

Affects and strategies of maternal optimism: The accounts of mothers with experiences of anxiety and/or depression

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Abstract

This article draws on the critical feminist argument that women are encouraged to desire forms of life that are limiting and sometimes cruel. It asks: what can we learn about motherhood if we view it not simply as a set of normative practices, but as an assemblage of projections and negotiations about what life could and ought to be? To address this question, we analyse the accounts of 15 mothers with experiences of anxiety and/or depression. We move beyond the idea that mothers' difficult affects stem (merely) from failing to meet societal expectations of 'good mothering'. Instead, we argue that what wounds them is (also) the impossibility of achieving a feminine good life, or the cruelty of that good life, once achieved. Considering motherhood in this way helps explain why and when norms might be appealing and locate the source of mothers' difficult affects more precisely.

Keywords

affect, anxiety, Berlant, depression, good life, motherhood, optimism

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Introduction

This article is moved by a central question, namely: what might we learn about motherhood if we consider it not only as a set of normative practices, but as an assemblage of projections and negotiations about what life could and ought to be?

To explore this question, we think with critical theorists who have argued that culture shapes perceptions of what counts as a desirable life. Feminist scholars, in particular, have pointed out that mass-produced films, novels and marketing often promote an ideal of the feminine good life built around women's essential role in the heterofamily form (Ahmed, 2017; McRobbie, 2013; Ward, 2020). In other words, cultural texts suggest that '[t]o be needed (by a lover, children, a family, or all of them, in a nimbus of intimate connections) demonstrates your feminine worth' (Berlant, 2008: 171). Feminist thinkers have also warned that women are encouraged to pursue feminine life ideals through practices that have historically limited their autonomy and legitimacy (Berlant, 2008; Ward, 2020). This fosters an ambivalent experience: while ideals of the heterofamily are portrayed as beacons of the good life, they are limiting and can be depleting or even cruel.

In a recent review of 115 articles about cultural representations of motherhood, Schmidt et al. (2023) identify the normative practices presented to women as pathways to achieving the good family life. They find that women are expected to combine paid work with familial labour, but remain attentive and emotionally present for their child, secure the child's successful development and maintain control over their own and the family's success. They are also expected to be contented by this role. What is desirable for women is thus tied to what is desirable for society – including raising future citizens by sustaining the heterofamily form. Fulfilling such desires can siphon women's time and energy; the double shift of combining domestic and paid labour, for instance, is physically, mentally and financially eroding (Ahmed, 2017; Hochschild, 1989; Office for National Statistics, 2025). Regardless, women are expected to find joy in this form of motherhood, and thus to conceal its emotional toll.

The norms identified by Schmidt et al. remain somewhat close to intensive mothering, a form of motherhood described by Hays (1996: 8) as 'exclusively dyadic, time-consuming, centred, emotionally encompassing and economically demanding'. However, depleting forms of motherhood have intensified under neoliberal conditions. Motherhood is now framed as an object that women deliberately choose to build their lives with. Women are therefore encouraged to approach motherhood as an individual enterprise that can bring personal success, but for which they bear sole responsibility (McRobbie, 2013). The French expression 'projet bébé', project baby, illustrates the tone. As in the neoliberal fragmentation of labour, however, their maternal project is increasingly detached from structural or communal support. At the same time, it is hyper-visible to others: with rising numbers of mothers sharing their experiences online, women are exposed to renewed conditions for competitiveness and surveillance (Abetz and Moore, 2018; Cornelio, 2021; McRobbie, 2013).

In a context where mothers are encouraged to desire forms of life that are depleting and that they are not supported to attain, it is unsurprising that they experience a range of negative emotions, including stress, shame, fear and guilt (Forbes et al., 2021; Karademir

Hazır, 2024; Miller, 2007; Rizzo et al., 2013; Staneva et al., 2017). Those affects might feel ordinary, but they can become overwhelming (Lane and Joensuu, 2018; Raneberg and MacCallum, 2023). Recent data show that the latter experience is alarmingly common: about one in eight new mothers is diagnosed with mental health difficulties, most often anxiety and/or depression, and she is likely to continue experiencing these affects beyond the perinatal period (Howard and Khalifeh, 2020; Hunter et al., 2024; World Health Organization, 2024).

Sociologists have proposed that mothers experience difficult affects because they believe they have failed to meet society's expectations of 'good mothering' (e.g. Fielding-Singh and Cooper, 2024). However, we will argue that if motherhood's norms are used as guide ropes for achieving a feminine good life, hurt occurs instead because that good life is revealed impossible to attain, or possible to attain, but toxic. In this view, mothers' practices and affects are not only shaped by norms, but by the possibilities these norms embody (Berlant, 2011b). Mothers' ordinary experiences are thus organised by hopes about how life could have been, how it might still be and what sacrifices are deemed necessary, possible and bearable to realise those possibilities (Mattingly, 2014).

What we propose, therefore, is to shift the vantage point from which to consider how mothers' affects are determined. We move away from a dyadic reading of norms/mothers and imagine an affective infrastructure that bridges mothers' sense of possibilities and their self-disciplining. This distinction helps us locate the source of mothers' difficult affects more precisely. Since affects influence what individuals are driven – or not driven – to do, understanding them can help us understand the source of social stability, and imagine ways to destabilise structures that are hurtful.

Our argument unfolds in three stages. First, we build a theoretical scaffold to explore motherhood's affective infrastructures, drawing on the works of Lauren Berlant. Second, we apply this framework to mothers' lived experiences, analysing the accounts of four women with experiences of anxiety and depression. Finally, we revisit our original claim based upon the accounts discussed in the article, to consider what shifting our vantage point makes possible.

Theoretical framework

Lauren Berlant was a foundational scholar in the study of affects (Gregg and Seigworth, 2010; Seigworth and Pedwell, 2023). Affects are generally understood by what they are not: they are sensations that are not (yet) clear or organised, such as a sense that something is wrong or out of joint (Ahmed, 2017; Ibbett, 2017). Difficult affects might run contrary to what one is expected to feel, for instance; one might feel unsettled in a form of life that was expected to make them happy (Ahmed, 2017). This is why theorising difficult affects is helpful: they reveal that people are not at ease in the social structures within which they move. Here, we focus on the affects that become characterised as 'anxiety' and 'depression'.

Berlant's works are not often used in sociological research on motherhood (with some exceptions, e.g. Cappellini et al., 2019), perhaps because Berlant did not pursue social-scientific work. Yet, we find their ideas helpful to articulate how women engage motherhood in relation to possibilities and sacrifices for accessing the good life. We rely on two

concepts: 'genre' helps explain the relation between normative practices and good life ideals, and 'cruel optimism' helps capture how mothers appraise the costs required to achieve a good life.

Optimism

Berlant called the process of striving for forms of life that deplete us 'cruel optimism'. Their concept builds on the idea that normative practices/objects are metonymic – they stand in for possibilities of the good life (Berlant, 2011b: 2). In other words, people are encouraged to pursue normative practices/objects to access a sense that one 'has a life' that counts, such that those norms themselves become invested with a sense of possibility (Berlant, 2011b: 24, 2022: 27). For example, the heterofamily form can be invested as a pathway to feeling that life has unfolded as it should, that one has a purpose or will experience happiness when the dust settles (Berlant, 2008). As a result, heterofamily practices/objects themselves come to embody coherence, purpose or happiness.

Attending to normative practices/objects as metonymic allows us to recognise the ambivalence that arises when they are hurtful. For example, heterofamily practices/objects can precipitate confusion, exhaustion and self-blame (Rizzo et al., 2013). Hence, the very practices/objects women hope will bring coherence, purpose or happiness may deteriorate the conditions for all three. Nevertheless, they continue to embody the promise of a good life (Berlant and Prosser, 2011: 182), such that 'losing the bad object might be deemed worse than being destroyed by it' (Berlant, 2017: para. 7). Those are relations of cruel optimism, where something you desire becomes an obstacle to your flourishing (Berlant, 2011b).

Berlant's model raises the question of how managing this ambivalence looks and feels. Here, we focus on mothers' optimism, how it can become cruel and how cruelty is negotiated – by which we mean, what happens when mothers must decide whether losing the normative practices/objects that hurt them should be deemed worse than or preferable to being destroyed by them, and what happens next.

Genre

The second concept we use is 'genre', which helps connect normative practices/objects and good life ideals. Just as a literary genre sets expectations between an author and her public about the kind of plot, characters or feelings they will find in a book, a genre, for Berlant, is a set of conventional expectations about forms of life, such as 'love' or 'femininity' (Berlant, 2008: 4, 2011b: 6–7). Genres operate as bargains: they direct people to perform one way of being, say, a 'mother' and in return promise that this performance will grant them access to some version of the good life (Berlant, 2008: 4, 2011b: 6).

Reading motherhood as a genre means considering the conventional expectations mothers rely on regarding what they might work towards or fantasise about. In dialogue with cruel optimism, genre helps us trace how mothers orient the possibilities they invest in motherhood, how these possibilities become embedded in practices/objects and how those practices/objects both sustain and deplete them.

As we have suggested, Berlant's model operates at a different level of analysis than related notions of 'normativity' by capturing the affective infrastructure of everyday life (Mattingly, 2014). By 'affective infrastructure', we mean that Berlant calls attention both to the affects *generated by* infrastructures (e.g. the despair generated by heteronormativity) and to affects as a *composing element of* infrastructures (e.g. the promise of happiness that keeps women returning) (Bosworth, 2023). By offering a more precise account of the factors shaping people's affects, this perspective helps us understand how self-disciplining looks and feels, and why and when it may be attractive.

Application

While Berlant acknowledged the challenges produced by cruel optimism, they did not offer accounts of particular affects.¹ Anxiety appears in their work as the characteristic response to the ambivalence produced by cruel optimism (Berlant, 2008: 13, 173, 2011a: 687, 2022: 118; Berlant and Edelman, 2014: 8). Depression (sometimes called despair) seems to signal the recognition that the bargains made to access a genre are failing – prompting reinvestment in optimism, or not – or that one cannot escape a genre that causes harm (Berlant, 2007: 35, 2008: 175, 180, 2009).

We propose to use and extend Berlant's model to theorise how mothers negotiate maternal genres in relation to their optimism for the good life. We explore the affects this relation produces and the strategies mothers use to navigate it. We do so by analysing the accounts of mothers with experiences of anxiety and/or depression, shedding light on some difficult affects mobilised by motherhood in relation to possibilities and sacrifices for life-building.

Our study is the first to conceptualise the affective infrastructures of motherhood from the viewpoint of mothers with experiences of anxiety and/or depression. It also extends Berlant's works in two ways: it theorises how specific affects are produced by cruel optimism, and it further maps out the strategies individuals might use to navigate them.

Method

Sampling

We designed the study with two specialist mental health practitioners and one woman who received mental health support relating to motherhood. We obtained ethical approval from the Health Research Authority and the Humanities and Social Sciences Research Ethics Committee at the University of Cambridge.

For recruitment, we used the Clinical Record Interactive Search (CRIS) to access the anonymised clinical records of the South London and Maudsley NHS Foundation Trust (SLaM). SLaM is among the largest mental health services in Europe, located in a particularly diverse and underserved population. It has a Consent-for-Contact form (C4C), through which service users may allow researchers to contact them and use their anonymised records.

We included patients with C4C if they were identified as female,² had at least one child aged six to 15 years, had custody of their child(ren), had received a diagnosis of

anxiety and/or depression since 2021 and understood English. While mood disorders often emerge during the perinatal years (Koukopoulos et al., 2020), they are likely to persist (Hunter et al., 2024). Mothers with older children can be better placed to reflect on their difficult experiences. More details about inclusion are available in the online Supplementary Materials.

Mental health disorders are complex networks of interacting symptoms that often occur (Beard et al., 2016; Fried et al., 2017). According to ICD-10, the diagnostic system used by SLaM, markers of depression include ‘lowering of mood, reduction of energy, and decrease in activity’, reduced ‘capacity for enjoyment, interest, and concentration’, diminished ‘self-esteem and self-confidence’, ‘marked tiredness’ and ‘some ideas of guilt or worthlessness’ (World Health Organization, 2019). Markers of anxiety include ‘persistent nervousness, trembling, muscular tensions, sweating, lightheadedness, palpitations, dizziness, and epigastric discomfort’.

Recruitment

Our sampling strategy identified 65 potential participants, and we accessed their health records. We verified their C4C and the assessment of their capacity to consent. We reviewed their information with a mental health practitioner and excluded those we judged might not be safe to include in the research.

The lead author contacted potential participants by telephone. If they expressed interest, we sent an email with more information and a consent form. Participants received a £50 voucher as a token of gratitude.

We stopped recruitment at $n=15$ participants, when we agreed we had reached theoretical saturation. The interviews were lengthy (~90 minutes), providing rich and detailed data. We were also struck by the depth of participants’ reflections, which could be due to their prior experiences of therapy. Participants were between 31 and 50 years old and had between one and five children, with an average of two (see Table 1; names are fictitious). Eight participants had diagnoses of depression, one of anxiety and six had both.³

Interviews

We used semi-structured interviews. Participants could attend in person with childcare costs covered, but all preferred to use video call. The interviews lasted ~90 minutes and were audio-recorded. We worked with participants to ensure they were safe and comfortable; the guide and protocol are available in the Supplementary Materials.

The interviews aimed to explore participants’ ideas of the good life, their everyday experiences and their affects. Capturing this required specific strategies. Berlant suggests attention to projections that are often subconscious and difficult to articulate; to address this, the interviewer used prompts to access elements of participants’ imaginaries, which were later ‘pieced together’ during analysis. She also noted embodied responses – shudders, laughs, tears – which are discussed below. Finally, she used affective language, prompting participants to describe their feelings; responses were distinctly coded and are addressed in the discussion.

Table 1. Sample overview.

Pseudonym	Ethnicity	Age	No. children	Age youngest child	Age oldest child
Alex	White British	38	2	2	6
Amélie	White British	33	4	4	13
Anais	White Other	44	2	7	15
Charlotte	White British	31	1	6	6
Coco	White British	47	2	7	12
Emma	White British	45	1	11	11
Iris	White British	47	2	9	14
Kate	White British	43	2	6	8
Keira	Asian	39	1	7	7
Lilly-Mary	Hispanic	42	2	7	11
Margaret	White British	42	5	11	24
Mathilde	Black British Caribbean	31	2	6	11
Olivia	Black British Caribbean	33	2	7	8
Pauline	White British	50	2	11	15
Sophie	White British	46	1	7	7

All interviews were conducted by the lead author (Mary), who identifies as a woman and is not a mother. Participants may have felt more comfortable speaking with a female researcher (Spender, 1980), though this sometimes led to ‘women talk’, where participants said ‘you know’ and left Mary to fill in the gap (Devault, 1990). In response, Mary prompted participants to articulate what barely registers as conscious, such as the mental load. Mary does not share a structurally oppressed position with ethnic minority or disabled participants. While the guide included space to discuss intersectional experiences, this may have influenced participants’ levels of disclosure (Edwards, 1990).

Analysis

Interviews were transcribed verbatim, including hesitations, repetitions and non-verbal expressions. Participants could comment on the transcript: only one did, to correct typos (Varpio et al., 2017). We used a narrative analysis because it allowed us to explore how our participants’ narrative arcs related to ‘how life could be’ – our participants’ optimism. Narrative analysis relies on extended accounts rather than fragments organised in thematic categories (Riessman, 2008). It has been useful in feminist (Herron, 2023), mental health (Frank, 2017) and motherhood research (Juberg et al., 2020).

We alternated between across-case and within-case analyses, identifying storylines for each participant and contrasting them across the sample (Ayres, 2000). Through this iterative process, we identified two trends. To illustrate them, we chose four narratives that provided most richness in their discussion of optimism and affects.

Findings

The four narratives we selected illustrate two patterns in how participants described their position in relation to possibilities for what life could be – their optimism. These patterns refracted different affective experiences of ‘anxiety’ and ‘depression’. Thinking with Berlant, we observed that the two patterns corresponded to varying degrees of access to the maternal genre.

Specifically, we observed that participants’ experiences were organised around variations of a conventional genre of motherhood (which we revisit in the discussion). When they could align their practices and feelings with this genre, participants maintained hope of accessing the good life. However, sustaining this alignment was often harmful, creating relations of cruel optimism. When alignment was blocked, participants feared losing access to the good life, which produced a different form of cruel optimism. Thus, participants’ affects and bargains varied when the genre ‘held’ or ‘did not hold’. We talk of the genre ‘holding’ when it allows a viable level of continued access to optimism about what life could be.

Most often, the genre ‘did not hold’ ($n=8$). Two participants struggled with the loss until circumstances (a new relationship and child) enabled them to reinvest in optimism. In other cases, the participants’ genre of motherhood ‘held’ ($n=3$). The rest were ‘outliers’ whose narratives incorporated grief or other mental and physical health diagnoses. Below, we introduce four participants: two saw their genre ‘hold’, two did not.

Genre holds: Exhaustion, fear, struggle

Amélie. Amélie has four children, two of whom have additional needs. Their father, whom she mentions once during the interview, ‘works away a lot’; Amélie is a stay-at-home mum and the primary caregiver. They live in a ‘lower-class area’ and Amélie refers to mothers in ‘a class above’. This suggests she identifies as working class. Amélie is White British.

Amélie desired to be in control and contented in her motherhood; she hoped this would bring a sense of feminine bliss. She wanted motherhood to be ‘as perfect as possible’, aesthetically and affectively. Amélie imagined children who would be ‘well presented’, and a house decorated for holidays. Her family would be calm and loving, ‘wholesome’. No one would raise their voice or bicker. She evokes the image of ‘happy families’ in films.

For Amélie, motherhood appears to deliver on its promises. With tears of joy, she describes feeling contented when she browses photo albums, reminiscing that everything ‘c[a]me together’. This familial bliss is the central object in her life. She has few friends and no hobbies:

I absolutely love my life. It might be somebody’s complete nightmare, somebody who’s with their kids 24/7. But for me, this is everything. I look around and I’m like. . . [. . .] And I just, I feel so lucky. I feel like I can’t believe. . . It’s almost like I wait for something to happen. That’s the only. . . And I don’t like saying it out loud, because I feel like then it will happen. But it’s like, I’m so content. I can’t believe this is, these are my children. When I look at my children. . .

We had a Christmas; they had a Christmas photoshoot. I look at the pictures and I'm, like, I just can't believe they're mine, and I've done this, and it's going so quick, and I hate how fast it's going. But there's always that little bit at the back, like, this isn't going to last.

The apprehension that her contentment will not last can be overpowering. Since becoming a mother, Amélie has received diagnoses of depression, anxiety and obsessive-compulsive disorder. She describes being 'constantly' 'consumed' by worry. There is not a second 'where [she's] not thinking something about [her children]', like what happens at school or what her family will become in 20 years. This particularly occupies her when the children are away, as she dislikes 'being out of control'.

Indeed, some things do not go as hoped: the children bicker, Amélie raises her voice when they are slow to leave, someone takes their football, she is late to pick them up. These moments mobilise anxiety. When she discusses them, Amélie tenses up, then shudders, as if to shake off the events themselves. They propel her into action, as Amélie is motivated to recover from them:

It's almost like I wait for a punishment. It sounds a bit strange. It. . . I feel like I have to. . . If there's something I felt, like, it's probably so normal to other people, like, they might be a bit rushed in the morning, but to me, it's like: 'Noooo. . .! Why did you just shout at them to put their shoes on? Or, you know, you got a bit annoyed because they weren't eating their breakfast quick enough.' And so then it's like, it's like I've got a tally chart in my head. So that goes on the bad side, so then I need to do something good to balance it out. So that might be getting them a treat while I'm at the shop. Or it might be ordering them a takeaway that night. I feel like I have to do something. And then it even branches into, like. . . I donate. [laughs softly] I don't have a lot of money, I don't have the spare money, but it's like, okay, if I donate to this child, I've done something good to balance out – I can't even say something bad, because saying it out loud, it's not. But to me, it is.

Amélie's experience is one of cruel optimism. Sustaining access to her desired family form exhausts her, such that it becomes at once the embodiment of happiness and toxic, an obstacle to her flourishing.

Sophie. Sophie has one child and works part-time. She assumes more caregiving responsibilities than her husband. She mentions he has a high-paying job and they save money, suggesting they are somewhat comfortable financially. Sophie is White British.

Sophie was driven by the purpose of securing her child's optimal development, which, she seems to suggest, would provide a sense of purpose and achievement. Sophie talks about her image of motherhood in a rational tone. She desired a 'proper life': financial security, a heteronormative nucleus and an emotionally safe environment.

Like Amélie, Sophie relies on control to attain her desired life. While pregnant, she labours to keep her body 'pure'. She discards all chemical products, even nail polish, and prepares for a water birth. However, her efforts are lost when she is forced to undergo a C-section. Immediately after comes another loss. Breastfeeding, for Sophie, was 'the absolute most important thing', but it becomes apparent that her body will not oblige. She describes feeling pain and grief, and our conversation leads her to tear up. She is so ashamed that she hides to bottle-feed in public.

Sophie responds to those events by deploying urgent efforts to recover her desired motherhood. She describes becoming ‘so, so controlling’ to manage her child’s development:

And I’m constantly worrying about. . . You know, like child prodigies, you know that – [. . .] a lot of it is about what the parents, the parents’ input in the child. [. . .] And you just think, if I put more time in, I could make him a better human being. And I have this constant struggle of. . . How? What do you want from them? What do you want to mould them into? What tools do you want to give them? Do you want them to be an Olympian? Do you want them to be an opera singer? What should you give them? Because children are sponges. So whatever you focus on, they will take on.

Sophie labours to keep her son from consuming sugar and ensures that he only watches scientific TV programmes. She also precludes him from visiting friends in homes that have too many plastic toys or screens. This exacts considerable energy, but Sophie feels somewhat successful. Reflecting on previous experiences of mental ill-health, Sophie suggests that motherhood has reduced her depression ‘because you don’t have time to get depressed’, but it has increased her anxiety. Like Amélie, Sophie experiences a form of cruel optimism: her attachment to the version of good life she desires hinders her well-being, at the same time as it sustains her personal sense of coherence.

Genre does not hold: Grief and discontinuity

Kate. Kate has two children and a well-paying career. She shares caregiving responsibilities with her husband, though does more. She is White British.

Kate was often told as a child that she could do anything, which seemed true, so motherhood was inscribed along a path of self-sufficiency and success. This was to be achieved by integrating other objects into her life, including a career. Kate imagined being ‘a bit of a superwoman, just being able to juggle it all without it being too difficult or having a big impact on [her] emotionally or mentally’. She brings up *yummy mummies*:

But I think I just pictured myself as being like. . . I guess like a yummy mummy, one of those mums who just can manage to work three days a week, and still have a tidy house, and have children that don’t have meltdowns in the middle of the supermarket. [laughs]

Like *yummy mummies*, Kate would be ‘out having coffee and going to the baby yoga classes and things’. She would have time to look after herself. Her life would be effortlessly pretty, with ‘Montessori toys and just a really beautiful, neutral-toned home’.

However, when Kate has her first child, her convictions of self-sufficiency seem challenged:

Like, I’m so used to being able, to being such a capable woman and able to do everything. And now I’ve got this tiny little thing that. . . Everyone has. . . Like, time immemorial, people have raised kids and managed to do so. How is this so difficult? It just, it felt really. . . It produced a lot of anxiety.

Kate describes feeling ‘powerless’, puzzled and wounded. The event triggers severe anxiety, and Kate begins to fantasise about stabbing her baby, which frightens her. Like Sophie and Amélie, she reacts in bouts of activity to keep the genre holding. During her maternity leave, Kate fixes her house and attends countless baby classes. She is so active, so soon after birth, that she begins to bleed while digging up her garden.

Things change when Kate becomes pregnant again. She enters a mood of deep sadness and no longer experiences joy around her family. Kate feels guilty for presumably neglecting time with her firstborn, and deficient for being overwhelmed by the integration of mothering, pregnancy and paid work. She begins to believe that life will not unfold as desired. Her optimism is threatened. Since her genre revolved around self-sufficiency, Kate chastises herself:

Interviewer: You say that you failed. What does that mean for you?

Kate: I think it’s, again, that kind of thought of being able to cope with everything that life [laughs] throws at you without it impacting on you. So, the fact that I wasn’t managing work, and a toddler, and being pregnant. . . [laughs] I thought: ‘Oh, there must be something wrong, you should be able to cope.’ And also, I think part of the anxiety and the depression was I was feeling guilty. I was feeling quite guilty about the fact that I wasn’t there as much for my eldest. And I was thinking: ‘Well, maybe you shouldn’t have gotten pregnant again. You had this perfectly lovely baby. Now you’re making yourself – it’s always “making myself” – I’m making myself ill. And why?’

Kate is diagnosed with mixed anxiety and depressive disorders. She starts attending therapy, where she analyses her expectations of motherhood. Kate says she ‘bounced back’ by realising that *yummy* mothering would not deliver the good life she hoped. She brings up a friend who has a ‘picture-perfect’ life with ‘her beautiful art deco house in the Hollywood Hills, and amazing Christmas displays, and her daughter doing really cute things’. But she knows this friend has marital difficulties, regardless of her seeming success at *yummy* mothering. Kate seems to have detached the *yummy* *mummy* practices from her hope of achieving the good life. She has now reinvested in optimism, reorganised around and by a genre that seems less cruel.

Anaïs. Anaïs lives alone with her two children, one of whom has additional needs. Their fathers are not involved and provide no financial support. She works and studies. Anaïs is ‘not exactly working class, but then maybe not really middle class, just somewhere in between’. She identifies as White Other.

From motherhood, Anaïs desired ‘the movie situations’, a sort of intensive mothering that would place her at the centre of the heterofamily form. Mother and father would be present, ‘even the dad just falling asleep in a chair with a newspaper’. They would access scenes of familial joy, like ‘putting up the Christmas tree with the kids, and making decorations’, or evenings when ‘they talk, they eat at a big table, and it’s all calm’. She also imagined that she would nurture her family like a ‘traditional mum’, and that this would provide contentment and purpose. She would stay home, cook, clean and care for her husband and child. She would be loving and patient.

Immediately, Anaïs' lived experiences appear to deviate from those desires. She has her firstborn alone. The father is abusive and will not pick her up from the hospital. She also seems unable to provide care intuitively, as she had hoped:

I remember when I gave birth, and they told me to change her nappy. And I never had anything to do with children, I never held a child. Then again, it was only the movies. I didn't know what to do, I didn't know how to change the nappy. I was looked upon as some weirdo: 'How come you don't know how to change it?' I was asking: 'Do I have to put some powder on?' And they said, like: 'Why?' 'Because I don't know, I've seen that in the movies. They do it like that.' [laughs]

Anaïs describes a 'hectic' and 'lonely' experience. This triggers markers of depression and anxiety.

Anaïs eventually leaves her partner, but she has no close friends. She is afraid to seek help for fear of losing custody. Her daughter suffers from having witnessed her mother's abuse; eventually, the daycare demands that the child receive a psychological assessment, and Anaïs pursues support for herself. She is diagnosed with mixed anxiety and depressive disorders and a mild depressive episode. She recalls her picture of motherhood but recognises that 'it's nothing like this'.

Adjusting the genre demands time, and Anaïs proceeds in fits and starts. She initially finds respite by mothering as she pleases. However, when two friends have children as she has her second, she is once more driven 'to be like one of those [traditional] mums, you know'. The pregnancy is unplanned and the father absent, so her heteronormative scene is again found wanting. But Anaïs sees her friends 'cook everything from scratch, they get the carrots, they don't buy the jams, but they blend the carrots, they blend the broccoli and everything' and she imitates them. The experience leaves her exhausted.

Finally, Anaïs relinquishes intensive mothering. With it, she feels she has lost the desirable life it promised, and the loss is painful. During the interview, Anaïs repeatedly mocks the 'celery stick mums' who feed their 'poor kids' 'humus, celery sticks and a carrot'. Eventually, it transpires that her hostility is a manifestation of grief:

I think maybe I was looking at them with a little bit of envy as well, because obviously they had a partner who would be working, and maybe she would be working, but they'd have that stress off their shoulders that they're not by themselves. So maybe that was me with the celery sticks, maybe it was just a little bit of envy. [. . .] I wanted to get married, and then have children, and have a happy home. Because it's something I didn't have, so I was really keen to have that. And my life couldn't be further off from what I wanted. I've got two children, two different dads, none of them around.

Anaïs' inability to access some of the genre's practices/objects – the heterofamily, nurture – leads her to feel that the good life is impossible to attain, a fleeting fantasy. Unlike Kate, Anaïs is unable to reinvest in optimism through a more accessible genre. The longing for her fantasy does not diminish, and it prevents her flourishing; Anaïs experiences a form of cruel optimism.

Discussion

We began this article by proposing to understand motherhood as a site of possibilities for building the good life. This required shifting the perspective from which to consider how mothers' affects are determined – moving beyond a model focused on 'good mothering' practices to ask what those practices embody. We also suggested that Berlant's concepts of genre and cruel optimism could help realise our agenda. Drawing on four narrative examples, we argue that reading motherhood through this lens can do (at least) two things.

First, it can help explain how mothers negotiate normative practices/objects, including why and when these might be attractive. This is sociologically significant because it reveals the projections that make and sustain norms – and, thus, *what* must change to destabilise norms that are hurtful. Second, it can help locate the source of mothers' difficult affects more precisely. Since affects influence individual motivations, understanding them can contribute to identifying *how* to make change appealing and sustainable. Let us unpack each contribution in turn.

Bargains

Our participants discussed variations around a maternal genre tied to the heterofamily form, where motherhood is framed as a self-defining, life-building object. Feminist scholars have documented the bargain this genre offers: if women perform 'the labour of reproducing the conditions that enable others to live' (Ahmed, 2017: 85), in return, they will be at the centre of 'the story of what counts as life' (Berlant, 2008: 18). Anaïs described unrealised daydreams of cooking for the family while her children's father reads the newspaper in his chair. Similarly, Amélie spoke of finding bliss by managing the family.

As other scholars note, this genre also 'updates' traditional motherhood by incorporating neoliberal notions of self-realisation (McRobbie, 2013). In an entrepreneurial tone, Sophie described striving to secure her child's successful development, while Kate spoke of combining employment and mothering as her path to self-sufficiency. Both portrayed mothering as their sole responsibility, detached from structural or communal support – even though both have husbands.

In this journal, we have theorised how mass cultural texts construct the genre participants described by connecting aspirations for the feminine good life with normative practices/objects of motherhood (Mary et al., 2025). We extend this work by exploring how such connections are refracted in women's everyday lives. Anaïs' account of her unrealised desire to cook for her family offers a vivid illustration. At first glance, Anaïs' story seems to reflect pressure on mothers to provide healthy, home-cooked meals. From that perspective, her repetitive criticism of 'celery-stick mums' could be read as competitiveness around 'good mothering'. However, Anaïs goes on to reveal the metonymy of her aspirations and jealousy. In her narrative, cooking symbolises the heterofamily form, itself imagined as a key to happiness, impact and coherence. Anaïs' affective infrastructure is therefore more complex than a framework focused only on the pressures of achieving 'good mothering' would allow.

Table 2. Berlantian readings of anxiety and depression.

	Anxiety	Depression
Genre holds	Fear that motherhood practices/objects will not (always) provide access to the good life, and/or struggle from staying attached to motherhood practices/objects that are hurtful	Exhaustion from staying attached to motherhood practices/objects that are hurtful, and/or sadness that motherhood practices/objects have not provided access to the good life (without giving them up)
Genre does not hold	Discontinuity because motherhood practices/objects cannot be accessed or sustained, and the good life they were hoped to deliver seems lost	Grief of having lost access to the good life that motherhood practices/objects were hoped to deliver, and hopelessness about how to proceed

Reading normative practices/objects as stand-ins for the good life helps explain how mothers assemble and use them. Part of this negotiation seems to involve appraising costs – the cost of accessing and sustaining optimism, the cost of cruelty and the cost of abandoning optimism. Amid mothers’ negotiations, normative practices/objects can appear as the most appealing option. This is true even as they limit mothers’ possibilities for living, for example, by depleting their physical, emotional and financial resources.

Pursuing a more precise understanding of individuals’ relation to norms can also help produce change. It begs the question, for instance, of how practices/objects can become detached from the good life they have come to embody – as in Kate’s story – such that losing them may feel less costly than maintaining them. Or, whether alternative practices/objects can be imagined to provide access to the lives we desire.

Affects

Engaging motherhood in relation to the good life also provides important context for understanding women’s affects. We have suggested that affects characterised as ‘anxiety’ and ‘depression’ might derive from how mothers are positioned vis-a-vis possibilities about what life could be, their optimism. When aligning their practices and feelings to the genre of motherhood seems possible (the genre holds), our participants experience the affective ambivalence of cruel optimism. When their alignment is blocked (the genre does not hold), they experience the threat of losing access to a version of the good life. In these scenarios, cruelty is experienced even as mothers achieve so-called ‘good mothering’ (see Table 2). This aligns with Berlant’s (2011b: 24) view, which described cruel optimism as ‘a relation of attachment to compromised conditions of possibility whose realisation is discovered either to be impossible, sheer fantasy, or too possible, and toxic’.

Anxiety. When the genre held, participants described ‘a constant struggle’ (Sophie) to maintain access to optimism about life’s possibilities. The fear that ‘this isn’t going to

last' (Amélie) produced ongoing worry, nervousness and physical tension. Participants responded by launching into action. Anxiety, then, emerged as an affective response to the ambivalence of cruel optimism: normative practices/objects promised continued access to the good life, which reassured participants, but they also hindered their flourishing. Amélie created a tally chart that harmed her mentally and financially; Sophie expended considerable energy to maintain control. Eventually, these efforts diminished their capacity to live a life.

When the genre did not hold, anxiety appeared as an affective response to the discontinuity caused by losing optimism. Kate did not immediately admit she could not sustain her practices, because relinquishing them felt like losing access to coherence, and the life trajectory she had imagined. Meanwhile, she experienced anxiety and fantasised about violent scenarios. Participants described feelings of panic, fear and heart palpitations.

Depression. When the genre held, depression appeared as exhaustion from the effort to protect optimism about life's possibilities. Anaïs cooked from scratch, Kate juggled the second shift and Amélie laboured to achieve aesthetic and affective bliss. While these practices were strenuous, our participants clung to them for the good life they promised, producing ambivalent affects. They described feelings of tiredness and guilt. However, exhaustion might barely register: Sophie did not 'have time to get depressed', and Kate continued for a long time before admitting depression. It seems that the struggles to sustain optimism absorbed its affective impacts.

When the genre did not hold, depression appeared as grief over losing the good life to which participants hoped it would provide access. Participants' drives became too damaged by their difficulties to sustain optimism that the good life would materialise, leading to depression. Anaïs described her pain at failing to access the heterofamily form, while Sophie cried when discussing breastfeeding. Participants reported low mood, agitation and feelings of worthlessness. As with mourning, responses to this loss varied: Kate blamed herself, experiencing shame and reduced self-esteem, whereas Anaïs expressed anger.

Adjustment. When participants felt unable to access some variation of the good life, they were forced to rewrite their genre of motherhood to make its promises accessible or bearable again. Kate reviewed her 'superwoman' expectations, while Anaïs abandoned her 'traditional mum' aspirations. These adjustments were experienced as crises, though some might be of the ordinary kind – as when rethinking expectations of a friendship or a job. Accepting the need to adjust took time: Kate masked her difficulties and carried on despite anxiety. Adjustment could also look messy: Anaïs gave her bargains another go before admitting that 'it's just not [her]'.

Social models also shaped how participants processed loss. Kate coped by discarding the *yummy mummies* as fraudulent. However, social models complicated adjustment when what had been lost seemed possible for others: Anaïs projected anger towards mothers who appeared successful, and Sophie experienced social shame. As such, yearning often persisted long after participants were forced to move on.

Limitations

Because these fields were non-existent or incomplete in CRIS, we could not sample gender identity (all participants are cis-women), sexual orientation (no participant mentioned non-heterosexual relationships) or education. We do not address the experiences of mothers who cope without support from mental health services.

Conclusions

Informed by the works of Berlant and critical feminist discussions of the feminine good life, we proposed to read motherhood as a space of possibilities about how life might be, and of appraisal about the costs required to realise these possibilities. We argued that our reading makes two things possible: it helps explain how mothers negotiate normative practices/objects – including why and when these might be attractive – and it helps locate the source of mothers' difficult affects more precisely.

Our findings call for a sociology of motherhood that brings attention to its affective infrastructures (Bosworth, 2023; Mattingly, 2014). We have suggested that this could be achieved by centring motherhood's world-making potentials – and, therefore, its stakes. We believe that theorising people's affects and their precise relation to norms is essential to foster social change that is appealing and effective.

We contribute to Lauren Berlant's work by demonstrating its relevance for understanding how mothers invest in, organise and experience motherhood. We also extend their work in two ways: we theorise how specific affects, those that become characterised as 'anxiety' and 'depression', are produced by cruel attachments, and we further map out the strategies individuals might use to navigate them.

Beyond motherhood, there are many attachments we invest in, struggle for and live. Some, such as work under capitalism or material aspirations in times of austerity, might also produce anxiety and depression. Others, like family and romance, might stand in for loaded promises that are harder to relinquish. Certain genres, such as those tied to beliefs or politics, might collapse repeatedly. The affects our attachments produce might feel ordinary, and they might get out of hand. What we have tried to say here is that only by asking what these objects embody can we begin to understand how we relate to them, and to imagine better attachments for better optimism.

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Ethical considerations

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Supplemental material

Supplemental material for this article is available online.

Notes

1. Although their last work (Berlant, 2022) explored dissociation, indicating they were traveling in that direction.
2. The gender field in the Clinical Record Interactive Search (CRIS) is binary, though changes to this approach are underway at SLAM. We asked participants the gender they identify with and use this response here.
3. Based on their (1) first and (2) most recent anxiety and/or depression diagnosis, and (3) most recent mental health diagnosis.

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