

Maternal Guilt and Women's Mental Health: A Narrative Literature Review of Conceptualizations, Contexts, Outcomes, and Protective Factors

Yulia Hairina¹, Nurul Hartini¹, and Nursalam²

¹*Department of Psychology, Airlangga University*

²*Department of Nursing, Airlangga University*

The purpose of this narrative literature review was to synthesize multidisciplinary evidence on maternal guilt and its relationship with women's mental health, drawing on 31 empirical and conceptual studies published between 2010 and 2026. A narrative review approach was selected because the literature is conceptually heterogeneous and methodologically diverse, requiring interpretive synthesis rather than statistical aggregation; analysis was guided by self-discrepancy theory (Higgins, 1987) as the integrative theoretical lens. Five interconnected themes were identified: (1) conceptualization of maternal guilt as a self-conscious emotion arising from actual-ought self-discrepancies; (2) sociocultural expectations and the ideology of intensive mothering; (3) contexts in which maternal guilt emerges, including work-family conflict and infant feeding; (4) associations with anxiety, depression, emotional exhaustion, and reduced well-being; and (5) protective factors such as social support, co-parenting involvement, and parenting self-efficacy. The findings suggest concrete implications for perinatal mental health screening, self-compassion-based interventions, and family-supportive workplace policies. Recognizing maternal guilt as a central mechanism linking sociocultural expectations to women's mental health is essential for promoting maternal well-being.

Keywords: maternal guilt; women's mental health; intensive mothering; self-discrepancy; work-family conflict.

INTRODUCTION

Motherhood represents a profound life transition involving substantial psychological, emotional, and social adjustments. While motherhood is often associated with fulfillment and personal growth, many women simultaneously experience psychological strain as they navigate caregiving expectations and responsibilities (Darvill et al., 2010; Modak

Author info: Correspondence should be sent to: Yulia Hairina, Department of Psychology, Airlangga University.

Email: yulia.hairina-2022@psikologi.unair.ac.id

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et al., 2023). The perinatal period, in particular, is recognized as a time of heightened vulnerability to mental health difficulties. Worldwide, approximately 10% of pregnant women and 13% of women who have recently given birth experience a mental disorder, highlighting the public health significance of maternal psychological well-being (World Health Organization, 2020). In contemporary societies, mothers often need to reorganize their identities and routines while balancing childcare, employment, and family responsibilities (Hennekam et al., 2019; Mercer, 2004), frequently facing conflicting role demands that create emotional challenges (Henderson et al., 2016; Meeussen & Van Laar, 2018).

One emotional experience frequently reported during this transition is maternal guilt—feelings of self-blame or inadequacy that arise when mothers perceive themselves as failing to meet internalized standards of “good motherhood” (Liss et al., 2013; Slobodin et al., 2020). As a self-conscious moral emotion, guilt is tied to perceived wrongdoing or failure to meet an obligation, and it may become distressing when intense, persistent, or repeatedly triggered by self-evaluation against salient standards such as the “good mother” ideal (Sutherland, 2010; Tangney, 2002). Maternal guilt commonly emerges when mothers believe that their caregiving falls short of personal or societal ideals (Rotkirch & Janhunen, 2010; Seagram & Daniluk, 2002), and is characterized by self-doubt and a heightened sense of responsibility for children’s well-being. Empirical work has documented that maternal guilt arises in various parenting contexts, including balancing employment and caregiving, managing infant feeding practices, and responding to children’s developmental needs (Borelli et al., 2017; Jackson et al., 2022; Law et al., 2021), and that guilt-related self-evaluations are associated with poorer mental health indicators, including anxiety, depressive symptoms, emotional exhaustion, and reduced well-being (Dunford & Granger, 2017; Sánchez-Rodríguez et al., 2019).

Importantly, maternal guilt is shaped not only by individual psychological processes but also by broader sociocultural expectations surrounding motherhood, particularly the ideology of intensive mothering, which positions mothers as primarily responsible for children’s emotional and developmental needs (Constantinou et al., 2021; Hays, 1996). Theoretically, the relationship between these individual and sociocultural processes can be understood through self-discrepancy theory (Higgins, 1987), which proposes that negative self-conscious emotions emerge when individuals perceive a gap between their actual self and the ideal or “ought” self-standards they have internalized. Within motherhood, sociocultural ideals supply the content of mothers’ “ought self,” while everyday caregiving experiences—which often fall short of these idealized standards—generate the actual–ought discrepancies that produce guilt and its associated psychological consequences.

Several previous reviews have advanced understanding of maternal guilt within specific scopes. Constantinou et al. (2021) examined how the “motherhood myth” shapes maternal guilt, focusing primarily on cultural narratives of perfect motherhood. Jackson et al. (2021, 2022) provided a systematic review and concept analysis of guilt and shame within the postpartum infant feeding context, clarifying conceptual distinctions between the two emotions in that domain. Schmidt et al. (2023) synthesized two decades of research on social norms of motherhood, mapping how the “good mother” ideal has evolved across recent scholarship. While these reviews have meaningfully advanced the field, each has focused on specific contexts (e.g., infant feeding) or specific dimensions (e.g., cultural narratives, normative evolution) of maternal guilt. What remains lacking is an integrative synthesis that traces how maternal guilt is conceptualized across disciplines, contextualized in everyday parenting, linked to mental health outcomes, and potentially buffered by protective factors—within a unified theoretical framework. Furthermore, existing research often examines maternal guilt within isolated populations or contexts, leaving limited synthesis regarding how it operates across diverse social, cultural, and psychological settings (Collins, 2021).

To address these gaps, the present narrative literature review pursues three specific objectives: (1) to synthesize how maternal guilt is conceptualized across psychology, sociology, nursing, and family studies; (2) to identify the contexts in which maternal guilt emerges and to examine its associations with women’s mental health outcomes—including anxiety, depressive symptoms, emotional exhaustion, and psychological well-being; and (3) to examine protective and moderating factors that may mitigate the negative effects of maternal guilt. Correspondingly, this review addresses three research questions: (RQ1) How is maternal guilt conceptualized across disciplines, and what theoretical frameworks have been used to understand it? (RQ2) In what contexts does maternal guilt emerge, and how is it associated with women’s mental health? (RQ3) What protective or moderating factors have been identified in relation to maternal guilt and its psychological consequences?

This synthesis is particularly timely given the global rise in maternal mental health concerns (World Health Organization, 2020), the ongoing evolution of work–family arrangements following post-pandemic shifts in employment, and the increasing visibility of digital parenting cultures that intensify social comparison among mothers. Through this synthesis, the review aims to advance an integrated understanding of maternal guilt as a phenomenon situated at the intersection of individual self-evaluation, sociocultural expectations, and women’s mental health—an understanding with both scholarly and practical relevance for supporting maternal well-being.

METHOD

This study employed a narrative literature review to synthesize multidisciplinary evidence on maternal guilt and women's mental health, integrating findings from psychology, sociology, nursing, and public health. To enhance transparency and methodological rigor, the review combined best-practice principles of narrative reviews—such as clearly defined scope, justified literature selection, reflexivity, and explicit analytical procedures (Sukhera, 2022)—with several structured reporting elements commonly used in systematic reviews, including explicit identification of databases, reproducible search strategies, and documented screening procedures (Ferrari, 2015; Green et al., 2006).

A narrative review approach was selected because the literature on maternal guilt is conceptually heterogeneous and methodologically diverse, requiring interpretive synthesis rather than statistical aggregation of effect sizes. Narrative reviews are distinguished by their interpretive goals and flexibility in integrating diverse forms of scholarly evidence, making this approach appropriate when the existing literature is conceptually diverse and not sufficiently homogeneous to be examined through meta-analysis or narrowly defined systematic review questions (Grant & Booth, 2009).

Search Strategy and Information Sources

The literature search was conducted across four major academic databases: Scopus, Web of Science, PubMed, and ScienceDirect. To broaden the coverage of interdisciplinary literature and capture recently indexed publications, Google Scholar was included as a supplementary search source. The search process was conducted iteratively between June 1, 2025 and January 31, 2026, with the final search performed on February 1, 2026.

In addition to database searches, supplementary identification strategies were employed through backward reference searching and forward citation tracking, consistent with best practices in narrative reviews (Green et al., 2006; Sukhera, 2022). The search strategy combined terms related to maternal guilt with terms associated with women's mental health and psychological outcomes. Boolean operators (AND, OR), as well as truncation and phrase searching, were applied to optimize sensitivity and specificity (Ferrari, 2015). The complete search strings used in each database are presented in Table 1.

For Google Scholar, given the broad and unranked nature of its search output, screening was limited to the first 100 records ranked by relevance. This pragmatic threshold was selected because Google Scholar's algorithm prioritizes the most cited and topically relevant articles within

the top-ranked results, consistent with established practice in narrative literature reviews (Haddaway et al., 2015).

Table 1 Search Strings Used in Each Database

Database	Search String
Scopus	TITLE-ABS-KEY ("maternal guilt" OR "mother guilt" OR "parenting guilt" OR "work-family guilt") AND TITLE-ABS-KEY ("mental health" OR depression OR anxiety OR stress OR "well-being")
Web of Science	TS=("maternal guilt" OR "mother guilt" OR "parenting guilt" OR "work-family guilt") AND TS=("mental health" OR depression OR anxiety OR stress OR "well-being")
PubMed	("maternal guilt"[tiab] OR "mother guilt"[tiab] OR "parenting guilt"[tiab] OR "work-family guilt"[tiab]) AND ("mental health"[tiab] OR depression[tiab] OR anxiety[tiab] OR stress[tiab] OR "well-being"[tiab])
ScienceDirect	"maternal guilt" AND ("mental health" OR depression OR anxiety OR stress OR "well-being")
Google Scholar	"maternal guilt" AND ("mental health" OR depression OR anxiety OR stress OR wellbeing); first 100 records by relevance

Note. Search syntax was adapted to the specific operators of each database.

Eligibility Criteria

The inclusion criteria were established to ensure the relevance and quality of the literature analyzed. Studies were included if they examined maternal guilt as a primary concept or significant variable, explored its implications for maternal mental health, involved participants who were mothers, were published in peer-reviewed academic journals, were written in English, and were published between 2010 and 2026. These criteria are summarized in Table 2.

The starting point of 2010 was selected because this period coincides with significant scholarly attention to maternal guilt within work–family research and intensive mothering frameworks (Liss et al., 2013; Rotkirch & Janhunen, 2010), as well as the emergence of digital and social media environments that have reshaped maternal experiences and self-comparison processes. Studies were excluded if they focused solely on paternal guilt without maternal analysis, addressed general guilt unrelated to parenting or motherhood, did not examine mental health outcomes, or consisted of editorials, theses, conference abstracts, or other non–peer-reviewed publications.

Table 2 Inclusion and Exclusion Criteria for Study Selection

Criterion	Inclusion	Exclusion
Topic focus	Maternal guilt as primary concept or significant variable	Paternal guilt only; general guilt unrelated to motherhood
Outcome	Mental health/psychological well-being (depression, anxiety, stress, burnout)	Studies that did not examine mental health outcomes
Participants	Mothers across diverse contexts and life stages	Studies focused on non-mother populations
Publication	Peer-reviewed academic journals (empirical or conceptual)	Editorials, theses, conference abstracts, non-peer-reviewed
Language	Articles in English	Articles in other languages
Period	2010 to 2026	Before 2010

Study Selection

All retrieved records were exported to the reference management software Mendeley, and duplicate records were removed prior to screening (Green et al., 2006). The study selection process consisted of two stages: (1) title and abstract screening, followed by (2) full-text review to confirm eligibility according to the inclusion and exclusion criteria.

To enhance methodological rigor, screening was conducted independently by two reviewers. Any discrepancies were resolved through discussion, and when necessary, consultation with a third reviewer (Popay et al., 2006; Sukhera, 2022). The complete study selection process is presented in Figure 1, following a flow diagram adapted from PRISMA 2020 (Page et al., 2021).

Data Analysis and Synthesis

The studies that met the inclusion criteria were analyzed using a thematic narrative synthesis approach (Thomas & Harden, 2008), which allows the integration of findings from qualitative, quantitative, and mixed-method research. The synthesis followed the six stages of thematic analysis articulated by Braun and Clarke (2006): (1) data familiarization, (2) initial coding, (3) generation of descriptive themes, (4) development of analytical themes, (5) theme review, and (6) theme definition and naming.

During initial coding, codes were generated inductively from the full texts of the included studies, with attention to how maternal guilt was conceptualized, the contexts in which it was elicited, and its associations with mental health indicators. These codes were then grouped into descriptive sub-themes—such as “self-evaluative discrepancy,” “intensive

mothering ideology,” “work–family role conflict guilt,” “breastfeeding-related guilt,” “self-critical rumination,” and “co-parenting buffering”—and refined through iterative comparison across studies. Sub-themes were subsequently consolidated into five higher-order analytical themes through researcher discussion and reflective comparison with the three research questions guiding the review. The final theme structure was reviewed for internal coherence and external distinctiveness following Braun and Clarke’s (2006) criteria.

Throughout the synthesis, self-discrepancy theory (Higgins, 1987) was used as the integrative theoretical lens guiding interpretation. Specifically, codes and themes were examined for evidence of (a) sociocultural sources of mothers’ “ought self” standards, (b) self-evaluative processes generating actual–ought discrepancies, (c) emotional and mental health consequences of those discrepancies, and (d) factors that may attenuate or buffer the discrepancy–distress relationship. This analytical framing maintained a clear link between the theoretical framework introduced in the Introduction and the empirical findings synthesized in the Results.

RESULTS

The literature search identified a total of 31 studies that met the inclusion criteria and were included in the final review. These studies consisted of empirical and conceptual research examining maternal guilt across various populations and contexts, including working mothers, mothers of young children, mothers of children with special needs, postpartum mothers, and mothers from diverse cultural backgrounds. The reviewed studies employed a range of research designs, including qualitative, quantitative, and mixed-method approaches, reflecting the multidisciplinary nature of the maternal guilt literature. Characteristics of all included studies are summarized across in Table 3, which present author, design and sample characteristics, and key findings organized across the five analytical themes identified through thematic narrative synthesis.

Foundational theoretical sources predating 2010 (e.g., Higgins, 1987; Hays, 1996; Tangney, 2002; Mercer, 2004) and historical citations on maternal guilt and breastfeeding (Seagram & Daniluk, 2002; Lobbok, 2008) were retained as conceptual references throughout the synthesis but were not counted among the 31 included studies.

Across the literature, maternal guilt consistently emerged as a complex emotional experience shaped by both individual psychological processes and broader sociocultural expectations surrounding motherhood. Although the included studies addressed maternal guilt from different theoretical and empirical perspectives, several common patterns and themes were identified through thematic narrative synthesis. The thematic synthesis

revealed five main themes: (1) conceptualizing maternal guilt; (2) sociocultural expectations and the ideology of motherhood; (3) contexts in which maternal guilt emerges; (4) maternal guilt and women's mental health outcomes; and (5) protective and moderating factors.

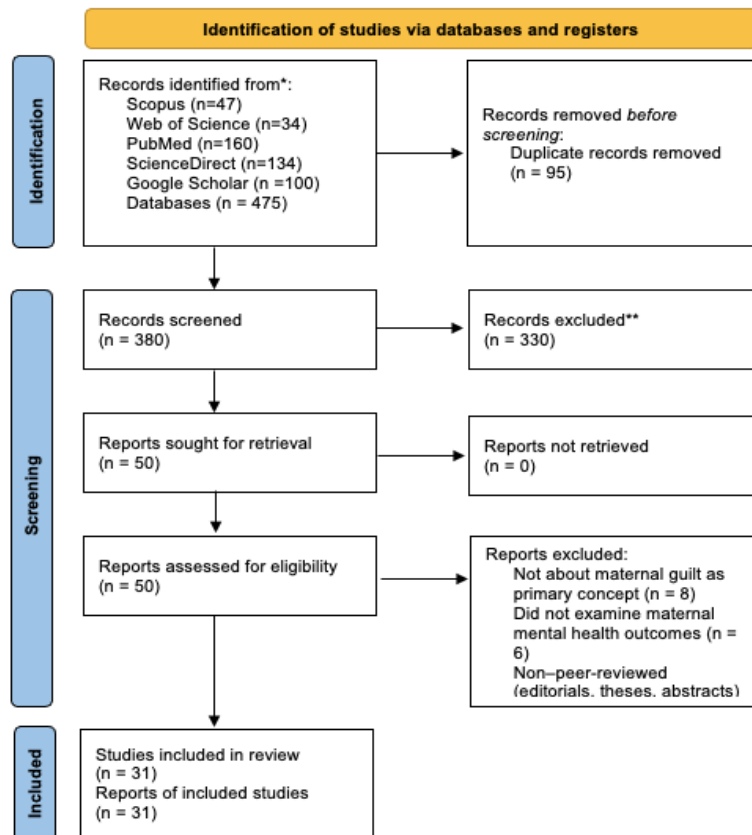


Figure 1 *Prisma Flow Diagram of the Study Selection Process*

Conceptualizing Maternal Guilt

Across the reviewed literature, maternal guilt is conceptualized as a self-conscious moral emotion that arises when mothers perceive a discrepancy between their actual caregiving behaviors and internalized standards of “ideal” motherhood. Studies frequently describe maternal guilt as encompassing feelings of self-blame, regret, and inadequacy, particularly when mothers believe they have failed to fulfill their caregiving responsibilities or have prioritized other roles, such as

employment, over their children's needs (Liss et al., 2013; Sutherland, 2010).

Several studies interpret maternal guilt through self-discrepancy theory, which suggests that negative emotions arise when individuals perceive a gap between their actual self and their ideal or "ought" self (Higgins, 1987). In the context of motherhood, this theoretical framework highlights how mothers' internalized standards of "good motherhood"—often shaped by family, cultural, and societal expectations—can intensify feelings of guilt when these standards are perceived as unmet (Adams, 2015; Liss et al., 2013).

Maternal guilt may also overlap with maternal shame, which involves broader negative evaluations of the self. Taylor and Wallace (2012) argue that experiences described as maternal guilt—particularly related to breastfeeding decisions—may, in fact, reflect cultural shaming practices. Some studies further emphasize that maternal guilt should be distinguished from temporary feelings of regret, as it is often more persistent and tied to deeper self-evaluative processes (Rotkirch & Janhunen, 2010; Seagram & Daniluk, 2002).

Sociocultural Expectations and the Ideology of Motherhood

A substantial body of literature emphasizes that maternal guilt is strongly shaped by cultural ideologies surrounding motherhood. One of the most influential concepts in this area is intensive mothering ideology (Hays, 1996), which prescribes that mothers should be primarily responsible for children's well-being and should devote significant time, attention, and emotional resources to their care. This ideology positions motherhood as a morally demanding and self-sacrificing role, contributing to elevated expectations and self-judgment (Hays, 1996; Henderson et al., 2016).

Empirical studies indicate that internalizing these cultural ideals may lead mothers to experience guilt when they perceive themselves as failing to meet these expectations. For instance, Henderson et al. (2016) found that mothers experiencing pressure to be the "perfect mother" reported lower self-efficacy and higher stress, regardless of personal endorsement of intensive mothering. Similarly, Constantinou et al. (2021) highlight how cultural narratives of perfect motherhood reinforce maternal self-blame.

Cross-cultural research further demonstrates that gender norms and societal expectations regarding caregiving roles can intensify maternal guilt. Aarntzen et al. (2023) found that internalized gender stereotypes predicted higher work–family guilt in mothers but lower guilt in fathers, framing work–family guilt as a "women's issue." Other studies highlight cultural variability in maternal guilt, suggesting that mothers in collectivist or family-oriented societies may experience particular forms of guilt influenced by extended family expectations and cultural values such as

familismo and marianismo (Bozkur & Çığ, 2022; Montano et al., 2023). Qualitative evidence further illustrates how mothers experience guilt as deeply tied to comparisons with idealized motherhood norms and media depictions, particularly in the early postpartum period (Jackson et al., 2024).

Contexts in Which Maternal Guilt Emerges

The reviewed studies highlight several contexts in which maternal guilt frequently arises. The most commonly examined context is work–family conflict, where mothers must balance professional responsibilities with caregiving demands. Studies indicate that working mothers often experience guilt when they perceive themselves as unable to meet either work or family expectations (Aarntzen et al., 2019; Borelli et al., 2017; Maclean et al., 2021). This work-related guilt is closely tied to gendered expectations regarding caregiving roles and the assumption that mothers should prioritize children’s needs over career commitments.

Maternal guilt also emerges in other parenting-related contexts, including breastfeeding practices, child health concerns, and caregiving decisions. Mothers who encounter difficulties with breastfeeding or who choose alternative feeding methods often report feelings of guilt, particularly in environments where breastfeeding is strongly promoted (Jackson et al., 2022; Labbok, 2008; Türkmen et al., 2025). Among Black mothers in the United States, Miller-Roenigk et al. (2026) found that maternal guilt, shame, and affective stressors operated as significant breastfeeding barriers, compounded by structural inequities and limited culturally responsive support.

Similarly, mothers may experience guilt when children face health risks or injuries. For example, Persky et al. (2015) demonstrated that mothers of children at risk for obesity often experience guilt and self-blame in response to perceived failures in promoting healthy lifestyles. Likewise, Kaplan et al. (2025) reported that mothers of children admitted to emergency departments for trauma frequently experience guilt related to perceived failures in supervision or protection.

Qualitative studies further reveal that maternal guilt can arise in everyday parenting situations, such as limited time with children, emotional reactions toward children, or difficulties balancing multiple family responsibilities (Öke Karakaya et al., 2021; Özyazıcı & Şentürk, 2025). Together, these findings illustrate that maternal guilt may arise across a wide range of parenting experiences, particularly when mothers perceive that their behavior deviates from internalized caregiving ideals.

Maternal Guilt and Women’s Mental Health Outcomes

Across the reviewed studies, maternal guilt is consistently associated with various indicators of psychological distress among mothers. Persistent feelings of guilt have been linked to increased anxiety,

depressive symptoms, emotional exhaustion, and reduced psychological well-being (Dunford & Granger, 2017; Henderson et al., 2016; Sánchez-Rodríguez et al., 2019). For example, Dunford and Granger (2017) found that shame proneness predicted postnatal depression and reduced help-seeking attitudes; mothers experiencing higher levels of shame were also less likely to seek psychological support.

Recent research extends this picture by examining specific cognitive mechanisms. Law et al. (2021) demonstrated that common negative thoughts in early motherhood—particularly self-critical and guilt-related cognitions—predicted both guilt and shame, and, combined with unmet expectations, significantly predicted depressive symptoms. Similarly, Ostfeld-Etzion and Ben-Artzi (2025) reported that interpersonal guilt was significantly associated with maternal depression among mothers of children with autism spectrum disorder, with marital status moderating this relationship.

Empirical research also indicates that maternal guilt may be closely related to cultural expectations surrounding ideal motherhood. Studies on intensive mothering norms suggest that mothers who strongly endorse “good mother” ideologies report higher levels of psychological distress, including depression, anxiety, and reduced life satisfaction (Henderson et al., 2016; Rizzo et al., 2013). Additionally, studies examining work–family guilt demonstrate that daily fluctuations in guilt are associated with lower mood and reduced well-being among employed mothers (Aarntzen et al., 2019). Feelings of guilt regarding role conflict may contribute to chronic stress and emotional exhaustion (Borelli et al., 2017; Maclean et al., 2021).

In some cases, maternal guilt may also influence mothers’ life decisions. Some mothers report reducing working hours, sacrificing personal time, or prioritizing caregiving over career goals in an attempt to reduce feelings of guilt. While such adjustments may temporarily alleviate emotional discomfort, they can also limit personal development, reduce financial autonomy, and reinforce gendered patterns of caregiving (Aarntzen et al., 2019; Hennekam et al., 2019).

Protective and Moderating Factors

Although much of the literature highlights the psychological burden associated with maternal guilt, several studies also identify factors that may mitigate or buffer its impact. One of the most consistently identified protective factors is social support. Emotional support from partners, family members, and supervisors has been shown to reduce work–family conflict and lower levels of maternal guilt. For example, Uysal Irak et al. (2020) found that emotional support from supervisors and spouses reduced work–family guilt among employed mothers. Hackney et al. (2025) similarly demonstrated that prenatal social support helps reduce postpartum guilt among working mothers.

Research also suggests that co-parenting support and positive family dynamics may reduce maternal guilt by increasing mothers' confidence in their caregiving role. For instance, Song et al. (2025) found that work-to-family enrichment can reduce parenting guilt and contribute to greater family well-being. Psychological resources such as parenting self-efficacy and perceived parental competence also play an important role. Mothers who feel confident in their parenting abilities are less likely to experience persistent guilt, even in challenging caregiving situations (Slobodin et al., 2020). Finally, qualitative studies indicate that normalizing parenting challenges and acknowledging the complexity of motherhood experiences may help mothers reduce excessive self-blame (Özyazıcı & Şentürk, 2025; Rotkirch & Janhunen, 2010).

Table 3 presents the characteristics of all 31 included studies, organized by the five analytical themes identified through thematic narrative synthesis.

Table 3 Characteristics of All Included Studies Organized by Theme

	Author (Year)	Design / Sample	Key Findings
Theme 1: Conceptualizing Maternal Guilt			
1	Adams (2015)	Conceptual / theoretical (USA)	Derived 'Motherhood: A Discrepancy Theory' from Higgins (1987); gap between actual and ideal maternal selves produces fear, guilt, or shame.
2	Liss et al. (2013)	Cross-sectional survey (USA); n = 181 mothers	Maternal self-discrepancy related to both guilt and shame; fear of negative evaluation moderated discrepancy-shame link.
3	Rotkirch & Janhunen (2010)	Qualitative narrative analysis (Finland); n = 63 mothers	Maternal guilt nearly universal; arises from parent-offspring conflict; clusters around aggression, neglect, self-sacrifice.
4	Sutherland (2010)	Conceptual / theoretical (USA)	Mothering guilt and shame socially produced, sustained by 'good mother' ideology and institutional contexts.
5	Taylor & Wallace (2012)	Conceptual feminist analysis (USA)	Reframed infant-feeding distress as shame rather than guilt; breastfeeding

Author (Year)		Design / Sample	Key Findings
			advocacy contributes to shame for both formula- and breastfeeding-mothers.
Theme 2: Sociocultural Expectations and the Ideology of Motherhood			
6	Aarntzen et al. (2023)	Quantitative IAT + diary (Netherlands); S1: 135M+116F; S2: 105M	Mothers reported higher work-family guilt than fathers; internalized gender stereotypes predicted guilt patterns, framing WFG as a women's issue.
7	Bozkur & Çığ (2022)	Cross-sectional correlational (Türkiye)	Maternal employment guilt positively associated with internalized sexism; greater internalization linked to greater guilt.
8	Constantinou et al. (2021)	Systematic literature review (Australia)	Identified 'Motherhood Myth' as cultural driver of maternal guilt; documented links to depression, anxiety, stress, reduced wellbeing.
9	Henderson et al. (2016)	Cross-sectional survey (USA); n = 283 mothers	Mothers experiencing pressure to be 'perfect mother' reported lower self-efficacy and higher stress, regardless of personal endorsement of intensive mothering.
10	Jackson et al. (2024)	Qualitative thematic analysis (UK); n = 20 women	Internalized unrealistic ideals fueled guilt and shame; fear of judgment perpetuated shame-concealment cycle linked to postpartum distress.
11	Montano et al. (2023)	Qualitative grounded theory (USA); n = 12 Latina mothers	Working Latina mothers' guilt shaped by familismo, marianismo, gender roles; guilt linked to inadequacy and emotional strain.
Theme 3: Contexts in Which Maternal Guilt Emerges			
12	Aarntzen et al. (2019)	Mixed-method (Netherlands);	Work-family guilt acted as 'straightjacket'; mothers

	Author (Year)	Design / Sample	Key Findings
		Interview n=28; Diary n=123 mothers	responded by reappraising/compensating; daily guilt linked to traditional gender behaviors.
13	Borelli et al. (2017)	Cross-sectional multi-study (USA); n= 89 parents of toddlers	Validated WIFGS; mothers reported higher WIF-guilt than fathers; higher guilt predicted more permissive parenting.
14	Hennekam et al. (2019)	Qualitative longitudinal (France); n = 22 first-time mothers	Identity transition shaped by individual, organizational, societal levels; guilt emerged in negotiating work-motherhood ideals.
15	Jackson et al. (2022)	Concept analysis (UK)	Developed infant-feeding-specific definitions of postpartum guilt and shame; identified shared and unique antecedents and consequences.
16	Kaplan et al. (2025)	Cross-sectional descriptive (Türkiye); mothers of pediatric trauma patients	Mothers of pediatric trauma patients reported elevated guilt; treatment satisfaction inversely associated with guilt.
17	Maclean et al. (2021)	Cross-sectional survey (Australia); n = 1,375 working mothers	Higher WFC and 'ideal mother' deviation predicted higher WIF-guilt; parenting self-efficacy and pro-employment norms reduced guilt.
18	Miller-Roenigk et al. (2026)	Qualitative thematic analysis (USA); n = 37 Black cisgender mothers	Maternal guilt, shame, and affective stressors as breastfeeding barriers among Black mothers, compounded by structural inequities.
19	Öke Karakaya et al. (2021)	Phenomenological (Türkiye); n = 17 nurses (mothers)	Working-mother nurses described guilt from tension between traditional household roles and

	Author (Year)	Design / Sample	Key Findings
			professional duties; emotional strain.
20	Özyazıcı & Şentürk (2025)	Phenomenological (Türkiye); mothers of infants 6–36 months	Mothers reported guilt linked to deviation from idealized standards; coping via reappraisal, comparison, and support seeking.
21	Persky et al. (2015)	Randomized experimental VR (USA); n = 147 overweight mothers	Family-history obesity feedback increased lifestyle and genetic guilt; healthier food choices showed attenuated guilt.
22	Türkmen et al. (2025)	Cross-sectional online (Türkiye); n = 147 working breastfeeding mothers	Lower workplace breastfeeding support associated with higher employment guilt; elevated among lower-education and private-sector mothers.
Theme 4: Maternal Guilt and Women's Mental Health Outcomes			
23	Dunford & Granger (2017)	Cross-sectional correlational (UK); n = 183 mothers	Shame proneness predicted postnatal depression and reduced help-seeking; guilt was correlated with depression but not unique predictor.
24	Law et al. (2021)	Cross-sectional online survey (UK/Ireland); n = 395 new mothers	Negative motherhood thoughts predicted guilt and shame; combined with unmet expectations significantly predicted depression.
25	Ostfeld-Etzion & Ben-Artzi (2025)	Cross-sectional moderation (Israel); mothers of children with ASD vs. TD	Interpersonal guilt associated with maternal depression; marital status moderated guilt-depression link in ASD context.
26	Rizzo et al. (2013)	Cross-sectional online survey (USA); n = 181 mothers	Intensive mothering beliefs correlated with negative mental health; essentialism predicted lower life satisfaction; challenging-

	Author (Year)	Design / Sample	Key Findings
			parenting predicted depression and stress.
27	Sánchez-Rodríguez et al. (2019)	Cross-sectional cluster analysis (France); n = 210 mothers (from 550)	Three clusters identified; guilt aggravated burnout severity. Distinguished parental burnout from depression/anxiety.
Theme 5: Protective and Moderating Factors			
28	Hackney et al. (2025)	Two-wave longitudinal (USA); n = 247 women	Supervisor, coworker, friend support during pregnancy reduced post-return work-family guilt; spouse support strongest for family satisfaction.
29	Slobodin et al. (2020)	Cross-sectional moderation (Israel); n = 215 mothers	Need frustration linked to controlling parenting; maternal guilt moderated this association in complex regulatory pattern.
30	Song et al. (2025)	Three-wave longitudinal (China); n = 476 mothers	Work-family enrichment negatively related to parenting guilt, mediated by competence; fathers' co-parenting moderated this in Chinese context.
31	Uysal Irak et al. (2020)	Cross-sectional path analysis (Türkiye); n = 201 employed mothers	Emotional supervisory support directly reduced employment guilt; emotional spousal support reduced WFC; emotional support was key buffer.

Note. *k* = number of studies contributing to each theme. Studies are listed alphabetically by first author within each theme. Foundational theoretical sources predating 2010 (e.g., Higgins, 1987; Hays, 1996; Tangney, 2002) and historical citations (Seagram & Daniluk, 2002; Labbok, 2008) are cited throughout the manuscript but were not counted among the 31 included studies. WFG = work-family guilt; WFC work-family conflict; WIFGS = Work-Interfering-with-Family Guilt Scale; ASD Autism Spectrum Disorder; TD = Typically Developing; LAT = Implicit Association Test; VR = virtual reality.

DISCUSSION

This narrative literature review synthesized 31 studies on maternal guilt and women's mental health under the integrative lens of self-

discrepancy theory (Higgins, 1987). Three central insights emerge from the synthesis. First, maternal guilt is best understood not as an isolated emotional state but as a mediating mechanism through which sociocultural expectations of motherhood translate into psychological distress. Second, the contexts in which maternal guilt arises—work–family conflict, infant feeding, child health, everyday caregiving—share a common underlying structure: situations that render visible the gap between mothers' actual caregiving and idealized standards. Third, protective factors operate not by eliminating discrepancies but by attenuating their psychological impact through relational support, normalized expectations, and enhanced parenting self-efficacy. These three insights together support an integrated conceptual pathway from sociocultural inputs to maternal mental health outcomes, with maternal guilt as the central interpretive construct.

A Self-Discrepancy Account of Maternal Guilt

Self-discrepancy theory (Higgins, 1987) provides a parsimonious framework for explaining why maternal guilt arises so consistently across diverse contexts and why it converges on shared mental health outcomes. The theory proposes that individuals hold three self-representations—the actual self, the ideal self, and the ought self—and that perceived gaps between actual and ideal/ought selves produce distinct emotional consequences: actual–ideal discrepancies generate dejection-related emotions (e.g., disappointment, sadness, depression), whereas actual–ought discrepancies generate agitation-related emotions (e.g., anxiety, guilt). Within motherhood, the “good mother” ideal functions predominantly as an ought self—a prescriptive standard mothers internalize as something they should embody, with guilt as the characteristic emotional response when this standard is unmet.

This framework helps account for the heterogeneous mental health profile observed across the reviewed literature. Maternal guilt was associated not only with anxiety symptoms (consistent with agitation-emotion mechanisms) but also with depressive symptoms, emotional exhaustion, and reduced well-being. The framework suggests that when guilt becomes chronic, the cognitive-evaluative processes underlying it may begin to engage actual–ideal comparisons as well—mothers not only perceive themselves as failing duties but as falling short of who they wish to be—thus producing dejection emotions alongside agitation emotions. This dual-pathway interpretation helps explain why mothers in the included studies often presented with co-occurring anxiety and depression rather than a single discrete affective profile.

The framework also clarifies why work–family conflict, infant feeding decisions, and child-health concerns emerge as such consistent triggers across the reviewed studies. These contexts share a common feature: they make the gap between actual caregiving practice and idealized motherhood

standards salient and difficult to ignore. Working mothers cannot meet the temporal demands of intensive mothering while also fulfilling employment obligations; mothers facing breastfeeding difficulties cannot fully meet medicalized feeding ideals; mothers of children with health risks may interpret events as evidence of caregiving failure. In each case, contextual demands render the actual–ought discrepancy unavoidable. Protective factors—social support, co-parenting, parenting self-efficacy, and normalization of parenting challenges—appear to function not by eliminating these discrepancies but by reducing their evaluative weight, either by softening internalized standards or by validating diverse caregiving practices.

Comparison with Previous Reviews

The findings of this review extend previous syntheses in several important ways. Constantinou et al. (2021) examined how the “motherhood myth” shapes maternal guilt experiences but focused predominantly on cultural narratives without articulating a unifying psychological mechanism. The present review demonstrates that culture interacts with individual self-evaluative processes, with self-discrepancy theory providing the linkage: cultural ideologies become salient by supplying the content of mothers’ ought-self representations. Jackson et al. (2021, 2022) provided systematic and concept-analytic syntheses of guilt and shame within the singular context of postpartum infant feeding, clarifying conceptual distinctions between these emotions. The present review documents that the same self-evaluative pathway operates across multiple parenting contexts, suggesting that infant-feeding guilt is one expression of a broader phenomenon rather than a context-specific emotion. Schmidt et al. (2023) synthesized two decades of research on social norms of motherhood but did not explicitly link normative evolution to maternal mental health outcomes; this review addresses that linkage by tracing the conceptual pathway from sociocultural norms through self-discrepancy to mental health consequences and protective factors. Together, these comparisons clarify the contribution of the present synthesis: an integrative theoretical framework that connects findings dispersed across previously isolated reviews.

Theoretical Implications

Several theoretical implications follow from this synthesis. First, framing maternal guilt as a self-discrepancy phenomenon helps reconcile findings that have appeared inconsistent in prior literature—for example, why some mothers experience guilt as primarily anxiety-related distress while others report depressive presentations. The dual-pathway interpretation derived from Higgins’s (1987) framework provides a structural account of this heterogeneity. Second, the synthesis suggests that

work–family guilt research and infant-feeding guilt research should be theoretically integrated rather than treated as separate literatures, given their shared underlying mechanism. Third, the synthesis foregrounds an important conceptual question for future theoretical work: how is the maternal ought self distinguished from the maternal ideal self in everyday experience? Future research could productively examine whether interventions that target ideal-self standards (e.g., self-compassion approaches) versus ought-self standards (e.g., normative reappraisal, structural validation) yield different outcomes for maternal mental health.

Clinical Implications

From a clinical perspective, these findings highlight the importance of recognizing maternal guilt as a relevant factor in maternal mental health assessment and intervention. Health professionals working with mothers—particularly during the perinatal and early parenting periods—should consider routine screening for guilt-related cognitions alongside standard depression and anxiety assessment, given that guilt frequently underlies and may even precede formal symptom presentation (Dunford & Granger, 2017; Law et al., 2021). Intervention approaches grounded in self-compassion, cognitive restructuring of unrealistic motherhood standards, and contextual reframing of role conflicts may be particularly suitable, as they directly target the discrepancy-evaluation processes that the current synthesis identifies as central. For mothers of children with chronic illness, special needs, or trauma exposure (Kaplan et al., 2025; Ostfeld-Etzion & Ben-Artzi, 2025), interventions should additionally address the tendency to interpret child outcomes as reflections of personal caregiving competence.

Policy Implications

At the policy level, the synthesis points to structural conditions that shape maternal guilt and consequently maternal mental health. Flexible work arrangements, adequate parental leave policies, and accessible childcare services may reduce the structural conditions that make actual–ought discrepancies most salient for working mothers (Hennekam et al., 2019). Workplace support—including supervisor support and breastfeeding-supportive infrastructure—emerges as a key buffer against employment-related guilt (Türkmen et al., 2025; Uysal Irak et al., 2020). Beyond workplace policy, public discourse that challenges unrealistic ideals of perfect motherhood and acknowledges the legitimacy of diverse caregiving practices may attenuate the cultural transmission of intensive mothering ideology. Such cultural shifts may be particularly important given the growing role of digital and social media environments in amplifying maternal social comparison (Jackson et al., 2024).

Limitations of the Study

Several limitations should be acknowledged. First, this review employed a narrative literature review approach rather than a systematic review or meta-analysis. Although efforts were made to enhance transparency through clearly defined eligibility criteria, search strategies, and analytical procedures, narrative reviews are inherently more interpretive and may be influenced by researcher perspectives. The findings should therefore be considered as conceptual integrations rather than definitive empirical conclusions.

Second, the literature search was limited to studies published in English. As maternal guilt is shaped by cultural and social contexts, the exclusion of non-English publications may limit the representation of perspectives from regions and cultural settings where research is published in other languages.

Third, the reviewed studies were methodologically heterogeneous, including qualitative, quantitative, and mixed-method research designs conducted in diverse cultural contexts. Although this diversity allowed for a broader conceptual understanding, it also limited the ability to directly compare effect sizes or identify standardized measurement approaches. Operationalization of maternal guilt varied considerably across studies, ranging from validated self-report scales to study-specific items and qualitative analyses.

Finally, much of the existing research on maternal guilt is based on cross-sectional designs and self-report measures, which may be influenced by recall and social desirability biases. Longitudinal research using ecological momentary assessment or daily diary approaches, such as the work of Aarntzen et al. (2019) is needed to clarify the temporal dynamics of guilt and its mental health sequelae.

Recommendations for Future Research

Future research should pursue several directions. First, longitudinal studies tracking maternal guilt across the perinatal period and into early parenting would clarify how guilt develops, persists, and transforms over time. Second, intervention studies are needed to evaluate whether self-compassion-based approaches, cognitive restructuring of motherhood ideals, and structural workplace supports reduce guilt-related distress. Third, cross-cultural research is essential to understand how maternal guilt is shaped by varying gender role expectations, family structures, and cultural ideologies of motherhood. Fourth, research should examine the role of digital environments—particularly social media—in amplifying social comparison and intensifying maternal guilt among contemporary mothers. Together, these directions would advance both theoretical understanding of maternal guilt as a self-evaluative phenomenon and practical efforts to support women's mental health during motherhood.

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