

Becoming a mother

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Introduction

In the opening line of her book *The Second Sex*, Simone de Beauvoir writes that ‘*one is not born, but rather becomes a woman*’.¹ In working clinically with mothers with a diagnosis of post natal depression, I suggest that each woman who gives birth becomes a mother in her own particular way. This is of central significance in psychoanalysis as Lacan tells us that the care a mother gives her child cannot be measured on a universal scale. What is encompassed in this word care will, I hope, become somewhat clearer. This care cannot be generalised – one size does not fit all. Indeed, for psychoanalysis, it is crucial that this care does not conform to external standards but rather is particularized and individual.

So how can the mother do this, provide particular care? In a word, via speech, via language. For Lacan the mother/child relation is situated in the symbolic field from the start, that is, in language. The infant is born into the world of language, as the psychoanalyst Solange Falade writes ‘*Before the child is born and sometimes even before its conception, before it cries or speaks, it is spoken about.....something of the parents is already there that will mark the child...*’²

What happens when the child encounters or enters this symbolic field of speech? We can say that something is dripped into the infant – it is the parents’ desire for their child which is reflected in the very way they speak about their child, their tone. It is the very materiality of language – that is, the words and material – for which Lacan coined the neologism ‘*moterialism*’.

Pregnancy

The experience of childbirth is something each woman experiences in her own way as there is so much more to the experience than the physical. In speaking about their pregnancies, many mothers I meet say that the pregnancy was planned for, the baby was much wanted, even in the case where there was an unplanned pregnancy, the mother described it as a ‘happy surprise’. However some mothers were quite ill during pregnancy, had complications that sometimes required periods of hospitalization and actually looked forward to the birth itself, to bring an end to the physical suffering but more importantly, to see, to confirm that their baby was a healthy baby.

¹ S.deBeauvoir. *The Second Sex*. London, Jonathan Cape, 1960. p.1

² S. Falade. *Esquisses Psychanalytiques* 7. 1987. pp29-51

Birth

Many women experienced child-birth as bearable and were enabled and comforted by their husband or partner's presence. For others it was a traumatic event whose effects were felt long after the birth itself. Sometimes there was loss of consciousness, blood transfusions and unplanned operations. In one particular case the husband was present as his wife was rushed to intensive care immediately after the baby's birth with no explanation to him, no speech, about what was happening – this too left its mark not alone on the couple and their relationship, but had effects on the father's early relationship to the baby as he thought his wife was going to die and saw the baby as the cause of her near death experience. Interestingly enough in this case, mother and baby bonded very successfully and this allowed the father to take his wife's lead and begin to enjoy fatherhood.

Post-birth

Immediately following the birth, mothers reported some of the following reactions;- feeling fragmented, unable to feel anything emotionally or bodily, waiting for that rush of love that failed to materialise, feeling no connection with the new baby, experiencing difficulties in breastfeeding with sometimes the baby refusing/rejecting the breast. When these new mothers arrived home with their infants, it seemed they were fine so long as there was someone present, in a supportive role, usually the husband/partner or the new mother's own mother. Difficulties arose however, when the husband returned to work or the mother returned to her own house and family. This led to feelings of being left alone, trapped, frightened to be alone with the baby, unbearable anxiety, unable to eat, unable to sleep. Sometimes this led to moving to their own mother's home or seeking advice/help from the GP or maternity nurse as they knew there was 'something wrong'.

How can we account for these reactions? Where was the anticipated pleasure and excitement instead of the felt anxiety and other symptoms? For each mother the assumption of the maternal role caused difficulties. Sometimes it related to loss, unresolved grief - either a real loss as in the death of a loved one or the experience of an earlier miscarriage or of a perceived loss, for example, the loss of freedom, liberty or a way of life.

Presenting issues included:- being fearful and anxious when alone with the baby: unable to leave the baby alone, constantly checking and rechecking that s/he was breathing, having unwanted intrusive thoughts about harming the baby – this baby who was perceived as so helpless and dependent on one hand and so powerful and disruptive on the other. These feelings and thoughts were experienced as frightening.

Psychoanalytic therapy entails allowing the mother to speak about all aspects of her life, not just about the child. This allows the mother to situate herself, her husband or partner and the baby within the symbolic order, within language as she attempts to make sense of her experiences, thoughts and feelings. The psychoanalyst Gil Caroz writes that '*the conjugal family is for Lacan a machine used to transmit desire. The emphasis is less*

*on the signifiers (words) that the family carries than it is on the particular desire that caused the family, a desire that circulates between the father, the mother and the child. Lacan says: on the side of the mother, her care given to the child bears the mark of a particularized interest*³

For me, it is impossible to speak about mothers in this context of post natal depression, without speaking about the child. Earlier this year the French psychoanalyst Catherine Mathelin visited Dublin to speak about her vital work with infants, young children and their parents. She spoke about how parents and children can at times live in worlds disconnected from each other and showed how children can be crippled by trauma in their parents' lives, unconsciously transmitted, despite good intentions. She then gave clinical examples of the use and effectiveness of psychoanalysis. In her book 'The Broken Piano'⁴ Mathelin gives many examples of her work and I've chosen the following one to illustrate something of what is at stake when working with new mothers.

Vignette

It is the case of Cannelle, who is three months old, her parents are distraught as she has not stopped crying during all that time, crying day and night. Her crying is punctuated by her sleeping for 15 minutes, then she wakes and begins to cry again. Cannelle was a much wanted and longed for baby and the parents cannot understand her and say they cannot live with her. The pediatrician noted there was nothing physically wrong with the child and referred the family to C. Mathelin.

What emerges at this meeting is the mother's story; she was an only child, her mother died when she was 3 years old, her father re-married a year later and she became anorexic at 4. She hated her step-mother who was a good cook, but she refused to eat her food with the exception of sweet food. She particularly loved gingerbread men but at one stage had to be hospitalized as she had become physically ill due to all the sugar she was eating. Around this time her father made her a cloth gingerbread man which she loved and whenever she was scared at night she fell asleep sucking its hands. One day when she was 8 or 9, her stepmother threw away the toy telling her that she was too old for it, it was a silly toy. The relationship with her step-mother deteriorated over the years, consequently, she married early in order to leave home. The mother says that when she heard she was going to have a baby girl, she made a replica of the gingerbread man toy and put it in her daughter's cot – but she does not know why.

This mother was full of fear that something would happen her daughter, this fear was transmitted to the baby who remained awake and disturbed as a consequence. By permitting the mother to speak about her early experiences of being mothered, the traumatic loss of her own mother, the arrival of her step-mother a year later and the loss of the precious toy from her father, allowed the mother to localize her fear of loss, which seemed to be, that as she lost her mother at such a tender age, it was possible she could

³ G. Caroz. *The Modern Family*. See www.iclo-nls.org for full text.

⁴ C. Mathelin. *The Broken Piano: Lacanian Psychotherapy with Children*. New Hampshire, The Other Press, 1999. pp155-165.

lose her infant. The toy she made for the infant may have acted as a talisman to protect her. Essentially, the mother's unconscious spoke. This in turn enabled the analyst to aid the mother in separating her experience as a child, from her own daughter's at an unconscious level, at the level of the psyche, via speech, via language.

Catherine Mathelin then speaks to Cannelle saying that she will have her own story which is hers and not her mothers. Mathelin writes *'The new voice (the analysts) gave Cannelle an alternative, another path. She seemed to swallow my words with her whole body, and while her mother continued to weep I kept on telling the baby about the mother's fear that she(Cannelle) was trying to exorcise every quarter hour with her crying. Suddenly the child's eyes turned up, her fists opened – and Cannelle fell asleep.'*⁵ She fell into a deep sleep and the parents reported the following week that she was no longer crying and able to sleep.

Mathelin concludes by saying that though the child is not yet able to speak s/he is caught in language and is able to 'understand' what is said to him/her.

⁵ Ibid.