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## **A Thematic Analysis of Five-Minute Speech Samples in the Transition to Motherhood**

### **Anne Olma Sürecinde Beş Dakikalık Konuşma Örneklerinin Tematik Analizi**

#### **Abstract**

This study longitudinally examined the parenting expectations and experiences of first-time mothers who psychologically struggled in the postpartum period (N =16). The Five-Minute Speech Samples were collected during the prenatal and postnatal periods and thematically analyzed. The analyses revealed three overarching themes: (1) while most mothers experienced rich, intense, and ambivalent emotions as they constructed their maternal role, some believed they needed to feel consistently positive based on the assumption that the baby could sense their emotional state; (2) some mothers longed for their former, 'free' childless lives, whereas others embraced this new role feeling empowered and fulfilled; and (3) parenting representations were shaped under the pressure of 'intensive mothering' ideologies and the shadow of "expert" advice that could conflict with one another and with women's own intuitions. Overall, the findings point to the importance of centering women's subjectivity in programs aimed at supporting maternal mental health.

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#### **Öz**

Bu çalışma, ilk kez anne olan ve doğum sonrası psikolojik olarak zorlanan kadınların (N = 16) ebeveynliğe ilişkin beklenti ve deneyimlerini boylamsal olarak incelemektedir. Beş Dakikalık Konuşma Örnekleri gebelik ve doğum sonrası dönemlerde toplanmış ve tematik olarak analiz edilmiştir. Analizler üç temel temayı ortaya çıkarmıştır: (1) Çoğu anne, bu rolü inşa ederken zengin, yoğun ve kırılcıklı duygular yaşamakta; öte yandan bazıları bebeğin onların duygu durumunu hissettiği varsayımıyla sürekli iyi hissetmelerine gerektiğine inanmaktaydılar. (2) Kimi anneler çocuksuz, 'özgür' yaşamını özlemekte, diğerleri ise bu yeni rolü güçlü ve tamamlanmış hissederek kucaklamaktaydılar. (3) Ebeveynlik temsilleri, 'yoğun annelik' ideolojisinin baskısı ve birbiriyle ve kadınların sezgileriyle çelişebilen 'uzman' önerilerinin gölgesinde kalmış görünmekteydi. Bulgular, anne ruh sağlığına odaklanan programların, ebeveynlik rolünü inşa eden kadınların öznelliğini merkeze koymasının önemine işaret etmektedir.

#### **Keywords**

Transition to Parenthood, Idealized Motherhood, Five Minute Speech Sample, Thematic Analysis, Postpartum Depression

#### **Anahtar Kelimeler**

Ebeveynliğe Geçiş, Yüceltilen Annelik, Beş Dakikalık Konuşma Örneği, Tema Analizi, Doğum Sonrası Depresyon

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## Introduction

The transition to parenthood involves profound mental, physical, relational, and social changes (Parfitt & Ayers, 2014). First-time parents, lacking prior caregiving experience, may face heightened uncertainty and risk for postpartum depression (PPD) (Epifanio et al., 2015). Discrepancies between expectations and reality often trigger distress, including sadness, irritability, fatigue, and feelings of inadequacy (Doherty et al., 2025). Qualitative evidence shows that many women with perinatal depression feel they are failing to be the “perfect mother” and conceal symptoms to avoid stigma (Adlington et al., 2023). Modern parenting norms emphasize prioritizing the child’s needs, with “intensive mothering” promoting child-centered, emotionally and financially demanding practices (Hays, 1996; Luijk & Roseboom, 2025). This ‘supermom’ ideal, portraying motherhood as universally fulfilling, ignores the complex, often painful realities of early parenting and is linked to maternal depression and burnout (Henderson et al., 2015; Rizzo et al., 2012).

Prevalence studies showed that one out of six women suffer from depression during the first 3 months after birth (Gavin et al., 2005). However, as Halbreich and Karkun (2006) argue, the commonly cited average prevalence rate of PPD (10–15%) does not accurately reflect its true global prevalence due to considerable variability in reporting. Especially in Majority World countries, PPD is more likely to be overlooked as parental mental health often receives limited attention. Türkiye is one of the Majority World countries where 23.8% of mothers suffer from PPD (Karaçam et al., 2018; Özcan et al., 2017). Nevertheless, stigma that equates good mothering with self-sacrifice and emotional resilience remains a pervasive barrier for women to verbalize their authentic experiences in the parenting role (Dennis & Chung-Lee, 2006). Few studies have examined how Turkish first-time mothers experience the transition to motherhood. Girgin-Kardeş (2024) found that academic mothers with postnatal depression reported emotional isolation, loss of autonomy, and conflicting self-perceptions, reflecting culturally shaped identity shifts. Atak and Yalçınkaya Alkar (2021) highlighted the dual role of extended family and spousal support in easing postpartum adjustment while also creating ambivalence and strain. Similarly, Türe and Şahin-Acar (2017) showed that anxieties around motherhood and child-rearing were strongly influenced by broader societal concerns and national pessimism (i.e., uncertainty regarding the country’s socio-political and economic future).

Given the multifaceted nature of these maternal experiences, utilizing methodological tools that can capture such nuanced internal representations becomes essential. The Five-Minute Speech Sample (FMSS) provides an effective method for capturing these internal representations, as parents speak uninterrupted about their child and parenting while their narratives are recorded, transcribed, and analyzed for both content and process (Sher-Censor, 2015; Weston et al., 2016). It provides an open space that encourages authentic reflection on everyday re-

lational dynamics, is accessible across educational backgrounds, and can be administered in person or via phone, making it suitable for families facing logistical constraints (e.g., Greenlee et al., 2023; Rea et al., 2020). Methodologically, although structured interviews provide rich detail, they are frequently prone to social desirability bias and lengthy administration times. In contrast, the FMSS as a brief and non-directive tool that captures a psychological snapshot of internal representations with minimal interviewer interference. While the tool's efficacy in predicting clinical outcomes is well-established (Weston et al., 2016), its application in qualitative research remains surprisingly sparse. Existing qualitative FMSS studies have predominantly focused on parents of children with atypical development (e.g., Kovac, 2018; Perez et al., 2014), leaving a significant gap in the literature regarding the normative transition to motherhood. Given that the discrepancy between parenting expectations and lived experiences is a known risk factor for maternal mental health (Doherty et al., 2025), there is a clear need to investigate whether this clinically useful and time-efficient method can capture the psychological complexity of becoming a mother as comprehensively as traditional structured interviews.

Given that maternal mental representations evolve alongside maternal identity and mother-infant bonding (Trapolini et al., 2008), longitudinal qualitative analyses of the FMSSs may provide nuanced insights into the unfolding psychological experience of parenthood. By providing an uninterrupted space for speech, the FMSS captures not only the explicit content of a mother's narrative but also the implicit affective tone through (i.e., long pauses, abrupt changes in topic or emotional intensity). This is particularly valuable in a longitudinal design as it allows for the identification of subtle shifts of representations over time. Previous meta-syntheses of qualitative studies show common postnatal themes that are intense and fluctuating emotions, social adaptation, high support needs, isolation, and a mismatch between expected and actual help (Adlington et al., 2023; Finlayson et al., 2020), however these findings may not fully reflect mothers in underrepresented Majority World contexts (Casella et al., 2025). In these countries it is likely that maternal psychological struggles might be driven by the conflict between traditional expectations of communal child-rearing and the emerging 'intensive mothering' ideals particularly for highly-educated groups.

This study explores how highly educated, urban women in Türkiye negotiate the transition to motherhood while experiencing significant postnatal distress. To understand these experiences, one must consider the unique dynamics of the Turkish urban family. The Turkish family is defined by 'emotional interdependence', where strong cohesion serves as a primary source of mutual support (Kağıtçıbaşı, 2005). Within this framework, childrearing typically fosters an 'autonomous-relational' self, balancing a child's independence with the family's collective needs. However, as Sümer et al. (2021) note, Turkish parenting has been shifting toward a model that centers the 'psychological value' of the child and emotional attunement rather than traditional obedience. This transition may place a heavy psychological strain on mothers, especially as it aligns with the global rise of intensive mothering' that requires a hy-

per-vigilant and labor-intensive approach to raise a ‘perfect’ child (Luijk & Roseboom, 2025). Ultimately, this study aims to reveal how these mothers reconcile their own professional and personal identities with these sociocultural demands during a period of heightened vulnerability.

## Method

### Participants

The data for this study came from a larger project that recruited 113 first-time mothers via convenience sampling. Eligibility required being primiparous and at least 20 weeks pregnant. Ninety-seven participants completed the FMSS and parental questionnaires at both time points. From this pool, the mothers scoring 22 or above on the Center for Epidemiologic Studies Depression Scale (CES-D) postpartum were included in the present analysis since the main aim was to explore subjective experiences of motherhood construction among women who had been struggling in this new role. The CESD score that was reported in the postpartum period was used as an indicator of psychological distress and emotional strain. Participants’ postpartum depression scores as well as sociodemographic characteristics are displayed in Table 1.

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**Table 1**  
Sociodemographic Characteristics of Participants and Their Families

ID	Mother Age	Mother Educ	Profession	Employed	Partner's educ	Partner's profession	Financial concern	Post Depression
10	29	U	Banker	Yes	U	Banker	3	31
13	25	M	Faculty	Yes	M	Faculty	1	25
14	31	U	Counselor	Yes	V	Project expert	3	31
19	29	U	Architect	No	U	Trade	2	30
24	27	U	Lawyer	No	H	Artisan	4	25
37	27	U	Homemaker	No	M	Engineer	1	34
38	25	M	Engineer	No	M	Banker	2	25
40	33	M	Banker	Yes	U	Engineer	3	45
56	26	U	Biologist & Chemist	No	U	Human Resources	2	39
58	34	U	Teacher	No	V	TV employee	4	23
69	33	M	Research assistant	Yes	M	Research assistant	3	30
72	32	U	Banker	Yes	U	Teacher	3	33
75	25	U	Engineer	No	U	Engineer	1	28
80	36	U	Designer	No	U	Investment specialist	4	39
83	30	U	Social Worker	No	U	Teacher	3	29
92	29	M	Faculty	Yes	M	Banker	2	22

Notes. M: Master's degree, U: University, V: Vocational School (Pre-university). Financial concern 1: Not at all to 4: Very much

## **Instruments**

### **Five Minute Speech Sample (FMSS)**

The FMSS requires parents to talk for five minutes describing their child and their relationship with him or her (Gottschalk, & Gleser, 1969). Specifically, the interviewer gives the following instruction: *“I’d like to hear your thoughts and feelings about your baby, in your own words and without my interrupting with any questions or comments. When I ask you to begin, I’d like you to speak for 5 minutes, telling me what you think your baby is like and how the two of you get along together”*. If the parent stops before five minutes or is silent for 30 seconds, the researcher points to a written display of these instructions. The instruction was revised to future tense for the prenatal interview. The interviews were audio-recorded and verbatim transcribed.

### **The Center for Epidemiologic Studies Depression Scale (CES-D)**

The CES-D (Radloff, 1977) is a 20-item self-report scale assessing depressive symptoms such as low mood, loneliness, sleep problems, hopelessness, and appetite loss. Items are rated on a 4-point scale with scores ranging from 0 to 60 and a cut-off of 22 indicates clinically significant symptoms. The Turkish adaptation by Tatar and Saltukoğlu (2010) showed good reliability (Cronbach’s  $\alpha = .89$ ; split-half = .80; two-week test-retest = .69). In this study, the mean and standard deviation (SD) scores of depressive symptoms were 23.3 (SD = 13.1) and 30.3 (SD = 6.33) at prenatal and postnatal assessments, respectively.

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## **Procedure**

Ethics Ethical approval was obtained from the Social and Life Sciences Human Research Ethics Committee of the university, where the author has served as a full-time faculty member (registration number: 2018/12), as well as from the Ministry of Health in Istanbul (registration number: 23/08/2019-4453). Participants were recruited in collaboration with perinatologists, gynecologists and midwives as well as through social media. All participants provided written informed consent prior to data collection.

Assessments were conducted when the participants were 36 weeks pregnant and at 4 months following childbirth. Prenatal assessments were conducted in quiet, convenient settings, such as the participant’s home, an unoccupied hospital room, or their workplace, while postnatal assessments were conducted at home. Mothers completed a brief demographic questionnaire, provided the FMSSs and filled out a booklet containing questionnaires on mother and infant outcomes at both time points. Participants lacking speech samples at both time points were excluded. Data was collected between January 2019 and May 2020. The study was funded by the Scientific Research Projects Start-Up Grant of the university (project number: 14582).

## **Data Analysis**

The thematic analysis proceeded in two phases using an inductive approach guided by Braun and Clarke (2006) followed by a deductive rereading. Two researchers (i.e., the author and a second researcher, who has a master's degree in psychological counseling and research experience with mothers and toddlers) attended the verbatim speech samples with a focus on observing commonalities as well as differences from prenatal to postnatal accounts. None of them took any role in interviews or data collection, so they were completely free of any possible influence arising from interactions with the participants. First, verbatim speech samples were reviewed for familiarization and initial ideas. The author engaged in multiple rounds of active reading before initial coding began, thereby supporting credibility through prolonged engagement with the data. Second, she conducted open-coding of the relevant segments in Atlas.ti, generating preliminary codes (e.g., anxieties/fear about new responsibilities; anticipation and excitement, feelings of frustration and helplessness, search online sources to gain knowledge). The initial list included 34 raw codes, which were grouped to 8 (i.e., ambivalence, negative or positive feelings, adjusting to new normal, growth and transformation, relationship with the baby, father and husband, mothering ideology, professional and practical support). The coding process was reviewed by the second researcher to ensure peer debriefing. In line with previous research in which brief speech samples were qualitatively analyzed (Greenlee et al., 2023) general remarks (e.g., "I love my baby") or descriptions of infant temperament (e.g., calm, curious or smart) were excluded as the use of behavioral traits did not offer meaningful insights into subjective representations of motherhood. Third, the author and researcher independently coded the speech samples through the initial list. Fourth, they discussed the meaning and frequency of the codes. Last, the author refined the themes and evaluated them against themes from prior meta-syntheses (Adlington et al., 2023; Finlayson et al., 2020). Eventually the three final themes out of 8 code groups were identified as described below. Disclosing the researchers' personal and professional positions enhances the credibility of the study. To ensure trustworthiness, the author reflected on her positionality as a female clinical psychologist, a mother of a 9-year-old boy and a researcher with a Ph.D. degree in child and family studies and extensive experience in early childhood intervention and parenting programs.

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## **Findings**

The thematic analysis of the speech samples revealed three overarching themes: (1) women's perceived pressure to maintain constant positivity despite navigating a rich and complex range of emotions in their new role; (2) personal and relational transformation marked by mourning the former "free" self and/or celebrating the emergence of a new identity; and (3) caregiving representations shaped by intensive mothering ideologies which, despite professional guidance, generate inner conflicts and undermine the authenticity of the maternal role.

### ***The Pressure to Feel Constantly Positive Amid Emotional Ambivalence***

Some mothers' narratives reflected a dynamic emotional journey that began with ambivalence and evolved toward deeper connection. Joyful anticipation often coexisted with fears of inadequacy for many, uncertainty about the future and worries about repeating difficult family patterns for a few. Many of them initially struggled to feel the happiness they believed was expected of them, finding that early experiences of pregnancy did not match idealized images of motherhood. After birth, most of them reported that tough feelings frequently shifted as bonding moments, such as shared eye contact or a baby's first smile began to foster a sense of awe and attachment. Yet this emerging love unfolded alongside frustration, guilt, and exhaustion, particularly when infants were difficult to soothe. A very common challenge was regulating emotions during persistent infant distress. P24 shared the emotional toll of perceived failure in the mothering role. Her narrative highlighted the stark contrast between pre-natal fantasies and postnatal reality. Initially, she framed motherhood through a lens of perfect emotional reciprocity, stating she expected her baby to be 'in love' with her. In the postnatal interview, while she maintained deep affection for her child, she experienced frequent urges to leave her responsibilities behind, accompanied by deep regret and a sense of failure regarding her maternal identity

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*She's very emotional... We sit down and cry together. Then she forgives me, I think. But I can't forgive myself...She calms down more easily with everyone. I feel like she probably hates me.*

In the first interview, P75 stated that from the beginning of her pregnancy, she tried to do everything possible to reflect the maximum amount of love toward the fetus. She felt a connection with her baby from the start and expected this bond to continue after birth, which gave her a sense of excitement. However, she began the postnatal interview by stating that she generally could not get along with her baby and that her entire time was spent trying to quiet him. As she stated, *"It was more in the beginning, like 99% of the time it was difficult and 1% it was cute. Now it has gotten like half-half."* For a few mothers, anxiety about making irreversible mistakes or entrusting the baby to others persisted, highlighting ongoing concerns about competence and control. Broader societal fears, such as raising a child in an unpredictable or threatening world, further compounded these worries. Overall, their accounts reveal a common trajectory: early uncertainty and self-doubt gradually gave way to emotional connection, wonder, and a cautious optimism, even as practical and existential anxieties continued to shape their experiences of early motherhood.

For a few mothers who had expressed positive emotions during pregnancy, these sentiments were again articulated in the postpartum interviews. P19 expressed emotional fulfillment, however, it seemed that her sense of happiness relates to a belief she strongly holds in the importance of emotional attunement: *"I truly believe that my feelings are reflected in*

him... *That's why I always try to keep myself happier and stronger.*" This desire for emotional synchrony suggests that she views her maternal success through the lens of her own daughterhood. Her prenatal expectations for motherhood were rooted in the "perfect bond" she had shared with her own mother. She anticipated a similar level of intuitive connection with her child, stating: *"I can feel it when she [her mother] is sick, or she [her mother] can feel it when I am sick... and I believe I will experience that same connection with my own baby."* This belief that the mother's emotional state is directly felt by the child was echoed by others who emphasized the need to maintain positivity throughout pregnancy and postpartum, even in the face of internal struggles. Similarly, P14, who had waited a long time and had experienced a difficult journey to become pregnant, started her prenatal speech by stating that she was in a period where her worries had peaked described the intrauterine period as a time when the fetus acted as her mental companion, stating the baby could hear her inner voice and believed that the baby responded to her emotions. It is likely that she might have been striving to regulate their own emotions for the baby's sake, potentially limiting emotional authenticity. When the baby was born, however, she noticed that her mood was entirely contingent on the baby's: *"The happier [the baby] is, the happier I am. The sadder he/she is, the more depressed I get."* It is possible that she might have experienced a sense of loss of emotional autonomy, which seems to contrast with her prenatal accounts, where she perceived the fetus as a mental companion.

## **Personal and Relational Transformation**

### ***The Parental Mode: Mourning the Former Self and Celebrating the New One***

Mothers differed widely in how mentally prepared they felt for motherhood, revealing a spectrum from long-held anticipation to minimal prior reflection. About one third of the mothers described feeling inherently unsuited to the role, often questioning their abilities and decisions during the transition to parenthood. For example, P92 hoped she would *"switch to mother mode"* after birth but struggled postpartum, constantly questioning her decisions about breastfeeding, putting the baby to sleep, and returning to work. For a few, these insecurities were accompanied by a sense of loss of freedom and the former self they had known before childbirth creating tension between love for the baby and the challenge of constant caregiving. P24, who had planned her baby and held high expectations, said,

*I'm glad I had the baby, but I'm struggling a lot because the baby is very demanding, I would want to give birth to another baby, but I don't want to raise another one (laughs).*

Alongside these struggles, some mothers framed motherhood as a catalyst for growth. They spoke of becoming more confident and more present, describing how the experience

prompted emotional resilience. P19 noted, “*I feel that I’ve become stronger with him, that maybe the self-confidence I had lost has come back since the beginning of my pregnancy,*” and described the experience as “*motherhood madness*” that fostered self-development after childbirth. Although P72 prenatally expressed significant anxiety regarding her lack of experience and prior interest in childcare she realized that the daily demands of caring for an infant fostered a newfound appreciation of the present moment, replacing future-oriented anxieties with a deeper engagement in everyday interactions.

### ***Partner as a Helper, Rival and/or Lover***

Few mothers highlighted their partners’ roles in caregiving, describing both support and ambivalence. While partner support was often viewed as a functional resource, the narratives suggested that the partner’s presence also plays a complex role in shaping maternal identity and ambivalence. For some, the transition from a dyadic to a triadic focus provided a sense of continuity and shared resilience. During the prenatal interview, P92’s initial uncertainty about entering ‘mom mode’ quickly shifted from a dyadic concern to a triadic perspective. Drawing on her strong foundation with her husband as childhood friends, she envisioned their future as a trio filled with fun and humour. This prenatal optimism translated into a balanced postnatal reality, where she emphasized their shared caregiving roles by noting, “*I think the only thing I can do that he can’t is breastfeeding. Other than that, he helps a lot with everything.*” Prenatally, P75 highlighted her husband’s calming presence and reassurance as essential tools for coping with temporary challenges of early motherhood. However, this reliance on her partner took an unexpected turn postnatally; while his support was initially a stabilizing force, she later expressed mixed feelings and a sense of exclusion as the infant showed a distinct preference for him, noting “*She doesn’t look at me like she looks at her father.*” P72 also expressed admiration mixed with subtle jealousy: “*When she sees him at the door, she starts giggling... On one hand, I like it... But still, I can’t say I don’t wonder whether I might get jealous.*” Although only one participant explicitly discussed her couple relationship her account implies that the persistence of the partner relationship can serve against maternal self-loss. P40, who emphasized that her romantic love for her husband remained intact in the postpartum interview, challenging a common societal assumption that maternal love supersedes and replaces romantic attachment.

*I love my son very much; he means so much to me. But the love I have for my husband is very different. For me, the concepts didn’t get mixed up. People say that the kind of love you feel for your child is so unique that you won’t feel anything like it for anyone else but that wasn’t the case for me.*

Although these accounts offer a glimpse into the complex role of the partner in maternal personal and relational adaptation, the limited data in this study means these conclusions should be treated with caution.

### ***Idealized Motherhood or Parenting by the Book***

Most of the mothers articulated a caregiving ideology that emphasized the prioritization of their children's emotional and developmental needs. Some focused on intentional preparation and the enactment of maternal love. P75, for example, described how she engaged in extensive research during pregnancy to “*do things better and more correctly*,” with the aim of fostering a loving environment from the start:

*Starting from pregnancy, I tried to do things that would reflect my love for the baby to the maximum extent... I believe that a healthy individual is raised by first establishing a loving relationship with their mother.*

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This approach illustrates an ideal of informed, emotionally expressive motherhood as central to raising a well-adjusted child. However, postnatally, the idealized bond she had built through books and research shifted toward frustration. She found the baby's constant need to be happy and her own difficulty understanding his cues overwhelming. When left alone with the infant for long periods, she felt her patience running out; as a result, she frequently went out to visit neighbours to escape the pressure of the intense, and at times suffocating, dyadic relationship. In P75's case, the ‘correct’ motherhood she envisioned through research was probably replaced by the overwhelming and isolating reality of the postnatal period.

About half of the participants expressed a strong appreciation for web-based resources and books as vital tools for gaining information about parenting and childcare. With little prior experience to draw upon, these mothers frequently engage in a continuous search for reliable information, consulting both professional sources and peer networks in an effort to make informed decisions. P19, for instance, stated in the postpartum interview that she even started looking into workshops that are designed for babies:

*I feel that I should be able to provide him with a really good education and everything that can stimulate his intelligence from now on, so that I can contribute to him in the future.”*

The constant pursuit of knowledge, however, could give rise to tensions between externally provided advice and maternal instincts for a few mothers. While healthcare professionals offer standardized guidance, mothers may find that such advice does not always align with their intuitive understanding of their child's needs. These conflicts are further complicated by

mothers' growing awareness of the individuality of each child. As a first-time mother with no prior baby care exposure, P80 tried to learn from books, which sometimes created "*information pollution*." She emphasized that she felt overwhelmed by the conflicting advice:

*Some say don't pick them up every time they cry. Others say the baby wants love. Especially why shouldn't you give that love every time? Of course, people get confused and wonder what they should do.*

Likewise P19 noted in the postpartum period, "*There are so many details that sometimes I wonder if I should stop overanalysing and just go with the flow.*" These accounts highlight how conflicting expert advice and a focus on micro-level details create a cognitive overload for mothers who reported high levels of psychological distress.

### ***A Thematic Comparison of Prenatal and Postnatal Narratives***

Regarding the first theme, which encompasses the affective range and depth of the transition to motherhood, participants prenatally expressed concerns regarding new responsibilities and a fear of parental incompetence. Postnatally, these narratives shifted to emphasize feelings of frustration, helplessness, isolation, and exhaustion. While a few mothers reported prenatal ambivalence stemming from unplanned pregnancies, postpartum ambivalence manifested as a complex coexistence of gratitude and resentment or guilt. Under the second theme, personal and relational transformation, the prenatal focus of many mothers centered on preparing for the infant or questioning their readiness for this new life stage. Following childbirth, this focus transitioned toward adjusting to a 'new normal' and redefining the self, a process characterized by personal growth for some, yet marked by longing or even mourning for others. Moreover, while half of the mothers discussed interactions with the fetus prenatally, almost all did so postnatally. However, these postpartum accounts were frequently coupled with perceived communication difficulties, specifically regarding the challenge of accurately interpreting the infant's needs. Finally, with respect to the third theme, idealized motherhood, the 'good mother' ideology held by most mothers during pregnancy was voiced by only a few in the postpartum period. Notably, the perceived need for professional guidance and the tension between maternal intuition and expert advice remained consistent across both assessment points.

### **Discussion**

This study examined the parenting expectations and experiences of first-time mothers who psychologically struggled in the postpartum period. The findings indicate that first-time mothers experience early motherhood under strong pressure to remain emotionally positive while

holding profound ambivalence, gradually forming emotional bonds amid ongoing self-doubt, anxiety, and societal fears. Furthermore, motherhood involves deep personal and relational transformation marked by mourning or redefining the former self, renegotiating partner relationships, and managing caregiving ideals shaped by intensive mothering ideologies and standardized guidance that often generate inner conflict and constrain maternal authenticity.

### ***Rich Repertoire of Feelings, Yet Constant Need for Positivity***

Mothers who reported high levels of postpartum distress had expressed a wide range of emotions, from joy and gratitude in carrying a baby to fears of new responsibilities, making mistakes, and protecting their child from potential harm. After birth, exhaustion often led to frustration and feelings of inadequacy. These themes align with the previous meta-synthesis theme of “riding emotional rapids” (Finlayson et al., 2020). Longitudinally, some mothers’ prenatal anxiety shifted to positive emotions through bonding, while for others it turned to frustration or regret. Some endorsed the belief that “*I must be well so my baby can be well,*” reflecting a restrictive view of maternal well-being that equates distress with poor motherhood. Yet research shows that occasional emotional dissonance is normal and even beneficial when repaired (Tronick & Reck, 2009), whereas only chronic distress harms development (Goodman & Garber, 2017). Internalizing the need for constant positivity may hinder mothers from embracing the authentic complexity of maternal emotions, a dynamic noted in previous studies of cognitive processes of depressed mothers (Derella & Milan, 2021) and reinforced in Türkiye’s interdependent cultural context, where maternal emotion regulation is often perceived as directly tied to the well-being of the child (Sunar & Fişek, 2005). Few mothers also voiced concerns about raising a child in today’s world or specifically in Türkiye, noting fears that a society perceived as lacking ethical principles could harm their children. Over the past decade, political instability and global crises have contributed to a sense of hopelessness among educated families, prompting many to emigrate (Metin, 2023). These findings align with research showing that maternal distress is shaped not only by individual and family factors but also by broader political and ecological contexts (Bronfenbrenner, 2009; Türe & Şahin Acar, 2017).

### ***The Parental Mode: Grief for Some, Growth for Others***

The second grand theme aligns with prior research showing that the transition to motherhood involves identity redefinition, relationship shifts, and personal growth (Finlayson et al., 2020). Some mothers longed for their pre-motherhood selves and freedom, while others found the experience empowering, viewing emotional fluctuations as catalysts for growth. These patterns reflect Mercer’s (2004) ‘Becoming a Mother’ model, which frames motherhood as a developmental process of emotional and identity transformation. Some mothers’ gratitude for their

husbands' childcare involvement suggests that, despite high education, paternal participation is often viewed as support rather than task sharing. In Türkiye, even urban couples with more egalitarian views typically maintain mothers as primary caregivers regardless of education or employment (Fişek, 1991; Sunar & Fişek, 2005).

### ***First-time Mothers: Informed and Confused***

Accounts of mothers experiencing postpartum distress seem to be in line with global trends in intensive mothering, now a mainstream parenting ideal (Luijk & Roseboom, 2025). Parenting perfectionism has been linked to burnout and depression (Henderson et al., 2015; Rizzo et al., 2012), and some mothers feared that even minor mistakes could leave permanent harm (“*Once you leave a mark, it will never change.*”). This pressure is amplified by contemporary expectations of constant effort to secure children’s success (Office of the Surgeon General, 2024). Mothers without role models often entered this ‘marathon’ by over-researching and seeking professional advice (Price et al., 2017), yet many reported that the flood of information created confusion when it conflicted with their instincts. As Luijk and Roseboom (2025) note, parents today face abundant guidance but remain uncertain about what is ‘normal’ prompting professional consultations even for typical behaviors.

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### ***Limitations and Future Directions***

This study has some limitations. First, participants were recruited through convenience sampling, limiting generalizability to socioeconomically disadvantaged mothers. Since most gave birth in private hospitals, their relatively easy access to healthcare may explain why previously reported concerns about postnatal care did not emerge (Finlayson et al., 2023). Second, postpartum depressive symptoms were identified through self-report rather than clinical diagnosis, meaning findings cannot be generalized to clinical samples. Third, prenatal interviews were conducted by three graduate students in varying settings, which may have introduced interviewer or context-related biases (e.g., sense of privacy). Specifically, the interviewers’ different interpersonal styles or dress choices which are visible markers of socio-cultural identity (e.g., absence or presence of a headscarf) in the context of Türkiye may have subtly influenced the degree of participant self-disclosure.

The sample’s high education and access to healthcare raise questions about the applicability of the FMSS to more diverse groups. The complexity or nature of the themes identified in this study may relate to the psychological mindedness of this highly-educated group. In contrast, parents with lower levels of education may not feel as comfortable expressing themselves in the unstructured format of the FMSS or they might express their psychological distress through different modalities that may not be fully captured through speech samples. Second,

future research should take potential bias of different interviewers and settings into account to minimize potential confounding effects. Finally, since participants were drawn from a community sample without clinical diagnoses, future work should consider mothers' psychiatric histories and medical conditions for more robust conclusions.

## Conclusion

Despite its brevity, the FMSS seems capable of providing nuanced insights regarding the transition to motherhood in Türkiye. In line with previous cross-sectional findings (see Finlayson et al., 2023), many mothers described ambivalence, fluctuating between joy, fear, and guilt while trying to manage new responsibilities and pressures to remain positive for their infants' healthy development. Some struggled with self-doubt and loss of autonomy, whereas others experienced empowerment and growth in this new role. Their caregiving ideals often reflected the "intensive mothering" ideology, marked by over-researching and striving for perfection, which at times clashed with maternal instincts. Support from partners seems vital for coping with isolation of urban life and self-doubt, although it may trigger subtle jealousy or competition for the baby's attention. It seems that idealized notions of constant maternal happiness; beliefs about not being "born to be a mother" and over-reliance on professional guidance might be potential stressors during the transition to parenthood. Intervention programs focusing on parental mental health should acknowledge mothers' subjectivity and frame motherhood as an authentic experience that each woman constructs and reconstructs over time on her own way.

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