014; Parker, 2005). However, if the gap between the ideal motherhood identity in a woman's mind and her experiences after becoming a mother is more than acceptable, this leads to feelings of guilt for the mother (Almond, 2011; Arnold-Baker, 2015). This complicates the transition to the maternal identity (Maher & Saugeres, 2007; Miller, 2005). A recent study has revealed that mothers experience ambivalence during the first year of transition after childbirth (Tuna, 2023). Moreover, after expressing ambivalent feelings, mothers felt shame (Parker, 2012), guilt (Constantinou et al., 2021), and regret (Mulherin & Johnstone, 2015) about these feelings (Tuna, 2023). The merging of traditional myths and the popular perception of motherhood in the modern era widens the gap and creates challenging situations for women in the transition process to maternal identity (Almond, 2011).

Being a mother is closely associated with the guilt that a mother feels due to her actions or feelings (Parker, 2012; Raneberg & McCallum, 2023). The fact that the natural combination of love and hatred, inherent in every relationship, is present in the mother-child relationship has been rejected by society (Almond, 2011). Negative emotions, as natural and inevitable as positive ones, contradict the societal perception of the romantic all-loving mother (Johnston-Ataata et al., 2018). This leads mothers to feel guilty when experiencing inevitable negative emotions towards their babies and makes them struggle more with motherhood (Almond, 2011). Rotkirch and Janhunen (2010) state that guilt is a frequently accompanying emotion in motherhood.

In a study based on anonymous exchanges from an online motherhood platform, it was confirmed that feelings of ambivalence, shame, and guilt are intertwined (Lacy, 2015). Mothers stated that social pressure to equate motherhood with only positive emotions placed heavy burdens on their maternal identity, making it difficult to disclose ambivalent emotions. Moreover, this study has indicated that the fear of being judged by society, and also feelings of guilt and shame hinder mothers from seeking help for their ambivalent feelings and exacerbate ambivalence (Lacy, 2015). The anonymity of the exchanges has enabled mothers to express their feelings securely (Lacy, 2015). This means that the hindrance to mothers seeking help regarding challenging emotions that impede their adaptation to motherhood stems from societal labeling, which is the source of these emotions. A recent thesis study in Turkey has reached findings parallel to the above study (Tuna, 2023). In Turkey, women also cannot share their feelings of ambivalence with their close circles due to the fear of judgment, yet they have a need for support from their social circles regarding these feelings (Tuna, 2023).

The topics of ambivalence, shame, and guilt are emerging areas of study related to the transition to motherhood. There is a need for more in-depth research on the influence of these issues on motherhood identity in Turkey.

2.2.3.2 Self-confidence

Self-confidence is another factor strongly associated with the identity development of primiparous mothers who have given birth to their first child (Walker et al., 2019). The increase in mothers' skills and confidence in caring for their babies parallels the acquisition of maternal identity (Javadifar et al., 2016; Mercer, 2004). Before childbirth, a woman anticipates motherhood, acquires various information from

experts and the social environment and constructs expectations about her motherhood. However, immediately after childbirth, the initial experiences of the mother might clash with her expetations, and that challenges the mother (Miller, 2005). As long as the mother has a source to turn to during this tumultuous period, she gradually learns to cope with the challenge and eventually gains confidence, thus acquiring her identity (Mercer, 2004). However, modern recipes of motherhood definitions in the finest detail have pressured a woman's maternal identity like never before (Badinter, 2012; Miller, 2005). In Miller's study (2005), which aimed to illustrate how the expectations and experiences of mothers shaped by the dominant discourse differ, she interpreted the transition to motherhood experience through authoritative knowledge. The knowledge continuously referred to and used by society, maintaining its validity, is referred to as authoritative knowledge (Jordan, 1993). A woman constructs her expectations about becoming a mother based on the information she acquires through interactions with her environment, thus forming it through authoritative knowledge in society. With the advancement of technology, associating the process of childbirth with hospitals and experts has led to the pathologizing of childbirth as if the birth were a medical condition, not a natural process any woman can come across, requiring medical intervention in any case (Miller, 2005). The transition to motherhood, where women once had autonomy, has become a process in which consulting experts at every step and adhering to recommended practices have become ingrained. Along with these assumptions, authoritative knowledge has emerged, suggesting that the transition to motherhood needs to be controlled and managed by experts (Miller, 2005). Individuals turning to expert discourse have diminished trust in the experiences of the older generations, and the weakening connection with the experiences of their mothers and

grandmothers has resulted in uncertainty for the individual. This uncertainty has led women to increasingly seek expert guidance and feel decreasing self-confidence in becoming mothers (Miller, 2005). Furthermore, when mothers redirect their need for information to external sources instead of seeking it from their mothers, the perfectionism barrier emerges, created by experts, books, social media, and similar sources, always dictating the correct way (Badinter, 2012). As mothers feel distant from the ideal maternal identity they have constructed, they feel guilty and strive even more, often pushing aside identities beyond motherhood (Almond, 2011). Ultimately, the self-confidence of mothers who both become alienated from their internal coping mechanisms and who fail to achieve the targeted high maternal image decreases (Miller, 2005). The result is a portrayal of women overwhelmed by the identity of motherhood. Thus, in the process that begins with childbirth, the disparity between the idealized maternal identity that the mother envisions and strives for and the reality she experiences leads the mother to doubt herself. This situation results in shame for the mother, a lack of confidence in finding solutions to difficulties, and increased ambivalent feelings towards her child (Hartman, 2014). In conclusion, all these interconnected factors above influence the mother's self-efficacy in problem-solving and being a good enough mother (Hartman, 2014). Research suggests emphasizing multidisciplinary approaches to enhance women's coping skills during the transition to motherhood, focusing on uncovering their unique needs and internal strengths (Hartman, 2014). Therefore, increasing the mother's self-confidence and encouraging her to discover her own strength and unique coping mechanisms can facilitate her transition into motherhood. The findings of recent studies are parallel to those described above. A review study summarizing 36 transition-to-motherhood studies in the last 20 years has compiled the factors influencing the transition to the

new motherhood identity (Finlayson et al., 2020). The study has indicated that if a mother succeeds in childcare over time, experiences emotional and physical healing, and regains harmony in close relationships, she gains maternal confidence, competence, and autonomy, thus making a healthy transition to motherhood (Finlayson et al., 2020).

When examining the factors influencing the transition to maternal identity, it becomes apparent how interconnected and reciprocal these factors are. The birth process of maternal identity begins during pregnancy and continues parallel to the increasing confidence in the mother's achievements as the baby grows and develops (Mercer, 2004; Stern & Bruschweiler-Stern, 1998). The factor influencing a woman's confidence necessary for the development of her identity is the magnitude of the disparity between her expectations before childbirth and her experience after childbirth during the transition to motherhood (Hartman, 2014). Parallel to the size of this gap and as the mother realizes that her knowledge is insufficient for the actual postpartum experience, feelings of doubt, shame and guilt arise. These feelings reduce the mother's self-confidence and make the identity formation process hard to manage (Hartman, 2014; Mercer 2004). Naturally, existing maternal ambivalence, coupled with feelings of shame and guilt, can turn into a challenging condition significant enough to negatively influence the mother-infant relationship and the mother's identity formation (Almond, 2011). The factors mentioned above are emotional issues that can be addressed and worked on in individual and group counseling sessions.

The study of Finlayson et al. (2020) mentioned above suggests that by being replicated of the same study in different cultures, culture-oriented policies and mechanisms can be developed and implemented. Similarly, a study conducted in Iran

suggests that healthcare providers and policymakers could work to enhance mothers' quality of childbirth and postpartum self-confidence (Ahmadpour, 2022). In parallel, another study conducted with first-time mothers in Iran showed that the mother's self-confidence in coping skills in child care after birth enables her to acquire a maternal identity (Javadifar et al., 2016). The intertwining nature of confidence, ambivalence, shame, and guilt factors has been summarized through studies in the literature. In Turkey, integrating studies to increase mothers' confidence and address the naturalness and management of challenging emotions into the increasingly prevalent childbirth preparation education in recent years can facilitate this process and provide informative support for the psychological transition. It is thought that the current study is important in terms of contributing information for the integration mentioned above. Focusing on the experiences of the targeted population during the transition to motherhood in terms of self-confidence may be one of the significant aspects of the study.

2.2.3.3 Control

In the transition to motherhood, another factor is the issue of control. In the early stages of transitioning to motherhood, mothers may experience a sense of loss of control (Figes, 1998). Since the pregnancy begins, the expectant mother realizes that there is some change in her body, making her feel out of control of her own body (Arnold-Baker, 2015). Additionally, after the birth, every mother's choice and responsibility have consequences in an unknown future, but these outcomes are beyond the mother's control. Additionally, the instinct to keep the baby alive leads the mother to think more about life and death (Arnold-Baker, 2015). Stern (1995) also introduces the concept of a maternal mindset named “Motherhood

Constellation" (pp. 171-190). He claims that a woman's mindset undergoes an irreversible change after becoming a mother. For example, a new mother in the first few months may pay more attention to the mothering behaviors of her peers, have a heightened sense of danger towards the outside world, and experience heightened instincts. The instinctively emerging maternal mindset is prominent in the first crucial months when the baby needs the mother the most, with its primary goal being the survival and development of the baby (Stern, 1995). All these factors can create anxiety in the new mother, and it may even be necessary for the continuation of the baby's life (Stadlen, 2005). Mothers realize they need time to reconcile with this experience and regain control (Figes, 1998; Miller, 2005; Neiterman & Fox, 2017). In a qualitative study, it was found that there was a disruption in the balance after childbirth, leading to the mother experiencing internal conflict. In the first weeks after childbirth, the mother feels a loss of control and inadequacy, which challenges her. Changes in self-perception and acquiring a new identity follow this challenging stage. Her self-confidence develops as the mother realizes she is coping with the situation (Javadifar et al., 2016). Feeling that she has regained control, the mother develops maternal role attainment (Mercer, 1985). Therefore, a certain level of anxiety during the transition period is natural and beneficial for the healthy development of the baby and the formation of the mother's identity (Stadlen, 2005; Stern, 1995).

To sum up, ambivalence, grief, shame, guilt, loss, self-confidence and control are frequently mentioned topics in the context of initial experiences in the transition to motherhood. The loss that the new mother feels about her old life and the grief arising from this loss, ambivalent feelings, shame and guilt arising from the incompatibility of her expectations and experiences are among the initial experiences

of the mother (Almond, 2011). Moreover, gaining control, which the mother felt she had lost in the early days, and self-confidence, are seen as important factors in acquiring a maternal identity (Mercer, 2004).

2.2.4 Intergenerational transmission

A woman's construction of her maternal identity begins from her own childhood (Stern & Bruschweiler-Stern, 1998). In this construction, societal influences play a role, as well as the unique and influential relationship with one's mother (Stern, 1995). A woman transitions from the role of a daughter to that of a mother and the mothering she experiences from her own mother instinctively influence her own maternal practices (Brizendine, 2009). A mother who carries the psychological materials from her own childhood mother-child relationship into her own process transfers the representation of the mother-infant relationship in her mind to her relationship with her own baby (Buldur, 2009). The mother carrying emotional "wounds" from her mother-daughter relationship in childhood may unconsciously carry the task of healing her own childhood by being a good mother to her baby (Babetin, 2020). Furthermore, she strives to be a good mother with the desire for her child to have the mother she never had (Sacks, 2017). The conscious awareness of a mother who does not want to pass on the bitter childhood memories inherited from her mother to her child can benefit her mothering practices (Tsabay, 2014). On the other hand, the emotional investment a woman receives from and transfers to her child from the mother figure may not be as desired if her emotional relationship with her own mother is impaired (Almond, 2011). Especially in the first year, when the baby is quite demanding, the mother's ideals about mothering may be high, but her tolerance is low, leading to intense ambivalence and guilt (Almond, 2011). In a

qualitative study examining the daily maternal roles of women who have experienced maternal loss, four themes have emerged that are absence of knowledge on mothering, grief, support, and changes in self after the loss of mother (Hartman, 2014). This study suggests that women who have experienced maternal loss may lack support in practical childcare skills, and the effects on identity persist after the loss. Additionally, a qualitative study conducted with women who physically have their mothers but feel emotional absence revealed similar findings (Fraiberg, 2018). Emotional deficits carried from the past regarding the relationship with the mother and current deficiencies in learning caregiving skills contribute to the mother's struggle in bonding with the baby and practical childcare skills (Fraiberg, 2018). In a study examining the effect of adverse childhood experiences on mother-infant attachment, mothers with traumatic childhood experiences were found to exhibit insecure attachment patterns in their children. The study highlighted the importance of mentalization-based therapy techniques targeting maternal trauma (Berthelot et al., 2015). Another study investigating the influence of mothers' negative childhood experiences on maternal stress highlights the importance of attachment-based therapy in preventing the transmission of destructive relationship patterns from mother to child (Steele & Steele, 2017). The studies mentioned above demonstrate the importance of intergenerational transmission and the relationship with the previous generation in the maternal role. Hence, psychological counseling interventions, also present in the current study's field, are crucial in intervening in pathological relationship patterns.

Childcare practices are another tool the new mother receives from the older generation. Acquiring maternal skills can occur through observation as well as learning by asking questions during the postpartum period. In traditional societies,

women learn motherhood primarily from experienced women in their close community, especially from their own mothers (Miller, 2007). With modernization, the trust in the knowledge of the older generation has diminished, and information about the motherhood process began to be sought from experts (Miller, 2007). Emotional reasons such as not wanting to repeat the mistakes of one's own mother (Hartman, 2014) and the desire to achieve perfectionism accompanied by excessive information-seeking have led to more frequent recourse to expert knowledge (Badinter, 2012). However, this situation has made it difficult for mothers to build self-confidence and form their maternal identity (Hartman, 2014).

Studies below investigating intergenerational transmission's influence on the transition to motherhood have yielded common findings (Llairó et al., 2023; Markin, 2013; Walsh et al., 2022). A qualitative study examining the transition to motherhood for women experiencing emotional maternal deprivation found that women mourned the absence of their mothers' motherhood in their relationship with their own babies. Furthermore, it was revealed that women experienced “healthy maternal ambivalence” (Raphael-Leff, 2010) to avoid being like their mothers (Walsh et al., 2022). The study emphasizes the importance of creating space for women to experience and process the emerging losses and mourning during this process. Additionally, the same study suggests that early therapeutic support, when needed, could enhance the quality of the transition to motherhood. Another recommendation from Walsh et al. (2022) is to conduct studies in different cultures and populations to move away from the Westernized focus of intergenerational research on this topic.

A study examining the effectiveness of parenthood-centered psychotherapy in the transition to motherhood has indicated that representations derived from a woman's relationship with her own mother directly influence her relationship with

her baby (Llairó et al., 2023). The research highlights that psychotherapy initiated before birth and continued after childbirth plays a significant role in repairing representations that may hinder engagement with the child and the acquisition of maternal identity (Llairó et al., 2023). A study conducted with expectant mothers emphasized the importance of imagining their roles and relationships with their babies in the early stages through mentalization-based interventions (Markin, 2013). The study claimed that unresolved mother-infant issues related to early bonding emerge from pregnancy, and the transition to motherhood provides an unparalleled opportunity for individuals to address these issues. The goals of therapy include helping the mother to mentalize her baby, herself, and the relationship with the baby, with the therapist facilitating the mother to create a mental space for the baby in her mind (Markin, 2013). Therefore, the current study is thought to be noteworthy because it emphasizes the role of intergenerational transmission in the transition to motherhood of the targeted population and may contribute to preventive individual psychological counseling studies.

2.2.5 Regaining balance

The period following the coping phase, where the mother reassumes control, is characterized by months after the initial shock and chaos have been overcome (Mercer, 2004). It is a time when skills in caring for the baby are acquired, confidence develops in parallel, and anxiety diminishes (Mercer, 2004; Stern & Bruschweiler-Stern, 1998). Regardless of women's expectations, a mother's identity is an evolving and developing identity shaped by time and effort (Miller, 2007). Moreover, during this period of reorganizing expectations, one of the critical aspects of a mother's identity formation is realizing how subjective and unique her journey

into motherhood is (Arnold-Baker, 2019). In the Matresence approach, what constructs the identity of mothers is not just the actions they take for the child but, instead, the subjective definitions of 'who they are' alongside their new maternal identities (Raphael, 1975). This subjective identification is much more helpful for a woman's self-confidence during the transition to maternal identity and enables the mother to develop unique knowledge and skills (Athan & Reel, 2015). When it comes to actions, the period that the first couple weeks after the birth involves the mother gradually recognizing her practices with her child over time, building her expertise by stemming from her own identity to understanding her child, thereby developing her expertise (Miller, 2005). An awareness of the uniqueness and the reality of a woman's experience increases in a process that begins with childbirth. Nevertheless, this issue needs to be more commonly articulated in society, and alternatives could be created to counteract the prevailing discourse glorifying motherhood (Miller, 2007). Arnold-Baker (2015) also states that when women realize they do not feel as they were led to believe, they would “feel like a mother” immediately after childbirth. Initially, they think they are experiencing a false emotion. Still, then mothers become aware of their individuality and create their unique maternal identity based on their unique experiences (Arnold-Baker, 2015). On the other hand, in the modern era, there is a situation where the knowledge acquired from experienced mothers of previous generations is being replaced by expert opinions (Miller, 2005). However, expert discourses contain more universally applicable information than the uniqueness of one's family, assuming that raw information from a to-do list perspective implies that all women will experience motherhood similarly (Urwin, 1985). This assumption does not align with the unique identities that women construct until they become mothers. In a study, individuals

stated that valuing expert information obtained through social media rather than acquiring experiences from the older generation leads them to conform to a single mold (Hartman, 2014). In the end, during the transition to maternal identity, this assumption contributes to women experiencing identity crises to an extent that can sometimes be problematic to handle (Miller, 2005). In short, after the challenges of the first few months of motherhood, balance is naturally regained through the mother's internal coping mechanisms (Miller, 2005).

2.2.6 Social bonds

Research has shown that social relationships play an essential role in women's identity formation (Laney, 2013). With the woman becoming a mother, all social bonds are renewed, and the woman begins to have a maternal identity in her social environment (Arnold-Baker, 2015; Stern & Bruschweiler-Stern, 1998). First, the mother establishes her relationship with the baby from scratch, and this relationship is a type that develops and shapes over time. While establishing a social relationship with the baby is not possible in the first four months, it becomes easier for the mother to interact with the baby after the fourth month when the baby starts to show social responses (Arnold-Baker, 2015). Until then, the new mother, especially during the intense and demanding initial months of childcare, may feel isolated and alone due to the inability to socially engage with the baby and being distanced from existing social circles (Mercer, 2004). In addition to all the turmoil and chaos, this sense of loneliness can make the mother feel depressed and confused about her identity (Arnold-Baker, 2015). Therefore, social support is crucial for women to transition through the first year of motherhood more smoothly (Stern & Bruschweiler-Stern, 1998). In the social environment, especially when sharing experiences and emotions

among mothers, it is vital for women to receive support during challenging times and to normalize negative feelings when they arise (Arnold-Baker, 2015). A qualitative study conducted in Turkey revealed that mothers often feel judged by those in their immediate circle when expressing ambivalent feelings, and they prefer to share these feelings with people they believe will not judge them (Tuna, 2023). Stern & Bruschweiler-Stern (1998) have noted that the internal psychological experiences of women regarding the transition to motherhood are not as focused upon as their physical and social experiences, and they added that while women's internal experiences during the transition period are often similar, they do not discuss them openly among themselves. On the other hand, Arnold-Baker (2015), contrary to what is often claimed in the literature, found in her study that women do share this experience among themselves, and they find it quite relieving. Therefore, it can be said that in recent years, there has been an increasing trend among women to share their experiences related to motherhood transition, which are typically considered negative, among themselves, and this has become a resource for mothers. Therefore, while a woman enhances her relationship with the newborn, she simultaneously organizes her relationship with the environment as a baby's mother (Hwang et al., 2022). It is essential in this adjustment process to help the woman establish her new identity within the family and in society. Finlayson et al. (2020) stated that as women adapt to the changes brought by the baby in close relationships, the transition to motherhood identity becomes easier. In a study conducted with 588 mothers in Turkey examining the relationship between perceived social support and motherhood experiences, it was found that mothers with inadequate social support also reported lower satisfaction in their maternal role (Güler, 2016). Another study conducted with 366 participants found that unplanned pregnancy, insufficient income, and lack of

information about prenatal baby care were identified as factors that decreased adaptation to the maternal role (Taner, 2014).

Moreover, partner support is crucial for women during the transition to motherhood. Fathers play a significant role in helping mothers with childcare, encouraging them, and providing emotional support, thus creating a harmonious and peaceful environment at home. Therefore, partner support significantly influences the mother's adjustment to this new role and indirectly influences the child's development (Tezel-Şahin & Özbey, 2007). A partner's perspective on the new changes and roles within the family is vital for supporting their spouse. Therefore, the partner's emotions and thoughts about being in the role of the child's father will also determine his attitude towards the mother and assistance, thus affecting the mother's adaptation (Darvill et al., 2008). A study conducted in Canada aimed to explore the experiences and perceptions of new parents regarding the parenting role, involving 23 parents with children aged 6-18 months, highlights three main challenges in the transition to the parenting role that are the loss of individuality and the primacy of parenthood as a primary identity, the irritation caused by the fact of equal parenting in childcare, and the difficulty of managing the mismatch between expectations and experience (Levesque, 2020). Factors that exacerbate these challenges in the transition to parenthood include fatigue and irritability, social isolation, loneliness, and the imbalance between work and family. It was understood that both parents struggled to balance their different identities. The suggestion was made that sharing responsibilities between parents could facilitate the transition (Levesque, 2020). A study in Turkey revealed that there is still a traditional discourse regarding parental roles in new-generation families, yet modern and egalitarian discourses also exist (Arakelyan, 2019). Another study found that emotional and

physical support from the partner during the transition to motherhood has a positive effect on the new mother's role transition. This study suggests informing other family members and increasing societal awareness to ensure that mothers receive sufficient social support (Erdemir, 2023).

2.2.7 Career and motherhood

According to Stern and Brushweiler-Stern (1998), finding a balance between career and motherhood could be one of the most challenging parts of a woman's journey into motherhood. Today, the realities of being a woman, which include becoming a mother and having a career, seem conflicting (Badinter, 2012) and worth investigating. The transition to motherhood identity might be an existential transformation for a woman (Arnold-Baker, 2015; Ladge et al., 2012; Taşkın, 2016). A woman's existence in modern times is shaped by her education and career. The woman interprets her existence, constructs her life, defines her goals, and represents herself based on her career aspirations. Indeed, for a university-educated and career-oriented woman, the changes that come with motherhood may not always be as expected or welcomed as much as she desires (Peskowitz, 2005). Regardless of the choice she makes when it comes to motherhood, guilt persists. Studies have shown that women who continue working after childbirth experience guilt, while those who stay at home trying to be ideal full-time mothers feel loneliness and regret (Aktaş & Özden, 2020; Haynes, 2008).

As a result of being a woman with a university education, the mother who sets the goal of being successful both in her career and in motherhood but does not feel successful experiences increased feelings of ambivalence (Wolf, 2001). Monro (2016), who chose to stay at home with her child during the first year after birth,

shared in her book *"Spilt Milk Yoga: A Guided Self-Inquiry to Finding Your Own Wisdom, Joy, and Purpose Through Motherhood"* how being a full-time mother made her feel undervalued and exhausted. Monro (2016) expressed that she feels unsatisfied and undervalued despite being in what she considers the most intense period of work and learning, perhaps even doing the most precious job in the world. Babetin (2020) interprets this kind of statement as living in an era where motherhood is not seen as an achievement. In this respect, this is the era in which women do not prefer motherhood as a career over their professional lives. As the level of education and career opportunities for women increase, fertility rates decrease (Şenol & Sevgili, 2018). In Western countries, with the delay in birth age, motherhood of a woman with career occurs after her professional identity has developed at a certain level. Therefore, it can be thought that the motherhood identity is built on the already existing career identity (Cooper, 2007; O'Brien et al., 2014). On the other hand, especially for women who prefer to have children at the beginning of their careers, concerns about their careers that have not yet begun might be a determining factor in the transition to motherhood identity. In Turkey, where the birth rates of the young population are relatively higher compared to Western countries (OECD, 2019), the transition process to motherhood for women who have become mothers at the beginning of their careers is worth investigating.

In a qualitative study involving 22 first-time mothers, it was claimed that factors influencing the transition to motherhood for career-oriented women exist at macro-, meso-, and micro-levels, and recommendations to facilitate the transition could also be structured accordingly (Hennekam, 2017). The study summarized that career-oriented mothers need partner support within the family, necessitated family-friendly job opportunities, and called for adjustments in social norms to

accommodate these needs. A qualitative study investigating the transitions of women actively engaged in professional life in Turkey after becoming mothers revealed that mothers feel emotional pressure to balance their responsibilities related to work, home, and motherhood (Timurturkan, 2020). Furthermore, women have resorted to sacrificing their social lives to relieve this pressure. According to the research, the societal idealization of motherhood negatively triggers the sense of achievement of career-oriented women. This makes working mothers feel guilty and inadequate despite their efforts, paradoxically leading them to strive even harder (Timurturkan, 2020).

A study conducted on Jewish women in Isreal investigated how a woman's career and motherhood shape together during the transition to motherhood (Gross-Spector & Cinamon, 2017). It found that support from the workplace in various areas facilitates this transition and helps the mother explore her new maternal identity. The study suggests the development of policies in career counseling to facilitate mothers' return to work (Gross-Spector & Cinamon, 2017). The research is also pivotal because the research's sample has similar characteristics to the target population of the current study. It was conducted in a country where the giving birth rate of educated women is higher than in the West (Gross-Spector & Cinamon, 2017).

As a summary of the literature, the transition to maternal identity is experienced not only physically but also socially, ecologically, and psychologically (Aktaş & Özden, 2020; Bora, 2001; Davis & Athan, 2023; Welldon, 2001). Both positive experiences and challenges are significant in the transition to maternal identity. However, societal myths about motherhood have been idealizing motherhood as attributing the mother to a divine character who should take all the burden of the child and should always have to feel positive feelings. Also, a prevalent

tendency has been pathologizing a mother's negative emotions and experiences (Arnold-Baker, 2015). That has made it difficult to discuss the challenges during the transition to motherhood. What is more, it is observed that pathological conditions emerge when mothers mainly do not express their difficulties and attempt to suppress them while striving to be the perfect mother (Almond, 2011). Therefore, there is a need to listen to the voices of mothers, not only for the expression of their favorable experiences but also for the articulation of their negative ones, to understand them, encompass them, and open space to create more coping mechanisms for themselves (Arnold-Baker, 2015). Furthermore, as society and culture evolve, the issues surrounding motherhood also change, and thus, the focus of research on the various formations that influence motherhood identity will shift with each era and culture (Arnold-Baker, 2019). Studies indicate that research on the transition to motherhood could be expanded to different countries while considering cultural sensitivity. Moreover, studies often involve mothers around 30, and research is needed on populations at different developmental stages and age groups.

In conclusion, the literature summarized above has shown that the transition to motherhood is an experience influenced by both societal and individual factors (Stern & Bruschweiler-Stern, 1998). There is a need for more studies investigating women's experiences in transitioning to motherhood, encompassing different cultures, social groups, and age ranges (Collins et al., 2019; Prinds et al., 2014). Existing studies on the transition to motherhood have focused predominantly on mothers' challenging emotional states, such as depression and anxiety, and their effect on child-centered outcomes (Oruç, 2018). Exploring the influence of mothers' own perceptions on the transition to motherhood (Dinç, 2023), evaluating positive and negative factors together as part of the transition experience (Arnold-Baker,

2019; Nemetz, 2012), and conducting studies in different cultures have been suggested in the literature (Huang et al., 2016). In recent years in Turkey, studies that shed light on the subjective experience of the mother reveal the needs of a special population in terms of focusing on families with low socioeconomic levels (Çorapçı et al., 2002; Sümer et al., 2020). In the current study, the experiences of women who are university graduates, have career aspirations, and become pregnant during the emerging adulthood period were explored based on the most frequently repeated factors in the literature regarding the formation of maternal identity.

2.3 Theoretical framework

Studies focusing on the transition to maternal identity generally agree that this period extends throughout the first year (Mercer, 2004; Stern & Bruschweiler-Stern, 1998; Stadlen, 2005). However, there are disagreements regarding categorizing the transition to maternal identity. Researchers with an existential orientation have defined four different dimensions in which identity acquisition is experienced: Physical, social, personal, and spiritual dimensions (Arnold-Baker, 2015; Stadlen, 2005). Furthermore, Nelson (2003) has divided the transition to maternal identity into five dimensions that are the dimension of accepting tasks and responsibilities, the dimension of adapting to motherhood in daily life by emulating role models, the dimension of rearranging all social relationships, the dimension of self, and the dimension of career. Mercer (2004) expanded Rubin's (1967) theory of role attainment in motherhood and introduced the “Becoming a Mother” (BAM) theory. Rubin (1967) defined the transition to motherhood regarding role acquisition and explained the process of “Maternal Role Attainment” (MRA) by dividing it into stages. MRA theory emphasizes that expectations about motherhood, maternal

attitudes toward child-rearing, and self-confidence are factors that influence the maternal role. Mercer (2004) further developed Rubin's MRA theory by incorporating the mother's perspective and subjectivity (Maxwell & Leat, 2023). Mercer (2004) stated that as the new mother realizes her success in caring for the baby, she gains the self-confidence necessary for acquiring maternal identity. Mercer (2004) divided the acquisition of maternal identity into four periods. The first is the preparation period during pregnancy when expectations and engagement form; the second is the first few weeks after birth when meeting and learning occur; the third is the period up to four months when “the new normal” begins to form; and the fourth is around the fourth month when maternal identity acquired (Mercer, 2004). Like Mercer's theory, Stern (1998) categorized the transition process into the following periods: the pregnancy period when representations take final shape, the confronting period of birth and the immediate postpartum weeks, and the period when expectations are synchronized with experience and maternal identity is acquired. Mercer's BAM theory has been criticized for solely focusing on caregiving, maintaining the child as the primary focus during the transition to motherhood, and not incorporating the woman's individual narrative (Dinç, 2023; Parratt & Fahy, 2011). However, this criticism, which may be valid for Rubin's Maternal Role Attainment (MRA) theory, is a controversial critique of Mercer's BAM Theory, which she revised (Maxwell & Leat, 2023). Mercer's BAM theory, by asserting that women will ultimately construct their own coping mechanisms, relationship with their child, and maternal role and that every mother's identity is unique, parallels the assertions of researchers such as Stern (1995), Almond-Baker (2015), and Miller (2007). Moreover, according to BAM, mother- and child-related factors influence the mother's identity development, the baby's physical and emotional health, and the

relationship between them. Additionally, the mother's identity development is affected by the social systems the mother is in (Themes, 2017). The social mechanisms that are effective in the transition to a maternal identity can basically be analyzed in three layers: micro-, meso- and macro-systems. The social support the mother receives from the people she interacts with and her relationship with her husband are microsystemic factors. The mother's workplace setting and the daycare service she receives are mesosystemic factors. Finally, the macrosystem includes social, cultural and political factors that affect the other two layers (Themes, 2017).

Furthermore, issues arising in individual or group psychological counseling as a preventive, psychoeducational, and therapeutic field in the context of the transition to motherhood are present in the BAM Theory. Mercer's BAM Theory is suitable for psychological counseling and guidance because it includes psychological factors such as loss, grief, and self-confidence. Additionally, while most studies utilizing the BAM theory are in the nursing field (Fasanghari et al., 2019), recommendations for preventive and therapeutic interventions lie at the intersection of psychological counseling and midwifery disciplines. Therefore, researching the transition to motherhood within psychological counseling based on the BAM theory can foster collaboration between the two disciplines, providing a foundation for preventive, psychoeducational, and therapeutic interventions. Figure 1 below shows the BAM theory in detail.

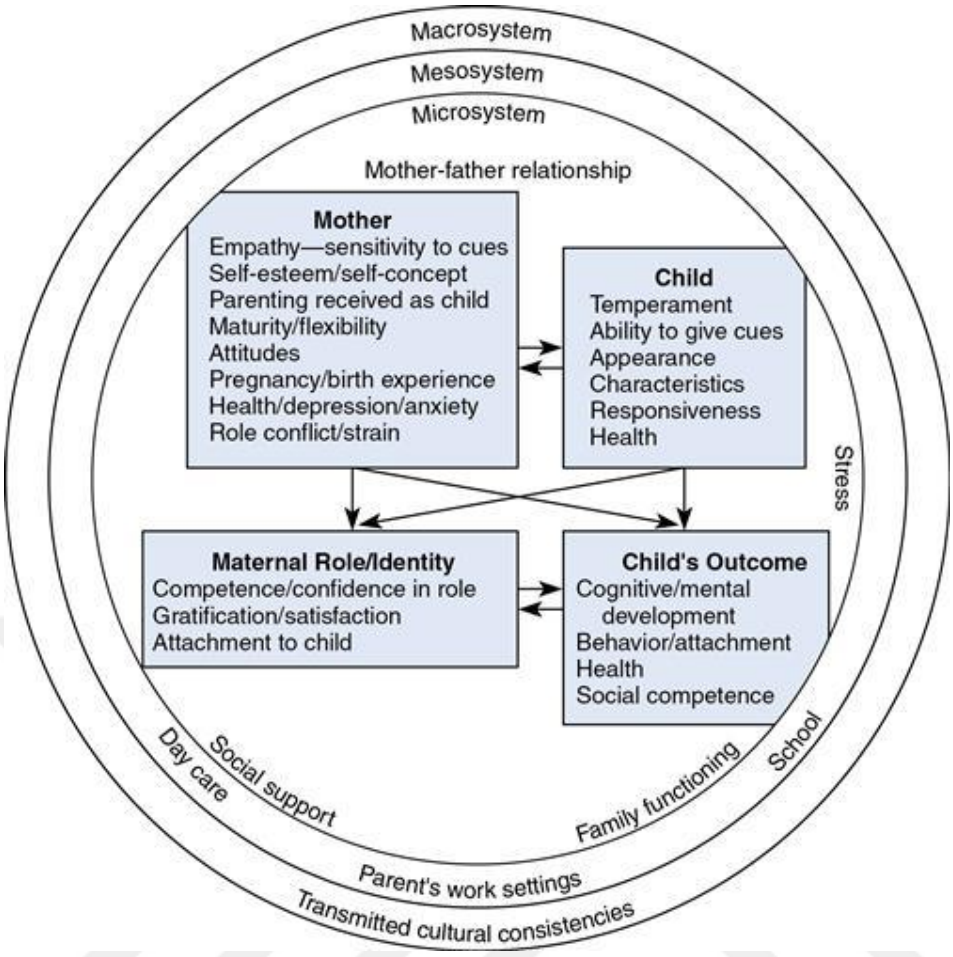


Figure 1. Mercer's Becoming a Mother (BAM) theory
Note: Themes, U. (2017). 27. Maternal role attainment becoming a mother. *Nurse Key.* https://nursekey.com/27-maternal-role-attainment-becoming-a-mother/

All in all, in this study, Mercer's BAM theory was utilized as the theoretical framework for its comprehensive and explanatory nature in synthesizing the general literature and in terms of suitability for psychological counseling and guidance studies. In the current study, the BAM theory was used to examine the transition to maternal identity in women whose own mothers did not have a career, who have university education and career aspirations, and who were pregnant in emerging adulthood. The next chapter will provide detailed information about the methodology of the study.

CHAPTER 3

METHODOLOGY

This study focuses on exploring the transition to the maternal identity of women whose mothers did not have careers, who have university education and career aspirations, and who were in emerging adulthood during pregnancy. This research study was qualitatively designed to deeply examine the transition experiences of mothers. This section aims to provide detailed information about the design of the research, participants, procedures, data collection, analysis, and identity of the researcher.

3.1 Research design

The study has been created to gain in-depth knowledge about the transition to the maternal identity of women whose mothers did not have careers, who have university education and career aspirations, and who were pregnant in emerging adulthood. In terms of suitability for this study, a qualitative method has been chosen. Qualitative methods are appropriate for exploring in-depth information about a subject and providing more comprehensive explanations (Creswell, 2003). The aim is to conduct in-depth interviews using semi-structured questions.

3.2 Participants

The study aims to investigate the transition to motherhood among women who are university graduates, have career aspirations, and become pregnant during the emerging adulthood period. Therefore, the purposive sampling method was used to focus on understanding the experiences of mothers with similar characteristics in

depth. The study involves eight participants. Saturation was reached when eight participants were interviewed. When the interviews were completed with six participants, it was thought that the participants repeated similar things. However, since two more participants had already been given an appointment, these appointments were also conducted. Therefore, a total of eight participants were interviewed. It was noticed that the last two interviews contained similar repetitions, and therefore it was confidently decided that the study had reached participant saturation.

When selecting participants, specific criteria were considered. Firstly, mothers had to have at least a bachelor's degree level of education and had to have had career aspirations before becoming mothers. This requirement stems from the purpose of the research.

The second criterion is that women have become pregnant within the emerging adulthood period. The age range of the emerging adulthood period is defined as the late teens and mid-to-late 20s (Arnett, 2007).

Thirdly, participants whose own mothers did not have a career were included in the study. The purpose of this criterion is to investigate how individuals who grew up without the example of a working mother, that is, who experienced a remarkable dissonance from the upper generation, create an identity of a mother with a career in the transition to motherhood. A questionnaire was prepared to learn about the participants' career aspirations and their mothers' education and career status. Therefore, the highest education level of the mothers of the participants selected in the questionnaire administered before the interview was high school, and none of the mothers of the participants had a career.

Fourthly, another selection criterion is that mothers had to have only one child. Since the study aims to investigate the experience of transitioning to motherhood, participants had to have experienced this transition for the first time, meaning they had not been mothers before. Additionally, for mothers with a second child, the experience of transitioning to motherhood may involve different experiences in addition to the first-time transition, leading to potential variations or changes in the narrative of transitioning to motherhood. Therefore, having the mother's first and only child is set as the selection criterion.

Also, a retrospective study is intended because it is considered better for the acquisition process of motherhood identity to be evaluated by the mother herself after she has experienced it (Arnold-Baker, 2015). Moreover, the other age criterion was that the children had not started primary school because the primary school stage was considered a period in which different events are included, and it is anticipated that the dynamic nature of motherhood identity will continue to be shaped by ongoing events (Nemetz, 2012).

Finally, participants are targeted to be mothers without any psychiatric diagnoses since the research aim is to address the community group in the field of psychological counseling. That is, it was preferred not to specifically select the clinical group. So, mothers who have previously or currently received a psychiatric diagnosis were excluded from the research. Also, to ensure the objectivity of the research, participants who are personally or indirectly known to the researcher were excluded.

A total of eleven participants were interviewed, two of which were pilot interviews. Pilot interviews were not included in the analysis. Also, one participant was excluded from the study because the mother told her baby had colic in the first

year, and her experience of transition to motherhood was highly affected by this factor. Therefore, eight participants were included. In order to understand whether they met the criteria, participants were asked a total of nine questions in the career aspiraitons questionnaire administered before the interview, regarding the participant's age, the number and age of the participant's children, the education and career status of the participant's mother, and the participant's career aspirations. This questionnaire is estimated to take between five to ten minutes to answer. To ensure confidentiality, the participants' own names were not used, instead they were given phonetically similar names. The age range of the participants when they got pregnant was 22-25. Four participants have graduate degrees, and the other four participants have master's degrees. Two of the mothers with a master's degree had just graduated when they got pregnant. Two mothers were continuing their master's degrees, and one of the mothers was a law undergraduate during the first year of motherhood. One mother is a history graduate, one is a pre-school education graduate, two are psychological counseling graduates, and three are psychology graduates. Only one of the participants worked part-time from home starting from the sixth month after birth. Other mothers did not work in the first year. All mothers' parents are alive. Also, all mothers are married. The current age range of children is one through four years. Table 1 demonstrates the demographic information of the participant mothers. The order of the mothers in Table 1 was created according to the order of the interviews with the participant mothers.

Table 1. Demographic Information of the Participants

Participant	Age at birth (year)	Child's age (month)	Child's Gender	Education status	Major	Status in the first year after birth
Seda	22	46	Girl	Bachelor	Law	Student
Bahar	25	48	Girl	Master's	Psychology	Graduated
Leyla	24	12	Boy	Bachelor	Preschool Education	Graduated
Aleyna	23	12	Boy	Bachelor	Psychology	Graduated
İrem	25	46	Boy	Master's	History	Student
Zehra	23	19	Boy	Bachelor	Psychological Counseling and Guidance	Graduated
Elif	25	23	Boy	Master's	Psychological Counseling and Guidance	Student
Handan	25	15	Boy	Master's	Foreign Language Education	Student

Seda was a 22-year-old undergraduate law student when she became pregnant. Her pregnancy was unexpected. She got pregnant one year after getting married. After giving birth, she took the remaining courses of her undergraduate education. She did not work in the first year after birth. When her child was two years old, she sent her child to nursery and started working as a lawyer. Her husband is thirty years old and works in the banking sector. Her child is a 4-year-old girl.

When Bahar became pregnant, she was 25 and had just finished her master's degree in psychology and started working part-time from home. Her pregnancy was a planned pregnancy. She got pregnant two years after getting married. She did not work in the first year after birth. After birth, she started living with her in-laws. Her

husband is currently 31 years old and is a research assistant at the university. Their child is a 4-year-old girl.

Leyla was 24 when she got pregnant. As a preschool teaching graduate, she had been working in a kindergarten as a preschool teacher for one year. She quit her job after getting pregnant. Her pregnancy was planned. She got pregnant three years after getting married. Her child is one year old. When her child turns two, she is planning to send him to daycare and return to work. Her husband is 32 years old and works as a hardware specialist. Their child is a 1-year-old boy.

Aleyna was 23 when she got pregnant. Her pregnancy was planned. She got pregnant one year after getting married. She had been working part-time in the human resources department of a corporate company for a while. Six months after giving birth, she returned to work in a part-time status from home. She hired a babysitter to take care of the baby while she was at work. She recently resigned from her job and started dealing with applications for postgraduate education. The participant's husband is a 28-year-old computer engineer. Their child is a 1-year-old boy.

When İrem became pregnant, she was pursuing a master's degree in history and working in the media industry at the same time. Her pregnancy was planned. She got pregnant two years after getting married. The year after birth, she did not work and wrote her thesis for a year. The participant and her husband lived with her in-laws for a while after birth. She has been accepted to a PhD program abroad for next year and is planning to start the program. Her husband is 30 years old and works in the software industry. The participant’s child is a 46-month-old boy.

Zehra was 23 when she got pregnant. She graduated from the psychological counseling program but had not started working yet. Her pregnancy was planned.

She got pregnant one and a half years after getting married. Due to their marriage, she moved to the city where her husband was working. Her child is a 19-month-old boy. Her husband is a 29-year-old mechanical engineer. The participant has not started work yet.

Elif was 25 when she got pregnant during her psychology master's class. It was a planned pregnancy. She got pregnant three years after getting married. She wrote her thesis two years after birth. She plans to start accepting counselees in the coming months. Her child is a 23-month-old boy. Her husband is a 31-year-old foreign trade specialist.

Handan was pursuing her master's degree in foreign language education when she became pregnant. It was an unplanned pregnancy. She got pregnant three months after getting married. The participant has not started work yet. After having a child, she gave up on pursuing an academic career. Her child is a 15-month-old boy. She wants to start working as an English teacher when her child gets a little older. The participant's husband is a 29-year-old computer engineer.

3.3 Instruments

Semi-structured questions were developed with the assistance of the thesis advisor after the researcher reviewed the relevant literature on the topic. These questions cover the demographic information of the women as well as their expectations, experiences, coping mechanisms, and needs during the transition to motherhood in the first year after birth. The Turkish version of the interview questions is included in Appendix A, and the English version is included in Appendix B.

A questionnaire was administered to prospective participants before interviewing them to determine their suitability for the study. In this questionnaire,

questions were asked about the participant's age, the number and age of their children, the education and employment status of the participants' own mothers, and whether the participants had career aspirations. Questions determining career aspirations were based on the literature and the decision was given together with the thesis advisor. The career aspirations questionnaire was extracted from The Career Aspiration Survey (CAS) created by Gregor and O'Brien (2016). The original CAS consisted of 24 questions and three subscales, each had eight questions. Subscales were achievement aspiration, leadership aspiration, and educational aspiration. Four questions considered suitable for the research were utilized for the current study. The scale has previously been translated into Turkish and used in studies conducted in Turkey (Cöhce & Arlı, 2021; Kılıç, 2018). The source of the first translation could not be found. In one study, it was stated that the validity and reliability study of the scale was conducted, but no reference was given (Kılıç, 2018). Four questions selected from the scale were shared with the thesis advisor. It was concluded that these four questions were sufficient for this study to understand whether the participant mothers had career aspirations. The questionnaire questions consisted of the following items: "It is important for me to be successful in my career.", "It is important for me to show superior performance in what I do.", "I want to be among the best in my field.", and "I want my work to have a long-term impact in my field." Responses were on a five-point Likert Scale consisting of "strongly disagree," "disagree," "undecided," "agree," and "strongly agree." Participants who answered "agree" or "strongly agree" to the first question and at least one of the other three questions were considered eligible for the study. The questions in the questionnaire are stated in Appendix C.

3.4 Procedure

Firstly, ethical approval was obtained on February 25, 2024, from the Boğaziçi University Institutional Review Board in Social Sciences and Humanities (SBINAREK). Ethical Approval Letter is in Appendix D. Following this, a pilot study was conducted with two participant mothers who met the selection criteria to investigate the appropriateness of the interview questions. In these pilot interviews, participant mothers' opinions on the interview questions were taken. Interview questions were revised based on the guidance of the members of the thesis committee during the proposal presentation and on the feedback received from participants in piloting. It was aimed to investigate what kinds of influence the participants' having a career different from their own mothers had on their motherhood experiences. In order to understand this, prospective participants were asked about their mothers' career status in the questionnaire. Participants whose mothers did not have a career were interviewed. It was assumed that participants whose mothers did not have a career grew up in a traditional family and were defined as participants from a traditional family structure. Yet, then, it was realized that this is not a satisfactory operational definition. Again, it was decided to evaluate the fact that the participants' mothers did not have a career, but they themselves had a career, in the context of intergenerational transmission. In other words, this situation was actually thought to be a situation that made a difference in the intergenerational transmission of motherhood. This situation was discussed in the findings and discussion section.

The study was conducted in semi-structured online video call interviews averaging 50 minutes each, with eight women selected through snowball sampling. The participants were reached through gatekeepers, mothers known personally to the researcher, and announcements made through word of mouth in broad social circles

and WhatsApp message groups. The announcement of the research was prepared as a text, and the questionnaire link was added at the end of the text. In this questionnaire, the contact information of prospective participants was obtained. In the questionnaire, a four-item questionnaire was administered to determine whether the participants had career aspirations. Participants who answered “agree” or “strongly agree” to the item “it is important for me to be successful in my career”and at least one of the other three questions were deemed suitable for the study. Participants who were found to be suitable for the research were contacted through the communication channel they provided. All participants provided their phone numbers as contact information. So, phone calls were made to the mothers who checked the voluntary partipants in the questionnaire. The phone calls were lasted for an average of five minutes. At this stage, the purpose of the research and the voluntary nature of participation were explained to the participants. For ones deemed suitable and still willing to participate after obtaining this information, appointments were scheduled for the interview. All participants preferred to conduct the interview online. A brief explanation was provided during the five-minute phone call to ensure that children do not distract the mother's attention and do not hear the conversation during the interview. During the interviews, mothers were asked to ensure that their children were not present around. Appointments were made with 4 of the mothers at night after their children were asleep. Other five mothers also conducted the interview when their children were not present.

A consent form was sent to the mothers before the interview. Interviews were conducted after they sent a written confirmation that they had read and understood the content of the form. The participants were asked to respond to the content form with “I have read and understood the Consent form” and “I consent/do not consent to

audio recording of the interview." Consent forms in Turkish and English are in Appendix E and F, respectively.

The interview questions include inquiries about the mothers' experiences during the first year after childbirth, aiming to encourage discussion about challenging experiences. Participants were informed before the interview to immediately notify the interviewer if they did not feel comfortable discussing certain aspects during the interview and to refrain from sharing further. In the event of such discomfort, sensory exercises and grounding techniques would be recommended to assist the participant mother in overcoming any distressing feelings. Sensory exercises involve paying attention to objects seen, heard, and touched around oneself to distance from the distressing emotion. Grounding exercise involves resorting to a source like memory or thought that makes one feel good (Shapiro, 2020). None of the mothers in the interview stated that they needed such support. Moreover, the free psychological counseling center that the participant mother could reach if she felt the need after the interview was both stated in the consent form and verbally reminded. Also, participants explicitly informed in both the consent form and verbally before the interview that they could withdraw from participating at any stage of the study if they wished.

Ensuring confidentiality was prioritized in the research. Only the names of the mothers were learned to address them during the interview. To ensure anonymity, each mother was assigned a different but phonetically similar name in written documents. Personally identifiable information did not be used in the thesis or will not be used in future publications. The written documents were also filed and concealed to prevent access by others, ensuring they were stored alongside the researcher's personal belongings in a locked bag in her private room. Electronic

materials were kept in an encrypted file on the researcher's personal computer. Data was collected between April 25 and May 10, 2024. All materials were destroyed after the completion of the study. The written ones were shredded into small pieces and recycled, and all electronic data were deleted. Data was permanently removed from computer trash.

3.5 Data analysis

In the study, data was analyzed using thematic analysis. Thematic analysis is an analysis method in which themes are created by dividing and defining data in detail (Braun & Clarke, 2006). According to the thematic analysis method, the collected data were transcribed from audio to text, and the written document was read, reviewed, and revisited repeatedly to discover recurring themes (Braun & Clarke, 2022). While creating themes in the thematic analysis method, first coding is done as much and in detail as possible. Meaningful groups are created from the coding and themes suitable for research are revealed (Braun & Clarke, 2006). During the creation of the themes, feedback from the thesis advisor and jury members was received, and the themes were rearranged according to this feedback. One of the thematic analysis methods is the theoretical or deductive method. In this method, before creating themes, the literature on the subject was reviewed, and a certain judgment was made (Braun & Clarke, 2006). Themes are created taking into account the research question and research objectives. In thematic analysis, it is possible to create themes by placing them within a certain theoretical framework (Braun & Clarke, 2022). The current study also utilized Mercer's BAM theory (Mercer, 2004).

3.6 Trustworthiness and rigor

In a qualitative study, it is possible to use different ways to ensure trustworthiness and rigor. Reflexivity is when the researcher introduces his/her personal bias into the study; and more, confirmability, triangulation, and crystallization methods can be used to eliminate bias that will affect the trustworthiness of the research (Ghafouri & Ofoghi, 2018). Confirmability describes the extent to which participants confirm the findings by reviewing them (Ghafouri &Ofoghi, 2018). Member-checking is one of the ways to ensure confirmability and that researcher bias is not a weakness of the research (McKim, 2023). After the data was collected, it was shared with the participants, and their feedback was obtained through short interviews. Conducting the meeting with at least half of the participants, and if possible with all of them, increases the effect of the member-checking process (McKim, 2023). After the themes were created, member-checking was used to contribute to the validity of the current study. In the current study, the theme template obtained from the findings was shared with all participants. Feedback was received through phone calls lasting approximately 15 minutes. In these interviews, the themes were explained to the participants, and examples of their own quotes were given. Participants were asked a few questions to make the feedback more structured (McKim, 2023). They were asked about their general feelings and thoughts about the findings. Furthermore, they were asked to what extent they thought the findings matched their own shared stories. They were also asked whether there was anything they thought should be added or removed from the findings (McKim, 2023). Participants generally stated that they found the themes quite descriptive and relevant. They shared that they thought it was a condensed version of their story. Three participants stated that they thought the themes were created only from their own interviews because they found

something of themselves in all of the themes. A few participants reiterated examples they had given in the previous interview or added new examples to support the findings as themes were discussed. Three of these new examples, which are striking and thought to strengthen the discussion, have been added to the quotations and findings section.

Moreover, having someone other than the researcher review the data during the study is called investigator triangulation and increases trustworthiness (Ghafouri & Ofoghi, 2018) Also, the fact that the researcher stays in contact with and is supervised by more experienced people refers to crystallization. That increases the trustworthiness of the research, as well. (Ghafouri & Ofoghi, 2018). In the current study, the themes were created together with the thesis advisor and jury members. The researcher shared the draft themes, and according to the feedback received, the final version of the draft was created as a theme table. Furthermore, one of the feedback received during the thesis defense was that the researcher should be careful about evolving the course of the research according to her own bias due to the fact that her own experience of transition to motherhood parallels the research topic in some respects. The thesis was revised taking into account the feedback and the researcher took care to ensure that her own story did not overshadow the scientific nature of the research. Therefore, both of the investigator triangulation and crystallization methods mentioned above were used, and they increased the trustworthiness of the existing study.

3.7 Identity of the researcher

After completing a three-year engineering education, the researcher enrolled in the Guidance and Psychological Counseling program at Boğaziçi University in 2014

following a change of university and major. During the third year of undergraduate education, she got married, desiring to find a companion for her journey. However, she unexpectedly discovered she was pregnant in the second month of marriage. This unexpected development influenced the researcher's priorities, future plans, life's meaning, and identity. As a 26-year-old young adult who took decisive steps to advance in the field she thought was her chosen profession, her motherhood journey led the researcher into unexpected internal and external adventures. This journey was both enjoyable and challenging, filled with trials and errors. Today, as the mother of a six-year-old child, looking back from where she stands, she fully recognizes that this unique experience is a significant transformational process for women. Moreover, this journey has given the researcher an experiential perspective, and she believes that it enables her to understand mothers more deeply as a psychological counselor. In addition to making sense of the knowledge gained through experience by documenting it in a book, she also intends to be the voice of women who have gone through or may go through similar experiences.

CHAPTER 4

FINDINGS

The purpose of this research is to thoroughly investigate the transition to motherhood experience of women who are university graduates and have career aspirations, whose own mothers do not have a career, and who become pregnant in emerging adulthood. Four research questions were asked within the scope of the study: What are women's expectations about motherhood before becoming a mother, what are their first period experiences after becoming a mother, what is the influence of emotions in this period on shaping their motherhood, and what are the ways new mothers cope and construct their identities?

For this purpose, the study was designed qualitatively, and the thematic analysis method was used. A questionnaire was utilized to determine the suitability of the participants for the study, and 50-minute semi-structured online interviews were conducted with a total of eight participants who met the research criteria. After the audio recordings of the interviews were transcribed by the researcher, firstly codes, and then themes were created from these codes in accordance with the thematic analysis method. The thesis advisor and jury members were consulted and their feedback was used in creating and revising the themes.

As a result of the analysis, four main themes and 16 sub-themes emerged in total. The four main themes are named as follows: Attitudes, never as expected, emergency valve, and the birth of a versatile identity. First, the sub-themes of the attitudes theme are perfectionism, unawareness, and being ready or not. Second, the sub-themes of the never as expected theme are facing perfectionism, loss of freedom, always feeling tired of physical care, and mixed feelings. Third, the sub-themes of

the emergency valve theme are the grandmothers' factor, intergenerational transmission, dads in supportive positions, mothers' solidarity, me-time, and professional support. Fourth, the sub-themes of the birth of a versatile identity theme are, confident enough, the transformation of social relationships and professional identity.

In this section, themes and sub-themes were explained and illustrated with quotations from the data. The original Turkish version of the quotes used in this section can be found in Appendix G. The theme map consisting of themes and sub-themes is shown in Figure 2.

4.1 Attitudes

It is known that women's attitudes toward motherhood have a considerable influence on the formation of their maternal identity (Stern & Brushweiler-Stern, 1998). In the current study, participant mothers did have attitudes toward being a mother. Also, it was observed that the participants' ideas, dreams, expectations, and feelings about motherhood before becoming mothers were clustered into three sub-themes. Thus, the sub-themes of perfectionism, unawareness, and being ready or not were emerged. Table 2 shows how many mothers stated the sub-themes.

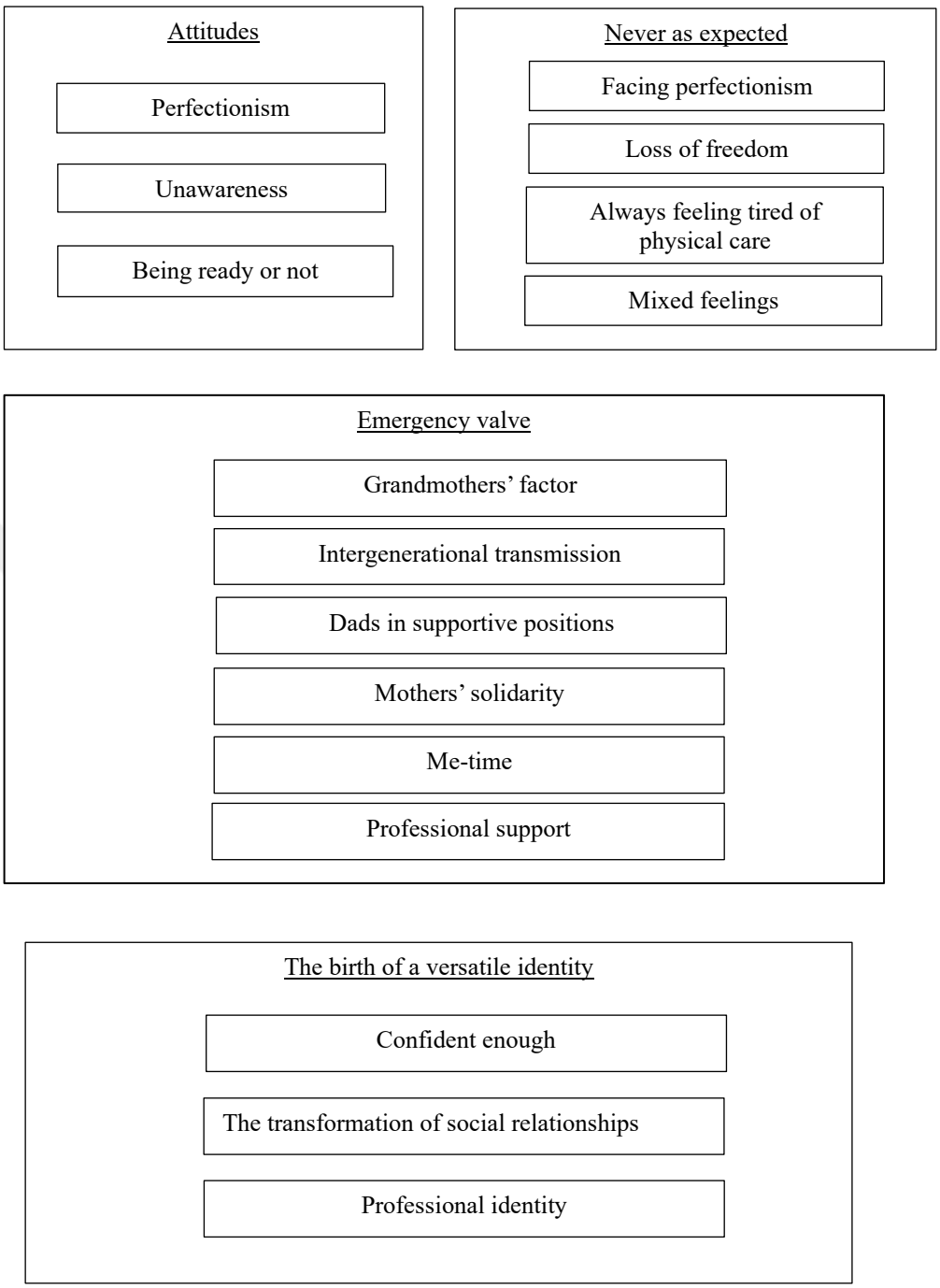


Figure 2. Themes and sub-themes

Table 2. The Frequency of Attitudes

Theme	Sub-theme	Frequency
Attitudes	Perfectionism	7
	Unawareness	6
	Being ready or not	7

Note. N=8 (the total number of participants)

4.1.1 Perfectionism

It was observed that participants' dreams and ideas about their own motherhood, their future children, and the motherhood process before becoming mothers were mostly positive and even idealistic. Mothers generally stated that they had idealist dreams about their motherhood. İrem said that she thought she would be a very comfortable and cool mother when it came to raising children.

> I think there was something very specific (I had in mind) when I was pregnant. A cool mom… I mean, I guess I had something like that in my head. …I wouldn't be an anxious mom, trying to catch her child, worrying about her kid falling down. I would be a relaxed, cool mom. That's the ideal I wanted or imagined. I would not care about what other people thought of us. My kids could be dirty but confident, and I would not care what others said (İrem, Appendix G, 1).

İrem also stated that the content she exposed to on social media pushed her towards perfectionism and that she tried to do mothering according to these ideals in the early days of motherhood.

> I consumed so much social media content. I think that affected me negatively to a great extent. Because there are a lot of people who pretend to be perfect in every sense. You know, things like no screen-time, feeding your child only organic food, not giving them any packaged food. As I consumed that content I wanted to do [motherhood] [ideally] as well. I also wanted to do no screen time for my child (İrem, Appendix G, 2).

Handan stated that she imagined what kind of mother she would be in terms of her child and the opportunities she would provide for her child. It is seen that this mother wants to fulfill her dreams for her child that she could not make it happen for herself.

> I guess I am a bit of a didactic person. You know, the successes in my education, my own life, it seems to me that the child was a continuation of these achievements. Like a projection. That's why I always want [my child] to do the things I wanted to do but could not, you know, I want him to be very well equipped in every aspect of life. I plan for things I want to accomplish. My perspective towards my baby was a bit like this. You know, I want him to be equipped with language development since I am an English teacher. You know, I was planning for [my baby's] language development to be like this and that (Handan, Appendix G, 3).

4.1.2 Unawareness

Although mothers expressed their dreams and expectations, all mothers except one stated that they did not spend much time thinking about being a mother. Two mothers attributed this lack of awareness to being young and ignorant, as well.

> I didn't have so many dreams and ideals. Honestly, I didn't know what was going to happen to me because there was no one in my close circle who was my peer who had similar circumstances and had a child, so I was the first one. … Frankly, I acted carelessly and unconsciously. If it were to happen now I would think differently. I was young too and probably that had an influence as well. I was about 22 years old. I hadn't thought about some of these things and had not come to a conclusion about some things (Seda, Appendix G, 4).

Moreover, the same mother sees the changing conditions of society with modernism as the reason for this. According to her, this condition is so new that no one, especially expectant mothers, is aware of this change yet.

> I think this issue is a new experience for us. … Our progress [in career] is such that it is as if it will never be interrupted. After all, you give your whole life to this [education], until a certain age. … We are not preparing for this [motherhood] at all (Seda, Appendix G, 5).

Some mothers explained that not having much awareness of what would happen was due to not witnessing the process of raising a child closely.

> I think I never imagined it. I guess I never dreamed of it. I think I wanted to have a child but I had no idea how it would happen, I mean. … I am the

> youngest of my siblings, the baby in our family. I have never seen any babies of cousins or older brothers or sisters (Handan, Appendix G, 6).

Only one mother stated that she had witnessed raising a baby in the family, yet she did not dream about her own motherhood.

> I didn't imagine much, actually. I didn't know what would happen. I was surrounded by friends and my sisters had children. … Still, I didn't have much in my head about what kind of baby I imagined. Even now, when I think about it, I don't see anything like that in my mind (Bahar, Appendix G, 7).

During the member-checking interview, Handan's reaction when unawareness theme was revealed to her was also thought to be worth mentioning.

> Growing up in our culture, we don't plan for motherhood because no one tells us anything about it. And it had never occurred to me before that this situation could be described as our indifference to motherhood. So, for the first time, I realized clearly that the difficulty I was experiencing had to do with whether or not I was ready. I feel like this theme completed a missing piece of the puzzle for me (Handan, Appendix G, 8).

4.1.3 Being ready or not

This theme clustered participants' feelings about becoming a mother around their readiness or not. It is understood from the mothers' statements that six mothers became pregnant in a planned way. For the other two mothers, although becoming a mother was an idea they generally considered, their pregnancies were not specifically planned. Two mothers said they wanted a baby and planned to get pregnant but were undecided about the timing.

> You plan, but then you still wonder if it was too early, you wonder why this [pregnancy] happened. That's exactly what I experienced. I thought it was a little early. … When my stomach hurts, I can't even take care of myself, how will I take care of the child? I thought that I probably wouldn't be able to do it (Leyla, Appendix G, 9).

A mother stated that it was not something she wanted and felt ready for yet, but she planned to get pregnant because she thought she had to be. Otherwise, it would be more difficult when she becomes older and when her career progress.

> It was a process that I was thinking inwardly. … It was not a process that I was so eager for. But I will do it eventually; it's something I have to do. Part of me also wants it. But it's not something I feel like doing right now, but on the other hand, I'm getting older (Bahar, Appendix G, 10).

Some mothers said that they had planned to get pregnant but were surprised to get pregnant so early. One of these mothers said that even if it is planned the pregnancy caught her unprepared, and she felt a burden on her shoulders.

> From the very beginning, my husband wanted to have a child more than I did … It was something I wanted to do as well, but I had question marks in my mind like, is it the right time now? I got pregnant soon after we decided to have a child. … So, it felt sudden to me. I didn't feel very ready. And I don't know, I mean, I felt strange. … I didn't feel so great, and I felt a little overwhelmed, like I was being crushed under a heavy burden (İrem, Appendix G, 11).

The mother, whose pregnancy came as a surprise right after her marriage, stated that she did not plan it, but that she and her husband did not decide to postpone having children for a long time, so she got pregnant while she was in limbo.

> To be honest, it was not me who decided. Let's say she [my baby] came and found me. I mean, I didn't make a decision not to have kids, either. I was not like, 'I don't want it at all, I won't think about it for a long time.' I was in such limbo, so it wasn't planned. But I was not surprised so much (Seda, Appendix G, 12).

A few mothers stated that their pregnancies were planned and that they felt happy when they found out that they were pregnant.

> The idea of having children was already an idea that was very compatible with marriage for me. Even before I got married, the idea of becoming a young mother was very attractive... It was my choice to have a child after graduation because I got married while I was studying. It happened after school. Alhamdulillah (Thank God) (Aleyna, Appendix G, 13).

All in all, it has been understood that women's unawareness and ideas about being a mother and their perfectionism in their expectations are common sub-themes in women's attitudes toward being a mother. Moreover, whether or not they are ready to become a mother is also a common sub-theme that participants mentioned. Whether the pregnancy was planned or not and whether feeling ready for motherhood was related were discussed in the next chapter

4.2 Never as expected

The never as expected theme is based on the common expressions or inferences of the participant mothers that their first motherhood experience was not what they expected. These experiences belong to the postpartum period. It was directly stated or inferred from mothers' statements that these experiences were more confronting and challenging than the expectations expressed in the first theme. These experiences were grouped into certain sub-themes: Facing perfectionism, loss of freedom, always feeling tired of physical care, and mixed feelings. Table 3 shows how many mothers mentioned each sub-theme.

Table 3. The Frequency of Never as Expected

Theme	Sub-theme	Frequency
Never as expected	Facing perfectionism	8
	Loss of freedom	8
	Always feeling tired of physical care	8
	Mixed feelings	8

Note. N=8 (the total number of participants)

4.2.1 Facing perfectionism

Inferences about mothers facing their perfectionism after birth were stated under this sub-theme. All mothers explained that being a mother had different and more difficult aspects than they expected. In these narratives, it was understood that all the mothers faced their perfectionist expectations on different issues. Aleyna stated that since she prefers order and planning in her personal life, she has high expectations of herself in life with her baby, especially in this regard, and that she is disappointed when she cannot do it.

> Well, first of all, my expectations of how my plans go and how I live have changed a lot. I am no longer able to be somewhere when I want to be there. Just when I'm about to leave, I have to change diapers, I have to change clothes. Being delayed was challenging and actually made me a bit angry at times ... . There were also times when I felt like I couldn't do this, and I would get angry and cry (Aleyna, Appendix G, 14).

Elif also stated that her dream before birth and her experience after birth did not match. She stated that she dreamed of not being too far away from social life and her profession after giving birth, and that she dreamed of carrying out motherhood and her profession together, yet she realized that was not possible.

> I had dreamed of a motherhood that ran parallel to my professional career - which was not how it happened but that was the kind of motherhood I had imagined. (Elif, Appendix G, 15).

Two mothers, in particular, reported that they missed out on an emotional connection with their babies due to their perfectionist caregiving and were unable to appreciate the moment.

> The way I experienced that time was all about: how often does the baby need to be breastfed, he needs to bathe every day, he should breastfeed from this breast for this many minutes and from the other breast for that many minutes. Just now, did the baby breastfeed from the right breast. … Trying to organize all of this exhausted me and pushed me away. I couldn't experience it (motherhood) as a relationship. It was like a duty that was given to me and I had to do it. … I carried all these things as a huge burden on me, and it made

> me feel like I was carrying the whole world. I mean, I burdened myself with a heavy burden (İrem, Appendix G, 16).

4.2.2 Loss of freedom

All mothers reported that a life with a baby greatly restricted their freedom. This was sometimes expressed as not being able to go out and travel wherever and whenever they wanted, sometimes as being completely dependent on a living being, not being able to be independent of the baby when making plans, and not being able to sleep as much as they wanted. From the mothers' narratives, their expressions of surprise when talking about the subject, and the emotions they mentioned, it was inferred that the mothers did not expect that they would experience such a change regarding their freedom.

> I mean, before the baby, you could move as you want and do what you want. … Going to bed when I wanted and getting up when I wanted, so whatever, like if there was an activity or a meeting up with someone... I could do all of these things the way I wanted to do. But now you have dependent 24/7. The baby virtually connected to you. You start to do things around her needs and put her needs at the center of your life. The responsibility to do things not without considering on her (Bahar, Appendix G, 17).

Zehra strikingly expressed the loss of freedom in her life before becoming a mother, even as not being able to go to the toilet whenever she needs to go.

> Until now, I used to be an active, free [person] who could do whatever she wanted whenever she wanted, sleep whenever she wanted, wake up whenever she wanted, read whenever she wanted, idle whenever she wanted, walk whenever she wanted... That is, even going to the toilet whenever she wanted! 'My life has turned upside down', I thought. (I felt) there's nothing left of the old me, nothing left (Zehra, Appendix G, 18).

Finally, İrem expressed the loss she experienced with a beautiful analogy. And her unique synthesis was worth a whole quoting.

> I watched a movie called About Time. In the film, the protagonist can go back in time. But at one point in the movie, if you do this after having children, the course of your whole life changes. … So, after you have children, you cannot go back to a time before you had them If you do go back, then your children change, they are not the same kids, they become

> different people. … In my mind, nothing before having my child actually tied me down like this. ... It transformed me irreversibly and in a way that no previous experience ever did This irreversibility really exhausted me in the beginning. Therefore, I felt very much chained by the neck. … In order to feel like I'm staying, I should be free to leave. In my first months of experience, I felt like I couldn't leave motherhood, so how could I choose to stay? It's been so hard to accept this (İrem, Appendix G, 19).

4.2.3 Always feeling tired of physical care

The factor that almost all of the mothers insisted on, especially in the first year, was sleep. Only two mothers stated that their babies' sleep was not challenging. Five of the other six mothers stated that they had a hard time caring for their babies due to lack of sleep.

> I remember having the hardest time with the lack of sleep. My baby was having a very hard time falling asleep and would sleep for very short periods of time and then wake up again. I spent a lot of my time trying to get her to sleep. I remember getting very angry sometimes. … It really drives you crazy. I had physical reactions at times, I remember occasionally hitting the pillows or going to the other room and screaming and coming back (Seda, Appendix G, 20).

İrem stated that even if her baby slept, she was too alert to sleep. Also, she told that when her baby did not sleep at night caused her to lose self-control.

> For example, even when I breastfed my son and put him to sleep, I was in such a responsive mode that I would wake up even when my son turned from right to left in his sleep. … So, there were times when we did not sleep in the same room. … For example, I had never sworn in my life. People say mothers can swear at birth. I never lost my self-control there. But the first few months after birth broke me. Not the pain but the fatigue I felt broke me (İrem, Appendix G, 21).

Only one mother, Zehra, stated that her baby was extremely active. And, sometimes when this pushes the mother's limits, she said she can become angry.

> Well, he was a baby whose hands and feet never stood still, incredibly active, restless, insatiable. … Pushing his limits, never stopping… Well, the more active my child is, the more I try to be active with them. I roll around, jump, go to the park, slide down slides, play with balls, and get muddy. There is no problem at that point. But sometimes, when my limits are being pushed, I get angry, and it makes me wonder if I'm an angry mother (Zehra, Appendix G, 22).

4.2.4 Mixed feelings

One of the common expressions of mothers was their feelings toward the period of becoming a mother. During this process, mothers talked about the various complex emotions they felt. Since these emotions naturally are intertwined, it is not possible to talk about these emotions one by one. For this reason, they were examined together under this sub-theme.

All mothers expressed ambivalent feelings of feeling both very loving, accepting, dedicated, and, on the other hand, inadequate, ashamed, overwhelmed, and guilty when being with the baby. Bahar stated that being with the baby made her feel both happy and inadequate.

> I often remember feeling inadequate, sometimes comparing myself to people, and yes, feeling inadequate in general when I was having a hard time. It's still something that happens, it's not a completely past feeling. Well, but yes, on the one hand, I am happy to have a child. For example, I don't wish she wasn't in my life, I don't think about why I gave birth to her. But I often remember how difficult it was to be with her, and how I felt like, 'Well, if only it shall pass as soon as possible and we could both relax' (Bahar, Appendix G, 23).

Zehra said that she fluctuates between positive and negative emotions, and all these feelings can be a mess at the same time.

> Sometimes, I think positively; sometimes, I think negatively. Sometimes, I even wonder if I made the wrong decision by wanting a baby, was I not ready. … There are times when I even get angry at my baby. I think about this more especially when I'm angry. I say, weren't you ready? … Well, I say, if you're not ready, why did you ask for a baby? I tell myself you became the vessel for her coming to this world. You asked for her and God granted you wish. If you were not ready why did you ask for a baby? Then I thought and said no, I'm actually ready, there's no problem. It's not like you're not ready just because you got angry once. But I can't find the middle ground, I feel positive thoughts and negative thoughts together. Altogether, all mixed, that is, right now (Zehra, Appendix G, 24).

In short, based on the mothers' statements, it can be said that their experiences of confronting and facing their perfectionism, extreme fatigue felt due to the care of the baby, their feelings about the loss of freedom, and the complex and mixed emotions

that arise as a result of all these summarize the mothers' experiences and reveal that these experiences are not as expected.

4.3 Emergency valve

In this theme, the factors that facilitate or complicate the participants' transition to motherhood are gathered. The main theme was named emergency valve, considering that all of the sub-themes were support mechanisms if they had a positive influence on mothers. These sub-themes were named grandmothers' factor, intergenerational transmission, dads in supportive positions, mothers' solidarity, me-time, and professional support.

Table 4. The Frequency of Emergency Valve

Theme	Sub-theme	Frequency
Emergency valve	Grandmothers' factor	8
	Intergenerational transmission	5
	Dads in supportive positions	7
	Mothers' solidarity	5
	Me-time	5
	Professional support	4

Note. N=8 (the total number of participants)

4.3.1 Grandmothers' factor

It turned out that one of the factors that affected the participants' adaptation to the maternal identity was the grandmothers' factors. All of the couples in the study stated that they were in contact with both their mothers during the process of raising

the child in early times. Also, the positive or negative effects of grandmothers were decisive in this process.

It was noted that the participants talked about their own mothers or mothers-in-law as individuals who provide childcare, especially in the early stages of motherhood, teach the new mother what she does not know, and support where necessary. Seda stated that her mother helped with both physical care and emotional support. She also added that her mother being in a different city was a disadvantage of that support was not constant.

> My mother came to my house. … They (mother and husband) were both supportive, so I didn't have any other responsibilities. They looked after me and the baby, too. … My mother understood me. She gave advice, and she tried to support me, but only to a certain extent. After all, she was away (Seda, Appendix G, 25).

Elif remembered with gratitude that her mother-in-law mostly took care of the baby in the early days.

> I went through the first period with support. At first, my mother-in-law was changing the baby's diaper. At night, I was breastfeeding him, and she was putting him to sleep. She was telling me to go and rest. thanks to her, I think we had an easy time at first (Elif, Appendix G, 26).

On the other hand, there were also participants who were somewhat disturbed by their own mothers' excessive involvement in this period. For example, Aleyna stated that her mother's persistent suggestions disturbed her, and they had conflicts.

> I think it happened a little bit like this when I became a mother. Unfortunately, when my mother intervened regarding the child, I became more annoyed with my mother [laughs]. I think our conflicts like this have increased more. Because she says this is right, but I say no, it has to be right like this, etc. We have a little conflict there due to disagreement (Aleyna, Appendix G, 27).

The statements of İrem, who says that her relationship with her own mother had transformed in both good and bad ways. She also stated that her mother's influence was sometimes quite intrusive, and it crossed the boundaries.

> On the one hand, such tension arose. For example, if my mom calls and hears my son's voice, she might ask why he didn't go to school or something like that. These things really bother me. Let's say he's coughing a bit, she keeps sending messages. Did he have a fever? How high was it? Did you give him medicine? How much did it go down after the medicine? These things really bother me. I feel like my work is being interfered with. … Or if I want to do something the way my mother didn't do, she says, 'were we doing something wrong?' or [sarcastically], 'good job, you're doing it better.' Or she says, 'We did it that way, and that's why you turned out like this [bad].' In other words, there is a feeling of resentment or an attitude of 'We raised you like this, now don't you like it?' That's why these are a bit murky waters (İrem, Appendix G, 28).

For Bahar, who raised her baby with her in-laws, the situation was progressed in an ambivalent way, mostly positive. In addition to the benefits of family support, there is also the side effect of someone constantly intervening in the situation.

> I gave birth during the pandemic, so I stayed with my husband's family. They were with us during that period and had a more supportive attitude. Well, especially when it comes to care, it would be very difficult if the baby got sick and I was completely alone. I'd feel worse. But having them with us gave me confidence. Of course, the opposite was also happening. Regarding breastfeeding, you know, the constant intervention of the elders of the family about the child's nutrition... There is probably no mother who has not heard this [laughs]. Well, of course, these bothered me. But it also had a supportive side (Bahar, Appendix G, 29).

Mothers who do not have access to the children's grandmothers also specifically point out this situation and emphasize that this distance makes things harder. In the quote above, Bahar talked about how bad she would feel being alone while raising the baby. Therefore, despite the disadvantages, she preferred to live with her family-in-law. Moreover, in the following quote, the participant specifically mentioned how difficult it was for them to raise children as a nuclear family, away from their family of origin.

> We are far away from both my husband's family and my own family. That's why, although there is periodic support, overall, we live mostly as a nuclear family. … That's why it's already a difficult process for us, being in a different city, being away from our families (Handan, Appendix G, 30).

Additionally, during member-checking interviews, Bahar and İrem agreed on this sub-theme with different examples when this sub-theme was explained to them. Bahar stated that grandmother support is quite intrusive and summarized the situation as follows. “This support is like antibiotic treatment. While doing [treating] it, it also destroys it. It heals, but it also destroys the intestines in the long run” (Bahar, Appendix G, 31). Also, İrem gave feedback with a statement that strengthened this finding.

> Grandmothers help, but in the way they want. They do not agree to support the way you want them to. My mother-in-law tried maybe fifty different pacifiers so that my son would take one. She was obsessed with it [the pacifier] (İrem, Appendix G, 32).

What is more, two participants, Seda and Leyla, said that their in-laws had a very negative attitude toward themselves after the baby was born and that this attitude made their transition to motherhood difficult.

> The day I gave birth, my husband's family made my life miserable for me. They insulted me and caused trouble in the hospital. … I was breastfeeding the child; my mother-in-law said, ‘Your milk is not enough; my milk was squirting.’ When my child didn't sleep, ‘my children slept until the morning,’ she explained. … The longer you breastfeed, the more your milk will increase, and you will leave the formula. And my mother-in-law was secretly feeding the child with formula during this period. She's such a strange person. Really, even if I didn't have anyone to support me, if they were not in my life, my life would be more comfortable (Seda, Appendix G, 33).

Similarly, Leyla stated that her family-in-law was not supportive, and this put a strain on them. Moreover, she claimed that her family-in-law was punishing her by not helping her at all. She added that if help had come from her husband's family, it would have been very valuable for her husband as well.

> I couldn't get any support from my mother-in-law, and she put me through a lot of bad things during that period. That's why it's a trauma for me. ... I went through the worst postpartum period ever. I couldn't get support where I needed support most. This made me very sad. They acted more like they were punishing us for giving birth to a baby. ... My husband was very upset because he couldn't get anything from where he expected (Leyla, Appendix G, 34).

Therefore, it is understood that after the birth of the baby, the mother's own mother or mother-in-law is quite involved in the process. This involvement can sometimes be positive, sometimes quite negative, and sometimes ambivalent.

4.3.2 Intergenerational transmission

It is thought that one of the common findings among the five participants was that the motherhood they experienced from their own mothers in the past had a complicating or facilitating influence on their own motherhood experiences today. Seda said that her own mother was a mother who played with her children.

> My mother, for example, is a very enthusiastic person. … Activities, plays, weddings [entertaining parties], different things … So there was always such an excitement at home. When we were little, she would sit and do activities with us for hours (Seda, Appendix G, 35).

While talking about her own motherhood experience, Seda stated that although she had difficulties in care, especially in the first months, she was able to have a very enjoyable time playing with the baby. It can be considered that Seda's positive experiences with her own mother have played a role in her ability to enjoy spending time with her baby even during challenging periods.

> [After a while] I was very lonely, there was no one to support me [during the day]. That's why I was having a hard time taking care of the baby. But on the other hand, I liked it, I mean, we were cuddling, we were sleeping together, she was very sweet, she smelled so good, etc. … As a mother, my relationship with my child was good. What does one do with a baby anyway; Nonsense songs, folk songs, plays all day long… We were hugging, sleeping, waking up together, and playing together… I remember it being very enjoyable, especially after four months (Seda, Appendix G, 36).

It was observed that the other four participants used relatively more negative expressions about motherhood in their childhood. While Bahar remembered her own mother as a mother who did not respond to emotional needs, she also gave answers

focusing on the emotional dimension of the relationship while expressing her dreams about her first motherhood and her experience of motherhood.

> A mother who wasn't very responsive to concerns, who didn't make much effort to understand [me] emotionally, who helped mostly with physical things... I don't remember a mother with whom I had much emotional connection (Bahar, Appendix G, 37).

> Emotionally, I probably wanted to be a mother who could understand and respond to needs. … I wanted to have a good relationship where I could establish an emotional bond… I probably dreamed of such things more. … [These days] maybe I can say that I am a mother who tries to establish relationships but is sometimes unstable. You know, my emotional ups and downs... While I'm fine in the morning, towards the evening [it can be getting worse] (Bahar, Appendix G, 38).

Leyla described her mother in her childhood as a mother who expressed all her troubles manifested in anger toward her children.

> My mother was a very harsh mother. She was always reflecting her stress and troubles to us. … She was yelling at us, for example. So, I saw an unhappy mother in my mother (Leyla, Appendix G, 39).

Leyla also clearly stated that in her own experience, she dreamed of not being such a mother, but that she realized herself while mothering just like that.

> I remember the first time I shouted at my son. … When I feel overwhelmed, I say ‘enough’ or something. … I was explaining to him like this: I don't have anyone with me, that's why I'm experiencing this. … I was feeling guilty … I don't actually yell at my son. I am angry at the things I experienced at that time (Leyla, Appendix G, 40).

Leyla’s expressions is thought to made a clear summary of the intergenerational transmission, as well.

> I was just saying that I wouldn't do what my mother did. Then, when I shouted, I said, ‘I did it.’ For example, when I get angry, I shout. I seriously go crazy sometimes. When I lose my head, I scream, and then I say I did it. I did the same thing my mother did. I think this is passed from mother to child. You reflect what you see (Leyla, Appendix G, 41).

While İrem describes her own mother as a mother, who felt constricted in her motherhood role and reflects this on her child, her feelings about the early days of her motherhood seem to be very parallel to her mother's and to make things harder to cope with.

> A mother who says she loves us very much, but at the same time, her head is a little up in the clouds. For example, my mother… told me about her high school sweetheart and said, 'It would have been very different if I had not dropped out of school, I would have gone to the conservatory.' In other words, I always felt that the life she had with us was not enough for her. 'Your father is not romantic at all; I am a woman of love,' these are the things my mother always says. … So I remember my mother implying to me that she was stuck in the place she was in (İrem, Appendix G, 42).

Moreover, as mentioned earlier, İrem said that she felt like she was chained by the neck when she first became a mother. She had expressed that the lack of an option to step away from motherhood made the experience difficult for her.

Therefore, it was observed in common among the five mothers that the mother-child relationship from the past could have a facilitating or complicating influence on the participants' current motherhood experiences.

4.3.3 Dads in supportive positions

Almost all of the participants stated that their husbands either helped with physical care or provided emotional support to their wives during the transition to motherhood. Leyla stated that her husband was extra supportive of her in every sense.

> Openly, my midwife was my husband. He supported me a lot in every sense. I would only hold the baby to breastfeed. My husband was taking care of everything, from changing diapers to burping the baby, etc. My husband was coming from work and taking over. I was sleeping a little. So, my husband was the same as I was. … Frankly, if I have been able to come to a regulated and happy state now, it is thanks to my husband. He is very supportive (Leyla, Appendix G, 43).

Zehra said that being able to talk openly with her husband and express her feelings relieved her. Moreover, she said that her husband's listening and understanding of her made her stronger in this process.

> We always solved our problems by talking. It still is, so this has been an incredible strength for me in this process. … [To be able to say to him] 'I was angry at my baby today, I felt this today. You know, today I felt like hitting my baby, I almost hit him. Then I said, he [my baby] is only one and a half years old, how could I do that !' So, I can say this to my husband very easily. He doesn't say to me, how can you think of hitting my child or anything like that. Thankfully he understand me and the difficult time I am going through (Zehra, Appendix G, 44).

On the other hand, Bahar said that she was angry that her husband did not help with childcare, but later realized that she did not allow him to help either.

> At first, I thought my husband was not supportive. Actually, I realized that I had never included him in the process. … Even if I include him, the mother's responsibilities, the things only she can do anatomically, are more than the father's. And that itself was enough to make me angry. I was telling my husband, 'I am angry with you because you are a man. So, you know, you don't have to think too much about any of this.' I was getting very angry (Bahar, Appendix G, 45).

4.3.4 Mothers' solidarity

It turned out that it was important for the participants to talk about the difficulties they experienced in the first year of their transition to the identity of motherhood and to be understood without being judged for the challenging emotions they felt. Mothers stated that they mostly shared this with their peers who are mothers. Bahar explained that sharing with her friends was good for her feelings of guilt.

> Probably the part where I am the luckiest is my friends. They were the people with whom I could share all these feelings. Some of them had children. Well, yes, it felt very good to be able to share with them. Sometimes you feel like taking the child and throwing her away. … Feeling it and putting it into words, it's a very human thing that it's going through in you, and so on. In that sense, for example, it was very comforting, and it was good for feelings of guilt (Bahar, Appendix G, 46).

İrem said that when she shared her challenging experiences and emotions with her friends, she realized that she was not alone and that this awareness relieved her greatly.

> You know, no one I shared these feelings with blamed me. I was also lucky in this regard, as some of my closest friendshad children at the same time as me. Therefore, I was able to share a lot, ask each other 'this is how I feel do you also feel this way?' And then I realized, oh okay, I am not the only one who feels this way. It made me feel a little better (İrem, Appendix G, 47).

On the other hand, Zehra said that when she felt ambivalent feelings towards her baby, she hesitated to tell her friends because she thought they would not understand her because they did not have children.

> I don't talk about it much to my friends because I still have very few friends who have children (laughs). That's why I still have very few friends who can understand me (Zehra, Appendix G, 48).

4.3.5 Me-time

Participants stated that one of the issues they had the most difficulty with in the first year of transition to motherhood was not being able to spare time for themselves. In other words, the participants said that they felt relieved to the extent that they found time and space for personal interests independent of motherhood and that they returned to their motherhood roles in a relaxed manner.

Most of the mothers said that doing something related to their profession made them feel very good and useful. Moreover, taking up a hobby, going out with friends, starting to work part-time, in short, activities that made you feel like you were taking a break from motherhood were among the answers received. İrem stated that in the early days of her motherhood, she preferred to spend her time independent of the child as if she had never been a mother and that this reminded her that she had an identity other than motherhood.

> After my son fell asleep, for example, I would make a cup of coffee and put on something to watch. I remember pretending like he does not exist [during those nap times], or doing things I used to do before he was born. Sometimes I wanted to meet with friends who were not moms. … Single friends or friends who aren't moms sometimes get bored of these conversations [about children], and I do too. Because I am not defined by my child, so I don't want to only talk about my child. … I try to do things that remind me that I am a person outside of being a mother, to unwind a bit (İrem, Appendix G, 49).

Another mother said that it was good for her to spend time where she did not feel like a mother.

> I don't want to feel like a mother all the time. ... I started making a small punch [a kind of handicraft]. ... I want to take steps like this, where I can spend some time for myself in small intervals, be happy, and heal myself (Handan, Appendix G, 50).

In short, the participants stated that it was good for them to do something about their different identities other than their motherhood identity only after becoming a mother.

4.3.6 Professional support

In the current study, professional support was stated as one of the factors that helped mothers during the transition to maternal identity. The professional support mentioned by the mothers is divided into two categories: psychological counseling support and midwife support. Mothers who received psychological counseling support expressed that it was very helpful during their transition to motherhood. Two mothers stated that they went to psychotherapy after becoming mothers and worked on the process of becoming mothers. Also, Elif stated that she had gone to therapy before, but even though she needed it after becoming a mother and could not go due to economic reasons, she constantly talked to her therapist in her mind. And she added that, even in this way, she gained a lot of awareness about herself.

Seda said that the therapy she received, due to the extra difficulties she experienced, made her satisfied with her motherhood today.

> I started therapy when my daughter was two and a half years old. The biggest reason was that I was having difficulty controlling my anger, I could not regulate myself. I wasn't well at all. … In fact, during the therapy process, I analyzed what upset me so much and what my expectations were. That really put me at ease (Seda, Appendix G, 51).

Moreover, Elif, as a psychological counselor, stated that she also benefited from the support group work she conducted with mothers in the first year of her motherhood.

> Last year, I conducted two group workshops for mothers. Of course, I don't reveal my struggles there. On the one hand as I listen to them, I was benefiting them (as a professional), but on the other hand as a mom, I was benefiting from what was said. I realized that I wasn't alone. Of course, their children were younger than me, but even hearing about the past was good because I was not alone (Elif, Appendix G, 52).

Another professional support mechanism is midwife support, which is effective in the early stages of the transition to motherhood. Two of the participants explained how midwives influenced their first motherhood experiences. Handan stated that the insensitive conversations of midwives at the hospital with her about breastfeeding in the period immediately after birth affected her worse than ever. On the other hand, Elif explained that the two midwives who came to her home in the first weeks of her postpartum period supported her from a realistic place and that this helped her recover a lot.

> At the end of the first week, our midwife had a home visit. … Her clarity, professional knowledge, and candor were good for me. At that point, you also establish an emotional bond with that person because they have already witnessed a very intimate experience with you. She said some thing that pulled me together a little. They were not very soft, they shook me up a little. … When I heard from her, I said yes, you are alive, your baby is healthy, keep going! So, her home visit a week after birth was a turning point. She also showed me breastfeeding techniques, and then I started breastfeeding (Elif, Appendix G, 53).

On the other hand, the mother, who described her bad experience with the midwives and doctors at the hospital after birth, stated how difficult the midwives' conversations were for her emotional state when her baby refused to breastfeed.

> There is a lack of empathy among healthcare professionals, such as nurses, healthcare workers, midwives, etc. It was like their feelings were taken away. [They would say things like] 'In the long run, your milk will dwindle, you have to work hard, or just let [the baby] cry' etc. (Handan, Appendix 54).

In summary, the participant mothers mentioned their experiences with midwife support immediately after birth and the psychological counseling support they sought when needed. These have been examined under the heading of professional support in the transition to motherhood.

In a nutshell, women have different adaptation and coping methods during the transition to motherhood. Whether their own mothers or mothers-in-law and partners support this process is an important common factor for the participants in the transition to motherhood. Moreover, it was understood that whether women have friends with whom they are in solidarity and whether they can spare time for themselves are also mentioned in common. Finally, participants mentioned professional support during the transition to motherhood.

4.4 The birth of a versatile identity

The interviews revealed that the participants felt their motherhood identity after a certain period of time. There were two mothers who stated that the process became more regular, especially after four months, and that the relationship with the child felt better.

> Especially after three to four months, she started to recognize me, started to show clearly that she knew me, started to want me, etc. Let me tell you, we became very attached to each other in those stages. I remember this time being very enjoyable, especially after about four months (Seda, Appendix G, 55).

When the areas in which the participants defined their maternal identities and how they defined them were examined, three different sub-themes emerged: Confident enough, the transformation of social relationships, and professional identity. Table 5 shows the frequency of sub-themes mentioned by mothers.

Table 5. The Frequency of The Birth of A Versatile Identity

Theme	Sub-theme	Frequency
The birth of a versatile identity	Confident enough	5
	The transformation of social relationships	8
	Professional identity	8

Note. N=8 (the total number of participants)

4.4.1 Confident enough

Almost all participants stated that they are averagely good mothers now. Most of the mothers stated that they may sometimes make mistakes, but in general, they are good mothers to their children or they strive to be. İrem said that she feels comfortable and satisfied with her own motherhood and that although she sometimes acts wrong, she thinks this is normal because she is just a human.

> I think at this time, I am more comfortable in my motherhood, in terms of the choices I make, how I discipline my son, etc. Because I see a lot of confusion out there, there are different schools of thought, as I said on social media, even among content creators and psychologists. For example, you cannot even say that you are seeking an expert opinion because there are different expert opinions. But I feel satisfied about [how I do mothering], maybe I cannot [always] act according to the ideal standard in my mind. I am a human being and I shout when I shouldn't shout (İrem, Appendix G, 56).

Another mother stated that she created a unique motherhood from her unique situation and that she performed this motherhood by lowering her expectations so that it could work with her other identities.

> Everyone has their own circumstances. … So not everything is 100%. You take from one and give to another. ... These (marriage, children) are not one hundred percent, but if you want to do these even seventy or eighty percent, you will also make your career seventy or eighty percent, that is, a little bit of everything [laughs]. It was a process that was understood through experience. So, I have aligned my expectations now (Seda, Appendix G, 57).

Therefore, it has been revealed that mothers create their own maternal identity from their unique situations. Mothers believe that their maternal identity is fine and they feel confident.

4.4.2 The transformation of social relationships

One of the things that the participants expressed about the transition to a maternal identity was that the role they used to have in their close social relationships had evolved somewhat. These relationships were especially those with their mothers and partners.

All participants stated that their relationships with their mothers evolved to a different dimension after they became mothers. Most of the participants said that they understood their own mothers better after becoming mothers.

> I think it has had a positive effect [on my relationship with my mother]; I think twice about being harsh with my mother. I wonder what she thinks and feels and what kind of things she experienced taking care of four children. [This process] aroused compassion in me and, in other words, helped me empathize (Bahar, Appendix G, 58).

There were mothers who said that after they became mothers, their sharing areas with their own mothers increased and they received more help from their mothers.

> I used to share everything [with my mother], but that was as much as I shared. There was nothing beyond that after having a child, things became interesting, we started talking more and sharing more things. For example, I don't remember ever calling my mother to get recipes or to tell her what had happened to me that day, but after the child, these calls increased a little (Seda, Appendix G, 59).

İrem said that her relationship with her mother was affected both positively and negatively.

> What we had in common with my mother has increased. I was a very academic kid starting from high school onwards and felt I diverged from my own family. When my dad was younger, he used to enjoy reading a bit more, and we used to have conversations sometimes. But my mother is not intellectual in that sense. So, after a certain point, we would not find many things to talk about. But through [my] child, I mean, he added something to our relationship. There's something to talk about now. On the other hand, if I want to do something in a different way than how she did it, she asks [sarcastically] 'were we doing something wrong?' or, 'well done, you are doing it better.' or 'is it because we did it this way and that is why it happened?', etc. … That's why these are a bit murky waters (İrem, Appendix G, 60).

Furthermore, all of the participants stated that their relationships with their spouses became different after having a baby. It turns out that most mothers feel that their romantic relationship with their partner has stalled for a long time.

> Of course, the moments in our lives where we can spend time alone [one-on-one] have changed a lot. So, we didn't have any time [alone] for a long time. Baby, baby, baby, baby, constantly. Or the moments we spend with the baby have incredibly limited the time we spend alone together. … Therefore, we became a more stale couple. In fact, we have taken on the role of parenting rather than being a couple (Zehra, Appendix G, 61).

Moreover, according to three mothers, there was a situation where the partners disagreed and argued over the issue of raising children.

> I think our arguments have increased. We did not have anything like this before. But now there is such a big issue on which we need to reach a consensus. … I think our arguments have increased as the number of issues we need to agree on increases and we cannot always agree on so many issues (Elif, Appendix G, 62).

4.4.3 Professional identity

Before the interview, a 4-question career aspirations questionnaire was applied as an inclusion criterion in order to understand the suitability of the participants for the study. The questions of this questionnaire are about whether the participants care about being successful in their careers, showing superior performance in their jobs,

being the best in their field, and having a lasting impact of their work. Participants who did not answer 'agree' or 'strongly agree' to the first question about being successful in their career were not included in the study. The purpose of this was to investigate the career-related experiences of a woman who grew up as the child of a mother who did not have a career path but had a career aspiration during the transition to motherhood.

All participants answered “agree” or “strongly agree” to at least one of the other questions of the questionnaire. Five participants answered ‘agree’ or ‘strongly agree’ to all questions. Two participants answered agree or strongly agree to four questions. Therefore, it can be said that most of the participants have career aspirations and desire to work long-term, be among the best, and demonstrate superior performance in their career.

Additionally, it was also supported by the findings during the interview that the participants had career aspirations. In the prepartum period, one of the participants was an undergraduate student, one had just graduated and had not started working, three were graduate students and had work experience, and three had at least one year of work experience. Despite this diversity in their career path, all mothers expressed that they wanted to advance in their careers. Seda was one of the participants who explained her dreams in the clearest and most ambitious way that she was dreaming of being a very successful lawyer. Also, İrem clearly stated that she had aims to accomplish on her career journey. Other mothers stated that they wanted to take their career aspirations with motherhood, as they had planned before becoming mothers.

On the other hand, after giving birth, almost all of the participants did not return to a full-time job other than continuing their undergraduate or graduate

education. Only one participant, Aleyna, worked online part-time from her home office after giving birth. Mothers who continue their education have spent most of their time at home as the baby's primary caregiver since the majority of the courses are online because of the pandemic.

İrem is one of them. She stated that her education and, therefore, her career were not interrupted because motherhood and the pandemic coincided. Otherwise, it would have been interrupted.

> I guess I felt like I postponed my PhD a bit after becoming a mother. Since I was pregnant in the Covid pandemic, the systematic adjustments helped us a little. Some things have gone online, for example. I was able to complete my master's degree and write my thesis while rocking my son to sleep. Therefore, my timing aligned well and my career did not seem to be interrupted due to the adjustments made for the pandemic. Maybe if this pandemic was not then, it would have been interrupted (İrem, Appendix G, 63).

All mothers stated that they preferred to raise their own child in the first year and did not prefer to leave it to the grandmother or a caregiver and go to work. Although almost all of the mothers preferred to be at home in the first year, they expressed that they were worried about not making any progress in their careers. Or at least they stated that their careers, or the time they could spare to advance their career path, were significantly disrupted in the first year of motherhood. For some mothers, it turns out that not having the opportunity to read books, do research, or write a thesis about their careers causes mothers to feel stuck and suffocated.

> I was actually very focused on writing my thesis, but since I couldn't write it, my thesis kept being on my mind alongside my mothering … I would wait for him to go to sleep so I could work on my thesis. I mean, there were days when he didn't go to sleep early, and I was disappointed. So, it is not a complete change, but when the responsibilities of motherhood were added to the role of being a student, it always caused such a pile of work in the background of my mind. In the long run, I had a thesis to finish, and as I couldn't manage it, it piled on and on and on (Elif, Appendix G, 64).

Moreover, Leyla is a mother who plans to leave the baby in the care of her mother-in-law and start working after the birth of the baby. However, she stated that she could not leave the baby as easily as she thought.

> I was thinking of starting to work at an institutionalized private school. … And I was always saying I could leave my baby; why wouldn't I? After all, I have a life. I had already stayed at home for nine months for the pregnancy; what would happen if I didn't start; how would you come back after all this time? But it didn't happen, that career remained there. But I hope to start when my son turns two (Leyla, Appendix G, 65).

Moreover, Leyla added that she cared about her career and home, but she could not trust anyone else and leave the baby, so she preferred to raise him herself until he was two years old.

> This doesn't mean my career was unimportant or not important than my child. This is just because I want to raise my child myself. Because I can't leave him to someone else, because I don't feel confident enough to leave my baby to someone else. Someone else may leave their child, and, by the way that surprises me too. I don't know how to let go, that is, how to feel that trust (Leyla, Appendix G, 66).

Bahar stated that although she does not feel ready to be a mother yet, she plans to give birth as soon as possible and start her career because she thinks that being a mother in the middle of her career will be more difficult as time progresses. But she added that for the first year after birth, or even longer, she couldn't find the energy to continue her career.

> So of course [motherhood] is something that interrupts [career]. At that time, it had been a year since I graduated from graduate school when I got pregnant. I had just started seeing clients. … I ended the sessions around the eighth month of my pregnancy because I did not know what it would be like after giving birth or when I could return to work. … And then I didn't get new clients for a while either. At that time, I didn't participate in anything like training or anything else. I couldn't participate in the baby's first months anyway. There are people who can do it, but I was never like that, so I didn't feel like devoting energy to it. It was something that completely interrupted me (Bahar, Appendix G, 67).

Handan stated that while she had never started her career, becoming a mother had a serious influence on her career plans.

> There was an order of things that flowed in my life. When my life changed with such a huge role as motherhood, I wasn't particularly worried about work, but not having started and the ambiguity of that process sometimes made me angry toward my child, that is, not with my child, but with myself (Handan, Appendix G, 68).

On the other hand, Handan stated that she did not feel ready to leave her fifteen-month-old baby yet.

> Unfortunately [being a career mother] is a process that I have not been able to get out of yet. I guess I'm affected by my emotions a lot, or maybe it's because I'm not fully immersed in professional life yet. I think it will be very difficult to separate from my child. But when I think more logically, I realize that children whose mothers and fathers work somehow cut that umbilical cord after a while. They also think that their relationship is healthy. I think my baby needs me so much right now, I don't want to leave (Handan, Appendix G, 69).

Handan stated that she changed her career plans after motherhood. She revealed that she is planning to have a less intense career path, which she thinks can combine motherhood and career.

> In the future, I would love him to see a mother who can both take care of him and continue her career. So I think I should continue. Maybe a job that doesn't have very intense working hours. Now that I've left academia, I want to practice my profession. For now, I have a career aspiration where I can find a middle ground (Handan, Appendix G, 70).

Despite these statements above, Elif expressed the positive side of having children before starting or advancing their careers.

> Even if I were actively working, maybe even if I had a full-time job, even if we could afford [a caregiver], I would still want to take care of [my baby] myself. As a matter of fact, during my bachelor years, one of our instructors said, mothers start working after six months, but the real attachment evolves after that. So I always remember that. The first two years are very important. Even though it was very challenging during this period, my master's thesis became a career that I clung to because I stayed at home and had something I could do from home (Elif, Appendix G, 71).

Seda had a more comprehensive induction about having career and motherhood together. These inferences will be valuable as it can make it easier to understand the current situation of the mothers who constitute the sample in the study.

> Many of us already had mothers who were mothers. That was their first main goal and ideal [motherhood]. … I ask my own mother or other women around me. It seems as though they would like to do things other than mothering but they have somehow accepted it will never be possible for them. But our progress is such that it is as if [our careers] will never be interrupted. After all, you give your whole life to this, until a certain age. … I was a successful student too. I have a law degree. So, I was dreaming that I would be a prestigious lawyer. Suddenly, things got very difficult. … At that point, you have to accept that nothing will happen the way you think. Especially if you are passionate about motherhood and have concerns about doing it well… It is a difficult experience (Seda, Appendix G, 72).

Handan also mentioned that after spending years to have a career, becoming a mother at the beginning of her career made it difficult to integrate the two identities. This statement seems parallel to Seda's inference above.

> As someone with a university diploma and who has continued in academia , I had a hard time freeing myself from that identity because at the center there would always be academia, school, and if you are working, a job. I still experience this. … Also, I haven't stepped into business life yet. That's why it's vague there, too. Therefore, there is a gap in my mind about that place. So, I'm having a hard time (Handan, Appendix G, 73).

İrem stated that she did not want to transfer her childhood experience with her mother to her own child. This situation is further discussed in the intergenerational transmission sub-theme. In terms of career, İrem said that she was determined not to be like her mother, who had to give up her goals after becoming a mother and reflected her disappointment on her child. She stated that she may spend less time with her child in order to become a mother having a career, but she believes that this will have a better effect on her relationship with her child in the long run.

> I am a career mother; I have things I want to do myself. My son doesn't always have access to me because of the things I want to accomplish. But I feel comfortable about that too because I think if it wasn't like this, I could always say to him as my mother said to me that 'I graduated from such and such university, but you were born. If you were not born and I had continued, imagine where would I have gotten a PhD?' God willing, I will not say this to my son (İrem, Appendix G, 74).

As a result, based on what the participants expressed about the transition to motherhood and career, it can be said that mothers have career aspirations and want

to continue their careers after becoming a mother. However, there are mothers who rearrange their career aspirations in order to juggle during the transition to motherhood. Among these, there are mothers who choose full-time motherhood because they think it is right to take care of their child themselves or because they cannot leave their baby to someone else, as well as a mother who continues to work part-time. However, regardless of the reason, all mothers stated that they wanted to be the main caregiver of their babies.

Consequently, in this section, the information obtained through semi-structured interviews about the transition experiences of mothers in Turkey to their maternal identity is displayed under four main themes and 16 sub-themes. With a sample of eight people taken from the population who were pregnant during emerging adulthood, whose mothers did not have careers, who were university graduates, and who had career aspirations, the experiences of mothers with these characteristics during the transition to motherhood identity were clustered under 4 main themes: Attitudes, never as expected, emergency valve, and the birth of a versatile identity.

In summary, in this section, the findings are presented by creating main themes along with the quotations from the interviews with the participant mothers. In the next chapter, a discussion was made using these findings and the relevant literature.

CHAPTER 5

DISCUSSION

The current study investigated the experiences of women who were university graduates, had career aspirations, became pregnant during emerging adulthood, and were in the phase of forming their maternal identity. Semi-structured in-depth interviews were conducted with eight mothers.

As a result of analyzing the data obtained through thematic analysis, four main themes and sixteen sub-themes emerged. These main themes are, respectively, attitudes, never as expected, emergency valve, and the birth of a versatile identity.

The findings presented in the previous chapter were discussed in this section using the relevant literature. Each theme was discussed under its own title, and at the points where the themes were related to each other, the discussion was made under the appropriate theme title. In addition, another discussion topic, which is not a theme but was derived from the current research based on theoretical background, was produced as process. The BAM theory, the theoretical framework of the current research, likewise states that the transition to motherhood is a process that includes certain periods (Mercer, 2004).

Also, there are strengths and limitations sections for the current study. Lastly, recommendations were made for future studies, for those working in the fields of psychological counseling, and also for policymakers.

First of all, it can be inferred from the mothers' narratives that women experience the transition to motherhood as a process. In other words, pregnancy is a preparation period; the first experience is had in the period after birth, and then the motherhood identity is formed as the mother finds her unique style.

Moreover, it turns out that characteristics of culture and historical era may play a considerable role in the transition to motherhood experienced by individuals in this population. Firstly, mothers having children at a young age has some influences on their awareness of the process and their career plans. In addition, for women who have a university education, career orientation might be also a factor to take into consideration in the transition to motherhood. These factors manifest themselves both in the period when women's expectations about motherhood are formed and when their maternal identity is acquired after giving birth. It is also among the findings that one of the important factors that help women during the transition to motherhood is professional and social support. All these findings and inferences were discussed in the coming sections based on the relevant literature.

5.1 Attitudes

In the current study, the sub-themes of perfectionism, unawareness, and being ready or not were emerged from the participants' expressions of their attitudes towards being a mother.

5.1.1 Perfectionism

Firstly, it was observed that the majority of participant mothers had ideal and perfectionist dreams and expectations about motherhood. These dreams are about the child's upbringing or the mother's own life. For example, there may be dreams such as not exposing the child to any electronic screens, raising the child educated and well-equipped, and supporting him/her by reading a lot of books, as well as dreams about the mother's own life, such as being a comfortable and “cool mother” and combining her career and motherhood comfortably. It is evident from their own

statements that these expectations can be too perfect to be bring about. Therefore, it can be summarized that the expectations were sometimes might be quite ideal in the prenatal period.

According to Stadlen (2005), maternal identity begins to form when a woman learns that she is pregnant because the expectant mother begins to make space in her mind for the baby and her motherhood, thanks to the visible physical changes during pregnancy. Moreover, motherhood is shaped in the woman's mind over a long period of time, and this shaping does not have to be conscious. Factors such as the life a woman lives since birth, her upbringing, the culture she is in, and the person she wants to be, form her judgments, dreams, and expectations regarding motherhood (Stern & Bruschweiler-Stern, 1998). Therefore, factors such as culture, life goals, and personal history shape the woman's attitude toward motherhood from her childhood on.

With modernization, the rate of women receiving education and employment is increasing (Eurostat, ONS, 2022; TUIK, 2022). Thus, life plans for a woman have differed from those of past generations. Women now show their presence in the career world beyond being mothers or housewives (Suman & Naidu, 2023).

According to Badinter (2012), the “have it all” perspective that comes with modernization has revealed the idea that women can have both a career and children successfully. However, this time, the obligation to do all of them at the same time and perfectly is placed on women's shoulders. Therefore, the concept of ideal motherhood has shown itself once again (Henderson et al., 2015). This structuring may cause women to develop a perfectionist perspective on motherhood and careers (Suman & Naidu, 2023). The desire to be the ideal mother may be more prevalent in the mind of a highly educated mother, to the best of her knowledge. It is known that

educated individuals have a high level of awareness and idealistic attitudes about raising children (Timurturkan, 2020). Expectations of mothers to raise well-equipped children, establish a quality relationship with the child, have a “cool motherly” attitude, and manage their career and motherhood easily together are among the findings in the current study. Thus, the current study gave results that support the literature on this subject.

5.1.2 Unawareness

Secondly, the unawareness sub-theme actually has an intersection with the perfectionism sub-theme. The underlying factors of both seems to be similar. It can be said that with modernization, the fact that women do not direct their purpose of their existence primarily to being a mother (Suman & Naidu, 2023) has significantly reduced the part of their mental preoccupation allocated to motherhood plans. As a finding in the current research study, the unawareness sub-theme showed the fact that today's women do not think about being mothers rather than what women’s plans are for becoming mothers. That is, participant women may not have even had an awareness of planning for motherhood.

In the current study, women stated that although they had some dreams about motherhood during pregnancy, they did not think much about motherhood. The reason for this was that the participants stated that they were young, that there were no role models around, and that even though there were examples, they never thought of thinking about their own motherhood. It is thought that the fact that the ages of the participants in the study were below the general birth age might explain this situation. In other words, the average age of women who are university graduates and have career aspirations has increased in recent years both around the world and

in Turkey (TUIK, 2022). Moreover, it has been revealed that the most common reason why women postpone marriage today in Turkey is to continue their education (TUIK, 2021). Therefore, if women who become mothers at a relatively early age may not have an example of the transition to motherhood from their immediate family, especially it may not seem possible for them to witness this example in their circle of friends. Therefore, it is estimated that participants who became mothers at an early age may have low awareness of the reality of the situation as they experience the transition to motherhood, as a first example.

Moreover, some of the participants attributed this unawareness to being a mother because they were not able to think enough about being a mother and review some decisions due to their young age. Educated women who become mothers during emerging adulthood have to think about an education plan, career aspirations they want to achieve, and other identities they need to find other than motherhood (Arnett, 2007). Moreover, this is a transition period and individuals are still in the process of maturation (Hochberg & Konner, 2020). In this case, it is estimated that a woman in this developmental period might spend less time thinking about motherhood compared to a woman who bases her plans on getting married or women who become mothers at later ages.

As a result, the reasons for the participant mothers' unawareness about becoming a mother seem to be the following. They may not find examples from their peers who have gone through the transition to motherhood. Also, they have not yet had the opportunity to think thoroughly about a fundamental decision, becoming a mother, due to the developmental period they are in. And lastly, they build their existence on being a woman with a higher education and a career rather than being a mother.

5.1.3 Being ready or not

Being ready or not is another sub-theme of attitudes theme. The majority of mothers stated that they became pregnant on a planned basis. Regardless of whether the pregnancy was planned or unplanned, five of the participants said that they did not feel ready when they became pregnant. In other words, while some of the mothers who said they got pregnant as planned stated that they did not feel ready when they found out they were pregnant, participant Seda, whose pregnancy was a surprise because it was unplanned, stated that her pregnancy was very smooth and peaceful.

Reasons stated by participants for not feeling ready included "not feeling old enough to care for a baby yet" and "uncertainty about the timing." One of these mothers, İrem, said that even if they planned the pregnancy, it caught her unprepared since she actually was not sure about the timing. Another mother, Leyla, stated that they actually planned the pregnancy and felt ready, but she had concerns about caring for the baby during her pregnancy and thought she was not ready.

Participants became pregnant during emerging adulthood. According to Arnett (2007), the individual is still in the process of finding her/himself and needs time during emerging adulthood. Even though the woman became pregnant willingly and planned during this period, until then, she thought and invested in education and career instead of making dreams and plans to invest in her maternal identity. With the lengthening of the education period, the transition to independence and adulthood was postponed for individuals (Arnett, 2007; Arnett, 2023). Therefore, for the female individual in the period of emerging adulthood, it may be the case that she does not feel mature and ready enough to make some decisions, such as the transition to motherhood. A study conducted with teenage mothers in Iran also revealed that in addition to being physically ready for motherhood, being socially ready also

significantly affects the mothers' experiences (Hoseini et al., 2024). Arnett (2023) stated that individuals in emerging adulthood are capable of forming long-term intimate relationships and, therefore, may prefer marriage at this stage of their lives. Even if the participant mothers had chosen the path of marriage and parenthood, the wide range of life choices for individuals in the same period may also confuse women in the transition to motherhood (Arnett, 2014). Moreover, the readiness for paternal identity of the partner, who is the closest person to the mother socially, may also affect the mother's readiness for maternal identity. In the present study, most mothers reported that their partners wanted to become fathers. However, it would still be good to get fathers' own comments on their readiness.

On the other hand, it is understood that Seda, who was the youngest among the participants and became a mother right after marriage, was quite happy and prepared despite having a surprise pregnancy. In addition, Aleyna, another of the youngest mothers among the participants, also became pregnant on a planned basis, and it is understood from her statements that she felt quite ready for her pregnancy. Moreover, she stated that she always found being a mother at a younger age attractive. Therefore being in the emerging adulthood period may not be the only factor in feeling ready for pregnancy. Considering the participants' expressions of thoughts and feelings when they learned that they were pregnant, it is estimated that factors other than whether the pregnancy was planned or not may be related to their readiness. What is effective in the decision mechanism seems to be one of these factors. For example, İrem says that her husband wants to have children more and that she does not feel ready yet. Moreover, Bahar stated that although she did not feel ready, she was planning her pregnancy because she was worried about getting older. Aleyna said that she embraced with the idea of being a young mother much earlier.

So, it can be said that in addition to developmental maturity, feeling internally mature and ready to become a mother is also very important, and this seems to depend on personal reasons.

Based on the participants' statements, the following prediction was made. Intergenerational transmission may be one of the factors affecting the participants' emotions when they learned that they were pregnant. When factors such as the participants' age at conception, how long after marriage they got pregnant, and whether the pregnancy was planned or not were evaluated, no meaningful comments could be made about feeling ready for motherhood. So, for example, Seda is the youngest mother among them, having become pregnant unplanned right after her marriage. However, compared to Bahar or İrem, who became pregnant on a planned basis and were the oldest mother among the participants, Seda seems to have accepted her pregnancy much more calmly and peacefully. Seda describes her own mother in her childhood as a cheerful, playful, and also a responsible mother. İrem, on the other hand, since from her childhood, she has been exposed to the image of an unhappy woman whose dreams were cut short by motherhood since her childhood, and, significantly, she stated that when she found out that she was pregnant and immediately after giving birth, she felt like she was doomed by the chain of irreversibility. Moreover, she said that staying in a relationship that she could never leave did not seem like a choice for her and that it made her feel very stuck. Therefore, it is thought that the effect of intergenerational transmission (Almond, 2011), which is mentioned as crucial in shaping the relationship with the baby after birth, may start from pregnancy. In this respect, it can be said that this interpretation derived from the research findings is parallel to Stern and Bruschweiler-Stern's

(1998) statement that the birth of the mother begins long before pregnancy and turns into an embodied experience from the early days of pregnancy.

As another point, Bahar said that although she did not feel ready to become a mother, she decided to get pregnant because she was older. Another participant said that she thought about becoming a mother one day, but she did not know if that day was the day she was waiting for. The fact that mothers decide to get pregnant even though they do not feel fully ready may indicate that a traditional perspective on female identity has been internalized by mothers as well. According to Badinter (2012), women are seen as sacred by society because of their potential to give birth. In other words, as a social myth, there is no future vision for women other than being a mother (Ashburn-Nardo, 2017; Reti, 1992). A recent study in Turkey investigating the decision of mothers from different segments of society to become mothers revealed that social pressure is effective in women's decision to become mothers (Karaman & Doğan, 2018). The current study finding is parallel to the study in this respect. On the other hand, in the aforementioned study, it is seen that although women with a high level of education think that they will eventually become mothers, they postpone becoming mothers and give priority to their professional development (Karaman & Doğan, 2018). The current study differs in this respect. The study consists of mothers who, although their education level is high, became mothers at the beginning of their professional development journey. It can be assumed that the reason why the findings in the current study differ from the previous study is that the participants experienced full-time motherhood without a career in their own families may have affected their choice of becoming mothers early. As a result, social perspective may have an influence on the formation of maternal identity (Collins et al., 2019). Another recent study has revealed that

women's expectations regarding their maternal identity are affected by cultural beliefs. And, their expectations affect their experiences and psychological state during the transition to motherhood (Preis et al., 2018). It is estimated that these beliefs, influenced by culture, also may affect the decision regarding the age of motherhood.

As a result, women's attitudes towards motherhood were clustered under the sub-themes of perfectionism, unawareness, and being ready or not. It is possible to see in the discussion of this theme that the high level of education may have been effective in developing perfectionist expectations and, on the other hand, being in a state of unawareness due to not finding the space and time to plan for motherhood. Finally, it is thought that being in the emerging adulthood period of women might have an influence on whether they feel ready or not to become pregnant. There is a need to further understand the factors affecting the expectations of women with career aspirations and university education about becoming mothers and the timing of becoming mothers in Turkey. Based on current research findings, at least it can be said that this population in Turkey needs to be aware of why they want to have children, how these reasons relate to the future they dream of, and what it means to be a mother with a career.

5.2 Never as expected

A common theme in the participants' statements about their experiences in the first year after the birth of the baby is that motherhood is not as expected. Facing perfectionism, loss of freedom, always feeling tired of physical care, and mixed feelings are the sub-themes of these themes.

5.2.1 Facing perfectionism

Some participants stated that their experiences after birth were different and more challenging than their expectations. Mercer (2004) expressed that in BAM theory the first experiences after birth are definitely different from expectations and these expectations are challenging for every mother. Stern-Bruschweiler-Stern (1998) stated that the conflict of expectations and experience is possible for every new mother, and the initial turmoil experienced by the woman is beneficial for her to discover her own maternal identity. Moreover, the mother who focuses on meeting the baby's physical needs may not even feel as “motherly” as she expected (Arnold-Baker, 2019). In this respect, the finding that İrem had difficulty seems appropriate. On the other hand, looking at İrem’s statement, it is thought that it was a complex situation for the participant, beyond not feeling like a mother at first. It is understood that the mother, who gets stuck on points such as trying to do everything in the best way and following the steps of care, cannot feel the relationship with her baby and feels the burden of the process on her shoulders. İrem stated that wanting to do everything in the most ideal way made her tired. Additionally, looking at Aleyna's statement, it is understood that her plans were disrupted more than she expected and that this put a lot of pressure on her at the beginning. From the statements of both mothers, İrem and Aleyna, it can be inferred that they may have faced perfectionism in the process of becoming mothers and that this realization might have forced them additionally. If there is a greater than acceptable difference between women's expectations before birth and their actual experiences after birth, then the transition to motherhood becomes harder (Javadifar et al., 2013; Llairó et al., 2023). As well, Arnold-Baker (2015) stated that as the difference between the ideal motherhood imagined by the mother and her actual experiences increases, maternal strain,

disappointment increases, and self-confidence decreases. In this respect, the findings of the current research study are parallel to the literature stated in this respect.

5.2.2 Loss of freedom

Moreover, what was more challenging than the participants expected was the loss of their freedom. Participants mentioned that after becoming mothers, they could not freely do whatever they wanted, whenever they wanted, as before. They added that the responsibility of a baby requiring care prevented them from acting as they used to. According to Stern and Bruschweiler-Stern (1998), in the early stages of motherhood, the mother realizes that some things about her life before becoming a mother have changed irreversibly. Moreover, the mother faces the challenge of keeping a completely dependent baby alive (Garland, 2019; Stern & Bruschweiler-Stern, 1998). So, the mother experiences the loss of her past self and is likely to grieve for this (Arnold-Baker, 2015; Mercer, 2004; Winstanley, 2000). The literature has revealed persistent findings that during early motherhood, mothers miss their old free lives, and although they love their children, they grieve the loss of their old selves that can never return (Matley, 2020). These feelings, which are typical in the first months, are expected to decrease over time and gradually return to the mother's former life and former mind as the baby grows (Stern, 1995). However, in the current study, it is understood that mothers who stay at home alone with their babies for a long time and have not returned to the outside world might have had more grief and ambivalent feelings than others. For example, mothers who have not returned to work or have never started work, or who are completely alone with the baby because they do not have social support seem still mourn their lost freedom after the baby and feel overwhelmed even two years later.

5.2.3 Always feeling tired of physical care

Always feeling tired of physical care is another sub-theme regarding the first motherhood experience. Mothers said that they especially had difficulty with the baby's sleep. They stated that putting the baby to sleep, having sleepless nights, and not having anyone else to take care of the baby physically tires the mothers. Thus, physical fatigue might have led to frustration and anger in mothers. A recent study conducted in Canada revealed that one of the most difficult issues for mothers in the first year after birth is lack of sleep and fatigue (Levesqúe et al., 2020). In the current study, it is noteworthy that although the majority of mothers stated their partners as a helpful factor in the transition to motherhood, only some of them mentioned fathers as a constant supporter while expressing how tired they were in physical care. In other words, when talking about extreme fatigue, they either did not mention the father at all, or said that they did not want to disturb their partners' sleep at night because the father went to work during the day, or said that it did not come to their mind to ask the father for help. Levesqúe et al. (2020) revealed that there is still a stereotypical perspective on what the primary caregiver should do in the first year of motherhood. The permanent physical care of the baby belongs to the person giving birth, despite all her tiredness and exhaustion. A study conducted with couples who became new parents in Turkey has parallel findings: According to the couples' statements, although fathers help in the care of the baby, the main care of the baby belongs to the mother (Arakelyan, 2019). Therefore, the perception of the mothers in the current study that the main responsibility for the care of the baby belongs to the mother and that the father's duty is to help is parallel to the research findings. It is estimated that this situation may the one reason causing the mother's extreme fatigue. Raising awareness among expectant mothers that childcare is the responsibility of

both parents could be beneficial in preventing excessive fatigue and feelings of burnout after birth.

5.2.4 Mixed feelings

As a result of all these first experiences, difficulties, first shock, and loss of old life, the mother may naturally experiences ambivalent emotions (Almond, 2011). It is understood from the participants' statements that they felt both positive and negative feelings about being a mother and toward the baby. It is seen that negative feelings sometimes can come to mothers, especially when they are having a hard time with the baby. Maternal ambivalence occurs when the mother's needs and the baby's needs conflict, and to a certain extent, it is even useful for the mother and the baby to become aware that they are different entities (Almond, 2011). Moreover, when the mother becomes aware of her negative thoughts, it is considered beneficial in terms of increasing her efforts to give better care to the baby in compensation (Adams, 2014). On the other hand, if ambivalent emotions are more than the mother can handle, the mother feels extreme guilt and inadequacy (Miller, 2005). Ambivalence, guilt and inadequacy cycles lead to each other in a vicious manner (Almond, 2011). As a result, the feeling of inadequacy may cause the mother's self-confidence in her maternal identity to decrease (Mercer, 2004; Miller, 2005). When society's, and therefore women's, expectations regarding maternal identity are higher than reality, the gap between experience and expectation increases (Almond, 2011). A mother who can never achieve her ideals feels inadequate and doubts herself. Considering the meaning and ideals that society attributes to the identity of motherhood and the intrinsic motivation to be a perfect mother as a consequence, it is not acceptable for a woman to feel unsuccessful in motherhood and to have ambivalent feelings

(Johnston-Ataata et al., 2018). The perception of women who can do everything perfectly, which has become stronger in the modern period, might be caused women to develop this perspective on motherhood (Badinter, 2012). There is a sub-theme that the mothers in the current study have perfectionist expectations regarding motherhood. A recent study shows that the higher the expectations of mothers and the greater their efforts to be the ideal mother, the more their feelings of ambivalence, guilt, and inadequacy increase (Meeussen & Van Laar, 2018). Another study shows that mothers feel more guilty and inadequate when they think their ambivalent feelings are unacceptable (Raneberg & McCallum, 2023). Moreover, when mothers try to overcome their ambivalent feelings instead of thinking that they are normal, they again enter the cycle of perfectionism, and their feelings of inadequacy increase with excessive struggle (Raneberg & McCallum, 2023). In the current study, it is seen that the participants have dreams and efforts to do motherhood in the best possible way. Zehra stated that when she felt angry towards her children, she came to a point where she questioned her own motherhood. Zehra, whose emotions and thoughts were quite ambivalent, stated that she questioned herself, then defended herself, and then the same cycle continues in another situation. And she added that still it was all together and chaotic. This statement is thought to show that Zehra might mostly wants to be successful in her motherhood. It is estimated that the fact that mothers with high education levels are used to being successful may have led them to see motherhood as an area in which they can be successful. This may cause women who care about being successful to pay more attention to the ideal image of motherhood in society. In her study investigating the motherhood experiences of women working in management positions, Timurturkan (2020) stated that women are not very eager to talk about their failures regarding

motherhood, and this may be due to the fact that they care about being successful. Therefore, the current research findings are parallel to the studies in the literature.

Consequently, while it is natural that the first experiences of motherhood are more challenging than women expect, having unrealistically high expectations might put more pressure on the mother and increase feelings of ambivalence. When it is too challenging, it can become harder for women to cope with the transition to the identity of motherhood. Perfectionism, extreme fatigue, and being overwhelmed by the motherhood role may cause the mother to experience ambivalent emotions above acceptable levels. Therefore, women need to gain awareness of social myths about motherhood and their own perfectionist expectations. Also, being aware that the ambivalent emotions experienced by mothers are natural will help mothers avoid feeling guilty while experiencing these emotions (Chapman & Gubi, 2022).

5.3 Emergency valve

It was understood that there were a number of factors that affected the participants' transition to motherhood identity, making it easier or harder. These help mechanisms are clustered as grandmothers' factor, dads in supportive positions, mothers' solidarity, me-time, and professional support.

5.3.1 Grandmothers' factor

For all participants, the support of their own mothers or mothers-in-law was mentioned, especially in the first weeks after birth. This support is not seen as surprising or exaggerated by participants. In other words, participants provided help from their own mothers or mothers-in-law as a must-have during the transition to motherhood. They specifically mentioned this situation when they could not provide

help and underlined that this situation as making the transition to motherhood difficult for them. Seda was one of them. Although the grandmother's support Seda provided from her own mother seems to be quite intense, the support that the grandmother cannot continue as she had to go back to her own home after a while. So, Seda did particularly emphasize that situation and how her lonely life with the baby was hard. That is to say, if the grandmother had provided a constant physical assistance, it would still have been described with gratitude, but it would not have been mentioned as a very extraordinary situation. It is thought that traditional culture might have an influence on the participants' normalization of help from their mothers. A very recent meta-analysis study revealed that grandmothers' involvement in childcare in the postpartum period is a factor that mothers prefer and feel good about. However, when looking at research studies in Europe, it is seen that grandmothers' involvement in childcare is considered a necessity that has become preferred as the mother returns to work (Koslowski, 2009). Moreover, it was found that if there is a formal childcare center in the immediate neighborhood, the rate of caregiving by grandmothers decreases (Jappens & Van Bavel, 2012). In addition, it has been observed that the population in which grandmothers are involved in childcare in the USA is mostly composed of low-income parents, parents coming from different ethnic backgrounds, or single parents (Kinsner et al., 2017). This strengthens the argument that grandmother support for childcare is not preferred unless necessary in Western societies. On the other hand, when studies on Eastern societies are considered, the rate of grandmothers' involvement in the situation is much higher than in Western societies (Hank & Buber, 2009; Xiao & Loke, 2022), and the meaning of grandmother support is different in Eastern cultures (Xiao et al., 2020). A recent study revealed that the mother and mother-in-law of a woman giving

birth in China insist on supporting childcare because this help has a traditional meaning for them (Xiao et al., 2020). In another study investigating social support in the early postpartum period, a couple who immigrated from India to Australia revealed that after their baby was born, their families came from their hometown and helped the new parents for a long time. The study stated that, from the couple's statement, such close grandparent support, which is not very common in Australia, is quite typical and even that grandparent support should be provided for them (Johnson-Ataata, Kokanović & Michaels, 2018). Moreover, involvement in childcare seems to be something that grandmothers eagerly desire, rather than a traditional obligation. One more thing, research claims that new mothers prefer their own mothers rather than their mothers-in-law because they can express themselves more easily (Xiao et al., 2020). It is not thought that a similar common result emerged from the mothers' statements in the current study. Similarly, a study in Japan showed that grandmothers want to help new mothers, and this help includes items such as childcare, housework, transferring experience to the mother, and emotional support to the mother. Moreover, mothers stated that thanks to this support, they had a healthier physical status, a stronger psychological well-being, and a more balanced home life (Matsui & Sato, 2018).

Miller (2005) claims that with modernization, women prefer expert support rather than receiving the wisdom of motherhood from the previous generation. In the current study, it is thought that growing up in Turkey, a relatively traditional culture affects the ways in which they acquire motherhood knowledge, even though they are university-educated women of the modern era. A recent study conducted in Turkey investigating the intergenerational transmission of motherhood revealed that new mothers are quite satisfied and grateful for the help of grandmothers. Therefore,

being in solidarity with their own mothers and benefiting from their knowledge was mentioned as an important resource for new mothers (Aktaş & Özden, 2020).

It can be summarized that in Eastern cultures, during the transition of a woman to motherhood, both the mother and the grandmother consider it typical to go through this process together in terms of childcare and other things. On the other hand, in the study already mentioned above, some mothers said that the grandmother's help also caused conflict, while some mothers were grateful for the grandmother's help, and sometimes even two grandmothers helping together in harmony (Xiao et al., 2020). Close relationships and grandmothers seeing themselves as experienced may cause differences of opinion between generations on childcare and similar issues and bring about conflicts (Xiao et al., 2020). These two seemingly contradictory situations also were emerged in the current study. Participants mostly said that their mothers or mothers-in-law were with them for a while after birth and helped with both childcare and the mother's care needs, and these all made the process much easier. Moreover, two of the participants stated that they started living with their in-laws after birth and they added that they were very supportive. On the other hand, for example, although Bahar was very grateful to raise her baby in the house of her in-laws, she noted that people from the former generation always had comments about whether the baby was fed or not, and they were quite intrusive and disturbing. A comment that Bahar added with a laugh makes one think once again how common such situations are and how they are considered typical in the culture she lives in: “There is probably no mother who has not heard this” (Bahar, Appendix G, 29). Another example of how families can be supportive but also quite intrusive comes from İrem. İrem, who related her relationship with her own mother to muddy waters after the birth of the baby, stated that they often had disagreements about

childcare. She said that whenever she made a different choice from her mother regarding childcare, her mother became resentful because İrem did not follow her lead, and their relationship became strained for this reason. Similar examples in the current research show that these attitudes of grandmothers seem intrusive to new mothers and they do not prefer this to happen. Research on the needs of mothers in the early postpartum period conducted in China, where traditional culture prevails, has similarly revealed that grandmother's help is sometimes not so harmonious, and conflicts between the new and older generations, especially regarding childcare, can strain relationships. Moreover, grandmothers' insistence on their own truths about childcare makes new mothers uncomfortable. It has been revealed in the research that mothers may have difficulty in making their decisions regarding their babies accepted by the former generation, and they ask nurses to explain this issue to grandmothers as experts. It is understood that in Chinese culture, the eager to help attitude of grandmothers can sometimes be intrusive and dominant. Seda's story has been an example of how tough and dreadful families can sometimes make things.

> The day I gave birth, my husband's family made life miserable for me. They insulted me and caused trouble in the hospital. ... I was breastfeeding the child; my mother-in-law said, "Your milk is not enough; my milk was squirting." "When my child didn't sleep, my children slept until the morning," she explained. ... The longer you breastfeed, the more your milk will increase, and you will leave the formula. And my mother-in-law was secretly feeding the child with formula during this period. She's such a strange person. Really, even if I didn't have anyone to support me, my life would be more comfortable if they weren't in my life (Seda, Appendix G, 31).

As can be seen from the quote above, the intrusive attitude of the participant mother's family-in-law makes the process very difficult for the new mother. Yet, the participant mother also said that her husband could not do anything to protect her rights. Seda also did not express that she herself set boundaries against her in-laws. A similar study conducted in Vietnam, where Asian culture is dominant, revealed that

while individuals co-parent their children with their parents, their parents' interventionist attitude creates a conflict between parent-grandparent and negatively affects their communication (Hoang et al., 2020). In this culture, individuals need to be at least as responsible to, dependent on, and obedient towards their parents in adulthood as they were in childhood, perhaps even more so. This study can be summarized as follows. The grandparent's power to say so much about his or her child's life has emerged as a negative aspect of the parent-grandparent relationship in the care of the grandchild (Hoang et al., 2020). This study is thought to be parallel to the situation exemplified by Leyla's and Seda's experiences with her in-laws and İrem's own mother's attitude towards childcare. In other words, the situation that the grandparent, especially the grandmother, expects respect and obedience due to being more experienced seems to be similar for the current research findings as well. Moreover, sometimes this expectation may lead to intrusive attitudes and creates conflict. A meta-analysis study investigating coparenting with a grandparent in Asian culture also contains similar findings. According to the culture, the grandparent is the person who is expected to care for the child, and their duties overlap with those of the mother. In addition, the grandparent is also considered the authority figure that should be respected in the family (Hoang & Kirby, 2020). Research has revealed that the negative aspects of co-parenting with grandparents are predominant compared to the positive aspects. In any dispute regarding the care of the child, the parent cannot object to his or her own parent. And even when the parent tries to express him/herself, the grandparent accepts this as disrespect (Hoang & Kirby, 2020). Moreover, these situations that create tension become even more difficult with the family-in-law. Parents who receive support from the former generation can use obedience as a coping method. The study commented that while keeping a distance

from the relationship is an option in Western culture, in Eastern cultures, the intertwined ties with the family suggest that this is not possible (Hoang & Kirby, 2020). As can be understood from the statements of Seda and other participants who have difficulties in this regard, silence and tolerance are preferred more often. Or at least, there is no clear evidence in the current study that new parents are able to maintain their boundaries even when they think their grandparents are quite intrusive. Lastly, research studies in the literature summarize that mothers may have internalized being in a more passive position in their relationship with the previous generation due to culture (Hoang & Kirby, 2020; Hoang et al., 2020). In parallel with the current study, it is estimated that even though the new mother is educated, she may not be able to protect her rights due to the influence of cultural codes during her vulnerable period. Therefore, mothers may need support to recognize this culturally-based situation and help them heal their own emotions in the relationship and express themselves in a healthy way (Hoang & Kirby, 2020; Hoang et al., 2020). Additionally, psychological counselors who will work with individuals in the transition period to motherhood may need to be aware of this cultural code (Hoang & Kirby, 2020).

Therefore, current findings supported by the literature show that grandmother assistance is quite supportive for new mothers. Mothers are satisfied when the assistance is adequate. Moreover, the participants who did not receive grandmother support also stated this and also stated that they raised their children alone and felt unsupported and lonely. On the other hand, when there are interferences by grandparents along with help, it could make the transition very difficult for the mother.

5.3.2 Intergenerational transmission

In the current study, it is thought that another common factor that makes the transition to motherhood harder or easier is the representations of motherhood that the participants remember from their childhood. This also can be called as intergenerational transmission. While some of the participants remembered their mothers as very mature and cheerful and evaluated their mothers as self-sacrificing in retrospect, some of them described their mothers as tough, busy, emotionally unavailable, or putting their problems on their children's shoulders. For example, Seda describes her own mother as a cheerful mother who is always busy with her children. Moreover, in the first year of her motherhood, Seda was particularly badly affected by the oppressive, critical and unsupportive attitude of her in-laws. Based on Seda's statements, it can be said that she is one of the participants who had one of the most challenging experiences in the transition to motherhood and was the unluckiest in terms of social support. However, she is still one of the participants who uses the most tranquil expressions about life with her baby and adjusting to motherhood, and finds spending time with her baby fun.

The person reveals the psychological instances of the motherhood experience that she carries from her own childhood in her relationship with her own baby and in her mothering practices (Brizendine, 2009; Buldur, 2009). Based on the interpretation of the findings in the current study, it is estimated that if the motherhood experience that the person transfers from her own mother is nourishing and satisfying, this transfer could be a support mechanism for the person in the maternal transition period. On the other hand, there were also participants who stated that the motherhood they remembered from their childhood was not that much satisfying. For example, Bahar stated that her own mother met physical needs but did

not meet emotional needs and was unreachable in this sense. In addition, it is thought to be quite remarkable that when she imagines herself as a mother, she defines herself as a mother who meets her child's psychological needs and establishes an emotional relationship. However, she mentioned the frequent emotional ups and downs in her relationship with her child as something she still finds difficult in motherhood. Similarly, Leyla described her mother as a mother who takes her anger out on her child. She said that she had already decided that she would not be such a mother, but on the contrary, she shouted at her child when she got angry and acted like her mother, even though she tried not to do so. Leyla thinks that her inability to manage her anger was passed down to her from her mother. As another example, İrem described her own mother as a mother who made her child feel guilty by telling about her immature and incomplete desires. In her relationship with her own child, İrem clearly stated that she was determined not to let her child experience what she experienced. Additionally, although she did not express it so openly, İrem also stated that when she first realized that she was pregnant and in the first months after birth, this irrevocable responsibility made her feel very heavy and as if she was chained around her neck. It is estimated that the 'unrealized dreams' she heard from her mother and the scent of the representation that children are like a chain that knots the mother's dreams permeate İrem's entire story of transition to motherhood.

The literature shows that the “wounds” that a new mother carries from the mother-child relationship (Babetin, 2020) with her own mother can make her strive for a motherhood being more careful towards her child and avoiding to open the same “wounds” (Almond, 2011). This may actually contribute to the mother becoming a better mother (Sacks, 2017; Tsabay, 2014). The findings in the current study show that mothers' goals in their relationships with their children yield similar

results. However, trying not to transfer her “wounds” (Babetin, 2020) may cause the mother to try too hard to be the perfect mother, thus increasing maternal ambivalence and may cause the mother to feel suffocated (Almond, 2011). In addition, it is quite possible that a woman who experienced a relationship which she could not receive from her mother in her childhood and was not satisfied would have difficulty giving it to her own child (Almond, 2011; Fraiberg, 2018; Hartman, 2014). In addition, mothers experience difficulties in motherhood and in their relationships with their children because they are not satisfied by their own mothers and feel incomplete and wounded.

Finally, intergenerational transmission appears as a factor that facilitates the transition to motherhood or a hindrance that complicates the experiences of new mothers.

5.3.3 Dads in supportive positions

Also, the partner's physical or emotional support during the process was found to be very valuable for the participant mothers. Almost all of the participants in the study stated that their husbands supported them more or less during this period. Situations showing being understood and verbally supported were very important support factors for mothers. Moreover, as reported by the mothers in the study the fathers in the sample were fathers who wanted to have a baby at the beginning, were with their spouses during and after birth, and valued talking and understanding their spouses. Studies show that partner support is a determining factor in a woman's transition to motherhood in the postpartum period. In the same study, partner support was listed by mothers with items such as emotional support and balanced sharing of childcare and housework (Kirova & Snell, 2019). Another study found a similar finding. The

partner's willingness to share the responsibility of the baby is a factor that makes the woman's transition to motherhood much easier (Levesque, 2020).

On the other hand, the sub-theme of always feeling tired of physical care revealed that despite the help of fathers, mothers are still quite tired. For example, even though the mother is very tired since the father goes to work the next day, they feel like their responsibility to stay awake for the baby at night when necessary. More precisely, mothers see their husbands' role in childcare as helping and assume that the main job is theirs. In Turkey, the perception of the role of fatherhood has changed from past to present, and fathers' participation in childcare has increased (Kuzucu, 2011). On the other hand, the findings of a study conducted with couples who became new parents in Turkey revealed that fathers help mothers in childcare, but the perception that the main responsibility is still on the mother (Arakelyan, 2019). Another study found that fathers' involvement in the baby's care increases as the education level of the couple increases (Kuruçırak, 2010). In parallel with the mentioned findings, the current study shows that fathers are now more involved in childcare. The fact that almost all mothers mentioned the help provided by fathers suggests that the fact that they are couples with a high level of education has an influence on this situation. Still, there seems to be some way to go before childcare becomes something that the father shares responsibility for rather than just helping with it. A study conducted with 66 new fathers in the USA found that there is a negative correlation between fathers' mother-essentialist views on childcare and their involvement in childcare and their sense of self-efficacy (Zegarac et al., 2024). Moreover, it has been noted that as time passed since birth, fathers' beliefs in their own importance in child care and their self-efficacy in child care have increased (Zegarac et al., 2024).

5.3.4 Mothers' solidarity

Moreover, it was revealed that the participants shared their challenging experiences and feelings during the transition to motherhood with their friends who were also mothers, and this sharing greatly relieved them, and they did not feel lonely. Having friends who also have children and being able to talk to them without being judged was where mothers felt the luckiest. On the other hand, the participants who became first mothers among their friends expressed that they hesitated to share their difficulties and ambivalent feelings, thinking that their same sex friends would not understand them because they did not have children and that they felt alone in this regard. While mothers who experience ambivalent emotions feel depressed when they feel lonely, they feel relieved and "normal" when they share with friends who have gone through similar experiences and know that they will be understood without being judged (Arnold-Baker, 2015; Lacy, 2015). Women's fear of being judged by someone may come from the fact that society assumes the identity of the mother as pure love and ignores any negative feelings and thoughts that the mother may feel (Johnston-Ataata et al., 2018). The woman who grew up with this social myth feels guilty about her natural emotions when she becomes a mother (Raneberg & McCallum, 2023). Studies conducted in Turkey in recent years have revealed that women in the process of transitioning to motherhood do not share their difficulties even with their close relatives, but they share them with people they are sure will not be judged, especially their peers who are mothers (Dinç, 2023; Tuna, 2023). When mothers share the guilt and inadequacy caused by ambivalence with each other, they realize that they are not alone and that what they experience is quite natural. That awareness and normalization provide a well-being in the mother (Arnold-Baker,

2015). For this reason, the solidarity that mothers establish with each other, especially in terms of emotional support, is very valuable.

5.3.5 Me-time

Another facilitating factor mentioned by mothers is the individual time they spend without their baby and the fact that they engage in professional, educational, or other activities that remind them of the person they were before becoming mothers. The common statement of the participants is that they do not always want to feel like a mother. Even if they do not start working in the first year, mothers prefer to spend time in their own individual worlds. In other words, mothers who cannot spare time for themselves and are always with their children feel suffocated in their motherhood identity. In fact, some mothers prefer to do the things they did before having children in order to remember their pre-motherhood selves. It is understandable that mothers want to do something about their identities outside of motherhood in the first year, which is the period when they are most together with the child. Previous findings also show that mothers' withdrawal from the world outside motherhood during the postpartum period negatively affects their well-being during this period (Nielsen, 2000). Moreover, the literature provides parallel findings that the mother's ability to maintain her world outside the baby after birth (Vejar et al., 2006) and allocating time for personal care (Barkin & Visner, 2013; Albanese et al., 2020) are facilitating factors that are good for mothers during the transition to motherhood.

5.3.6 Professional support

In the current study, the professional support factor was defined as a supportive factor in transition to the motherhood. The professional support mentioned by the

mothers is divided into two categories: psychological counseling support and midwife support. Participant mothers' motives for receiving psychological counseling support are mentioned as having difficulty adapting to motherhood and wanting to recognize themselves as having a maternal identity. One of the mothers, Seda, stated that they received individual psychotherapy due to the difficulties they experienced regarding the transition to motherhood after birth and that it was good for them to find their own identity. She also said she started psychological therapy when her child was about two years old, and the psychotherapy lasted almost a year. She added that the psychotherapy she received made her feel much better as a mother and an individual, and it made her life better. Moreover, Elif stated that the psychotherapy she had previously received was very helpful during her transition to motherhood and that she even felt like she could hear her therapist's voice in some situations in the first year of motherhood. It can be said that individual psychotherapy support during the transition to motherhood is quite important in terms of its therapeutic effects There are studies explaining the effectiveness of psychotherapy support as a psychologically preventive and therapeutic mechanism during the transition to motherhood (Llairó et al., 2023; von Kalckreuth, B., 2020). Also, a review study investigating the effectiveness of interpersonal psychotherapy methods during pregnancy and the postpartum period found that mothers experienced a reduction in depression and anxiety symptoms and an increase in adaptation to the transition period (Bright et al., 2020).

Moreover, psychological support groups where mothers can share with each other during the transition to motherhood may also be very important in a preventive context. Elif mentioned that she benefited as much as the other mothers in the psychological support group she created online as a psychological counselor.

Additionally, having friend groups where mothers can share their emotions and struggles has been described as one of the most fortunate aspects for mothers in terms of receiving significant emotional support under the 'mothers' solidarity' sub-theme. As a matter of fact, Seda was a mother who experienced difficult situations during the first year of motherhood due to her in-laws, and she also felt quite socially isolated because she did not have any social groups to share her experience. On the other hand, Seda was a mother who, despite all the difficulties in the early months after birth, was able to play with her baby, establish a relationship with him, and feel connected to him around the fourth month. It is anticipated that her later need for therapy support might be due to environmental factors during the transition to motherhood. In a group therapy study in the USA focusing on developing emotional skills for mothers with postpartum mood disorders, mothers showed improved ability to cope with psychological stress after seven sessions (Grunberg et al., 2022). Additionally, the study revealed that peer support and mutual assistance among mothers during group sessions were also effective (Grunberg et al., 2022). Therefore, understanding that one is not alone in their experience and having an environment where emotions can be shared without judgment may serve as an inhibitor for potential future emotional difficulties.

Another type of professional support mentioned by mothers after birth was midwife support. The two mothers described two very different situations regarding the support of midwives immediately after birth. One mother's experience was that the midwife who came to the house informed her about childcare. It can be inferred that, based on the mother’s statement, the midwife's attention to the mother, providing information on necessary matters, and emotional support may have a positive psychological influence on her. The other mother stated that the comments

about breastfeeding made by the healthcare professionals she dealt with at the hospital had a very bad effect on the mother's emotional state. Thus, being in contact with healthcare professionals, such as midwives, who also consider the mother's emotional needs might make the transition to motherhood emotionally easier for mothers. On the other hand, any midwife support provided without sensitivity to the mothers' emotional states and without addressing their emotional needs could be more hindering than beneficial for the mother. So, it is equally important that health professionals, especially midwives, who are in direct contact with the mother immediately after birth, are very decisive in terms of both informing the mother, providing emotional support, and keeping her morale high. Preventiveness may be as essential as curativeness. Previous studies have also shown that midwives informing parents about the transition to motherhood and providing emotional support, both during the birth experience (Gökçek, 2022; Tarkka et al., 2013) and in the postpartum period (Janoušková, 2021), are very valuable and supportive in terms of the transition to motherhood. Therefore, it is very important and necessary for midwives to establish a relationship that will increase the mother's self-confidence, as well as inform the family about childcare in the first days after birth. A study conducted in Turkey explained that midwives' educational and emotional support to the mother after birth is very decisive for the mother's role acquisition (Mucuk & Özkan, 2018). Mercer (2004) also underlined that the acquisition of maternal identity is parallel to the mother's gaining self-confidence in caregiving. However, various studies show that mothers either receive insufficient or no support after birth compared to their emotional and physical needs (McLeish et al., 2020; Sumarni & Prawitasari, 2020; Thompson-Lastad et al., 2024). Studies on midwife training have revealed that the postpartum role of midwives includes the prevention of mothers' emotional states in

the postpartum period, in addition to physical care information (Schwind et al., 2023), but midwives are not particularly competent in emotional support (Sumarni & Prawitasari, 2020). Studies investigating mothers' experiences of midwife support after birth in Turkey also have parallel findings in terms of mothers' needs (Beydağ, 2007) and the services they receive (Demir, 2023; Gönenli et al., 2019). Therefore, in Turkey, there may be a need to increase midwives' awareness of mothers' emotional needs and to provide them with information to support mothers emotionally in both hospital and home postnatal care. There is a need for joint work by psychological counselors and midwives in this field in Turkey.

Moreover, preventive, psychoeducational, and therapeutic psychological counseling services received in prepartum and postpartum may be crucial during the transition to motherhood. Increasing a woman's self-awareness during the transition to motherhood, such as regarding her emotions, expectations, rights, and needs, could be preventive and curative against emotional difficulties (Bright at al., 2020; Grunberg et al., 2022).

As a result, the support mechanisms of women during the transition to motherhood can be summarized as the support they receive from their own mothers or mothers-in-law, the physical and emotional support of their husbands, the time they spend on their own, and the professional support they receive from psychological counselors and midwives. Findings parallel to the literature have been reached, and the findings provide insight into what can be done regarding the needs of mothers in the postpartum period. In short, there is a need for new mothers to be respected when receiving support from grandmothers and to protect themselves when their own transition process is not respected. Moreover, fathers are certainly more involved and responsible in the process of having a baby than before, but their

involvement, especially in childcare, is need to be seen as a division of labor rather than assistance. Thus, mothers need to be able to have as much access to personal time after the baby is born. Finally, professional support mechanisms can be increased. There is a need for psychological counselors to work therapeutically and preventatively. Midwives, due to their immediate communication with mothers after birth, can work in preventive care physically and emotionally. In this context, psychological counselors and midwives can collaborate on such efforts.

5.4 The birth of a versatile identity

In the current study, it was understood from the participants' statements that they defined their motherhood identities in a couple of different areas.

5.4.1 Confident enough

First of all, most of the participants stated that they saw themselves as competent and a good mother for their children. In fact, two mothers stated that as the baby started to get to know them at the end of four months, the relationship between them became stronger, and the process became more enjoyable. Mercer (2004) states that in the BAM theory, maternal identity is acquired around four months. In addition, it is understood from the mothers' statements that at the end of the first year after childbirth, their mothers had moderate expectations of their own motherhood. So, coming to the idea that the best they can do would be be enough may have relieved them and increased their self-confidence. Mothers' expectations of themselves, which were initially high and perfectionistic, evolved over time and turned into more average and realistic expectations. This transformation became a facilitating element in their transition to the identity of motherhood. For example, a mother stated that

she accepted that she could make mistakes in childcare, such as yelling at her child sometimes, and that this did not make her a bad mother. Another mother said that she thought that everyone had their own conditions and that every mother had her own motherhood style. Therefore, it can be said that as mothers experience the truth, they discover and accept their unique motherhood unique to their situation. This situation is parallel to the statements of Mercer (2004) and Miller (2005). During the transition to motherhood, the self-confidence of mothers who develop their own coping mechanisms (Miller, 2005) and align their expectations with their experiences increases after a certain period (Mercer, 2004). The woman who develops self-confidence in what she can achieve creates her own unique motherhood identity (Mercer, 2004). Moreover, a study emphasizes that mothers' criticism of the myth of ideal motherhood and their discourse about being a “good enough mother” (Winnicott, 1953) have increased in recent years (Pedersen, 2016).

However, a striking point is that all mothers define their maternal identities through the relationships they establish with their children. Almost no mother emphasized the physical care of her child when talking about her maternal identity. Mothers mostly talked about the quality of the relationship they had with their children. Mercer (2004) claimed that they acquire their maternal identity in the fourth month, as the mother gains self-confidence in caring for her child. However, mothers whose children were at least one year old talked about the relational domain rather than caregiving when describing their concerns, inadequacies, and self-confidence. Physical caregiving may also be an outdated topic since the youngest child is one year old. However, it is also thought that these mothers with average and above socioeconomic levels may have the higher possibility of being aware of the importance of establishing relationships with their children. For example, mothers

who are confident about their motherhood stated how good their relationship was with their children, while mothers who were not confident stated that they wanted to have a good relationship with their children and that they were on the way to having a good relationship with their children, although not as much as they wanted. Therefore, it was revealed that mothers who gained self-confidence in childcare still defined a relational domain regarding their own maternal identities. This factor, which is not emphasized enough in Mercer's (2004) BAM theory, can also be taken into account. In the fourth month, as the mother gains self-confidence in childcare, her maternal identity may be acquired in this sense. In addition, relationality is an important dimension of the maternal identity of mothers who care about establishing an emotional relationship with the baby. This dimension emerges from the fourth month onwards when the baby gives his/her first relational signals. Therefore, in the first year, the shaping of maternal identity might continue after the fourth month. Yet, in the literature, no studies supporting this claim about BAM theory have been encountered. It is considered that investigating the influence of the mother's emotional relationship with the baby on the maternal identity could be a topic for future research within the context of BAM theory.

5.4.2 The transformation of social relationships

Among the findings is that women's relationships with their own mothers and husbands differ after the birth. Women said that after they became mothers, they understood their own mothers better about motherhood. Moreover, it was understood that after childbirth, the relationship formed between the two mothers was also included in the already existing mother-daughter relationship. There were mothers who said that their common areas of sharing with their own mothers increased after

they became mothers. Also, the participants said that after the baby came into their lives, the parental dimension was added to the husband-wife relationship, they were able to spend less time with each other, and their arguments, especially on child-related issues, increased. Stern & Bruschweiler-Stern (1998) stated that after a woman becomes a mother, she rearranges her social relationships within the framework of her identity as a mother with a child. Additionally, Hwang et al. (2022) stated that after the arrival of the baby, the mother redefines her relationship with her immediate environment, and the healthy formation of these rearrangements is also important for the formation of her maternal identity.

5.4.3 Professional identity

Finally, participants' thoughts, feelings, and experiences about combining career and motherhood in the first period of motherhood are collected under the heading of professional identity.

Participants stated that they had career aspirations both in the questionnaire and in the interview. Additionally, it was understood that all but except one participant did not start or return to career life in the first year of motherhood. Mothers who continue their education also stated that they mostly take classes online from home. For example, İrem said that she was writing her thesis while rocking her child to sleep. The mother, Aleyna, who returned to work, said that she was working part-time from home and added that if she had a job that required intense work, she would have preferred to quit her job to take better care of her child after becoming a mother. Elif, on the other hand, said that even if she had the opportunity to work, she would still prefer to care for the baby for the first year. Handan and Leyla also stated that it is emotionally impossible for them to leave their one-and-a-half-year-old baby

and start working. They said they believed their babies needed their mothers. It can be understood from here that all mothers said that they preferred to take care of their children by themselves at least for the first year. Although they have career aspirations, they seem to prioritize caring for the baby as a mother, at least for the first year, and believe that this notion is important. One of the reasons for this choice may be that they think this is what it takes to be a "good enough mother" (Winnicott, 1953) for the baby. Elif stated that for the first year after birth, even if she had the opportunity to work, she would prefer to take care of her baby because she had learned from one of her instructors in the bachelor's education that the baby's secure attachment process still continues after six months. Handan and Leyla also believe that the baby needs his/her mother for the first year, which may be another finding to supports this idea. It is estimated that this belief may be due to the fact that mothers are educated individuals with a high level of awareness about the baby's emotional needs. For example, it is understandable that a mother who is knowledgeable about secure attachment would want to remain the baby's primary caregiver for the first year. In addition, the "intensive motherhood model" (Hays, 1996) described today may have influenced this decision of educated mothers in the current study Badinter, 2012; Hays, 1996).

Another factor is thought to be that the mothers became pregnant in the emerging adulthood age range. Even though participants have career aspirations, they may not yet have an ongoing career that they would like to return to immediately. Bahar's statement that she is afraid that it would be much more difficult to take a break from her career if she became a mother after her career progressed can be interpreted from this perspective. In parallel, although being a mother at a younger age delayed the start of her career, Elif also saw it as an advantage for her child to be

with his mother as much as it needs. She said that by the time the mother finishes her education, the baby will also have grown enough to be separated from her. Therefore, mothers may have thought that it would be a good idea to spend a year or two with the baby, thinking that they still have time and there is no need to rush, as they are in the period of emerging adulthood. The definitions in the literature regarding the period of emerging adulthood seem to be parallel to the statements of some participants. Because in this developmental period, individuals are still at the stage of finding out what they want to do in life (Arnett, 2007; Hochberg & Konner, 2020). According to this definition, although the participants have stepped into their adult lives with the new roles of being a wife and a mother, it is estimated that some mothers may be taking their time and continuing their search for the emerging adulthood period.

On the other hand, from the statements of some mothers in the current study, it was estimated that the fact that they took a break from their education or career or never started their career made some mothers' transition periods harder. This strain is thought to emerge as a spectrum in the current study. In other words, some mothers described this difficulty quite clearly and in detail. Yet, it was understood that some mothers experienced the first year with the baby with more calm and tranquil feelings.

It is generally thought that ambivalent emotions are what make the participants' transition to motherhood more or less difficult. That is, on the one hand, mothers dream of being a good mother to their babies, and for this reason, for example, five mothers openly mentioned that they believe in the necessity of taking care of the baby as the primary caregiver in the first year. On the other hand, not being able to spare any time for what they want to do regarding their career may

cause them to feel ambivalent. Some mothers expressed that they felt stuck because their work lives were interrupted, they could not start at all due to the baby, or they could not continue writing their thesis as planned. For example, Elif stated that she felt disappointed when she could not spare time for her thesis, which she planned to do after putting her baby to sleep, and that she felt that the burden on her shoulders increased due to being a mother and a student at the same time. As another example, Handan stated that although she did not want to leave her baby and work until her baby is two years old, taking such a break from her career due to motherhood sometimes made her feel anxious and sometimes angry. Based on all these statements, it can be said that some participants have ambivalent feelings about being a full-time mother, even though they prefer it.

According to Stern & Bruschweiler-Stern (1998), one of the most difficult parts of the transition to motherhood is finding the balance between career and motherhood. For a woman who is educated and has career aspirations, her experiences in the transition to motherhood may not be what she expected (Peskowitz, 2005). According to a current study, after becoming a mother, a woman is not satisfied and feels inadequate in every aspect, even if she chooses to work or is a full-time mother (Aktaş & Özden, 2020). Another recent study examining the changing family plans of doctoral students revealed that women postpone or do not want to become mothers because they do not want to have difficulties while trying to juggle a busy career life and the ideal mother model that society expects (Paksi et al., 2022). A study conducted with mothers with careers in Turkey revealed that mothers feel pressure from society to successfully combine careers and motherhood (Timurturkan, 2020). Also, studies stated that since full-time motherhood is no longer valued in society, it is possible for a mother who chooses to stay at home for the first

year to feel like she is throwing away her career (Babetin, 2020; Monro, 2016; Stern-Bruschweiler-Stern, 1998). In the current study, there are mothers who say that although they believe it is right to stay with their babies for the first year, not being able to start their careers yet makes them feel stuck. In this respect, it is thought that the current study and literature findings are parallel.

Another factor in preferring to be full-time mothers in the first year could be the full-time motherhood that the participants saw from their own mothers. Even if they have received an education and are on their way to having a career, and even if they have received high scores on the four-item questionnaire about career aspirations, the number of mothers who actually switch to active working mode is very low among the participants. In a study conducted with individuals in the emerging adulthood period in Poland, young people's desire to become a mother decreases as their career aspirations increase (Chwastek & Mynarska, 2024). In contrast to this study, individuals with high career aspirations in the current study chose to become mothers early and also preferred to provide full-time care in the first year of motherhood. It can be said that the participants did not grow up seeing working mothers from the former generation and may not have enough experience to integrate working and mothering easily. In other words, it can be said that the participant mothers with career aspirations and her own mothers, who did not have a career, create an intergenerational dissonance in their motherhood identities. This situation may have made it difficult for some mothers to both plan motherhood and integrate it into their lives after birth. İrem stated that no woman of her generation had a career and that she was the first example. Seda is the participant who summarizes this issue in more detail. It is assumed that Seda thinks that the fact that the plans before birth were only about career and that she did not consider

motherhood and career together is related to the lack of such a code in intergenerational transmission.

> Many of us already had mothers who were mothers. That was her first main goal and ideal (motherhood). ... But our progress is such that it is as if it will never be interrupted. After all, you give your whole life to this, until a certain age. ... So, I was dreaming that I would be a very successful lawyer. Suddenly, things got very difficult. ... And it can cause great disappointment. At some point, you have to accept that nothing will happen the way you think. Especially if you are passionate about motherhood and have concerns about doing it well... It is a difficult experience (Seda, Appendix G, 70).

The experience of being a working mother in Turkey is relatively new compared to other Western countries (Sunar & Fişek, 2005), as stated by the participant mother, Seda. Therefore, maintaining motherhood and business life together can be an even more difficult issue for educated women with career aspirations, especially for mothers who have had children without thinking about this issue before. It is thought that the experience they gained from their own mothers in the context of intergenerational transmission may have contributed to them being closer to the choice of full-time motherhood for a while after the baby, at least for a year. A recent study conducted with immigrant families in Europe investigated whether perspectives on gender roles differ across generations. The findings indicate that views on women's roles in child care and work are culturally persistent. In other words, the new generation also carries the beliefs from their parents' culture (McManus, van der Does & Adem, 2024). Similarly, in the present study, despite having career aspirations, mothers did not work for at least one year after giving birth, and even if they wanted to work, they felt they needed to raise their baby for a while. This could be attributed to their own mothers being full-time mothers. A recent study conducted in the US found that the career path of women born and raised in the United States is significantly related to the roles assigned to women by

their mother-in-law's country of origin (Bredtmann et al., 2020). That is, if the country where the mother-in-law grew up has more traditional gender roles, the woman's probability of choosing to participate in working life is lower. Research has claimed that intergenerational transmission of gender role attitudes is important in women's career journey (Bredtmann et al., 2020). Furthermore, another recent study revealed that there is a strong relationship between being raised by a woman with a career and having a career for a woman (Binder, 2021). In another study, it was also understood that individuals raised by mothers with careers had more egalitarian ideas about gender roles (Bertrand, 2019). Also, Kağıtçıbaşı (1984) stated that Turkish women see motherhood and child-rearing as the center of their lives because they have been prepared for this role socially since childhood (as cited in Güler, 2007). However, this statement is taken from the 80s, and it would be appropriate to investigate whether it is still the case for Turkey. Hence, the findings of this study alone are thought to be insufficient to make any interpretation confidently. It would be beneficial to conduct more studies to understand the extent to which women with career aspirations returning to work after childbirth are influenced by gender roles passed down from former generations. Furthermore, studies could be conducted on the generational dissonance experienced by women in Turkey regarding working mothers, as studies in the literature that examine motherhood in the context of generational dissonance seem quite rare.

Lastly, it is understood from the participants' statements that they preferred not to start working for the first year because they found it hard to combine caring for a baby with a busy work schedule. So much so that the part-time working mother said that she would quit her job if her work tempo was too high. Or, there is a mother who says that if classes were not online, her education would be interrupted after the

baby. A similar study conducted in Israel indicates that women in the transition to motherhood need support if they want to continue their careers, especially during the first year when returning to work is difficult. According to this study, new mothers who find their work environment supportive appear more likely to return to work (Gross-Spector & Cinamon, 2017). The findings of another study also showed that the factors affecting career-oriented women's transition to motherhood include partner support, a work structure that allows them to devote time to motherhood, and the need for regulation of work-related policies for mothers (Hennekam, 2017). Therefore, the study summarizes that this support needs to be provided at the micro level within the family, the meso level for business life, and the macro level at the country base (Hennekam, 2017). A study exploring the factors influencing the maternal identity of women with academic careers found that working women need longer periods of paid leave and more flexitime opportunities in the workplace during the transition to motherhood. These arrangements are considered necessary for a healthier society in the long term (DeBolt, 2024). Therefore, it seems more possible to carry out motherhood and career together when the regulations at different levels of society support career-oriented women in the transition to motherhood.

In short, women stated that there were revisions in different areas of their identities after becoming mothers. These updates concern the woman's relationship with her own mother and husband and her professional identity. Finally, after a certain period of time, the woman feels confident about her motherhood, which is a crucial factor in acquiring her motherhood identity. Therefore, it can be said that the

formation of the maternal identity and the influence of this new identity have manifested in different areas. Then, a versatile identity of motherhood can be considered.

5.5 The process of becoming a mother

Stern and Bruschweiler-Stern (1998) stated that becoming a mother involves a process just like the birth of a child. This process is the birth process of a new mother, and it might be painful (Nemetz, 2012). With the pregnancy, a preparation process begins for the mother. Stern (1995) stated that this period is when expectations take their final shape. With the birth of the baby, it is time for the mother to face the real experiences. This period, when expectations and real experiences conflict to some extent, is a period of intense birth pains for the identity of the mother (Stern & Bruschweiler-Stern, 1998). Lastly, it comes the period when the mother reshapes her expectations based on her real-life experiences of motherhood. In this part, the mother discovers her own power and uniqueness (Miller, 2005). This is a discovery that reminds the new mother of her uniqueness and empowers her in this process. In other words, the mother's discovery of her own uniqueness during the process enables her to create her own coping mechanisms (Miller, 2005). A mother who creates her own coping mechanisms also begins to trust herself in child care, and this self-confidence facilitates the development of her motherhood identity (Mercer, 2004). Stern & Bruschweiler-Stern (1998) called this entire process "the birth of a mother". Mercer (2004) also named this process "becoming a mother", with its definitions having many similar features. It can be said that the current research findings are consistent with the literature that mentions that motherhood is achieved at the end of a process that requires time. How the

participants experienced this process, their expectations, experiences, and the maternal identity they acquired were discussed under relevant headings and with examples. What is meant here is that when the whole process is evaluated overall from the narratives of the participants, it can be understood that the transition to the identity of motherhood is a process that includes certain periods. Furthermore, it was noticed that most of the participants defined their motherhood through their relationship with their child. In other words, their definition of themselves or the mother they want to be is a mother who not only cares for her child but also communicates with her child and meets his/her relational needs. Participant mothers' children were between one and four years old. So, the child's developmental stage and needs are considered to be different from four months of age. Nemetz (2012) states that the motherhood identity transforms and renews with each new challenge or developmental stage of the child. So, it can be said that the motherhood identity is something evolving through time, so it is in a constant transformation (Neely & Henderson, 2024). However, According to BAM theory, the motherhood identity is acquired around four months (Mercer, 2004). In this case, it may be beneficial to explore the experience of maternal identity transitions for the different developmental stages of the child. Therefore, the BAM theory's transition to maternal identity can be graded by taking into account the developmental stages of the child.

One of the research questions was: what are the coping strategies of women to gain their maternal identities in the first postpartum experience? As mentioned above, the awareness gained through the experiences of the process itself allows the individual to realize their own uniqueness, which naturally provides them with self-confidence and, consequently, the opportunity to develop their motherhood identity (Arnold-Baker, 2019). It can be seen that the process experienced by the participants

in the current study is parallel to what is mentioned in the literature. Participants talked about how their experiences after birth reshaped their expectations, and how they constructed their motherhood in the following period. As a result of this reshaping, most mothers perceive themselves as good enough mothers. Also, İrem implied that she was satisfied with her natural mothering rather than consulting experts. Miller (2005) states that trusting their own inner voice rather than seeking expert opinions is crucial for mothers in developing their internal coping mechanisms. Additionally, Seda emphasized that she believes every mothering experience is unique and that, as a career-oriented mother, she realized the need to accept that she could be good enough, not perfect, in both her job and motherhood. Thus, reshaping their idealistic thoughts to accept being good enough emerged as a coping mechanism among the participant mothers in the current study. Mothers who perceive themselves as good enough naturally gain confidence in their coping abilities, thereby establishing their motherhood identity (Javadifar et al., 2016).

It can be said that social support was one of the factors that made it easier for the mothers in the current study to cope. Mothers who had the opportunity to share their difficulties with their peers who were going through the same experience interpreted this as one of the things they felt most fortunate about. On the other hand, mothers who felt that they had no one to share with expressed this as a deficiency and said that they had social difficulties during the transition to motherhood. Arnold-Baker (2019) emphasized that one of the important coping mechanisms for women during the transition to motherhood is having peers to share with. Moreover, the fact that participant mothers were able to receive physical and emotional support from their social environment, such as grandmothers and partners when they needed it, was found to be one of the ways that facilitated their coping during the transition to

motherhood. Research has shown that social support from close relatives such as grandmothers is highly determinant for maternal well-being and coping in the postpartum period (Johnson-Ataata, Kokanović & Michaels, 2018). A study in Turkey similarly showed that social support increased the mother's satisfaction with her maternal role in the postpartum period (Güler, 2016).

All in all, this study explored the transition to motherhood experience of women who had mothers without careers, themselves had university education, career aspirations, and became mothers during the emerging adulthood period. It can be concluded that women's expectations about motherhood, the intergenerational transmission of the motherhood experience, being a mother in emerging adulthood period, and cultural factors on the social support received may be influential factors in the transition to the motherhood experience. Moreover, being a career-oriented mother as a woman whose own mother did not have a career, thus creating a generational dissonance in the context of motherhood, can also be one of the factors influencing the transition to motherhood.

5.6 Strengths of the study

This study was conducted on a very specific population. It explored the transition to the motherhood identity of women who became pregnant during the emerging adulthood period, whose own mothers did not have careers, and who themselves have university education and career aspirations. It is thought that defining the sample so specifically and having a homogeneous sample might make it easier to deeply understand the experiences of the mentioned population. Also, interviews were conducted in-depth with a small number of participants. This enabled the study to be more detailed on a specific subject and in a specific population. Also, the study

reveals mothers' experiences from their own statements. Hence, it is thought that conducting the study in a qualitative way strengthened the study as it gave the opportunity to hear the experiences of the participants first-hand and allowed to obtain in-depth information.

5.7 Limitations of the study

First of all, although the method of the study strengthened the study, it also caused some limitations. A small sample may have resulted in limited data retrieval. Interviewing more mothers could have strengthened the emerging themes and even led to the emergence of some different themes. However, the small number of people interviewed eliminated this opportunity.

Additionally, participants were asked very personal questions during the interview. While the answers of some participants were very sincere and clear, the answers of some participants were thought to be shorter and relatively superficial. While interviewing the same participants more than once could increase sincerity and the depth of the answers given, this was not possible in this study. Therefore, the single interview is considered to be a limitation of the study. Member-check interviews, which can be considered a second round of interviews, might have reduced this limitation. However, these member-checks were conducted as 5-minute phone calls. Thus, doing a single interview can be a limitation.

Moreover, the study was based solely on information received from mothers about their experiences. The role of the partner, who has a remarkable importance in the process of having a baby and in the woman's transition to motherhood, cannot be denied. Questions about the partner were also included in the interview. However, obtaining the opinions of the father, who has such an important role, regarding this

process would provide the opportunity to evaluate the study from more than one aspect. For this reason, not including fathers' opinions in the study is considered a limitation.

Lastly, retrospective interviews were conducted with mothers in the current study. When recounting past experiences today, they may have changed, they become harder to remember, or they may be remembered more positively than when experienced in the past. Therefore, investigating experience in the past is thought to be a limitation in this respect.

5.8 Recommendations of the study

This section contains suggestions for future studies, psychological counselors and also policy makers.

5.8.1 Recommendations for future studies

This study focused on mothers' first year after birth. During the study, it was understood that there were different elements that were mentioned, especially by mothers whose children were older than one year, and that continued to transform their maternal identities. It is recommended that future studies also investigate periods after one year. For example, it is likely that motherhood identity undergoes transformation at each new developmental stage of the child (Nemetz, 2012). Studies could be conducted to investigate the evolving motherhood identity according to the child's developmental stages. Also, this study was retrospective. Future studies could be longitudinal. They could explore the transition to motherhood in real-time across pre-birth, birth, and post-birth periods.

This study was based solely on interviews with mothers. Both the literature and this study have highlighted that the father also has an impact during the transition to motherhood (Arnett, 2014). Therefore, research could be conducted that includes fathers' perspectives and explores the transition to motherhood from their point of view. Furthermore, the transition to motherhood and the transition to fatherhood could influence each other and may be studied together. Research on the transition to fatherhood could also be conducted.

This study is a research in only one long video interview with mothers, and a 5-minute member-check interview were conducted. It is believed that conducting multiple interviews with mothers could increase familiarity and sharing. Therefore, conducting multiple interviews could increase the depth of the research.

The current study studied women with university education and career aspirations who became mothers younger than the average age of motherhood. Investigating the reasons why these women become young mothers may provide a better understanding of the current population's attitudes toward motherhood. This is also thought to be valuable in terms of prevention in psychological counseling.

In this study, the transition to motherhood experience of women whose mothers did not have careers and who themselves had career aspirations was examined in depth. Future studies could conduct comparative research with women whose mothers did have careers and those whose mothers did not. This way, the impact of whether a woman's own mother had a career on the transition to career-oriented motherhood can be examined in more detail.

5.8.2 Recommendations for psychological counselors

It has been understood from the current study that the informative and supportive role of midwives regarding the process of women's transition to motherhood, especially in the first months, cannot be denied. However, midwives are inadequate to meet the psychological needs of new mothers. The psychological support role of psychological counselors and the educational role of midwives and may be evaluated together. It was stated that it is important for specialists from different fields such as psychological counselors and midwives to work together in preventive studies to be carried out with postpartum mother groups (Çorapçı & Doğan, 2023). In this case, psychological counselors can organize psychoeducational studies to teach midwives about the emotional process of mothers in the first year. Psychological counselors, in partnership with midwives, can provide pregnant women with physical, social, and emotional preparation training for motherhood.

Psychological counselors can organize group studies for women who become mothers during emergent adulthood and have career aspirations for the future. So, mothers who feel stuck between their careers and the role of motherhood and who do not have the opportunity to share in their social circle will have space to exchange ideas and feelings with mothers who have similar characteristics. Thus, preventive studies can be carried out in the group where the developmental difficulties specific to this period and the difficulties of being a mother are discussed together.

Moreover, psychological counselors can investigate the support needs of new mothers by taking into account the culture-specific characteristics of the group they work with. BAM theory also states that cultural codes are also effective in the transition to motherhood identity (Themes, 2007). Efforts can be made to empower

new mothers to recognize and express their own emotions in case of possible conflicts with the people from whom they receive the most support, such as grandmothers.

5.8.3 Recommendations for policy makers

The current birth preparation training organized by the Ministry of Health, of the Republic of Turkey (n.d.) for pregnant women can be expanded as motherhood preparation training, including information about the first months after birth. In this training, psychological counselors can also be employed and mothers can be informed about the emotional process and the mother's needs during the postpartum period.

Moreover, these trainings can be made more accessible to mothers who continue their education or career by opening the online option. Awareness campaigns can be created to increase participation in these trainings.

Postpartum midwife home support can be made more frequent. After a few visits, it can be determined which mother needs what kind of support. Within the framework of the Ministry of Health and the Ministry of Family and Social Services, psychoeducational seminars about maternal transition and online support groups can be created, and studies can be carried out with the help of psychological counselors.

Furthermore, supporting women in business life during the transition to motherhood will ensure that mothers and children with higher levels of well-being are raised (DeBolt, 2024). Policies can be developed to improve the working conditions of career-oriented women during the transition to motherhood and thus enable women to continue motherhood and their careers. Longer maternity leaves

and more flexible working hours in the workplace can be provided for women who want to both be mothers and have a career (DeBolt, 2024).

5.9 Conclusion

This study aimed to explore the transition to maternal identity among women who are university graduates, have career aspirations, and become pregnant during the emerging adulthood period in Turkey. It investigated what the expectations of women with career aspirations were in the transition to motherhood. Moreover, the effects of career women's experiences and emotions in the first year after birth on the formation of their maternal identity were examined. Moreover, what women's coping mechanisms were investigated in the face of difficult experiences in the first year of transition to motherhood. Finally, the influence of women getting pregnant during emerging adulthood, their own mothers not having a career, and their own career aspirations during their transition to motherhood were examined.

First of all, it was revealed that the expectations of educated women with career aspirations in the study regarding their maternal identity were idealist. It is thought that being educated and, therefore, having more knowledge might have a remarkable role in this idealism. Moreover, it was revealed that the women in the study remained unaware of the identity of motherhood until they became mothers themselves. That is, they did not think about it in detail and did not have much idea about being a mother. It is thought that the reason for this is that mothers became pregnant during their emerging adulthood period and were new graduates with career aspirations at that time. It might be because of that their dreams and plans were mostly career-oriented in their lives up to that time. Lastly, as women who mostly make their plans about having a career, not having experienced the example of a

mother with a career from their own mothers might lead women not to be able to think of motherhood and career together.

It was observed that expectations had an influence on shaping the experiences of the women in the study. It has been inferred that the greater the perfectionistic expectations, the greater the challenging emotions and challenging experiences. In the study, it can be said that mothers gained self-confidence in their maternal identity to the extent that they confronted their perfectionist expectations during their experiences and transformed these expectations into realistic attitudes.

Intergenerational transmission of motherhood is thought to be a notable factor in the transition process of the women in the study to a maternal identity. First of all, it is likely that women's experiences of their own mothers' motherhood play a role in shaping their expectations and experiences regarding maternal identity. Firstly, one of the reasons why educated women have not invested in the motherhood scenario while planning their career aspirations may be that such an integration is not included in the experience transferred between generations. In other words, there may be an intergenerational dissonance about motherhood (McManus, van der Does & Adem, 2024). Subsequently, statements about taking career and motherhood together while experiencing motherhood in the first year also strengthen the opinion that intergenerational transmission of gender roles plays a role in the transition to motherhood. Additionally, it has been noticed that the mother-child relationship has an influence on their own motherhood experiences. It is possible to say that there might be an intergenerational transmission factor in the new mother's relationship with her baby and in the formation of her maternal identity.

Findings in this study suggested that culture has a decisive influence on new mothers' experience. While the help that new mothers receive from their own

mothers or mothers-in-law can be quite supportive, it has also been understood that there is an intrusive side. It is thought that the fact that both support and interference are so intense compared to Western culture might be a reality of living in a relatively more collective culture. Moreover, the fact that new mothers have difficulty protecting their own boundaries despite being educated brings to mind the question that the culture may have been normalized by participant mothers (Hoang & Kirby, 2020). Therefore, it is important that new mothers are supported to recognize the cultural influence of their experiences while receiving help from within the family and to discover mechanisms for coping with family difficulties.

In a nutshell, it has been revealed that in the first year of the transition to maternal identity, the developmental period of women, culture, intergenerational transmission, generational dissonance, and the factors of being educated individuals with career aspirations have an influence on women's transition to motherhood. These factors mentioned above are thought to be worth considering in women's expectations, experiences, development of self-confidence, and coping mechanisms regarding motherhood. Preventive studies can be carried out in the context of psychological counseling to inform women who have career aspirations and become pregnant in emerging adulthood about the physical, psychological, and social support they may need during the transition to motherhood and to provide psychosocial support and thus strengthen their coping mechanisms.

APPENDIX A

INTERVIEW PROTOCOL (TURKISH)

Demografik Bilgi Formu

Yaşınız:

Eğitim Durumunuz:

Mesleğiniz:

Çalışma Durumunuz:

Doğumdan Sonraki İlk Bir Yılda Çalışma Durumunuz:

Şimdiye kadar psikiyatrik bir tanı aldınız mı:

Çocuğunuzun Yaşı (ay olarak):

Çocuğunuzun Cinsiyeti:

Medeni Durumunuz: Evli: Bekar: Diğer:

Evli iseniz

Eşinizin Yaşı:

Eşinizin Mesleği:

Kaç yıldır evlisiniz:

Bekar iseniz;

Evde sizinle ve çocuğunuzla birlikte yaşayan varsa kim(ler):

Yakınlık durumu:

Anne-babanız yaşıyor mu:

Yaşamıyorsa ne zaman vefat etti(ler):

Görüşme Soruları:

Beklentiler: Şimdi size anne olma hikayenize dair bazı sorular soracağım:

1. Çocuk sahibi olmaya nasıl karar verdiniz?
2. Hamile olduğunuzu öğrendiğinizde ilk neler hissettiniz?

[Eğer bahsetmezse: Nasıl bir anne olmayı hayal ettiniz? Nasıl bir bebek hayal ettiniz? Eşinizin hisleri nasıldı?]

3. Hamileliğiniz nasıl geçti?

İlk deneyim: Şimdi size doğum ve sonrasındaki sürece dair bazı sorular sormak istiyorum:

4. Doğum nasıl geçti?
5. Doğumdan sonraki ilk birkaç hafta nasıldı?

[Eğer belirtilmemişse: Bebeğiniz nasıldı? İlk günlerde bebeğe bakmak sizin için nasıldı? Doğumdan sonra fiziksel olarak nasıldınız? Doğum sonrası döneminiz duygusal olarak nasıldı?]

Kayıp ve Yas:

Anneliğe geçiş döneminde anne olmadan önceki eski hayatımız belli ölçüde değişir ve dönüşür.

6. Anneliğe geçiş sürecinde anne olmadan önceki hayatınıza ve size dair neler değişti?

[Eğer bahsetmezse: Bu değişimlere dair nasıl hissediyorsunuz?]

İkirciklilik, Utanç, Suçluluk, Özgüven:

Anneliğin ilk yılı keyifli ve zorlayıcı deneyimlerin, olumlu ve olumsuz duyguların bir arada yoğunca yaşandığı zamanlardır.

7. Sizin için bu açıdan nasıl bir deneyimdi?

[Eğer bahsetmezse: Keyifli zamanlara dair neler hatırlıyorsunuz? Zorlayıcı zamanlara dair neler hatırlıyorsunuz?]

Bu süreçte bazen, özellikle zorlandığımız zamanlarda, anne olmaya dair veya çocuğumuza karşı olumsuz duygular da yaşarız. Bu her annenin belli bir ölçüde deneyimlediği bir durumdur.

8. Zorlayıcı deneyimler yaşadığınızda siz neler hissediyordunuz?
9. Bu duygularınızı paylaştığınız kimse(ler) oldu mu?

Başa çıkma:

Belli ki ilk defa çocuk sahibi olmak bir kadın için kolay bir şey değil, alışılması gereken pek çok durum söz konusu.

10. İlk bir yıl zorlayıcı zamanlarla karşılaştığınızda siz nasıl başa çıktığınızı düşünüyorsunuz?

Kadınların anne olmaya ve gelecekteki çocuğuna dair beklentileri olur. Bu beklentiler ve yaşananlar belli ölçüde uyuşabilir ve ayrıştığı noktalar da olabilir. Siz kendi sürecinizi düşündüğünüzde:

11. Doğumdan önceki beklentilerinizle doğumdan sonra yaşadıklarınız birbirine ne kadar uyuyordu?
12. Doğumdan sonraki deneyiminizle birlikte bu beklentiler nasıl şekillendi?

Destek:

13. Hamilelik ve anneliğinizin ilk yılında yakın çevrenizin size yaklaşımı nasıldı? (Aile ve arkadaşlar)
14. Anneliğe geçiş sürecinde destek aldığınız, danıştığınız, duygu ve deneyimlerinizi paylaştığınız biri ya da birileri oldu mu? [Eğer bahsetmezse: Eşinizin bu süreçte size yaklaşımı nasıldı?]

Eş ilişkisi:

15. Anneliğe geçiş sürecinde aile yaşantınız / eşinizle ilişkiniz nasıl etkilendi?

Nesiller arası aktarım:

16. İçinde büyüdüğünüz aile atmosferini nasıl tarif edersiniz?
17. Kendi çocukluğunuzdan nasıl bir anne hatırlıyorsunuz?
18. Anne olmak kendi annenizle ilişkinizi nasıl etkiledi?

[(Eğer anne kaybı var ise) Annenizi kaybetmenizin anneliğe geçiş sürecinize nasıl bir etkisi oldu?]

[(Eğer anne kaybı var ise) Büyürken sizi etkilediğini düşündüğünüz ve "anneliğini" örnek aldığınız başka birisi varsa anlatır mısınız?]

Kariyer ve Annelik: Annelik ve kariyeri bir arada nasıl deneyimlediğinizi öğrenmek istiyorum.

19. Anne olma süreci kariyer planlarınızı nasıl etkiledi?

Kimlik Edinimi:

20. Bugün kendinizi bir anne olarak nasıl tarif edersiniz?

APPENDIX B

INTERVIEW PROTOCOL (ENGLISH)

Demographic Information Form

Your Age:

Your Educational Background:

Your Occupation:

Your Employment Status:

Your Employment Status in the First Year After Giving Birth:

Have you ever been diagnosed with a psychiatric condition:

Your Child's Age in months:

Your Child's Gender:

Marital Status: Married: Single: Other:

If Married

How many years have you been married:

Your Spouse's Age:

Your Spouse's Occupation:

If Single

If there is anyone living with you at home, who is it:

Proximity Status:

Your parent's alive or passed away:

If passed away, which one and when:

Interview Questions:

Expectations: Now I will ask you some questions about your journey to motherhood:

1. How did you decide to have children?

2. What were your initial feelings when you found out you were pregnant?

[If not mentioned: What kind of motherhood did you imagine? What kind of baby did you imagine? How did your partner feel?]

3. How was your pregnancy?

First Experience: Now I would like to ask you some questions about the birth and the period after:

4. How was the birth?

5. How were the first few weeks after birth?

[If not mentioned: What was your baby like? How was taking care of the baby for you in the early days? How were you physically after birth? How was your postpartum period emotionally?]

Loss and Mourning: Our old life before motherhood changes and transforms to some extent during the transition to motherhood.

6. What changed about your life and yourself before motherhood during the transition to motherhood?

[If not mentioned: How do you feel about these changes?]

Ambivalence, Shame, Guilt, Self-Confidence: The first year of motherhood is a time when pleasant and challenging experiences, positive and negative emotions, are intensely experienced together.

7. What was your experience like in this regard?

[If not mentioned: What do you remember about the pleasant times? What do you remember about the challenging times?]

Sometimes during this process, especially when we struggle, we also experience negative feelings about motherhood or towards our child. This is something that every mother experiences to some extent.

8. What did you feel when you experienced challenging situations?

9. Did you share your feelings with anyone?

Coping: Obviously, being a first-time parent is not easy for a woman, and there are many situations to get used to.

10. How do you think you coped when you encountered challenging times in the first year?

Women have expectations about becoming a mother and about their future child. These expectations and experiences can, to some extent, match and diverge. When you think about your own process:

11. How well did your expectations before birth match what you experienced after birth?

12. How did these expectations shape through your post-birth experience?

Support:

13. How was the approach of your close circle to you during your pregnancy and the first year of motherhood? (Family and friends)

14. Did you receive support, consult, and share your feelings and experiences with someone during the transition to motherhood? [If not mentioned: How did your partner approach you during this process?]

Relationship with Spouse:

15. How was your family life/relationship with your spouse affected during the transition to motherhood?

Intergenerational Transmission: Now, I would like to ask you a few questions about the family you grew up in:

16. How would you describe the family atmosphere you grew up in?

17. What kind of mother do you remember from your own childhood?

18. How did becoming a mother affect your relationship with your own mother? [(If there is maternal loss) How did losing your mother affect your transition to motherhood?]

[(If there is maternal loss) If there is someone else you think influenced you and you "modeled" your "motherhood" on while growing up, could you tell us about it?]

Career and Motherhood: I want to learn about your experience of balancing motherhood and career.

19. How did the process of becoming a mother affect your career plans?

Identity Formation:

20. How would you describe yourself as a mother today?

APPENDIX C

THE QUESTIONNAIRE (TURKISH VERSION)

Annelik kimliğine geçiş deneyimleri ön değerlendirme anketi

1. Lütfen size ulaşabileceğimiz iletişim bilginizi yazın. (Telefon numarası veya e-posta)

2. Yaşınız:

3. Sahip olduğunuz çocuk sayısı:

4. Çocuk(lar)ınızın yaşı:

5. Kendi annenizin eğitim durumu:

İlkokul / Ortaokul / Lise / Üniversite / Diğer

6. Kendi annenizin sizin çocukluğunuzda çalışıp çalışmama durumu:

Çalışmadı / Bir süre çalıştı / Hep çalıştı / Diğer

Kariyer Hedefleri

Aşağıdaki ifadelerden her birine ne derece katılıyor olduğunuzu belirtin. Düşünceleriniz bizim için önemlidir. Doğru ya da yanlış cevap yoktur.

7. Kariyerimde başarılı olmak benim için önemlidir.

Kesinlikle katılmıyorum / Katılmıyorum / Kararsızım / Katılıyorum / Kesinlikle katılıyorum

8. Yaptığım işte üstün performans sergilemek benim için önemlidir.

Kesinlikle katılmıyorum / Katılmıyorum / Kararsızım / Katılıyorum / Kesinlikle katılıyorum

9. Alanımdaki en iyiler arasında olmak istiyorum.

Kesinlikle katılmıyorum / Katılmıyorum / Kararsızım / Katılıyorum / Kesinlikle katılıyorum

10. Çalışmalarımın alanımda uzun süreli bir etkisinin olmasını isterim.

Kesinlikle katılmıyorum / Katılmıyorum / Kararsızım / Katılıyorum / Kesinlikle katılıyorum

APPENDIX D

ETHICAL APPROVAL LETTER

T.C.
BOĞAZİÇİ ÜNİVERSİTESİ REKTÖRLÜĞÜ
Sosyal ve Beşeri Bilimler İnsan Araştırmaları Etik Kurulu (Sbinarek)

Sayı : E-84391427-050.01.04-176943 25.04.2024
Konu : 2023-41T Kayıt Numaralı Başvurunuz Hakkında

Sayın Doç. Dr. Zeynep Hande SART

Tez danışmanlığını yürüttüğünüz öğrenciniz Esra Büyük'ün "TRANSITION TO THE MATERNAL IDENTITY IN TURKEY: A QUALITATIVE STUDY" başlıklı projesi ile Boğaziçi Üniversitesi Sosyal ve Beşeri Bilimler İnsan Araştırmaları Etik Kurulu (SBİNAREK)'e yaptığınız 2023-41T kayıt numaralı başvuru 18.04.2024 tarih ve 2024/03 sayılı kurul toplantısında incelenmiş ve projeye etik onay verilmesi uygun bulunmuştur.

Bu karar tüm üyelerin toplantıya on-line olarak katılımıyla ve oybirliği ile alınmıştır. Onay mektubu tüm üyeler adına Komisyon Başkanı tarafından e-imzalanmıştır. Bilgilerinizi rica ederiz.

Saygılarımızla,

Dr. Öğr. Üyesi Işıl ERDUYAN
Kurul Başkanı

Bu belge, güvenli elektronik imza ile imzalanmıştır.
Belge Doğrulama Kodu : 0E8I-BU8V-0670 Belge Doğrulama Adresi : https://www.turkiye.gov.tr/bogazici-universitesi-ebys

Adres: 34342 Bebek-İSTANBUL
Telefon No:
e-Posta:
Kep Adresi: bogaziciuniversitesi@hs01.kep.tr
Fax No:
İnternet Adresi: www.bogazici.edu.tr
Bilgi için:Nurşen MUNAR
Mühendis
Telefon No:

APPENDIX E

ONLINE INFORMED CONSENT FORM (TURKISH)

Araştırmayı destekleyen kurum: Boğaziçi Üniversitesi

Tez adı: Transition to The Maternal Identity in Turkey: A Qualitative Study / Türkiye'de Annelik Kimliğine Geçiş: Nitel Bir Araştırma

Tez Danışmanı: Doç. Dr. Z. Hande Sart

E-posta: XXX

Ofis Telefonu: XXX

Sayın Anne,

Boğaziçi Üniversitesi Eğitim Fakültesi Eğitim Bilimleri Bölümü öğretim üyesi Doç. Dr. Z. Hande Sart ve Sosyal Bilimler Enstitüsü Eğitim Bilimleri Bölümü Psikolojik Danışmanlık ve Rehberlik Programı Yüksek Lisans öğrencisi Esra Büyük tarafından "Transition to The Maternal Identity in Turkey: A Qualitative Study / Türkye'de Annelik Kimliğine Geçiş: Nitel Bir Araştırma" adlı bilimsel bir araştırma tezi yürütülmektedir. İlk defa anne olan kadınların annelik kimliğine geçiş dönemi kadınlar için farklı duygu ve deneyimleri içinde barındıran önemli bir yaşam olayıdır. Bu araştırma kadınların annelik kimliğine geçiş dönemindeki deneyimlerini, zorlanmalarını, başa çıkma mekanizmalarını ve ihtiyaçlarını keşfetmek amacı taşımaktadır. Araştırma kapsamında 12-36 aylık çocuğu olan annelerle annelik kimliğine geçiş dönemi deneyimleri konuşulacaktır.

Onam: Anneliğe geçiş dönemiyle ilgili beklentilerinizi, deneyimlerinizi, başa çıkma yollarınızı ve ihtiyaçlarınızı keşfetmek amacıyla sizi bu araştırmaya katılmaya davet ediyoruz. Bu araştırmaya katılım tamamen gönüllülük esasına bağlıdır. Çalışmaya

katılımınız karşılığında size online alışverişinizde kullanmak üzere 100 TL değerinde D&R hediye kartı gönderilecektir.

Araştırmaya katılmayı kabul ettiğiniz takdirde sizinle yaklaşık 50 dakikalık yarı yapılandırılmış online bir görüşme gerçekleştirilecektir. Bu online görüşmenin başlangıcında size demografik bilgilerinizle ilgili ve devamında anneliğe geçiş deneyiminizle ilgili sorular sorulacaktır. İsminiz ve bu bilgiler tamamen gizli tutulacaktır. İstemediğiniz soruları cevaplandırmak zorunda değilsiniz. Dilediğiniz zaman herhangi bir sebep göstermeksizin çalışmaya katılmaktan vazgeçebilirsiniz. Ya da görüşme sonrasında araştırmadan çekilmek istediğinize karar verirseniz lütfen bizimle iletişim kurunuz. Çalışmaya katılmaktan vazgeçtiğiniz taktirde sizden almış olduğumuz tüm bilgiler imha edilecektir.

Paylaştığınız bilgilerin takip edilebilmesi ve araştırmaya doğru şekilde yansıtılabilmesi için görüşmelerin ses kaydına alınmasına ihtiyaç duyulmaktadır. Ses kayıtları yazıya aktarılırken sizin gizlilik haklarınızın korunması adına kişisel bilgileriniz anonim haline getirilecektir. Ses kayıtları ve ses kayıtlarının yazıya aktarılmış hallerini içeren tüm dosyalar bu tez çalışması tamamlandıktan sonra imha edilecektir. Ses kaydının haricinde herhangi bir görüntülü kayıt alınmayacaktır.

Yapmak istediğimiz araştırmanın size risk getirmesi beklenmemektedir. Eğer görüşme esnasında herhangi bir sebepten dolayı ara verme veya görüşmeyi erteleme ihtiyacı hissederseniz sizin hazır oluşunuza göre beklenir veya görüşme ileri bir tarihe alınabilir. Eğer paylaştığınız bilgilerin görüşme esnasında veya sonrasında sizi duygusal olarak zorladığını hisseder ve bir uzman yardımı almayı tercih ederseniz aşağıda ücretsiz psikolojik danışmanlık hizmeti veren kurumun iletişim bilgilerini bulabilirsiniz.

- KADEM Kadın Destek Merkezi'nin sunduğu Psikolojik Danışmanlık hizmetine aşağıdaki linkten veya 0531 546 54 07 numarasından ulaşabilirsiniz.

https://www.kadindestekmerkezi.com/destek-al/

Araştırmaya dair bir sorunuz olursa tez öğrencisi Esra Büyük (e-posta: XXX) veya tez danışmanı Doç. Dr. Z. Hande Sart'a ulaşabilirsiniz. Araştırmayla ilgili haklarınız konusunda Boğaziçi Üniversitesi Sosyal ve Beşeri Bilimler İnsan Araştırmaları Etik Kurulu'na (SBİNAREK) (sbinarek@bogazici.edu.tr) danışabilirsiniz.
Adres ve telefon numaranız değişirse bize haber vermenizi rica ederiz.

Lütfen aşağıdaki ifadelerden size uygun olan seçeneği e-postada cevap olarak belirtiniz.

Çalışma esnasında ses kaydı alınmasını kabul ediyorum.

Çalışma esnasında ses kaydı alınmasını kabul etmiyorum.

Aşağıdaki ifadeyi boş olan yerleri doldurarak yanıt olarak göndereceğiniz e-postaya yapıştırınız.

Bana anlatılanları ve yukarıda yazılanları anladım. Çalışmaya katılmayı kabul ediyorum.,

Katılımcı Adı-Soyadı: …….

Tarih (gün/ay/yıl): ...../...../.....

APPENDIX F

ONLINE INFORMED CONSENT FORM (ENGLISH)

Supporting Institution: Boğazici University

Thesis Title: Transition to The Maternal Identity in Turkey: A Qualitative Study

Thesis Advisor: Associate Professor Z. Hande Sart

E-mail: XXX

Office Phone: XXX

Dear Mother,

A scientific research thesis titled “Transition to The Maternal Identity in Turkey: A Qualitative Study” is being conducted by Associate Professor Z. Hande Sart from the Faculty of Education, Department of Educational Sciences at Bogazici University, and Esra Büyük, a graduate student in the Psychological Counseling and Guidance Program of The Institute of Social Sciences. The transition to maternal identity for women who are becoming mothers for the first time is a significant life event that encompasses various emotions and experiences. This research aims to explore women's experiences, challenges, coping mechanisms and needs during the transition to maternal identity. As part of the study, experiences during the transition to maternal identity will be discussed with mothers of children aged 12-36 months.

Consent: We invite you to participate in this research to explore your expectations, experiences, coping mechanisms, and needs during the transition to motherhood. Participation in this study is entirely voluntary. In exchange for participating in the study, you will receive a D&R gift card worth 100 TL via e-mail for online shopping.

If you agree to participate in the study, we will conduct an approximately 50-minute semi-structured online interview with you. At the beginning of this online interview, questions will be asked regarding your demographic information and then about your transition to motherhood experience. Your name and this information will be kept entirely confidential. You are not obligated to answer any questions you do not wish to answer. You may withdraw from the study at any time without providing a reason. Please contact us if you decide to withdraw from the study after the interview. All information obtained from you will be destroyed if you choose to withdraw from the study.

In order to accurately capture and reflect the information you share, it is necessary to audio-record the interviews. When transcribing the recordings, your privacy rights will be protected by anonymizing your personal information. All audio recordings and transcribed files will be destroyed after the completion of this thesis project. No video recording will be taken.

It is not expected that participating in our research will pose any risks to you. If, for any reason, during the interview, you feel the need to pause or reschedule, we will accommodate your readiness, and the interview can be postponed to a later date. If you feel emotionally distressed by the information you shared during or after the interview and prefer to seek professional support, below are the contact details of the organization that provide free psychological counseling services:

- You can reach the Psychological Counseling services offered by KADEM Women's Support Center via the link below or by calling 0531 546 54 07.

https://www.kadindestekmerkezi.com/destek-al/

If you have any questions about the research, you can contact the thesis student Esra Büyük (email: XXX) or the thesis advisor Assoc. Prof. Dr. Z. Hande Sart. For inquiries regarding your rights related to the research, you can consult the Boğaziçi University Institutional Review Board for Social and Human Sciences Research (SBİNAREK) at (sbinarek@bogazici.edu.tr).

If your address or phone number changes, please inform us.

Please indicate your choice by replying to the email with the appropriate statement below:

I accept the recording of audio during the study.

I do not accept the recording of audio during the study.

Please copy and paste the following statement into your response email, filling in the blanks:

I understand the information provided and written above. I agree to participate in the study.

Participant Name: .....

Date (day/month/year): ...../...../.....

APPENDIX G

QUOTATIONS (TURKISH)

1) Hamileyken böyle çok spesifik bir şey vardı galiba. Böyle cool bir anne. Yani onun gibi bir şey vardı kafamda sanırım. Yani mesela çocuğun tutmaya çalışan, düşersin edersin diye, böyle çok kaygılı olmayacağım. Relax cool bir anne olacağım diye, kafamdaki şey buydu yani istediğim ya da hayal ettiğim ideal. İşte benim çocuklarım böyle özgüvenli, üstü başı kirli de olsa başkalarının ne dediğini önemsemeyeceğim falan (İrem, Appendix G, 1).
2) Çok fazla ben sosyal medyadan içerik tüketmiş oldum. O da beni yani büyük ölçüde bence negatif etkiledi. Çünkü orada çok fazla böyle her anlamda mükemmelmiş gibi yapan insanlar falan [var]. Ekran vermemek, işte çocuğunu sürekli organik beslemek, hiç paketli gıda yememesi falan gibi şeyler hani. Ben de tüketiyordum ve ben de ideal [bir annelik] yapmak istiyordum, hiç ekran göstermemeyi [istiyordum] hani hiç (İrem, Appendix G, 2).
3) Ben birazcık didaktik bir insanım galiba. Hani eğitim hayatındaki başarılar kendi hayatındaki başarılar, çocukta onlardan birinin yansıması gibi geliyor bana. İz düşüm gibi. O yüzden hep yapmayı isteyip de yapamadığım şeyleri, hani çok donanımlı olsun istiyorum hayatta her anlamda. Yapmak istediğim şeyleri böyle planlıyorum. Bebeğime karşı bakış açım da birazcık böyleydi. Hani donanımlı olsun İngilizce öğretmeni olduğum için. İşte dil gelişimi de şöyle olsun [diye planlıyordum] (Handan, Appendix G, 3).
4) Böyle çok hayallerim ideallerim falan yoktu. Açıkçası başıma ne geleceğini bilmiyordum. Çünkü yani yakın çevremden benim akranım olup benim durumumda olan ve çocuğu olan kimse de yoktu yani. Ben ilk olmuştum. … Açıkçası ben buna çok gamsız davranmışım yani biraz şuursuz davranmışım. Şimdi olsa daha farklı düşünürdüm. Ama yaşım da küçüktü büyük ihtimalle onun da etkisi vardı. Yirmi iki yaşında falandım. Ee böyle çok bazı şeyleri düşünüp bazı şeylerin hakkında bir kanaate varmamıştım (Seda, Appendix G, 4).
5) Bu konu bizim [için] böyle yeni de bir deneyim bence. … Bizim öyle bir gidiyor ki, bu [meslek] sanki hiç kesintiye uğramayacakmış gibi. Haldır

huldur bütün hayatını buna [eğitime] veriyorsun zaten belli bir yaşa kadar. … Böyle buna [annelik] hiç hazırlanmıyoruz (Seda, Appendix G, 5).

6) Ya hiç hayal etmedim herhalde ya. Sanırım onun hayali hiç kurmadım. Çocuk sahibi olmayı istedim hayal ettim belki ama nasıl olacağı ile alakalı hiçbir fikrim yoktu. … Ben ailedeki en küçük bebek olabilirim. Kuzenlerden ya da abilerimin ablaların hiç bebeğini görmedim (Handan, Appendix G, 6).
7) Çok hayal etmedim aslında. Başıma ne geleceğini bilmiyordum. Etrafımda işte arkadaşlarım ablamlar vardı çocuğu olan. … Kafamda çok bir şey yoktu nasıl bir bebek hayal ettiğime dair. Şu anda da düşününce öyle bir şey canlanmıyor zihnimde (Bahar, Appendix G, 7).
8) İçinde bulunduğumuz kültürde büyürken anneliğe dair plan yapmıyoruz çünkü kimse bize onuna ilgili bir şey söylemiyor. Ve bu durumun anneliğe karşı kayıtsız kalmamız olması olarak tanımlanması daha önce hiç aklıma gelmemişti. Yani yaşadığım zorlanmanın buradan olduğunu ve hazır oluşluğuma etkisinin olduğunu ilk defa bu kadar net fark ettim. Bu tema benim için puzzle'ın eksik bir parçasını tamamladı gibi hissediyorum (Handan, Appendix G, 8).
9) Bir yandan insan planlar ama sonradan hani ‘ya [hamilelik] erken mi, acaba neden oldu’ falan düşüncesi olur ya. Ben tam olarak onu yaşadım yani. Biraz erken olduğunu düşündüm. … Benim karnım ağrıyor daha kendime bakamıyorum çocuğa nasıl bakacağım. İşte ben yapamayacağım herhalde diye düşünüyordum (Leyla, Appendix G, 9).
10) Aslında hem bir yandan içten içe düşündüğüm bir süreçti. … Çok öyle istekli olduğum bir süreç değildi. Ama eninde sonunda hani yapacağım, yapmam gereken bir şey bu. Bir tarafım da istiyor. Ama şu an içimden gelen bir şey değil ama yaşım da ilerliyor (Bahar, Appendix G, 10).
11) Çocuk sahibi olmayı daha çok eşim istiyordu açıkçası baştan beri. … Benim de istediğim bir şeydi ama zaman olarak hani ‘ya şimdi mi zamanı’ gibi kafamda soru işaretleri vardı açıkçası. … Biz böyle, tamam çocuk sahibi olalım, diye karar verdikten çok kısa bir süre sonra hamile kaldım ben. Dolayısıyla bana ani geldi. Çok hazır hissetmedim. Ve ee bilmiyorum yani garip hissettim. … Çok harika hissetmedim ve böyle yani overwhelming, bir yükün altında ezilmişlik hissi biraz oldu (İrem, Appendix G, 11).

12) Açıkçası karar vermedim. O gelip beni buldu diyeyim. Yani şöyle, hiç istemiyorum işte uzun bir süre düşünmüyorum, öyle bir kararım da yoktu yani. Böyle bir aralardaydım yani planlı da olmadı. Ama çok olmasına da şaşırmadım falan (Seda, Appendix G, 12).
13) Çocuk sahibi olma fikri zaten böyle evlilikte çok bağdaşan bir fikirdi benim için. Daha evlenmeden önce de genç anne olma fikri çok çekici gelen bir fikirdi. … Mezuniyet sonrası olması tercihimdi biraz benim, okurken evlenmiştim çünkü. Öyle okuldan sonra oldu. Elhamdülillah (Aleyna, Appendix G, 13).
14) Ee birinci olarak bu plan noktasındaki düzen noktasındaki ee beklentim ve yaşayışım bayağı değişti. Hani istediğim vakitte istediğin bir yerde olamayacağım. Tam çıkacakken işte bez değiştirmem gerekiyor, elbise değiştirme gerekiyor. Böyle o noktalardaki gecikmeler beni böyle biraz aslında geriyordu ve zorluyordu. … Hani, yapamıyorum edemiyorum, işte, olmadı falan gibi böyle sinirlenip ağladığım zamanlar da oluyordu (Aleyna, Appendix G, 14).
15) Aynı zamanda da işte çok dünyadan kopmadan, çok da mümkün olmadı ama, biraz mesleğimle paralel götürebileceğim bir annelik hayal etmiştim falan (Elif, Appendix G, 15).
16) Ben böyle şey gibi hissediyordum. İşte kaç saatte bir emecek, işte her gün banyo yaptırılacak, şu kadar dakika şu memeyi emecek bu kadar dakika bu memeyi emecek. İşte az önce sağ memeyi mi emmişti. … İşte bunu bu kadar organize etmeye çalışmak beni çok yordu ve şeyi de uzaklaştırdı beni de. İlişki gibi yaşayamadım hani böyle, bana hani bir görev verilmiş ve ben onu yapmam gerekiyor. … İşte bunlar benim üzerimde çok yük oldu bütün dünyayı taşıyormuşum hissi yarattı. Yani çok yük yüklendim (İrem, Appendix G, 16).
17) Büyük oranda, yani istediğin gibi hareket etmek istediğin şeyi yapmak gibi bir şey vardı bebekten önce. … İstediğim saatte yatıp istediğim saatte kalkmak, katılacak bir etkinlik olur biriyle buluşmak olur. Bunların hepsine kendi istediğim şekilde gerçekleştirebiliyordum. Yani 7/24 artık hani bağlısınız yani. Bebek size bağlı aslında. Onun hani ihtiyaçlarını gözeterek, onun işte yaşamın merkezine koyarak bir şeyler yapmaya başlıyorsunuz. En

çok hani oradaki özgürlüğün değiştiğini yani hissettim. Ona bağlı bir şeyler yapmak sorumluluğu [oldu] (Bahar, Appendix G, 17).

18) Şimdiye kadar hani eskiden o hareketli, özgür ve istediği zaman istediğini yapabilen istediği zaman uyuyan istediği zaman uyanan istediği zaman okuyan istediği zaman boş yapan istediği zaman gezen [biriydim]. Yani istediği zaman tuvalete giden [biriydim]. O yüzden, istediğim zaman istediğim şeyi yapamadığımdan dolayı hep böyle 'mahvoldu hayatım, alt üst oldu hayatım' [gibi hissediyordum]. Hani böyle diyorum ki, eski benle alakalı hiçbir şey kalmadı, hiçbir şey kalmadı (Zehra, Appendix G, 18).
19) About Time diye bir film izlemiştim. O filmde adam zamanda geriye gidebiliyor. Ama filmin bir noktasında öğreniyoruz ki çocukların olduktan sonra bunu yaparsan bütün hayatının gidişatı değişiyor. …Yani hayatında çocukların olduktan sonra, bundan önceki bir döneme gidemiyorsun. Çünkü çocukların farklı insanlar oluyor o zaman. … Benim zihnimde de çocuğum olmadan önceki her şey ee aslında şeydi yani, beni böyle zincirle bağlamıyordu. … Beni daha önce hiçbir tecrübenin dönüştürmediği kadar dönüştüren ve geri alınamaz [bir şey]. Yani bu geri alınamazlık beni çok yordu ilk zamanlar. Dolayısıyla çok boynumdan zincirlenmişim gibi [idi]. … Gidemiyorum ki kalayım. Annelikten de hani 'ben gidemeyeceğim ki, öyleyse nasıl kalmayı seçebilirim' ee gibi bir his vardı yoğun olarak ilk aylardaki tecrübemde. Bunu kabul etmek çok zor oldu (İrem, Appendix G, 19).
20) En çok uykuyla ilgili çok zorlandığımı hatırlıyorum. Çok zor uykuya geçiyordu, çok kısa süre uyuyordu geri uyanıyordu falan. Çok fazla vaktimi onu uyutmaya çalışarak geçiriyordum. … Bazen böyle çok sinirlendiğimi hatırlıyorum. … Fiziksel bir tepki olarak böyle arada yastıklara falan vurduğumu ya da öbür odaya gidip biraz bağırıp geldiğimi hatırlıyorum yani (Seda, Appendix G, 20).
21) Ben mesela oğlumu emzirip uyuttuğumda bile o kadar ona responsive bir modda oluyordum ki oğlum böyle sağdan sola döndüğünde bile uyanıyordum. … Dolayısıyla aynı odada yatmadığımız zamanlar oluyordu. … Mesela ben hayatım boyunca hiç küfretmemiştim. İnsanlar doğumda küfredebildiklerini söylerler. Ben orada self kontrolümü hiç kaybetmemiştim.

Fakat doğumdan sonraki ilk birkaç ay beni kırdı. Çünkü acı beni kırmadı fakat yorgunluk beni kırdı (İrem, Appendix G, 21).

22) Ee, elleri ayakları hiç durmayan bir bebekti hala daha öyle bir bebek, inanılmaz hareketli, yerinde durmayan, doymayan… … Sınırlarını zorlayan, dur durak bilmeyen… Ee, çocuğum ne kadar hareketliyse ben de onunla o kadar hareketli olmaya çalışıyorum. Yuvarlanıyorum tepiniyorum, parka gidiyorum, kaydıraktan kayıyorum, top oynuyorum, çamura batıyorum. O noktada sıkıntı yok. Ama işte bazen benim de sınırlarımın zorlandığı noktada işte öfkeleniyor olmak, öfkeli bir anne miyim diye düşündürüyor bazen beni (Zehra, Appendix G, 22).

23) Çok sıklıkla yetersiz hissettiğimi, ee bazen insanlarla karşılaştırdığımı kendimi, evet genel olarak yetersiz hissettiğimi hatırlıyorum zorlandığım zamanlarda. Hala da olan bir şey, tamamen geçmiş bir his değil. Ee, ama evet yani, bir yandan çocuğumun olmasından memnunum yani. Onun hayatımda olmamasını dilemiyorum mesela, onu niye doğurdum diye düşünmüyorum. Ama onunla olmanın ne kadar zor olduğunu, ee hani böyle, ee bir an önce geçse ve rahatlasak ikimiz de gibi şeyler hissettiğimi sık sık, hatırlıyorum (Bahar, Appendix G, 23).

24) Zaman zaman olumlu düşünüyorum zaman zaman olumsuz düşünüyorum. Hatta zaman zaman acaba diyorum yanlış bir karar mı verdim bebek istemekle, hazır değil miydim ben. Hatta zaman geliyor bebeğime öfkeleniyorum. Öfkelendiğimde, özellikle öfkelendiğimde bunu daha çok düşünüyorum. Diyorum ki; sen hazır değil miydin? Hazır değilsen neden böyle bir işe giriştin. Çünkü yani onu dünyaya getirmek için sen aracı oldun. Onu isteyerek yaptın, Rabbim verdi, nasip etti. Ee diyorum yani hazır değilsen niye istedin. Sonra bakıyorum yo diyorum ben hazırım aslında, bir sıkıntı yok. Yani bir kerecik öfkelendin diye hazır değil misin sanki, [diyorum] kendime. Ama işte bunun ortasını bulamıyorum ya, olumlu düşünceyle olumsuz düşünceyi bir arada hissediyorum. Hepsi bir arada, hepsi mix yani şu anda (Zehra, Appendix G, 24).

25) Annem gelmişti yanıma. … Eşim de evdeydi ilk on gün falan. İkisi de destek oldular yani başka bir sorumluluğum olmadı yani. Bana da baktılar bebeğe de baktılar yani. … Annem anlıyordu nasihat ediyordu destek olmaya

çalışıyordu ama hani bir yere kadar yani sonuçta uzaktaydı (Seda, Appendix G, 25).

26) İlk süreçleri destekli götürünce [rahat oldu]. İlk başlarda bezini falan kayınvalidem değiştiriyordu. Geceleri de ben emzirip geçiyordum, o uyutuyordu. Sen git dinlen, falan diyordu bana, sağ olsun. Bence ilk zamanlarda rahat geçirdik (Elif, Appendix G, 26).

27) Anne olmamla birlikte biraz şöyle oldu galiba, annem de çocukla ilgili müdahale edince anneme sinirlenme oranım daha çok arttı maalesef [güler]. Böyle çatışmalarımız galiba daha çok arttı. Çünkü o, bu doğru diyor ama ben de diyorum hayır böyle doğru olması lazım falan. Orada anlaşmazlıktan kaynaklı biraz çatışıyoruz (Aleyna, Appendix G, 27).

28) Bir yandan da böyle bir tense oluştu. Mesela annem arıyor ve oğlumun mesela sesi geliyorsa okula gitmedi mi, neden gitmedi falan. Bunlar beni çok rahatsız ediyor. Diyelim ki [oğlum] öksürüyor biraz dedim, [annem] sürekli mesaj atıyor. Ateşi çıktı mı, kaça çıktı, dün gece ilaç verdin mi, ilaçtan sonra kaça düştü, falan. Bunlar beni çok rahatsız ediyor yani. İşime karışıldığını hissediyorum. … Şöyle de oluyor. Ben bir şeyleri onun yapmadığı şekilde yapmak istiyorsam, 'biz yanlış mı yapıyorduk' ya da [alaycı bir şekilde] 'aferin sen daha iyi yapıyorsun' ya da 'biz öyle yaptık da o yüzden mi böyle oldu' falan. Yani bir alınma hali ya da biz sizi böyle büyüttük şimdi bunu siz beğenmiyor musunuz [tavrı var]. Buralar o yüzden biraz bulanık sular yani (İrem, Appendix G, 28).

29) Doğumdan sonra pandemi hemen çıktığı için eşimin ailesinin yanında kaldım. O süreçte onlar vardı yanımızda ve o süreçte daha destekleyici bir tavırları vardı. Ee, özellikle yine bakım konusunda, ee bir hastalansa ve tamamen yalnız olsa o da çok zor olurdu, daha kötü hissederdim. Ama onların olması güven veriyordu bana. Tabii ki tam tersi de oluyordu yani. Emzirmekle ilgili konuda, hani ailenin yaşlıları sürekli müdahale etmesi, çocuk aç cümleleri… Hiç kimse, bunu duymayan kimse yoktur herhalde. Hiçbir anne [güler]. Ee, tabii ki onların böyle çok rahatsız ediciliği de vardı. Ama bir taraftan destekleyici bir tarafı da vardı (Bahar, Appendix G, 29).

30) Eşimin ailesinden de kendi ailemden de uzaktayız. O yüzden dönemsel destek olmasına rağmen rutinde çekirdek bir aileyiz. … O yüzden bizim için zaten

zor bir süreç, şehir dışında olmak, ailelerimizden uzak olmak (Handan, Appendix G, 30).

31) Bu destek antibiyotik tedavisi gibi. Bir yandan yaparken [tedavi ederken] bir yandan da yıkıyor. İyileştiriyor ama bağırsakları da uzun vadede mahvediyor (Bahar, Appendix G, 31).

32) Büyükanneler yardım ediyor ama kendi istediği şekilde. Senin istediğin şekilde destek vermeyi kabul etmiyor. Kaynanam oğlum kabul etsin diye belki elli tane emzik denedi ve [emziğe] kafayı takmıştı yani (İrem, Appendix G, 32).

33) Doğum yaptığım gün eşimin ailesi hayatı bana zindan ettiler. Hastanede bana hakaretler ettiler, olaylar çıkardılar. … Çocuğu emziriyordum işte [kayınvalidem] 'senin sütün yetmiyor, benim sütüm fışkırıyordu' diye anlatıyordu. Benim çocuğum uyumadığında 'benimkiler sabaha kadar uyuyordu' diye anlatıyordu. … Ne kadar uzun çok emzirirsen sütün artıyor ve yavaş yavaş mamayı bırakıyorsun. Ve kayınvalidem çocuğa bu süreçte gizli gizli mama yediriyordu. Bir garip bir insan yani. Gerçekten, destek olan kimse olmasaydı bile eğer onlar hayatımda olmasaydı hayatım daha konforlu olurdu (Seda, Appendix G, 33).

34) Kaynanamdan destek göremedim ve baya bana kötü şeyler yaşattı o süreçte. O yüzden benim için bir travma yani. … Yaşanıp yaşanabilecek en kötü lohusalık dönemini yaşadım yani ben. Nasıl diyeyim, hem destek görmem gereken yerlerde destek göremedim. Bu beni çok üzdü. Daha çok sanki cezalandırılmış gibi davrandılar. Sanki al sana bu ceza, neden doğurdun. … Eşim çok yıprandı. Benden çok o yıprandı çünkü o beklediği yerden bir şey alamadı (Leyla, Appendix G, 34).

35) Annem mesela acayip hevesli bir insandır. … Etkinlikler, oyunlar, düğünler [eğlenceler], farklılıklar… Yani evde hep böyle bir heyecan vardı. Küçükken bizimle oturup saatlerce etkinlikler [yapardı] (Seda, Appendix G, 35).

36) [Bir süreden sonra] çok yalnız kalmıştım. Destek olan hiç kimse yoktu. O yüzden çok zorlanıyordum yani [bebek] bakımında falan. Ama bir yandan da hani hoşuma da gidiyordu yani. Böyle sarılıyorduk, uyuyorduk, çok tatlıydı, mis gibi kokuyordu falan. … Anne olan benim çocuğumla ilişkim güzeldi yani. Zaten çocukla ne yapılır, akşama kadar saçma sapan şarkılar türküler oyunlar… Sarılıyorduk, birlikte

uyuyorduk, uyanıyorduk. Birlikte oyunlar [oynuyorduk]. Özellikle dört aydan sonra falan gayet keyifli olduğunu hatırlıyorum (Seda, Appendix G, 36).

37) Kaygılara çok cevap vermeyen, hani yani normalde duygusal [olarak] birini anlamak için çok çaba sarfetmeyen, daha çok fiziksel şeyler konusunda yardımcı olan [bir annem vardı]. … Ama duygusal olarak çok ilişki kurduğum bir anne hatırlamıyorum (Bahar, Appendix G, 37).

38) Duygusal anlamda herhalde ihtiyaçları anlayabilen, cevap verebilen [bir anne olmayı hayal ettim]. … Duygusal bir bağ kurabildiğim, iyi bir ilişkimiz olsun, işte çocuğuma iyi gelebileceğim [bir ilişkimiz olsun]. … Muhtemelen daha çok böyle şeyler hayal ettim. … [Bugünlerde] ilişki kurmaya çalışan ama bazen de dengesiz [bir anne olduğumu] söyleyebilirim belki. Hani o duygusal iniş çıkışlarım… Sabah iyiyken akşama doğru [kötüleşebiliyor] (Bahar, Appendix G, 38).

39) Annem çok zor bir anneydi ya. Stresini, sıkıntısını hep bize yansıtıyordu. … Bize bağırıyordu yani mesela. Yani annemde mutsuz bir anne görüyordum (Leyla, Appendix G, 39).

40) Oğluma ilk bağırdığım günü hatırlıyorum. … Daralınca ya yeter artık falan diye [demiştim]. [Oğluma] şöyle diyordum. Yanımda biri yok, o yüzden bunu yaşıyorum. … Suçluluk hissediyordum. … Aslında oğluma bağırmıyor[d]um. O dönemde yaşadığım şeylere kızıyor[d]um (Leyla, Appendix G, 40).

41) Ya ben şey diyordum. Annemin yaptığını yapmayacağım. Sonra bağırdığımda dedim ki, yaptım. İşte mesela kızıyorum şu an [bugünlerde], sinirlenince, bir şeye öfkelenince bağırıyorum. Cidden deliriyorum bazen kendimden geçince bağırıyorum ve sonra diyorum ki, yaptım. Annem nasıl davranıyorsa ben de aynısını yaptım. Bence geçiyor bu, anneden çocuğuna geçiyor. Ne görürseniz onu yansıtırsınız (Leyla, Appendix G, 41).

42) Bizi çok sevdiğini söyleyen ama bir yandan da kafası biraz bulutlarda bir anne. Annem mesela ... bana lise aşkını anlatan: ‘Aslında ben okusaydım çok farklı olurdu, ben konservatuara gidecektim.’ diyen [bir anneydi]. Yani sürekli içinde bulunduğu şey ona yetmiyormuş duygusunu hissettiğim. 'Baban hiç romantik değil, ben aşk kadınıyım.' Bunlar hep annemin söylediği şeyler. … Dolayısıyla annemin içinde bulunduğu yerde sıkıştığını bana hissettirdiğini hatırlıyorum (İrem, Apendix G, 42).

43) Benim ebem eşimdi açıkçası. Her anlamda yani çok destek oldu bana. Ben sadece emzirmek için alıyordum kucağıma. Alt değiştirmesiydi işte gazını çıkartmak falan, her şeyiyle eşim ilgileniyordu. … Eşim işten geliyordu ve devralıyordu. Ben biraz uyuyordum. … Eşim de ben nasılsam aynısıydı yani. … Benim şu an bir şeyleri daha kurallı daha mutlu gelebildiysem eşim sayesinde açıkçası. O çok destekçi (Leyla, Appendix G, 43).

44) Biz meselelerimizi hep konuşarak hallediyorduk yani. Hala da öyle, yani bu benim için inanılmaz bir güç oldu bu süreçte. … Ya bugün bebeğime öfkelendim, bugün şunu hissettim. Biliyor musun bugün içimden bebeğime vurmak geçti, az kalsın ona vuracaktım sonra dedim ki ya o daha bir buçuk yaşında, ne vurması! Yani bunu böyle çok rahat eşime söyleyebiliyorum. Bana demiyor ki, sen nasıl benim çocuğuma vurmayı düşünürsün, falan demiyor yani. Sağ olsun beni anlıyor, zorlu bir süreçten geçtiğimi (Zehra, Appendix G, 44).

45) İlk başta kocamın destekleyici olmadığını düşünüyordum. Sonradan aslında onu bu sürece hiç dahil etmediğimi fark ettim. … Dahil etsem bile annenin sorumlulukları, biyolojik olarak yapması gerekenler daha fazla sonuçta. Ve bu bile beni sinirlendirmeye yetiyordu. Kocama, sana sinir oluyorum çünkü erkeksin, diyordum. Yani, bunların hiçbiri hakkında çok fazla düşünmene gerek yok. Çok sinirleniyordum (Bahar, Appendix G, 45).

46) Evet yani en şanslı olduğum kısım bu herhalde, arkadaşlarım. Ee, bütün bu duyguları paylaşabildiğim kişilerdi. Çocuk sahibi olanlar da vardı aralarında. Ee, evet yani onlarla paylaşabilmek çok iyi geliyordu. Bazen de çocuğu alıp fırlatası geliyor mesela insanın. … Ama hani bunu hissetmek ve dile dökmek, bunun insanın içinden geçiyor olmasının çok insani bir şey olması vesaire. O anlamda mesela çok rahatlatıcıydı, suçluluk hislerine iyi geliyordu (Bahar, Appendix G, 46).

47) Hani böyle etrafımda paylaştığım kimse böyle suçlayıcı davranmadı. Hani bir de ben bu konuda şanslıydım böyle yakın çevremde arkadaşlarımdan da aynı dönemde çocuğu olanlar oldu. Dolayısıyla çok fazla paylaşım yaşayabildim yani. Yani işte, ben şöyle hissediyorum sana da böyle oluyor mu, falan. Ve ben o zaman şeyi fark ettim yani aa tamam bir tek ben böyle hissetmiyorum. Bir tek ben değilim. O yani birazcık iyi geldi (İrem, Appendix G, 47).

48) Arkadaşlarıma pek bahsetmiyorum çünkü çocuğu olan arkadaş sayım çok az hala [güler]. O yüzden beni anlayabilecek arkadaş sayım hala çok az (Zehra, Appendix G, 48).
49) Oğlum uyuduktan sonra mesela kahve yapıp işte açıp bir şey izlediğim falan [oluyordu]. Ne bileyim [o uyurken] sanki o yokmuş gibi ya da o yokken benim yaptığım şeyleri yaptığımı, zaman zaman da böyle çocuğu olmayan arkadaşlarla özellikle görüşmek istediğimi [hatırlıyorum]. … Bekar arkadaşlar ya da çocuğu olmayan arkadaşlar bazen bu [çocukla alakalı] sohbetlerden sıkılıyorlar. Ben de bu sohbetlerden sıkılıyorum. Çünkü ben hani sadece çocuğumdan ibaret değilim ve çocuğumu konuşmak istemiyorum sadece yani. … Böyle çocuk dışı bir şey, anne olmamın dışında da birisi olduğumu hatırlatacak şeyler yapmaya çalışıyordum biraz deşarj olmak için (İrem, Appendix G, 49).
50) Her zaman anne gibi hissetmek istemiyorum. … Böyle ufak bir panç [bir tür elişi sanatı] yapımına başladım. … Bunun gibi yapabildiğim, kısa vadede vaktimi kendime ayırdığım, mutlu olduğum, kendimi tedavi ettiğim adımlar atmak istiyorum (Handan, Appendix G, 50).
51) Kızım iki buçuk yaşındayken terapiye başladım. En büyük sebebi de şeydi. Kendim artık öfke kontrolünde zorlanıyordum, kendimi regüle edemiyordum. Yani hiç iyi değildim. … Ben aslında terapi sürecinde neyin beni çok üzdüğünü, beklentimin ne olduğunu orada çözümledim. O beni gerçekten rahatlattı (Seda, Appendix G, 51).
52) Geçen yıl da annelere grup çalışması yaptım iki tane. Tabii ki ben orada kendimi açmıyorum. Ama onları dinledikçe de aslında bir yandan. Hem fayda sağlıyordum onlara ama hem de konuşulanlardan ben de istifade ediyordum bir anne olarak. Yalnız olmadığımı anlıyordum. Onların çocukları benden daha küçüktü tabi ama geçmişe dönük olanları duymak bile yalnız değilmişim diye [düşündürmüş], iyi gelmişti (Elif, Appendix G, 52).
53) İlk bir haftanın sonunda ebemizin ev ziyareti oldu, o geldi. … Onun netliği, mesleki bilgisi ve böyle çatır çatır söylemesi bir yerde bir şeyleri, bana iyi geldi. O noktada duygusal bağ da kuruyorsunuz o insanla zaten sizin mahreminiz tanıklık ettiği için. O işte beni biraz toparlayacak cümleler kurdu işte çok da yumuşak olmayan beni biraz silkeleyen ama ‘evet’ falan gibi [düşündüren cümleler]. … Dedim evet, yaşıyorsun hayattasın bebeğin sağlıklı

devam. O yüzden onun ev ziyareti, bir hafta sonra, bir kırılma noktasıydı. Bana emzirme tekniği falan da gösterdi. Ondan sonra emzirmeye başladım (Elif, Appendix G, 53).

54) Sağlıkçıların bir empati yoksunluğu hani hemşireler, sağlık çalışanları, ebeler vs. Duyguları alınmış gibilerdi ya. İşte uzun vadede işte sütün kesilir, uğraşman lazım, bırak [bebek] ağlasın falan (Handan, Appendix G, 54).

55) Hele ki böyle üç dört ay civarında falan artık beni tanımaya, çok net bir şekilde beni tanıdığını, gördüğünü göstermeye, beni istemeye falan başlamıştı. O evrelerde hele iyice böyle hani bağlandık birbirimize, öyle diyeyim. Özellikle dört aydan sonra falan gayet keyifli olduğunu hatırlıyorum (Seda, Appendix G, 55).

56) Anneliğimin şu noktalarında da bence rahatım işte yaptığım seçimler konusunda oğlumun disiplini konusunda falan. Çünkü oralarda çok kafa karışıklığı var bence. Ekoller işte farklı farklı, sosyal medyada dediğim gibi içerik yapanlar, psikologlar arasında bile. Mesela ben uzman görüşüne bile başvuruyorum diyemiyorsunuz çünkü farklı farklı uzman görüşleri var. Ama ben şey konusunda mutmain hissediyorum. Belki ben kafamdaki standarttaki gibi davranamıyorum. Ben bir insanım ve bağırmamam gereken yerde bağırabiliyorum (İrem, Appendix G, 56).

57) Herkesin kendi şartları var kendi imkanları var. … Her şey yüzde yüz olmuyor yani. Birinden alıp öbürüne veriyorsun. … Bunlar [evlilik ve çocuk] da yüzde yüz değil ama bunları yüzde yetmiş seksen bile yapmak istiyorsanız kariyeri de yüzde yetmiş seksen yapacaksın yani. Her şeyden biraz [güler]. Böyle hani yaşayarak anlaşılan bir süreç oldu. Şu an beklentimi hizaladım yani (Seda, Appendix G, 57).

58) Bence [annemle ilişkimi] olumlu etkiledi. Yani ee daha sert daha acımasız olurken anneme karşı artık bir tık daha belki düşünüyorum. O ne düşünür, ne hisseder, nasıl bir şey yaşadı acaba, hani dört çocuğa bakmış etmiş, gibi. Sanki böyle merhamet uyandırdı ve daha hani empati yapmamı sağladı (Bahar, Appendix G, 58).

59) Herşeyi [annemle] rahatlıkla paylaşabilirdim. Ama benim paylaştığım kadardı yani. Ötesi yoktu. Çocuktan sonra mesela şey garip oldu. Daha çok konuşmaya daha çok şeyi paylaşmaya başladık. Mesela ben hiç annemi yemek tarifi almak için veya başıma şu geldi demek için aradığımı

hatırlamıyorum. Ama çocuktan sonra bu aramalar biraz arttı (Seda, Appendix G, 59).

60) Annemle paylaşım alanımız arttı. Ben liseden itibaren çok akademik biriydim ve kendi ailemden [bu konuda] çok ayrıldığımı hissettim. Babam gençken biraz daha okumayı severdi. Onunla bazen sohbet ediyorduk. Ama annem o anlamda entelektüel bir insan değil. O yüzden, bir noktadan sonra, sohbet edecek şey çok fazla bulamayacaktık. Ama çocuk üzerinden, yani o bizim ilişkimize bir şey kattı. Konuşacak bir şey var şimdi. Şöyle de oluyor, ben bir şeyleri onun yapmadığı şekilde yapmak istiyorsan, [alaycı bir şekilde], 'biz yanlış mı yapıyorduk?' ya da, 'aferin sen daha iyi yapıyorsun' ya da 'biz öyle yaptık da o yüzden mi böyle oldu?' falan [diyor]. … Buralar o yüzden biraz bulanık sular yani (İrem, Appendix G, 60).

61) Tabii ki, hayatımızda [baş başa] vakit geçirebilme anlarımız çok değişti. Uzun bir süre hiç olmadı yani. Bebek bebek bebek bebek sürekli. Ya da bebekle geçirdiğimiz anlar baş başa geçirdiğimiz vakitleri inanılmaz kısıtladı. … Dolayısıyla yani daha durağan bir çift olduk. Aslında çiftlik rolünden çok hani anne babalık rolüne bürünmüş olduk (Zehra, Appendix G, 61).

62) Bence tartışmalarımız arttı. Öncesinde böyle ortak bir şeyimiz yoktu yani. Ama şimdi böyle büyük bir konu var, fikir birliğine varmamız gereken. … Fikir birliğine varmamız gereken konu arttıkça ve bu kadar çok konuda her zaman fikir aynı fikirde olamayacağımıza göre, bence tartışmalarımız arttı (Elif, Appendix G, 62).

63) Anne olduktan sonra doktorayı biraz ertelemiş gibi oldum galiba. Covid döneminde olduğum için ve bu dönemde sistem bize biraz yardımcı oldu. Bazı şeyler mesela online'a dönüştü. Ben mesela oğlumu ayağımda sallarken yüksek lisansımı yapabildim, tezimi yazabildim. Dolayısıyla benimki iyi denk geldi ve pandeminin etkisiyle kariyerim bölünmedi gibi. Belki pandemi olmasaydı bölünecekti (İrem, Appendix G, 63).

64) Bir de ben tez yazmak için çok odaklıydım aslında ama bunu bir türlü yazamadığım için kafamda anneliğime paralel olarak hep o döndü. … Erken uyumadığı dönemlerde mesela, yani o uyuyacak da ben tezimin başına geçeceğim. Erken uyumadığı günlerde hayal kırıklığı yaşadığım oldu yani. Yani tam bir değişim değil ama öğrencilikle beraber annelik rolünün sorumlulukları da eklenince benim zihnimin arka planında hep böyle iş

yığınlarına sebep oldu. Uzun vadede bitecek bir tez var ve başına geçemedikçe büyüdü de büyüdü yani yani (Elif, Appendix 64).

65) Kurumsal özel bir okulda başlamayı düşünüyordum. … Bir de hep şey diyordum. Ben [çocuğumu] bırakırım ya nasıl bırakmayacağım. Sonuçta benim bir hayatım var. Hamilelik için dokuz ay evde kal. Sonra nasıl olacak, onca zaman sonra nasıl döneceksin diyordum. Ama olmuyor, o kariyer orada kalıyor. Ama oğlum iki yaşına girdiğinde başlıyor olacağım inşallah (Leyla, Appendix G, 65).

66) Bu şey değil bu arada. Kariyerin önemsizdi, yok aman çocuğumdan önemli değil, değil. Bu sadece benim çocuğumu kendi büyütmek isteğimden ötürü. Başkasına bırakamamdan ötürü, başka birine bırakacak güven hissedemediğimden ötürü. Bir başkası bırakabilir, ben ona da şaşırıyorum bu arada. Nasıl bırakılıyor yani o güven nasıl duyuluyor bilmiyorum (Leyla, Appendix G, 66).

67) Yani tabii ki [annelik] [kariyeri] bölen bir şey oluyor. O sırada ben yüksek lisanstan mezun olalı bir sene olmuştu hamile kaldığımda. Ufak ufak danışan görmeye başlamıştım. Ama hamile olduğum için, işte doğumdan sonra ne zaman tekrar danışan görürüm vesaire, bunu bilemediğim için ee artık hamileliğin sekizinci ayı gibi bitirmiştim görüşmeleri. Ve sonra birisini de almadım. O sırada eğitim vesaire gibi bir şeye de katılmadım. Katılamazdım da zaten işte bebeğin ilk aylarında. Yapabilenler var ama ben hiç o kafada birisi değildim. Yani ona enerji ayıracak gibi hissetmiyordum kendim. Dolayısıyla baya bir, araya hani, baya bir şey girdi araya ya. Tamamen bölen bir şey oldu. Durduran da diyebiliriz (Bahar, Appendix G, 67).

68) Hayatımda akışında giden şeylerin sıralaması vardı. Ve o sırada annelik gibi böyle devasa bir rolle hayatım değişince, iş konusunda hani özellikle bir kaygım yok da ama başlamamış olmak, o sürecin muğlak olması çocuğuma karşı, bazen, yani çocuğuma karşı değil de kendime karşı öfkelenmeme sebep oluyor (Handan, Appendix G, 68).

69) Maalesef [kariyer sahibi bir anne olmak] henüz içinden çıkamadığım bir süreç. Galiba duygularımdan çok etkileniyorum ya da iş hayatının içinde henüz olmadığımdan [olabilir]. Çocuğumdan ayrılırken çok zorlanacağımı düşünüyorum. Fakat daha mantıklı düşündüğüm zamanlarda, hani illa ki anne babası çalışan çocuklar bir şekilde bir zaman sonra o göbek bağlarını

koparıyorlar. Sağlıklı olduğunu da düşünüyorlar ilişkilerinin. Şu an bebeğimin bana çok ihtiyacı olduğunu düşünüyorum. Hiç ayrışasım gelmiyor (Handan, Appendix G, 69).

70) Ama ileride hem onunla ilgilenebilmiş hem de kariyerine devam edebilmiş bir anne görmesini çok isterim. Dolayısıyla devam etmem gerektiğini düşünüyorum. O yüzden böyle hani çok yoğun çalışma saatleri olmayan [bir iş olabilir]. Akademiden uzaklaştım zaten artık. Akademiyi bıraktım da mesleğimi icra etmek istiyorum. Orta yolu bulabildiğim bir kariyer hedefim var şimdilik (Handan, Appendix G, 70).

71) Aktif çalışıyor bile olsaydım, belki tam zamanlı bir işim bile olsaydı, maddi olarak [bakıcıya] efort edebilecek olsaydık bile yine de [çocuğuma] kendim bakmak isterdim. Nitekim lisansta bir hocamız demişti. 'Anneler altı aydan sonra çalışmaya başlıyor ama asıl bağlanma oradan sonra devam ediyor. İlk iki yaş çok önemli.' Tabi ben bunu duyunca attım hafızaya. Tam da bu süreçte belki işte çok zorlayıcı da olsa hem evde kaldığım hem de evden yürütebileceğim bir şeyin olması, belki de tutunduğum bir kariyerim oldu yüksek lisans tezi (Elif, Appendix G, 71).

72) Bir çoğumuzun zaten hani annesi anneydi yani. İlk ana hedefi ve ideali oydu. Mesela ben bakıyorum, kendi annemi de yokluyorum, etrafımdaki diğer kadınları da yokluyorum. Başka şeyler yapmak tamam onlar da istiyormuş ama zaten yapmayacaklarını büyük oranda kabullenmişler yani. O şekilde bu yola başlamışlar. Ama bizim öyle bir gidiyor ki, bu [kariyer] sanki hiç kesintiye uğramayacakmış gibi, haldır huldur bütün hayatını buna veriyorsun. Ki ben de hani başarılı bir öğrenciydim. …Hukuk mezunuyum. Yani oo kelli felli avukat olurum falan diyordum. Birden böyle olaylar çok sarpa sardı. … Hiçbir şey düşündüğün gibi olmayacağını bir noktada kabullenmen gerekebiliyor bence. Ki özellikle de annelik konusuna da düşkünsen, onu da iyi yapayım kaygıların varsa. Zor bir deneyim (Seda, Appendix G, 72).

73) Üniversite okumuş ve devamında akademide devam etmiş insanlar olarak yani hep ana merkezde akademi, okul, eğer çalışıyorsa iş olacağı için o kimlikten sıyırmakta zorlandım kendimi. Hala da yaşıyorum bunu. … Henüz iş hayatına adım atmadım. O yüzden orası da muğlak. Dolayısıyla orayla ilgili de bir boşluk var zihnimde. Dolayısıyla zorlanıyorum (Handan, Appendix G, 73).

74) Kariyerli bir anneyim benim kendi yapmak istediğim şeyler var. O istediğim şeylerden dolayı oğlum bana her zaman erişim sağlayamıyor. Ama bunda da içim rahat yani. Çünkü bence böyle olmadığı zaman benim annemin bana yaptığı gibi sürekli şunu diyebilirdim. İşte 'ben bilmem ne üniversitesinden mezundum ama sen doğdun. Ben devam etseydim nerelerde doktora yapardım' falan. Bunu oğluma demeyeceğim Allahın izniyle (İrem, Appendix G, 74).

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