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DEVELOPMENT AND VALIDATION OF MATERNAL AMBIVALENCE SCALE (MAS)

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ABSTRACT

In most cultures, including Pakistan, the image of motherhood is portrayed as a total sacrifice, unconditional love, selflessness, where mothers do not have space for other emotions that may surface during motherhood, like frustration, resentment, emotional conflict etc. The social silence of ambivalence is further reinforced by the absence of a psychometrically sound instrument measuring the ambivalence in a mother's cultural context, as most of the instruments developed are western origins and have demonstrated to measure parenting stress and burnout. This was addressed in the present study by developing and validation of Maternal Ambivalence Scale (MAS) which was grounded on themes arising from Pakistani mothers' lived narratives. Expert panel review for content, clarity and cultural appropriateness of the items, and pilot testing, resulted in a final item pool of 78 items. The scale was administered to 280 women between the ages of 22–45 years with different education and work status from Pakistan using convenience sampling technique both in paper and online. The 21 item final scale was derived from a pool of items using item-total correlation and iterative exploratory factor analysis (EFA) with Varimax rotation. The KMO measure of sampling adequacy was .819 and the Bartlett's test of sphericity was significant, meaning the data was suitable for factor extraction. The results showed that there were five factors: Role Burden and Identity Depletion, Perfectionism-Driven Role Overload, Shame-Based Parenting Anxiety and Perceived Failure, Emotional Duality in Maternal Experience and Obligation-Driven Maternal Strain, with total variance being 76.44%. Convergent validity was determined by positive correlation with the Guilt About Parenting Scale and divergent validity was determined by a negative correlation with the Rosenberg Self-Esteem Scale. Results suggest that the MAS is a reliable, valid and culturally sensitive instrument that can be used for assessing maternal ambivalence among Pakistani mothers. The MAS is the first validated instrument of this kind in this cultural context for researchers and clinical practitioners to systematically explore and psychoeducate and/or offer therapeutic support for the hitherto unspoken emotional ambivalence of motherhood.

Introduction

Motherhood in contemporary society is seen as continuous devotion of a mother in which she is obliged to forego her needs and desires and continuously switching between her roles that consequently leads to her internal conflicts. These intensive mothering ideologies in which mothers are required to provide intense care and support to the children by investing their energies and emotions in child rearing. These societal propositions of maternal ambivalence or maternal sacrifice have been seen in engendering the negative conflicting feelings which enforces mothers to conceal their negative emotions rather than openly discussing them (Hays, 1996).

Culturally, motherhood has been seen as a realm of unconditional love, fulfilment, and selflessness (Hays, 1996; Thurer, 1994), this perception of portraying maternal experience as inevitably rewarding and emotionally unifying is because of the portrayal of dominant cultural narratives that is because of the prevailing cultural ideologies. In such cultural framework, a "good motherhood" can be frequently referred to unswerving commitment, emotional availability and generous parenting (Parker, 1995; Almond, 2010).

Existing feminist research has reshaped maternal ambivalence as an emotion that is socially built and culturally induced relying upon the psychoanalytic text. Parker (1995) in her seminal work of Mother Love/Mother hate argued that maternal ambivalence is an important part of mother's identity and is universal , which is nevertheless concealed as "good motherhood" in foremost cultural ideologies. She further adds to such ideological notions, create boundaries for mothers to randomly express her feelings of frustration, resentment, or conflict subsequently spreading silence around emotional complexity.

Despite getting intense theoretical attention, the study of maternal ambivalence, however, has been constrained by the lack of reliable and valid psychometric tools to measure maternal ambivalence, making it difficult to study maternal ambivalence effectively in terms of its prevalence, its structure, its psychological correlates, and implications. But, most of the current models of assessment see the discomfort as an imbalance and so overlook the relationship and inherent complexities of ambivalence. Normative and relational aspects of ambivalence are not explored most of the time as their focus is on parenting stress, depression or burnout from a deficit perspective (Abidin, 1990;Roskam, 2017).

Winnicott's (1953; 1971) 'good enough mother' view points towards the co-existence of love and frustration, thus seeing the emotional fluctuations as not pathological. Similarly, Parker(1995) believes that maternal ambivalence is found in many cultures, and to that end quantitative instruments need to capture that emotional ambivalence in a culture.

Interpretations of maternal ambivalence vary as there are many cultural expectations of 'intensive mothering' that can generate conflicting emotions(Arendell, 2000). Most of the psychological instruments currently used are based on western cultures and thus are dubious regarding other cultures' understanding of emotions and other standards of motherhood().

These methodological constraints could be addressed by offering qualitative data about mothers' lived experience in the scales to give more context to experiencing ambivalence. However, recent research suggests that there is a need to validate the instruments where the construct is clearly defined and that instruments may be statistically correct but not necessarily have construct validity(Creswell, 2017; Boanteng, , Neilands, Frongillo & Young, 2018).

The reason for developing a new instrument that is culturally specific was because the mothers living in Pakistani sociocultural setting are idealized as a person who is devoted, self sacrificial, and unconditional caregiver. Such moral expectations from mothers make them a symbol of care and emotional purity constraining them to recognize their inner conflicts or ambivalent feelings (Jawaid & Ali, 2024).

Because of such contextual distinctions, developing a scale that is culturally grounded wasn't only to methodologically refining the construct, but it was a conceptual need. A tool developed from narratives help in improving ecological validity and proves that maternal ambivalence is measured in away that it captures cultural meanings, relationship patterns and social norms (Boateng et al., 2018). The methodology, hence, shows that the best tool

development should be based on real life experiences of individuals that sustain the rigorous psychometric standards (DeVellis, 2017; Worthington & Wittaker, 2006). In result, the present study was conducted to fulfil the objectives by establishing a valid and reliable instrument to measure maternal ambivalence.

The present study was conducted to address the methodological and conceptual weaknesses identified in earlier research. For that, maternal ambivalence was explored in depth using thematic analysis, that allowed the key dimensions of the construct to be emerged from the narratives driven from the mothers narratives. The themes driven from the mother's narratives allowed the researcher to convert into quantifiable items making sure that the operationalization of maternal ambivalence was firmly kept in the lived experience of mothers. Following this sequential process, the construction and validation of Maternal Ambivalence Scale meets the need of a multifaceted tool that integrates only positive or affirmative but also conflicting emotional dimensions of motherhood given an interconnected conceptual framework.

Method

The study aimed to develop a scale measuring maternal ambivalence, focusing on its factor structure and psychometric properties. Phase one consisted of five steps, starting with the generation of a pool of 110 items derived from qualitative analysis related to eight themes: mothers' perceptions, ideal motherhood, expressions of love, personal needs, standards of ideal motherhood, awareness of unfulfilled needs, unconditional love, and concerns for children's emotional well-being(Batool & Mussarat, 2025). The scale was then sent to for the evaluation to the subject matter experts in order to establish face validity and select the most relevant measures of maternal ambivalence.

The experts, comprising two professors of psychology, one professor of English literature, one therapist and one lecturer of psychology/mother, carefully read the items in Step 2 and evaluated them for their content suitability, clarity, cultural appropriateness and also comprehensibility. Key feedback included:

1. Content Validity: Items were considered redundant and suggested to be merged or eliminated to reduce redundancy, with regard to items related to guilt and perception of ideal motherhood.

2. Clarity and Face Validity: There were some items that used academic terms that were not so easy to understand and had to be simplified. Questions were identified that were double-barreled and revised to be focused questions.

3. Cultural Appropriateness: Wording of items was suggested to be culturally appropriate, e.g., 'perfect mothers' to 'ideal mothers' and the addition of support for family.

4. Comprehensibility: It was suggested that emotionally charged items and long items be simplified for greater understanding, regardless of education level. It was also recommended that the responses should be provided in the likert scale.

Based on the feedback from the experts, the items in the pool were revised and 85 items were retained for the refined pool showing strong content validity and cultural appropriateness. The finalized scale was based on a 6-point Likert scale ranging from "Strongly Disagree" to "Strongly Agree" (negatively worded items were reverse scored).

A pilot study was conducted with 20 participants in Step 3 to clarify the items on the questionnaire and to uncover any ambiguities. A revised list of 78 items was created with the input of the participants, and was then ready for the administration of the main study.

The fourth step was to run an exploratory factor analysis (EFA) iteratively until a meaningful and comprehensible factor structure was derived. Items with low factor loading and those having more than one factor loading were to a large extent removed as well as those with less relevance of the concepts. This process iteratively continued until a stable and theoretical meaningful factor solution was obtained. Twenty-one items and five factors emerged from the final EFA.

Sample

The study was carried out on the sample size of 280 women from different educational institutions (private & public) and having various background of working mothers, homemakers and students aged 22-45 years in Pakistan. The techniques used for data collection were convenient sampling techniques like surveys and on-line questionnaires.

Instruments

First version of Maternal Ambivalence Scale. The first Maternal Ambivalence scale contained 78 items which assess various aspects such as personal definition of motherhood, social pressures, emotional stressors and unmet needs. The response options varied from 1 (strongly disagree) to 6 (strongly agree) and included reverse coded items for the sake of accuracy of the response and to consider the dual emotions of motherhood both rewarding and challenging.

Guilt About Parenting Scale (GAPS). To gain convergent validity, the Guilt About Parenting Scale (GAPS), a 10 item self-report scale of feelings of inadequacy related to parenting was included (Haslam & Finch, 2016). The internal consistency of GAPS was high (Cronbach's alpha ranged from .80 to .90) and it positively correlated with parental stress and anxiety, thus lending itself to the concept of maternal ambivalence.

Rosenberg Self-Esteem Scale. Global self-esteem was assessed by the Rosenberg Self-Esteem Scale (RSES), which is psychometrically sound, with ten items (Rosenberg, 1965). The RSES had good internal consistency (Cronbach's alpha ranged from .77 to .88) and was able to demonstrate successful discriminate validity for the Maternal Ambivalence scale, separating the emotional experience of self-esteem from the emotional experience of maternal ambivalence.

Careful integration of these scales gives a solid assessment of maternal ambivalence, and the reliability and validity of the measures used to assess the interwoven maternal emotions of guilt, identity and self-worth. The methodology is rigorous, in order to supplement the understanding of the complexities of 'motherhood' from a psychological perspective.

Demographic sheet

The basic data like education, occupation, age, marital status, primary care responsibilities and family size (extended or nuclear) and family economic status was obtained from the respondents using the Demographic sheet.

Method

Convenience sampling was used in conducting survey research. Prior to data collection, a permission letter from the Institute was obtained. Participants were fully apprised of the aims of the research and assured of confidentiality, whilst their participation was completely voluntary and they were given the opportunity to withdraw at any time. A consent form was provided before they filled out the questionnaires, which included three scales alongside the demographic sheet. Data collection was conducted using both paper and pencil methods as well as online platforms. The scales were primarily developed in English, catering to educated and working mothers.

Results

The initial scale for measuring maternal ambivalence was crafted, encompassing 78 items that underwent item-total correlation and exploratory factor analysis. To assess the psychometric properties of the newly developed scale, the Cronbach's alpha reliability coefficient was calculated, indicating the scale's consistency and reliability for further use in research.

Table 1: ***Item-Total correlation of Maternal Ambivalence Scale (N=280)***

Item no.	*r*	Item no.	*r*	Item no.	*r*
1	1.000	8	.522	15	.429
2	.782	9	.677	16	.360
3	.760	10	.538	17	.509
4	.579	11	.495	18	.410
5	.664	12	.438	19	.350
6	.701	13	.494	20	.359
7	.571	14	.532	21	.395

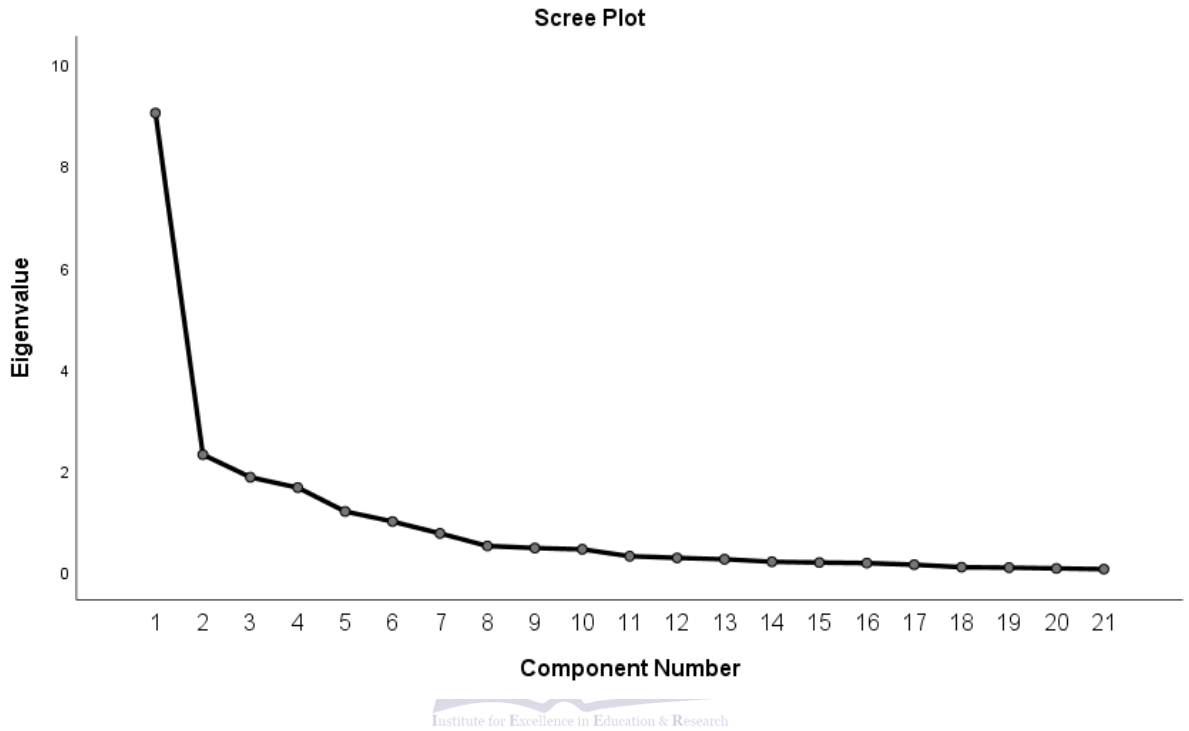
$^{**}p<.01$

The table 1 shows inter item correlation values of the 21 items of Maternal Ambivalence Scale (MAS). The results showed significant interitem correlation at p< .01 level.

The suitability of data for exploratory factor analysis (EFA) was examined prior to analysis using the Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy and Bartlett's test of sphericity. A KMO

value was calculated to be .819 (0< KMO < 1) which was satisfactory for factor analysis. The KMO values of .60 or better are acceptable, .80 or better are meritorious, and .90 or better are excellent. Bartlett's test indicated a significant result ($\chi^2(210)$ = 5392.26, $p < .001$), indicating that the correlation matrix is significantly different from the identity matrix. The results indicate that the sample size and the correlation between items are adequate for good factor extraction.

Figure 1. Scree plot for Factor Matrix of 21 items of MAS



Note. The scree plot suggested 5 factors and having loadings less than .30(10% variance) on their respective factor are deleted.

Table 2: ***Factor structure of Maternal Ambivalence Scale (MAS) with Varimax Rotation (N=280)***

Sr. No	Item No.	Factors	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5
			Factor 1. Role Burden and Identity Depletion				
1	35		**.806**	.272	.283	.273	.108
2	10		**.801**		.242	.366	
3	61		**.797**	.428	-.123		
4	77		**.750**	.273		.255	.359
5	39		**.610**	.393	.503		
6	3		**.599**	.113	.118	.526	.347
7	19		**.594**	.276	.271		.218
			Factor 2. Perfectionism-Driven Role Overload				
8	55			**.803**	.266		.189
9	48		.325	**.784**	.208	.117	.167
10	60		.423	**.746**		.129	.121
11	36			**.493**	.276	.136	
			Factor 3. Shame-Driven Maternal Anxiety				
12	52		.250		**.832**	.161	

13	53		.230		**.745**	.364	.193
14	68		.115	.290	**.620**	.287	
15	12			.210	**.610**	.386	.141
		Factor 4. Emotional Duality in Maternal Experience					
16	49		.127		.173	**.795**	.117
17	30		.281	.437		**.690**	.107
18	8			.296	.181	**.626**	
		Factor 5. Obligation-Driven Maternal Strain					
19	47				.167		**.909**
20	57		.249	.168	.159	.106	**.743**
21	42		.188			.172	**.544**
		Eigen value	9.04	2.31	1.86	1.66	1.19
		% of variance	43.05	10.98	8.87	7.89	5.65
		Cum. %	43.05	54.03	62.90	70.79	76.44

The table 2 presents the values of factor loadings from 21 items principal component analyzed (PCA) with orthogonal rotation (varimax) and yielded five factors with minimum item loading of 0.1. The factors are a reflection of common themes in the items that have been analyzed and give insights into the psychological and emotional aspects of maternal roles.

Factor 1: Role Burden and Identity Depletion. This factor consists of seven items (35, 10, 61, 77, 39, 3, 19) centered on strains which mothers experience such as feeling cut off, feeling overwhelmed and overwhelmed by childcare. This is one of the aspects that reflects the high level of ambivalence of mother in giving up her identity and time.

Factor 2: Perfectionism-Driven Role Overload captures four items (55, 48, 60 and 36) and represents perfectionist standards which mothers use to minimise distress experienced because of role conflict.

Factor 3: Shame-Driven Maternal Anxiety is made up of 4 items (52, 53, 68, 12). Common themes include feelings of inadequacy as mom, too much feeling, and separation (seen as abandonment, not guilt, which is associated to a specific act or behavior, "I did something wrong").

Factor 4: Emotional Duality in Maternal Experience consists of 3 items (49, 30, 8) which reflect positive and negative emotions mothers might have towards parenting, but which do not contain explicit behavioural meaning.

Factor 5: Obligation-Driven Maternal Strain is made up of 3 items (47, 42, 57) and refers to strain related to normative and material obligations that mothers feel they are unable to meet in an acceptable way.

Finally, the synthesis of these elements is done by the exploratory factor analysis (EFA) and each factor is named with respect to the theme it embraces in understanding maternal roles and challenges.

Table 3: ***Correlation between Subscales of Maternal Ambivalence scale(MAS), Guilt About Parenting Scale (GAPS) and Rosenberg Self-Esteem Scale (RSES) (N=280)***

Sr. No	Variables	*M*	*SD*	*α*	1	2	3	4	5	6	
1	RBID	27.52	8.85	.92	-						
2	PDRO	18.47	3.73	.78	.58**	-					
3	SDMA	18.63	4.13	.78	.51**	.46**	-				
4	EDME	9.11	3.14	.81	.72**	.51**	.49**	-			
5	ODMS	15.51	2.33	.76	.44**	..39**	.36**	.37**	-		
6	GAPS	51.17	7.88	.78	.32**	.41**	.22**	.15**	.54**	-	
7	RSES	11.99	2.77	.67	-.59**	-.48**	-.33**	-.31**	-.41**	-.71**	-

Note RBID= Role Burden and Identity Depletion, PDRO= Perfectionism-Driven Role Overload , SDMA= Shame-Driven Maternal Anxiety, EDME= Emotional Duality in Maternal Experience, ODMS= Obligation-Driven Maternal Strain, GAPS= Guilt About Parenting Scale, RSES= Rosenberg Self-Esteem Scale

Table 3 shows the correlations between the subscales and the scales measuring convergent and divergent validity. The results indicated that the MAS scales were convergent with the significant positive correlation between the MAS subscales and the Guilt About Parenting Scale (Gaps) with mean scores of M = 51.17 SD = 7.88 α = .78. The strongest association was with ODMS ($r = .54$, $p < .01$), followed by PDRO ($r = .41$, $p < .01$), RBID ($r = .32$, $p < .01$), SDMA ($r = .22$, $p < .01$), and EDME ($r = .15$, $p < .01$). The results showed significant negative relationships with Rosenberg Self Esteem Scale (RSES; M = 11.99, SD = 2.77, α = .67) with RBID ($r = -.59$, $p < .01$) and PDRO ($r = -.48$, $p < .01$) showing divergent validity. These findings indicate that the four maternal ambivalence subscales are interrelated and that they are different from self-esteem, thus demonstrating the discriminant validity of the MAS instrument.

Discussion

The study was aimed at developing and validating Maternal Ambivalence Scale (MAS) to measure the multidimensionality of maternal ambivalence among Pakistani mothers. The scale has five factors with 21 data items based on the results of data collection from 280 subjects from Parker's psychoanalytical theory and Rich's feminist perspective (1986,1995). The psychometric validation was thoroughly checked with KMO and Bartlett test and the results showed that the correlation matrix met the criteria for performing principal components analysis (1974). The results indicated that total variance accounted for the five factors was 76.44% that exceeded their acceptable level of 50 – 60%.

The first relates to identity saturation of the mother in which the mother's identity becomes more and more bound with motherhood and her autonomy and emotional agency becomes less. Demonstrates low level of emotional attachment to the child and overwhelmed feelings. This is in line with Rich's idea of the institutionalized motherhood which is a threat to the selfhood of women (1986). The second factor covers perfectionist mother's standards, and role overload. This dimension points to the idealization of motherhood and distress about excessive demands such as personal sacrifice for children's needs and inability to work, as described in Hays' intensive mothering theory (1996). The third factor relates to ambivalence and anxiety based on shame and society's expectations that justify feelings of unworthiness and guilt especially in the Pakistani culture. It emphasizes on cultural difference, as mentioned by Jawaid and Ali(2024), that brings about emotional stress in working mothers and also on identity foreclosure, as mentioned by Erikson. The fourth factor relates to the paradox of maternal ambivalence, the sense of ambivalence – typically regret and enjoyment – that can be felt as a mother. Parker's (1995)claims are validated as she demonstrates how these emotions can co-exist, contradicting the cultural myths which differentiate joys from the pains of motherhood.

Lastly, the fifth factor looks at the belief of 'maternal omnipresence' – the attitude that has been cultivated in the society to always make mothers present both physically and emotionally for their children. This is further complicated by an inadequate financial situation, exacerbating mothers' emotional burden, and making her role as a mother challenging. In Pakistan, there are many expectations and pressures from society on mothers and the role of being a mother in Pakistan becomes an important theme which may have been missed in the current western measuring tools and would provide a culturally sensitive perspective on motherhood in this context.

This study examines the construct validity of the Maternal Ambivalence Scale (MAS) by looking at its relationship with the Guilt About Parenting Scale (GAPS) and the Rosenberg Self-Esteem Scale (RES). The results of the study showed that GAPS scores had a statistically significant positive correlation with each of the five MAS sub-scales ($p < .01$), which indicates good convergent validity. This correlation points to a conceptual difference between maternal ambivalence and parental guilt, although there may be some overlap, there are differences between the two.

In contrast, all subscales of MAS showed a significant and negative correlation with RES scores

($p < .01$) indicating good evidence of divergent validity. This further validates the hypothesis that higher maternal ambivalence is correlated to lower self-esteem, which may be due to factors such as loss of identity and emotional ambivalence. These results confirm that the MAS is measuring a different concept than psychological distress (moderate negative correlation with RES), thus clarifying that it is not an alternative to self-esteem.

The main objective of this study was to determine the psychometric properties and the validity of this newly developed 21 item self-report scale (MAS) for mothers in Pakistan. The scale has acceptable sampling adequacy and good convergent and strong divergent validity with a well-defined five-factor structure accounting for 76.44% variance. The emerging factors (Role Saturation and Loss of Self, Perfectionism-Driven Role Overload, Shame-Driven Maternal Anxiety, Emotional Duality in Maternal Experience, and Obligation-Driven Maternal Strain) provide a more nuanced version of maternal ambivalence in the context of Pakistan. Besides meeting the need for a scale, this scale will enable Pakistani mothers to express their complex feelings, which is not culturally acceptable in Pakistan. Future studies should be aimed at expanding its validity and further testing its psychometric properties in order to maximize its clinical and scientific uses.

Implications

The five factors of the Maternal Ambivalence Scale (MAS) have important theoretical implications for understanding maternal ambivalence and not just psychometric validation. The two prevailing factors - Role Burden and Identity Depletion- corroborate Rich's (1986) assertion of psychological damage of loss of maternal role which is closely associated with loss of self-esteem. The Shame-Based Parenting Anxiety factor encapsulates culture specific dimension of ambiguous feelings among parents in the Pakistani context and emphasizes on the role of communal gaze and societal pressure that is often neglected in individualistic theories.

Also, the Emotional Duality factor provides backing for Parker's theory (1995) that maternal ambivalence is not a dichotomy, but a continuum of emotions and that love and resentment are not mutually exclusive. The Obligation-Driven Maternal Strain factor introduces ambivalence in the material and psychological contexts and indicates that financial circumstances are an important component of emotional experiences of being a mother.

Immediate clinical implications of the MAS are that it is a validated instrument and now can be used by practitioners in the assessment of maternal ambivalence among Pakistani mothers, which is not available in local psychology. In therapy, it suggests that it might be significant to deal with the loss of identity when mothers' self-esteem is low. In addition, psychoeducational interventions that are aimed at normalizing maternal ambivalence may be effective in reducing shame in the Shame-Driven Maternal Anxiety factor.

Limitations

The sample of the study involved the participants from urban population, so the results of the study are ungeneralizable which give future studies the need to find the stability of the MAS scores. In addition, future studies must investigate the relationships between the scale and broader maternal distress scales, along with the predictive validity with various maternal sub-populations and child outcomes.

Conclusion

This study discusses the psychometric properties and validity of Maternal Ambivalence Scale (MAS) a 21 item self report questionnaire of Pakistani mothers. The scale has a good sampling adequacy and has a clear five factor structure which accounts for 76.44% of the total variance in the scale. It shows good convergent validity with the Guilt About Parenting Scale and divergent validity with the Rosenberg Self-Esteem Scale. The main reasons identified (Role Burden and Identity Depletion, Perfectionism-Driven Role Overload, Shame-Based Parenting Anxiety and Perceived Failure, Emotional Duality in Maternal Experience) are consistent with the theoretical bases already identified and extend the applicability of these theories as it relates to a collectivist South Asian context where social and cultural dynamics play a role in shaping the experience of motherhood.

This is the first validated instrument for assessing maternal ambivalence for Pakistan which will open the ways for systematic studies on maternal ambivalence and culturally appropriate clinical interventions and cross-cultural comparisons.

Future plans are to adapt the psychometric properties of the scale and test against wider criteria in order to further validate the scientific and clinical significance of the scale. In addition, the MAS will provide mothers in Pakistan a scientifically valid means of expressing their emotions that would enable a psychological measure and validate the psychological humanness of mothers in a culture that demands a high level of devotion from mothers.

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