

MOTHERHOOD IS AN EBB AND A FLOW...
IT LASTS A LIFETIME
THE VICISSITUDES OF MOTHER'S INTERACTION
WITH HER "FANTASY CHILD"

ABSTRACT

During a wanted pregnancy, alterations in the woman's object-libidinal and narcissistic equilibrium occur. A specific type of narcissism, which cathects the expanding maternal self-representation consisting of mother and internal baby, enables the pregnant woman to feel that the growing body within her constitutes an integral part of herself. The physical symbiosis of pregnancy is augmented by a woman's preoccupation and daydreams about her future child which she molds in fantasy in accordance with her wishes and ego ideal.

Maternal feelings, emotions and fantasies fluctuate. They are neither innate nor immutable. The creation of the "fantasy child" and the fantasy of the relationship with it may be the most significant preparation for motherhood.

Following birth, the intensity and kind of libidinal investment a mother makes in her infant and maturing child may, in large measure, depend on the extent to which it is unconsciously regarded as an

extension of the self, and on its unconscious symbolic meaning. The shifts in the fusion of narcissistic-libidinal and object-libidinal cathexis, the amount of aggression directed toward the child, and the balance which will prevail may depend on the correspondence between the child in reality to the fantasy child.

INTRODUCTION

All societies have created and evolvingly continue to create stereotypic arch-types of The Mother and Motherhood. These became the ideals of a given society whose form and content depend on the ethos of the era, and on the vicissitudes of the individual. In each generation the prevailing idealized stereotypes become incorporated and influence both the female and the male psyche. The girl child, however, becomes primed for motherhood almost since birth.

In most societies, Feminine and Mother are combined to form a single representation of WOMAN – and for most women in the world this still is their only self-representation. Motherhood is a state of being. Though the specifics are expressed idiosyncratically, primary preoccupation with the child, availability to the child, self-sacrifice for the child, are values upheld as inherent in good motherhood. Transmitted from generation to generation, this stereotype expresses unconscious childhood wishes, expectancies and hopes of what a mother should be like, and how she should behave toward her child.

It is still culturally inconceivable and unacceptable that a “Good Mother” may have conflicts regarding her culturally assigned and frequently, consciously and unconsciously self-imposed, role. Further,

that these conflicts may evoke feelings of anger, even worse, hate for the child and a wish to vent it aggressively, to act out her frustration. To account for such feelings regarded as “unnatural” in a “good mother” images of witches, child-eaters, wicked stepmothers and evil mothers-in-law have been created. These stereotypes of maternal monsters have been endowed with feelings of jealousy, unjustified anger, infused with cruelty and sadism, murderous wishes and treachery, emotions, which according to the stereotypic ideal, no good mother could conceivably ever experience.

The inescapable conflicts evoked by aspirations to embody and enact the mother-ideal, and the contradictory emotions caused by a mother’s wishes and needs for a space and time “of her own,” for the fulfillment of ego goals self-directed and propelled, are probably characteristic of all mothers. The diversity of feelings prevalent toward the child at different times can already be observed in a girl’s play and attitude toward her first doll, her baby doll, the chosen doll, the discarded doll, and the doll family. Little girls are by no means always loving toward their dolls. They frequently hit their dolls mercilessly and when asked about it may say: “She is always a bad girl, she never listens. I’ll pound some sense into her yet.” Most telling is a girl’s

frequent response when told to go and play with her dollies. “I want to do something else.” Dollies, babies, could never be everything a woman wants...yet we know of the sacrifices mothers do make. The image of Mater Dolorosa is a part of Western Culture.

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The craving to have a child, which mistakenly has been considered to originate from an innate “maternal instinct,” actually stems from an unconscious response to pressures which still predominantly define a woman’s role and being in terms of motherhood. These pressures are both open and disguised, they are of religious, societal, and family origin. However, a uniquely significant contributory factor is a girl’s conscious and unconscious interaction with her mother. This pivotal relationship of love and idealization, anger, hate, envy and competition,, which undergoes many vicissitudes, eventually forms the basis for a girl’s ideal of motherhood. When the woman’s childhood experiences were good, identification with her own mother is the basis for this ideal. When childhood memories are filled with anger and pain ambivalence prevails and the ideal may be determined by reaction formations. However, the ideal of motherhood also unconsciously contributes to the wish for a child, a fantasied

opportunity to play out the role of mother and child in an unambivalent idealized form desired in the woman's childhood. In this fantasy the woman wants to be the mother she wanted to have. Stimulated by a combination of all these divergent aspects, the little girl from her earliest years has many different fantasies about "being a mommy" and about "her baby." These fantasies, as is well known, undergo typical vicissitudes during the negative and positive oedipal conflatgrations, they become latent and may again become reactivated in various versions during subsequent developmental phases. The little and growing girl's "fantasy child" may represent a gift or a wished-for gift. It may assume various psychic configurations depending on the girl's temporary/current psychic state. Important in this process are parental expectations, demands, and wishes which the girl experiences through their relationship to her, as well as her positive and negative feelings toward her parents, and her fantasies about them.

During a wanted pregnancy, positive conscious and unconscious fantasies and wishes originating in childhood, become activated.

Alternations in the woman's object-libidinal and narcissistic equilibrium occur. A marked shift toward libidinal concentration on the self takes place. This specific type of narcissism, cathects the

expanding dual self-representation consisting of mother and internal baby. It enables the pregnant woman to feel that the growing body within her constitutes an integral part of herself. The physical symbiosis of pregnancy is augmented by the woman's preoccupation and daydreams about her future child which she molds in fantasy in accordance with her wishes and ego ideal. In this sense the infant-to-be becomes uniquely mother's own, physically and mentally existing only within her.

The pregnant woman's feeling of changes within her body, and the inner spontaneous movements of the fetus bring about psychic states of "inwardness" during which the "fantasy child" and her interrelationship with it is formed. When the child is wanted, the bond of possession and love is formed. The feeling fueled with narcissistic cathexis evokes a powerful sense of "it's mine, totally so." Though it may be frightening and confusing, the sense of the child within being part of the self, one's own, becomes inevitable even though it may also be overwhelming.

This maternal experience of total union eventually, however, is disrupted by the motility of the fetus which follows a rhythm of its own. The awareness of apartness from the being within, a process

culminating in birth, establishes the physical separateness, and yet, as a patient said,

“There it is, a part of me, which came out of me, was connected to me, which I nourished and now...now that the umbilical cord is cut...is it really cut? I mean the true connection...is the baby apart, or still a part of me?”

Birth usually does not disrupt the unique mother-child bond. A form of mother-infant symbiosis continues, even though the child is now acknowledged as an object in the outside world. What during pregnancy occurred automatically without the mother’s making a conscious effort, the “tending to” the baby, now has to be done volitionally. This constant preoccupation with the baby can only be sustained because the infant continues to be cathected with both narcissistic and object libido.

Analytic work with women (Lax, 1997) reveals that the intensity and kind of libidinal investment a mother makes in her infant will depend, in large measure, on the extent to which the infant is unconsciously regarded as an extension of the self, on its unconscious symbolic meaning and on the degree to which it embodies, for the mother, her fantasy child. There will be differences, for instance,

depending on whether the child unconsciously represents a wished-for aspect of the self or one the mother wished to deny in herself; whether it is unconsciously regarded as a gift from a beloved parent, or a manifestation of a punishment which has been dreaded; whether it unconsciously represents a hated or loved sibling, reminds mother of a cherished relative or one who was scorned, etc. The manifold unconscious aspects the infant and growing child have for the mother will have a significant importance in determining mother's shifts in the fusion of narcissistic-libidinal and object-libidinal cathexis, the amount of aggression felt toward the child, and the balance which will prevail.

Maternal feelings, emotions and fantasies fluctuate. They are neither innate nor immutable. It is mother's love, under all conditions, forever strong enough to overcome all inner and outer obstacles? Must mother be, and is she forever available?

Maternal inwardness, the creation and enjoyment of the "fantasy child" and the fantasy of the interactional relationship with this child is the most significant preparatory state for motherhood. However, these feelings do not comprise the entirety of a pregnant woman's psychic state. Physical discomfort and the extent to which it occurs may disrupt the enjoyment of pregnancy. It happens quite frequently that the

pregnant woman, in moments of stress, would like to escape from her physical condition.

A patient who feared she might have difficulty becoming pregnant actively “worked on it.” She conceived, to her surprise, in the first month following her marriage. She complained thereafter,

“I feel nauseous all the time, my figure is already beginning to change. I feel it even if no one can see it. We are having no fun as a married couple. I wish I could stop the pregnancy. My husband is happy. It makes him feel like a ‘superman’ but me...I do not mean I would want to have an abortion, I just wish I could put the pregnancy on hold...things are happening within me and I have no control over them.”

The sense of loss of control, the awareness that the pregnancy progresses in a pre-programmed way with the mother-to-be having no say about it, makes some women quite anxious and others quite depressed. They remember themselves as active and decisive, and now are suddenly, to quote a patient, “a helpless, passive bystander.” This patient said,

“It is happening to me and yet I have no say about it. Sometimes this lack of ‘say’ makes me very angry and cranky and it does not

help that I know I wanted the pregnancy even more than he did. Now I am pregnant and he is 'his same self'. He enjoys touching and stroking my belly and saying 'isn't it great.' I hear what he is saying as, 'It is getting big and ugly,' even though I know he means 'It's great we'll have a baby.' I think so too but I don't like the way being pregnant feels. Sometimes though it's okay...when I think of the way it will be with the baby."

Every woman wishes to be a good mother. However, the confines of a harmonious complementary relationship with the infant and growing child may have an extremely taxing impact on the family constellations. With the arrival of the firstborn, husbands frequently feel pushed into second place and may find it difficult to be helpful. Unconscious jealousy follows and may detrimentally affect the man's relationship both to mother and child. For the mother, the presence of one or more older children in the family makes the arrival of the newborn especially difficult. In such cases the mother, as a patient said, "feels torn" between her love and loyalty to the older children and her wish to be able to devote herself exclusively to the newborn. The patient continued: "I feel no matter what I do, no one is really satisfied and neither am I or my husband." During her pregnancy this patient

already anticipated the problem. She said, “I speak to Paul (her firstborn) about the new baby. It will be a boy, he is pleased about that. But I know how hard it will be for him and I love him so much. I know how hard it will be for me because I already feel the new baby will lose out. How could I devote myself to it the way I did to Paul? He was the only one and I did not have to divide my feelings, my time, my attention. How will I manage?” She suffered from anticipatory guilt feelings.

The significance of the infant and the growing child’s correspondence to mother’s “fantasy child” created during pregnancy is an important factor. It facilitates and may even assure mother’s “falling in love” with her baby. Sometimes an aspect of the baby’s behavior the mother wished for consciously or unconsciously is the decisive factor. A patient whom I saw just two weeks after the delivery confided, “You know, I wanted a girl but he is the most wonderful baby you can imagine. He immediately knew how to nurse and I enjoy it.” The patient, Mrs. B., recalled being told many times by her mother that she had been a “poor and lazy” suckling. This always made the patient feel her mother had been angry and dissatisfied with her. Thus, her child fulfilled a wish she had had about herself. Mrs. B. continued, “You know, it is quite erotic, exciting in a way I never imagined or experienced

before. I never expected it but now I look forward to it.” The patient had feared throughout the pregnancy that she would find it difficult to enjoy staying home and caring for the baby during her three month leave. She thought she’d be in conflict because she would miss the excitement of the office and her flirtatious play with her boss. She reported after a month, “Jamie (her son) and I get along almost perfectly. We fit. He nurses often and that gives me pleasure, and I also get pleasure from his pleasure. Then he falls asleep and I do too. It’s almost like a love affair.”

For this patient the unexpected erotic gratification became a significant factor in establishing the bond and preoccupation with her infant.

The strength and significance of this early idyll became apparent when at seven months, Jamie began giving clear indications that he no longer was interested in nursing and started turning away from the breast. Mrs. B. at first thought it was just “accidental.” However, when she had to face the reality, she said,

“I feel rejected and also very angry. I’ve been giving him so much and now he pushes me away. How can I be expected to ‘take it with a smile?’ My husband says I should be glad he is maturing

and I will now be freer – freer for what? I had more fun nursing Jamie than having sex with my husband. My husband is selfish.”

Analysis made her aware of the extent to which she used the child for her own gratification and as a pretext for being less available to her husband. Mrs. B. also realized that she displaced her anger at Jamie onto her husband. A period of partial withdrawal from her son followed which she rationalized by saying that Jamie did not need her “as much as before.” She no longer experienced Jamie as the wonderful “perfect” child, and began to find fault with him. Because she was in analysis, Mrs. B. discovered and could face (although with difficulty) that the child had been fulfilling an erotic need for her that she had wanted to continue. She felt ashamed and guilty, but primarily angry at her husband for not being a better lover. Ambivalence and impatience were now quite predominant in Mrs. B’s relationship both with her husband and son. For Mrs. B. the “fit” between the “fantasy child” and real baby diminished. This affected her emotional and behavioral attitude toward Jamie.

Variations in maternal attitudes toward her child (Coleman, Kris & Provence, 1953) occur throughout mother’s lifelong interaction with it. These may be caused by aspects of the child’s maturation which do

not correspond to mother's expectations, the child's unique proclivities and character, friends the child selects, the pursuit of specific interests, the wish for independence, the need to cling, etc. Mother's attitudes and her intrapsychic reaction to the child may change depending on the degree to which there is a corresponding complementarity and attunement between them. This may relate to their personality style, temperament, needs and wishes. Thus, periods of greater and lesser harmonious interaction are inevitable. Significant during periods of dissonance is the maintenance of Mother's feeling: "In spite of it all, this is my child I love." Such an attitude in large measure depends on mother's recognition of elements belonging to the "fantasy child" in the persona of her child.

Mrs. B's awareness of her own needs increased after Jamie's self-weaning, which she experienced as a painful rejection. Though she resented having to give them up, she now complained: "I never had an uninterrupted night's sleep and I really do not want to get up to give Jamie his bottle, what's in it for me?" Some weeks later Mrs. B. announced, "I know you will not approve but Dr. Spock recommends it. Dr. Spock changed his mind. I will let Jamie 'cry it out' when he wakes up during the night. He's eight months old. If he's old enough to wean

himself, he's old enough to sleep through the night." There was a tone of anger and vindictiveness in her voice to which I alerted her. She responded angrily toward me, "I "new you would think that I am doing it to get back at him. So what. I am entitled to some rest also. I'm with him all day long, and I must admit, I am getting bored. I think I want to spend more time in the office. I need adult stimulation. 'Mother-talk' and "baby-talk' can get very stifling." She fell silent and I made no response. After a while in a sort of apologetic and conciliatory voice, "I do love him very much, and he is a sweet boy but he doesn't need me as much as he used to so I can do things for myself." Mrs. B. had great difficulty tolerating her feeling of anger and ambivalence toward Jamie. She sought out "authorities" which would support her behavior unaware it was indicative of an unconscious wish for revenge. Rationalization was one of the main defenses. Mrs. B. explained her planned separations from Jamie as motivated by her wish to "stimulate his growth of independence," unaware that she was trying to counteract her unconscious dependence on him.

Mrs. B. accepted an offer from her firm to work three full days on a project which interested her greatly. After a short period of elation, a boost to her self-esteem, and enjoyment of the playful flirtation with her

boss, Mrs. B. developed guilt feelings about Jamie. She felt that he no longer was a joyful as he used to be and she blamed herself. Mrs. B. felt selfish and chastised herself for neglecting Jamie. Turmoil and an inner conflict started. Mrs. B. asked, “Do I have a right to personal self fulfillment at the expense of my child? I feel torn.” Her feelings oscillated between the need to be a “good mother ho sacrifices herself for the child,” and her wish for gratification from work and contact with colleagues.

Mrs. B. questioned herself (and me): “Does a woman have a right to have a child if she isn’t totally devoted to it?” She recalled that her own mother with whom she had a very bad relationship stayed at home. Thus Mrs. B. realized, “Just staying at home with the child” was not the answer. She began with difficulty to analyze the qualities which really “make for a good mother.” Eventually Mrs. B. concluded that her wish to be a different mother than her mother was, led to the development of an idealized mother image based on what she, as a child, wished her mother to be. She understood that this did not necessarily correspond to what would constitute a good mother for Jamie. Mrs. B. began to demand that I tell her “what the principles of good motherhood are.” She was furious I did not comply. We analyzed, via the transference, the

underlying reasons for her fury with me. This was a stormy period during which Mrs. B. accused me of not caring for Jamie’s wellbeing, not being helpful to her, being smug and unresponsive, not “giving a damn.” She finally wondered “how I could stand her anger hour after hour” and asked, “Don’t you want to throw me out?” Mrs. B. informed me that she hated me because I am not helpful and wondered “wouldn’t it be better to spend the time with Jamie rather than analyze?” When the storm subsided Mrs. B. said, “You know I do admire your tolerance and patience. Perhaps I should be more tolerant and patient with myself and Jamie.”

Mrs. C. did not want to know the sex of her baby before birth. I saw her a month following the birth of her daughter. She was sullen and silent for quite a while, then began speaking in a whisper which ended in a crescendo. “I did not want a girl. In my family girls are not wanted – and she has red hair which means she’ll have freckles. That is horrible. My great-aunt had red hair and freckles and nobody liked her. Why do I have to have such a daughter? I tried nursing her but she did not nurse well so I changed to a bottle. She cries a lot, it makes everything so difficult. I am looking for a good nanny. I don’t like the one we have.”

During the first three months, Mrs. C. could not find any redeeming feature in her baby. She was amazed and annoyed that her husband played with the child. She could not understand why the baby gurgled and cooed when with him, also with the nanny, but not with her. As the baby grew, Mrs. C. became aware of feeling jealous. She complained: “Why doesn’t she smile at me? I think she likes her father better than me. Everybody says girls like their fathers more than their mothers so that’s just fate.” I asked whom she liked better? Mrs. B. was silent and then said, “I don’t remember. I am going to fire the nany. She does not keep Fran clean enough.”

During the first year of Fran’s life Mrs. C. fired three nannies. Finally a pattern emerged. The dismissals occurred when Mrs. C. became aware of her daughter’s attachment to her nanny. When I made this observation Mrs. C. at first angrily denied it. Eventually, however, it led to our exploration of her possessive feelings toward Fran. She said, “It’s my daughter. I was pregnant with her. I gave birth to her. I went through all the pain and stress and look at her, now she loves a stranger better than me.” She burst into angry crying and repeated, through sobs, “She’s an ungrateful child. I hate her. I hate her.” When she calmed down Mrs. C. said, “Do I really hate her if I get so upset that she

loves her nanny better than me?” I said “I think you’d like Fran to love you best.”

After we analyzed her negative self-feelings, Mrs. C. became aware of the manifold conscious and unconscious reasons Fran failed as the wished for "fantasy child." These related to her sense of inferiority because she was female. Mrs. C. recalled her childhood wish to be a boy, and her envy of boys. She had wished for a son during pregnancy. Having a boy, identifying with his achievements and glorying in them, would have been her compensation and gratification. Having a wonderful son, her product was almost as good as having been a boy. The birth of a daughter was a blow to her hopes she could not accept. She unconsciously blamed Fran for being a girl. Mrs. C’s unconscious feelings of self-hate and hate of her child were projected onto threatening unknown presences. Mrs. C. was very superstitious. “To undo the “evil eye” which she feared would harm her child, Mrs. C. used various charms Fran always had to wear. Her behavior toward Fran was inconsistent, alternating between periods in which she caressed her excessively and times in which she totally ignored her. Mrs. C’s deep rooted unconscious conflicts about her femininity were triggered and stimulated by her maternal failures of which she was aware. Her

conscious hostility and unconscious hatred of Fran, a projection of self-hatred onto the child, aggravated her depression.