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“I Don’t Love My Baby?!” A Descriptive Phenomenological Analysis of Disturbances in Maternal Affection

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Abstract

Many new mothers question the nature of their motherly love after birth. This affectionate relationship towards the infant is commonly called bonding in everyday speech, clinical practice and research. Bonding may not sufficiently describe the mother's emotional response to the infant and does not capture the ambivalence and struggle to develop maternal affection of many women. This study aims to explore the phenomenon of disturbed maternal affection through the clinical case of one mother who experienced severe and prolonged disturbances. Two in-depth interviews led to a descriptive phenomenological analysis. The mother developed depressive symptoms from not feeling enough for her child, not the opposite, as is often hypothesized. We describe and discuss crucial constituents of her experience, such as ambivalence, remoteness, boredom, guilt, and the looming repetition of parenting patterns, and a solution resulting from therapy-enhanced reflection on motherhood vis-à-vis early life patterns, sociocultural expectations and existential predicaments.

Keywords

maternal affection – attachment – descriptive phenomenology – case study – lack of motherly love

This is an explorative phenomenological case study of the phenomenon of “disturbed maternal affection” as it is experienced by one woman. Within western cultures, the love of a mother for her child is often symbolically illustrated as an ideal and unconditional form of love. For instance, it is said to resemble the image of the Virgin Mary: “Mother is the home we come from, she is nature, soil, the ocean; father does not represent any such natural home” (Fromm, 1956, p. 38). Once a woman enters motherhood, she is portrayed as uniquely capable of providing maternal care and love and instigating what Allan Shore (2001) has termed a right brain-right brain communication with her child. Maternal love, or the affectionate relationship the mother develops towards her infant, is commonly labelled as bonding in everyday speech, in clinical practice and research.

The concept of bonding and much of the theory of maternal attachment has been influenced by studies on animals. This approach underscores the necessity of a bond between the offspring and a protector to ensure the survival of the genes (Billings, 1995; Klaus & Kennel, 1976; Madrid, Skolek, & Shapiro, 2016; Mogi, Nagasawa, & Kikusui, 2011). Maternal bonding as developed through evolution indicates the existence of a maternal instinct. It is assumed that the amount of time the mother spends with the infant after birth forms an essential part of the development of a bonding relationship. The early bonding and attachment process is described as ‘imprinting’, where the mother’s and the baby’s right brains are engaged in affective communication (Schore, 2001). Although the importance of establishing an emotional connection between the mother and the newborn cannot be denied, the applicability of the results of animal studies (specifically concerning so-called instincts, sensitive periods, or imprinting) to human behaviour is questionable. The theoretical concept of bonding may not sufficiently describe the mother’s emotional response to the infant (Brockington, Aucamp, & Fraser, 2006). Studies on the attachment between caregivers and foster or adopted children, for example, indicate that the emotional connection can be successfully accomplished when the child is older and can be unrelated to giving birth (Bick, Dozier, Bernard, Grasso, & Simons, 2013). In contrast, many new mothers question the nature of their motherly love after birth. One study found that 40% of first time and 25% of second time mothers recalled feeling indifference when holding their baby for the first time (Robson & Kumar, 1980). Some mothers still struggle after many months (Righetti-Veltema, Conne-Perréard, Bousquet, & Manzano, 2002). Furthermore, a small percentage has hostile feelings towards their infant (Brockington, Aucamp, & Fraser, 2006). The maternal instinct and the concept of bonding does not provide a satisfactory understanding

of the fact that many women are troubled by ambivalence and struggle to develop feelings of love for their child. While the idea of a maternal instinct may elevate the status of motherhood, it often places a burden on mothers who do not experience the expected joy of motherhood. Mothers who do not experience this idealized and naturalized form of maternal affection often feel like bad mothers and have strong feelings of guilt and shame that force them to suffer in silence (Røseth, Binder, & Malt, 2011).

A meta-synthesis reveals a paucity of qualitative research on disturbances of maternal affection (Røseth et al., 2018). Through a systematic literature search, the authors found no research that directly focused on such disturbances. Five qualitative studies described problems with maternal affection in relation to a problematic birth or more general postpartum distress in their findings section (Barrack, 2007; Coates, Ayers, & de Visser, 2014; Elmir, Schmied, Wilkes, & Jackson, 2011; Nysted, Högberg, & Lundman, 2008; van Reenen & van Rensburg, 2013). Some studies on postpartum depression described problems with expressing maternal affection connected to depression (Røseth, 2011; 2013). Thus, in research and clinical practice alike, disturbances in the mother's affection are often treated as a symptom of depression (e.g. Moehler et al., 2006), or some form of birth trauma (e.g. Madrid, Skolek, & Shapiro, 2003). However, many postpartum depressed, or traumatized, mothers do not find that they lack, or have negative, feelings for their baby (Brockington, Aucamp, & Fraser, 2006). Contributing to the complexity of the phenomenon, the lack of warm feelings for their baby may spur the development of depression rather than result from it, as is evident in many women who seek treatment (Kokubu, Okano, & Sugiyama, 2012). While the experience of postpartum depression is well documented in research (Mollard, 2014; Røseth, 2013; Røseth, Binder, & Malt, 2011), there is limited research literature on disturbances of maternal affection.

The aim of the present study is to explore the phenomenon of disturbances in maternal affection. We do this by describing and discussing the case of one mother who experienced, and sought treatment for, severe and prolonged disturbance in her maternal affection.

2 Method

This is a study of one woman's experience, utilizing a descriptive phenomenological psychological method of analysis (Giorgi, Giorgi, & Morley, 2017; Giorgi, 2009), anchored in the phenomenological philosophy of Edmund Husserl (1983). Phenomenological psychological research is based on phenomenological insights on intersubjectivity, empathy and social

synchronicity (Merleau-Ponty, 1945/1996; Zahavi, 2009). An important aspect of this method is bracketing, where the researcher suspends previous theoretical, professional and personal knowledge of the phenomenon. Bracketing can be seen as a form of disciplined empathy: the researcher adopts a mode of consciousness that emulates the other's experience (Morley, 2010), engaging in the dynamics of affects that the other lives out (Merleau-Ponty, 1945/1996; Stern, 1985, 1995; Trevarthen, 1979). The focus is on how the other experiences and lives in her world, being attentive to the often implicit psychological meanings of her experience. Merleau-Ponty (1945/1996) explained that when one expresses experiences, other dimensions of the life world arise. Once experiences are expressed, their meaning can be explored and theoretically reflected upon. We investigated one woman's experience through two in-depth interviews.

The mother was asked to describe her experience of becoming a mother from the moment she knew of her pregnancy and until the time of the interviews. We also asked her about her childhood experience of caregiving and her present relationship with her parent figures. The questions were open, allowing the mother's experience to come to the fore, while we used follow-up questions about her relationship with her child to probe for concrete examples. The resulting descriptions were rich in meaning and well suited for a case study.

2.1 Phenomenological Analysis

In accordance with Giorgi's (2009) descriptive phenomenological psychological method, we applied several logical steps in the research process to derive a description of the phenomenon that Susan experienced, i.e. a disturbance of motherly love. Firstly, using the epoché, we bracketed our cultural, theoretical and personal preconceptions concerning what motherly love is or should be. The first author, Idun Røseth, who had worked with the mother in a clinical setting as a psychologist, bracketed her clinical and theoretically informed insights during the phenomenological analysis. Here, we also suspended our belief in the actual existence of what the mother described; that is, we withheld the existential claim and focused on what the mother described was present to her in her conversations with Røseth. Thus, we performed the phenomenological psychological reduction where the acts of consciousness are considered to be real, but the thematic objects of consciousness are reduced (Giorgi, Giorgi, Morley, 2017). The act of reduction means to go back to the original evidence, i.e. how the world and its objects are presented to consciousness. It should be noted that while the analysis was conducted within the phenomenological psychological attitude (reduction), the interviews were conducted within an everyday life perspective and from within the natural

attitude (Giorgi, 2009; Husserl, 1983).

The transcripts of the interviews were first read several times to gain a sense of the whole. For each interview, we divided the text into meaning units by being sensitive to, and marking shifts in, the psychological meanings of what was said. The descriptions provided by the mother were analysed according to the psychological meanings as intuited (given to us in our consciousness) with the help of imaginative variation, in order to express more general and invariant meanings. The language used to describe these meanings is deliberately phrased in the third person. In that way, the subject's experiences, originally phrased in the first person, and her interactions and conversations with us and others, originally phrased in the second person, are transformed to a uniform and coherent language. These transformed meanings were integrated in a unified psychological meaning structure, which captured the phenomenon as lived by the subject. This structure is described below in Section 3.1. The brackets were then removed, which allowed for a dialogue with attachment theory and findings from relevant research as well as existential-phenomenological literature. This is presented in Sections 3.2–3.5.

In this study, we describe and discuss the phenomenon through the experience of one person. Giorgi (2009) states that the descriptive phenomenological method does not aim for idiographic, but nomothetic results, and argues for the inclusion of at least three subjects. We acknowledge that using Giorgi's method with one subject is an adjustment that may weigh heavily on the process of imaginative variation in order to achieve more general meanings. Fortunately, the interview data was sufficiently rich with concrete descriptions of the phenomenon. This made the process of imaginative variation easier and supported the eidetic reduction. The phenomenological analysis of this single case may enable the enhancement and elucidation of complex psychological processes of great clinical interest. A case study allows the researcher to illuminate and describe in detail consistent and recurrent patterns in the relationship between the individual and the situation (Kvale, 1996). The phenomenological insights of Merleau-Ponty and van den Berg were built on a number of well-chosen cases. Significant pathological cases can serve to render the familiar unfamiliar, thereby making phenomena accessible for description (Romdenh-Romluc, 2011). Our material was indeed particularly rich and detailed, giving unique access to the experience of "lack of motherly love".

2.2 Research Ethics and User Participation

This research project was conducted in close co-operation with the user-participant (Susan).

The research interviews were conducted exclusively for this research project and took place outside the clinical setting. Susan read and commented on the findings, and had the opportunity to read and comment on later versions of the paper. For reasons of privacy, Susan preferred to remain anonymous; a pseudonym was therefore used and identifying information was changed or excluded. The research project was approved by the Norwegian Regional Committees for Medical and Health Research Ethics (REC; project number 2017/133) as being in accordance with research ethics guidelines (informed consent, right to withdraw, anonymity).

2.3 Case Synopsis

In this section, we present a case synopsis, with the aim of providing the reader with specific content and a sense of who the subject in this study is, and how the first author worked with her in therapy.

Susan, a 30-year-old woman was referred by her GP to an outpatient child and adolescent psychiatric clinic for treatment of depressive symptoms, bonding and attachment problems. Her complaint was that she struggled to feel love for her daughter, who at the time was six months old. Røseth worked with the mother and the child-mother dyad for over two years. The approach consisted of existential-phenomenologically oriented therapy (cf. Langdridge, 2013; Røseth & Bongaardt, 2018) as well as child-mother attachment-based psychotherapy using segments of video observations (Brandtzæg, Smith, & Torsteinson, 2011; Powell, Cooper, Hoffman, & Marvin, 2013). Insights from other therapeutic traditions were also used when appropriate, in a non-dogmatic and free-flowing manner. The therapy was directed at the disturbance in Susan's maternal feelings, her depressive symptoms, and relational and attachment issues in the interaction with her child. When working with postpartum depressed mothers and the mother-child dyad, we addressed the mother's challenges first. As therapy proceeded, the focus was enlarged to include also the mother's interaction with the infant. At 11 months, the attachment-related behaviour of Susan's daughter was interpreted by Røseth and colleagues as having elements of insecurity and avoidance in relation to the mother, while at 24 months it was interpreted as mostly secure. Insecure avoidant attachment behaviour means that the child's need for comfort and physical proximity is not directly expressed to the caregiver, while secure attachment behaviour indicates the ability to express these needs more directly (Bowlby, 1988).

In this section, we first present the structure of psychological meanings of Susan's experiences in relation to her daughter. We then present the constituents of this structure in more detail, including the use of Susan's own words.

3.1 The Psychological Meaning Structure

The psychological meaning structure reads as follows:

The realization of pregnancy changed Susan's preliminary vaguely positive ideas about carrying another life in her womb into sheer ambivalence about living with a child. Her relationship with the child's father was equally ambivalent in that she was unsure how she really felt about him. Susan hoped that her ambivalent and negative feelings would dissolve after birth. However, as the pregnancy developed, the negative feelings only grew and continued to do so after birth. She could see the beauty and value of her baby, and recognize the child's total dependence on her as the mother. But instead of having good maternal feelings, she felt trapped, and desired to escape. Susan experienced her daughter as independent and content almost from birth, and as having minimal need for comforting or physical contact. The practical care for her baby was perceived as easy but boring. She longed for the free life she had lived before, a life without the restrictions of responsibility. This longing for freedom, however, made her feel cruel and ashamed. She was afraid that her child, or others, would see her true self and did her best to pretend that she was a loving mother. As a consequence, she felt like a fraud deceiving not only her child, but everyone else as well. She felt guilty to the core for having made the wrong, or even "fatal", decision to keep the baby, and was troubled by an intense, relentless anguish. Susan expressed a lack of inner direction in life as a mother, which made her insecure and passive. She regarded this as due to her childhood without proper boundaries or attention, making her feel insecure and of little value to her parents. Yet, in spite of feeling chaotic and insecure inside, Susan came to experience a growing realization of the importance of being in the adult role and providing healthy boundaries for her daughter. Her process of betterment initially involved opening up and communicating her feelings to someone else and seeking help. Then followed her engagement in professionally supported reflections on motherhood, on her child's needs for comforting and physical contact, and on the interaction between them. But most important for Susan was to take charge and create a life path she could own while being a mother. This involved letting go of expectations intrinsic to both the identity of being an artist and the "right way to be a proper mother". Upon the release of

these expectations, she was able to open up emotionally for her daughter and experience the interaction with her as meaningful.

In essence, the phenomenon of “lack of maternal love” can be experienced as feeling indifferent towards one’s child, deeply grounded in alienation from the child and an ambivalence towards motherhood. It can be rooted in not feeling loved enough by one’s own parents, resulting in the experience of diminishment of meaning in close relationships. Feeling alienated leads to painful boredom and a return to former meaningful projects. This collides with personal and cultural expectations of motherhood, producing overwhelming feelings of guilt and shame, which forces the mother to endure her indifference and address the child’s needs. Betterment can involve opening up to others, seeking help, letting go of cultural ideals, and taking agency of one’s own life, including motherhood.

For the sake of analysis, this general meaning structure can be separated into four constituents: 1) lost in ambivalence and feelings of indifference, 2) boredom, guilt and anguish in the maternal role, 3) the quest for parental love without repeating negative patterns, and 4) on the way to betterment.

3.2 Lost in Ambivalence and Feelings of Indifference

Before Susangot pregnant, she had vaguely positive ideas about a growing foetus in her womb. However, from the moment Susan realized her unexpected pregnancy, she felt very ambivalent.

Yes. When I realized it, then it was—well then I suppose I was—I was a bit unsure about what I wanted. What I sort of felt about it and I didn’t really have that much feelings for it ... And then, but then I decided that—yes, I’d do it, I’d keep the baby—with doubts the whole time when I was deciding, you see ... And then—well, it was probably kind of because everyone—it was because you—yes, and maybe I felt it was the most right thing to do that. So everyone—so I kind of wouldn’t disappoint anyone, yes, like that.

On the one hand, she reasoned that she was in her thirties and the responsible thing to do was to keep the baby. On the other hand, she was afraid of the effect that having a child would have on her life. In spite of her ambivalence, she decided to keep the baby. Susan hoped that her doubt and negative feelings would dissolve after birth. However, as the pregnancy developed, the ambivalence did not dissipate and her feelings of indifference just grew stronger. The birth went well and Susan considered the practical care for her child to be easy. She recognized the beauty

and value of her child, but was unable to feel good feelings for her.

... but I kind of just felt nothing. I just felt really bad. It was very, I kind of dreaded everything. Dreaded what was going to come. There was nothing ... If I haven't got any good feelings now, I won't have any good feelings later, will I? So that's just how it turned out. Nothing seemed to matter at all and it was very—there was a little baby there, but it was—it didn't feel like my baby.

She connected this indifference and ambivalence to a lack of confidence in herself; because she was not 'good enough', she was unable to stay in relationships. Perhaps it is therefore not surprising that Susan described her daughter as independent and content almost from birth, and as having minimal need for comforting or physical contact.

3.3 Boredom, Guilt and Anguish in the Maternal Role

Susan easily felt bored at home with her baby girl and escaped into dreams of earlier job-related projects that had excited her. But then she felt cruel and shameful for thinking such thoughts and having such feelings. What kind of mother was she, who felt indifference for her child and perceived her as a stranger? She felt sorry for her child growing up with a mother without love, and she worried about the harm it would inflict on her.

I'm very aware that it doesn't—the days pass by and she'll grow up, and then it's a bit like—yes, I feel it's very sad that it's like that and it's sort of been that way. For her sake and then—yes, I'm very afraid she'll get some permanent [damage] but ...

Sometimes she tormented herself with fantasies about her daughter being in terrible accidents, where she did nothing to prevent them, scrutinizing her emotional reactions and finding feelings of indifference.

You get those catastrophic thoughts about, well, you'll do something like you might suddenly just let her fall down the stairs or awful things like that. And then I kind of think, would I have cared, or really strange things ... scared that I might actually do it. It's more like, being scared of that. Like I'm afraid of my own ... afraid of myself in a way.

Such thoughts made her feel physically unwell and created an urge to simply escape mothering or even her own life. "I got really destructive thoughts, like now I've just got to, like, do myself in." As she

was afraid that her child, and others, would see her true self, she did her best to pretend to be a loving mother. As a consequence, she felt like a fraud deceiving not only her child, but everyone else as well.

... I have to work very hard to somehow—and what should I say, have a kind of—having to work so hard at being happy, I felt and kind of, well, smile and try to have—because she's completely, she behaves quite normally, I think ... But you feel like you're kind of a bit false then.

She felt guilty to her core, and was troubled by intense relentless anguish. When she looked back, there were times when she regretted the decision to keep the baby. In fact, at one point she felt that she had made a fatal mistake, one that could not be undone and was destroying her life. Susan became certain that there was something terribly wrong with her, not only as a mother, but as a human being. The feeling of participating in a life she was not a part of surfaced strongly for Susan. She had felt a sense of being an observer in her own life in her earlier years, a feeling of not really being present in relationships with others, rather wanting to do her own thing and be by herself. This pull towards solitude was still very present in Susan's life, but at the same time she longed to have intimate and satisfying relationships with others.

3.4 The Quest for Parental Love without Repeating Negative Patterns

When recalling her own childhood, Susan described her parents as distant and often away from home. Susan's parents were artists.

I feel like I don't know who they (parents) really are in a way. I just feel so much uncertainty ...

Susan clearly remembers feeling that she was not interesting enough to deserve her parents' attention, and that there was an emotional distance between them. She described feeling closest to her parents when she mastered something artistic; she only got confirmation when she was a 'child artist'. Susan learned early how not to provoke distress in her parents, by handling her emotions internally and by being independent. She still longed for their acceptance and approval, which she strove for by being successful in her work.

Lacking inner guidelines and direction in life, Susan described that she often felt insecure, due to having no clear inner sense of what was best to do, or what direction to take in life. Before

becoming a mother, she described herself as being afloat in life, following others more than taking a stand for herself. There is a parallel to her own upbringing where her parents were inconsistent in setting limits, and she missed the security of clear boundaries and consequences.

[T]here's kind of been no stability in my life. Things have been kind of a mess and so now I've got a baby, I feel that you, or what matters to her. And I missed it myself as a child too, knowing what's coming, knowing that now it's breakfast, now it's dinner—that's the way it is. So I feel I'm managing to do it for [my daughter] as well as possible, for my child.

Susan recalled that her older sister was protective and strict with her and their brother, sometimes taking over the parental role. While she acknowledged that this restricted her freedom, she felt that her sister's efforts to create boundaries meant that she was of value and worthy of protection.

Susan recognized a repetition of the pattern and was working on differentiating between how this affected her as an adult person, and what role she should take as a mother. She did not want to repeat the pattern with her own daughter. She felt the same insecurity as her parents did, but was determined to take responsibility for her daughter unlike her parents did for her.

[Y]ou can see she needs me and she needs—who else will show her what to do in life. I think the job also gets so scary because you don't quite know where you're going ... then it gets even more scary ... it's a bit like that when you don't have any clear idea of "that's the way I am" or "that's what I'll do".

She valued the freedom she had with respect to her own mother. Similarly, she sensed her impulse to withdraw and do her own thing, while providing the stability and security that she believed her child needed. In her role as a mother, she saw the relevance of talking to her daughter about everyday events, but it did not come naturally (as with some of her friends). The emergent dilemma for Susan was thus how to be close as a mother, while also keeping some distance in her other close relationships as a daughter and life partner.

3.5 On the Way to Betterment

Betterment was initiated by opening up about her own feelings and realizing through the feedback she got from other mothers that she was not alone. An important next step was to seek professional help, giving herself time and space to reflect on being a mother, her daughter's

needs (for comforting and physical contact), and the interactions with her. Her feeling of betterment gained momentum when Susan realized that she had been trapped in an impossible suspension between her identity as “the life of an artist” and an ideal of being a “good mother”. She had an insight that she had reversed the feelings that most people have of being free as a human and limited as a professional. For her, being professional equalled freedom and being a mother represented limitations. Her profession provided the legitimate structure for her freedom. Susan described it as a relief that she could finally let go of those unattainable, mutually exclusive identities. Betterment involved taking charge, stepping out of the passive bystander role and taking the risk of making the wrong decision. It involved letting go of her parents’ approval and attention, refocusing her energy and emotional investments in her new life as a mother.

[T]he feeling of responsibility. It’s that it—daring to take responsibility ... I’ve been afraid of that myself ... I’m kind of not involved when I don’t take any responsibility <mm>, or I’m just the kind of person, I just sort of drift along. I’ve always just been part of things—but standing up yourself and saying that’s me, and that’s good enough. I, well, it’s—well, and then sort of be done with it and not go around doubting what you’re trying to do, you have to practice that. I believe that and I’m ... laughs ..., practice it. Practice with people you feel okay with, I think. Yes.

4 Discussion

In *The Telegraph*, Beverly Turner (2014) wrote a column on motherhood; here is an excerpt:

Even after a good birth, I was blind-sided by the transformation of my existence; the complete loss of identity and the suffocating monotony of being yoked to a little one all day ... confessing out-loud anything but joy at mothering is tantamount to being a bad person; it violates a taboo, and worse, feels like a betrayal of one’s child In the West, we live in an age that regards mothers’ negative feelings (even subconscious ones), as potentially toxic to children.

The way a woman mothers her child, and her experience of mothering, is not only handed down to her by own mother and the extended family, but also informed by sociocultural norms and values (Bronfenbrenner & Morris, 2006). The sociocultural context in which motherhood takes shape affects both the experience and expectation of what it means to be a mother. We are tied

to our cultural and social context (Adams, 2011). As Kruks (1990) eloquently puts it, we are both constituting and constituted: that is, we are subjects who act and are acted upon by our sociocultural context. Rose (1989) exemplifies that “in the two decades following the end of the war ... the mundane tasks of mothering came to be rewritten as emanations of a natural and essential state of love” (pp. 160–161). What Rose underscores here is that in a cultural and historical perspective mothering has been described in different ways.

A critical feminist perspective on the exclusiveness of motherhood for the infant and bonding as an essentially female process provides powerful ground- work for deconstructing oppressive social norms in the sense that mother- child bonding appears as instinctual and inevitable (Franzblau, 1999).

The notion that there is some inherent glue that unites mother and child, simplifies, depoliticizes and removes from historical review the exploitative and oppressive conditions under which most women reproduce and mother. Attachment pretends to explain social development as an evolutionary and biologically determined phenomenon, and as such, it represents the tradition of predetermining and controlling women’s reproductive tasks and child-rearing needs. (Franzblau, 1999, p. 29)

Theories of maternal attachment and bonding have a close relationship with social policy, legitimizing social arrangements where mothers are met with the expectations that they are the main caretakers of their children (Franzblau, 1999). The feminist branch of phenomenology emphasises the importance of the experience of the situated, embodied subject, in order to reveal and fight oppressive cultural ideals of motherhood (Adams, 2011; Fischer, 2000). The mother in our case study certainly felt strong expectations as to how she should feel. When she could not experience these maternal feelings, she was tormented by guilt and shame. As Adams (2011, p. 10) points out, “The roman- tization of maternity has divided mothers into the categories of either naturally good or pathologically bad”. The slightest feelings of aggression towards the child make mothers feel guilt to an exaggerated degree. The mother in our case study developed symptoms of depression as a result of not feeling enough for her child vis-à-vis the expectations of motherhood, and not the other way around as is often hypothesized (Moehler et al., 2006). Against this backdrop, we delve deeper into three issues that emerged as crucial constituents of Susan’s experience, namely maternal love and remoteness, boredom and guilt, and the looming repetition of patterns of parenting.

4.1 Motherly Love and Feelings of Remoteness

The relation between mother and child is partly a weak instinctual relation and also a human relation

... [W]e see that the mother-child connection is not guided by a “maternal instinct” capable of resolving all problems.... Maternity after a short period of calm, can only accentuate a woman’s neurosis. Maternity does not resolve personal problems, it often aggravates them. Balanced mothers were balanced before becoming mothers.

(Merleau-Ponty, 2010, p. 81)

Susan felt torn from the moment she knew of her pregnancy. She felt compelled to keep the baby, thus conforming to ingrained cultural norms, but at the same time she was not ready to commit herself to being a mother. This prevented her from fully accepting the pregnancy and motherhood. Susan hoped that her maternal feelings would develop despite her doubts, almost by magic, or perhaps, that her “maternal instinct” would be set in motion by birth. When this hope was not fulfilled, she was thrown into despair. The child was experienced as emotionally remote; her own life was alienated from it. Over two years after giving birth, Susan describes an ongoing feeling of remoteness rather than love for her child. But what is motherly love?

Phenomenological insights into inter-subjectivity and empathy imply that a loving relationship between mother and child does not spring from entities intrinsic to mind or body (such as “instincts” or genes), but emerges from engagement between persons sharing bodily, social, and cultural dimensions of their respective life worlds (Merleau-Ponty, 1945/1996; Toombs, 2001). “Our connections to others are profound and visceral; we share intimate space, intersect in embodiment, and co-establish the world’s meaning, dimensions and veracity” (Adams, 2011, p. 250). According to Merleau-Ponty (2010), love cannot be reduced to an internal feeling, but is rather a way of existing in the world; it is a certain kind of bodily engagement. Loving is a particular pattern of perceiving and acting in the world, the world attracts us and appeals us to act in a specific way; it involves what can be called affective intentionality. Thus, Merleau-Ponty (2010) underscores that love is not determined by destiny or called forth by nature but rather it is the results of an active and lived commitment:

It is created by oath, decision, i.e., promised behavior.... we throw ourselves into it, i.e., we end up feeling, and not only acting, according to the promise. If we did not feel according

to the promise, it is because we have not truly decided or promised, a half-decision is a decision to be double. The true decision results in the feeling. (Merleau-Ponty, 2010, p. 28)

Affective intentionality is participation; how we perceive, act and feel about something depends on our commitments, how we invest ourselves in the other (cf. Merleau-Ponty, 1962). When a mother struggles to develop motherly feelings, often there is the assumption that something is blocking her natural inclination (the maternal instinct), in the form of a physical or emotional separation. Merleau-Ponty rejects this idea of a preordained biological force; rather he portrays the institution of feelings as a true decision to commit to someone.

Susan described how she did not feel able to make a true decision about having the baby. She recognized that her child had a high affective value as loving in the eyes of her sociocultural environment, but this collided catastrophically with her own lack of loving feelings. Thus she perceived her child as having an affective value without feeling it. Over time and with therapy, she learned how a loving mother acts, and she took great pains to do her utmost to act as if she loved her child. But as she did not perceive her child as requiring certain forms of loving, her “loving” actions initially lacked a true decision to love.

4.2 Boredom and Guilt

Susan described often feeling bored when with her daughter. Boredom can be described as a diminishment of personal meaning; one finds oneself in a situation depleted of meaning (Svendsen, 2012). From a phenomenological perspective, we constitute the world into meaningful patterns (Merleau-Ponty, 1945/1996). Meaning does not exist out there in the world independent of our way of being; we invest meaning into the world. The world of mothering had no “pull” on Susan since she was not emotionally invested in her daughter. Being with her did not naturally elicit loving behaviour. She had to make an explicit and conscious effort to do what she believed was right for her child. However, she could not endure living her life with so little meaningful content. She described that, while she did ‘the right thing’, she actually longed for something that used to be very meaningful, namely her art projects.

As a consequence of her longing for something more self-fulfilling and meaningful in her life, Susan experienced profound feelings of guilt with respect to her daughter. Guilt is linked to empathy and it reveals the ability, and willingness, to appreciate another person’s perspective (Leith, &

Baumeister, 1998). For Susan, guilt may have offered something positive because it compelled her to be more reflective and sensitive in relation to her daughter. Because of her guilt, she sought therapy and worked hard to change her maternal actions in order to meet her child's needs. She gained insight into her child's needs (i.e. parental reflection; Fonagy, Gergely, Jurist, & Target, 2005) and was able to provide a secure base and safe haven for her daughter. This ensured that the impact of her lack of maternal affection on her daughter was minimized.

4.3 Repeating Interactional Patterns

The main complaint as initially presented by Susan was her sense of alienation and lack of motherly love in relation to her daughter. At the onset of therapy, her daughter's attachment was described as distant, with an indirect expression of needs for comfort, conceptualized within attachment theory as consistent with avoidant behaviour (Bowlby, 1988; Ainsworth, Blehar, Waters, & Wall, 1978). It was along similar lines that Susan remembered caregiving from her own parents, namely as insecure, distant and with little emotional investment. From the perspective of attachment theory, the relational working models and attachment styles of Susan's parents may have been transmitted to Susan, and from Susan to her daughter. The caregiving that Susan received in her childhood may have shaped her later relationships, especially the relationship to her daughter.

How do struggles with motherly love affect the mother-child interaction and the development of the child? Recent neurobiological research reveals how the development of our brain, and subsequently our social mind, is fundamentally dependent on social interactions (Siegel, 2001). The infant is born with a rudimentary ability to experience directly the feelings and intentions of the other; it perceives the behaviour and gestures of the mother in terms of how it feels, that is, its 'inward formulation' (Rizzolatti & Craighero, 2005; Whitney, 2012). Although the infant is born ready to initiate communication with others, it has to be engaged in primary intersubjectivity or a proto-conversation to develop a social mind. That is, mutual and synchronized dialogue that is emotionally and dynamically tuned is necessary to properly develop the ability to recognize others' feelings and intentions (Fuchs & De Jaegher 2009; Hart, 2011; Trevarthen, 1979). Successful development implies that the mother's and the baby's embodied consciousness become coupled; they interlink their constitutive functions and they can share a world of experiences (Gurwitsch, 1966; Merleau-Ponty, 1947/1964). Between a mother and her infant there is thus an embodied attunement with prereflective adjustment and synchronization of posture, movement and pitch and tone of voice. Over time, they develop implicit and habitual

ways of being with and reacting to each other, which create a feeling of familiarity (Shusterman, 2012; Stern, 1985). Healthy mother-child dyads are not characterized by perfect synchrony, but with alternations between synchronization and desynchronization, or interactive errors. The vital aspect is that the interactive errors are repaired (Tronick & Weinberg, 1997).

This interactive and dyadic development is compromised when the mother struggles to couple sensitively her embodied consciousness to her baby and to repair the interactive failures. In response to an insensitive, emotionally withdrawn, or disturbed caregiver, the baby will fail to achieve social connectedness. It subsequently becomes distressed, uses most of its energy in self-regulatory activities and adjusts itself to the caregiving received (Tronick & Weinberg, 1997). Susan, for example, learned early how not to elicit distress in her parents by handling her emotions internally and by appearing independent. As a mother, without reflecting on this, Susan enacted the very same indirect and emotionally distant interactional pattern with her daughter. Before therapy, she described her daughter also as independent and handling her emotions internally. On the basis of knowledge of intersubjectivity and empathy in infants, we can assume that Susan's daughter sensed and lived into her mother's distress, and over time adjusted the expression of her needs in an indirect way. Implicitly and unreflectively learning and living out the same relational patterns as her mother, she unwittingly enacted and may have upheld this way of being with others. The connection between "being in need" and feeling uncomfortable or distressed can thus be handed down through generations (Fuchs & De Jaeger, 2009; Stern, 1995). Through attachment-based therapy (Powell, Cooper, Hoffman, & Marvin, 2013), Susan strove and managed to avoid this intergenerational transmission of poor attachment. As indicated by Murray (1992), it is not the lack of maternal feelings that disturb the child's development, but rather how the mother lives out these feelings in interaction with her child. Consequently, we see grounds to challenge the "myth of the good mother", and suggest the possibility that caregiving without motherly love, as idealized by sociocultural contexts, can be good enough (Winnicott, 1986), as it provides mothers a dwelling space to adjust emotionally to motherhood. We find support for this challenge in Adams' (2011) existential-phenomenological ethics. She reasons that we are fundamentally connected to other people, but at the same time radically distinct from them. As we are intimately entangled with others, we are drawn to care for them even before we have the opportunity to make a conscious choice. However, this interconnectedness can also involve negative reactions such as aggression or neglect, and is therefore not enough: we also need to initiate active concern and effort, requiring intelligence, strategy, and resourcefulness—as Merleau-Ponty has emphasized, as mentioned above. All of

these actions are evident in Susan's efforts to protect her daughter from her own impulses and negativity.

5 Research and Clinical Implications

Community and specialist healthcare providers would benefit from normalizing ambivalence as both common and natural in maternity. Fostering a more realistic view of motherhood may aid the mother to find a sustainable balance between her own interests and those of the child, rather than total self-sacrifice in order to live up to the idealized myth of the "good mother". This balance between intimacy and separation in the mother-child relationship may ease the dilemmas many new mothers face, decrease their guilt and shame, and thereby hopefully reduce the risk of mental distress and illness after birth.

A healthy balance between intimacy and separateness may be more difficult to achieve for women struggling with relational problems originating from their own childhood. For these women, normalizing ambivalence is not enough to create a healthy balance between self-care and child care. Attachment-based therapy directed toward the mother-child interaction, in addition to existential-phenomenologically oriented therapy, may prove helpful to enable mothers to actively attain an ethical stance and thereby, in spite of their impulses, provide a "good enough" holding environment for their children. This may give the mothers the time needed to successfully adjust emotionally to motherhood.

Our case study suggests that women should routinely be asked by their midwife about their own care in childhood, especially their relation to their mothers, in order to detect women who are at risk and may struggle to develop secure relations. Pregnant women who are unable to express an emotional connection and/or demonstrate strong ambivalence in relation to the pregnancy and future motherhood should be offered adequate support and treatment before the baby is born to prevent mother-child interaction difficulties.

Our case study describes the experience of one mother with difficulty in developing maternal affection for her child. In order to explore more deeply the phenomenon of disturbed maternal affection, broader qualitative studies are needed to capture more general features of women's experiences. Furthermore, we need studies that explore the relationship between the mother's own childhood experience of maternal affection and the mother-child interaction. As more men take on "mothering" tasks, we also need studies that explore experiences of disturbances in paternal affection in men. If they are struggling, do they experience the same ambivalence,

shame and guilt as Susan did?

6 Conclusion

In this case study, we explored Susan's experience of disturbed maternal affection. Susan was overwhelmed by strong feelings of ambivalence, boredom, guilt and shame and struggled for years to accept the role of motherhood. While unable to feel love for her daughter, she also suffered from an ongoing struggle for her own parents' acceptance and love through her accomplishments. Attachment-based perspectives provided insight into her relational capacity and her changing sensitivity and attunement to the child. Critical and existential-phenomenological approaches offered insights into the predicaments that mothers face and how Susan lived through these predicaments, given her sociocultural setting and childhood history.

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