

THE COLLECTIVE IMAGINARY OF MOTHERS OF CHILDREN WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER – ADHD: PRELIMINARY CONSIDERATIONS

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Abstract

This study's objective was to investigate psychoanalytically the collective imaginary of mothers concerning children diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). This study can build understanding as to how motherhood is organized in situations that require clinical psychological care be provided to children. Based on the psychoanalytical method, this study's data include the reports of mothers regarding children diagnosed with ADHD that are available online. The data was approached by using floating attention and free association of ideas, from which emerged the field of affective-emotional meaning denoted "It is the mother's fault". This field is organized around the fantasy that mothers are the sole responsible parties for the mental health of children. The general picture indicates that, in situations of child distress, heavy social demands may significantly worsen mothers' psychological distress.

Key words: Maternity, ADHD, Collective Imaginary.

Introduction

This study occurs in a broad context that includes clinical concerns over motherhood. Interested in what mothers actually experience, we need to consider two aspects when seeking comprehensive knowledge concerning the psychology of motherhood: the mother as the primary caregiver of children and the entrance of women into the job market.

Biological mothers in European and American societies are usually seen as the primary and best caregivers of babies and children. The organization of childcare dependent on mothers, however, is directly linked to historical and social determinants. Such a finding is reported by various researches, though studies are grounded on different theoretical systems, among which is the cross-cultural study developed by Bornstein and Cheah (2006), for instance, which is itself based on the ecological theory of Bronfenbrenner, and the anthropological study by Weisner (2013). It seems that this type of social organization of childcare prevents other social and community bonds from being more firmly established in terms of how we embrace babies and children.

Our society has experienced changes leading to new socioeconomic configurations, especially at the beginning of the 20th century, which required women to enter the job market. The fact that women entered the job market did not free them from their responsibilities to children. In a documental study addressing the medical files of children and adolescents cared for by a Child Psychosocial Care Center, Muylaert, Delfini and Reis (2015) report that mothers appear as the primary caregivers of children and adolescents, even when they have a paid job outside home and are the breadwinners. The position of mothers as the primary caregiver and, at the same time, being the one responsible for the family's financial support, may significantly aggravate psychological distress among mothers.

Given this context, we wanted to determine what mothers actually experience, what they feel, fantasize, and imagine when they encounter a situation in which their children require clinical psychological care. Therefore, we sought to investigate the collective imaginary of mothers of children diagnosed with attention deficit hyperactivity disorder, considering current clinical demands.

Method

When we propose to produce comprehensive knowledge by rigorously observing the foundations of the psychoanalytical method, we should first be careful in discriminating method, theory and clinical practice. As clearly explained by Herrmann (1979), such a procedure benefits the researcher as they approach the drama

experienced by people, so that one does not uncritically adhere to already established psychoanalytic theories.

This perspective efficiently and correctly harmonizes with the foundations of qualitative research, bearing in mind that it takes into account the researcher's personhood when producing knowledge. It can be exemplified both with a set of free associations itself and the fact that such an associative production always take place in transference (Herrmann, 1998).

Considering that this clinical method is intended to encourage a better understanding of the affective and emotional foundations of human acts, this study is intended to clarify fundamental concepts to organize research and the investigative path through which we operationalized the method.

Based on concrete psychology (Bleger, 1963/1977), conduct is defined as any human act. As a relational phenomenon, human conduct can be expressed mentally, somatically, as well as externally. That is, we work with dramatic manifestations and not with the notion that human behavior would be the result of an agreement between defense and drive.

Acts emerge from fields, called fields of affective-emotional meanings, understood as the intersubjectively-shaped unconscious dimension. More specifically, we work with an unconscious background conception that produces conducts.

Finally, collective imaginaries can be seen as sets of conducts. More specifically, they refer to the production and reproduction of perspectives, positions, speech and actions referring to various human subjects, not limited to mere imaginary activity. Logically, as conduct, collective imaginaries emerge from the fields of affective-emotional meanings.

In this study, we operationalize the psychoanalytical method in terms of four investigative procedures in order to clarify our investigative path:

1. Material selection investigative procedure
2. Material recording investigative procedure
3. Material interpretation investigative procedure

4. Reflective interlocutions investigative procedure

In order to comply with the material selection investigative procedure, we searched the term “*blog mãe tdah*” [ADHD mother blog] on Google in March 2018. We established, *a priori*, that the search would be restricted to the first ten links found, since these would be those most frequently accessed by Internet users. We then read the material and selected those texts signed by Internet users who identified themselves as mothers. This process resulted in three posts.

The investigative procedure for material selection was completed as we transcribed verbatim the material found online. Preserving the narratives is extremely important when working with online searches because content may be removed from the Internet at any time.

In regard to the interpretation of the material, we allowed any and all associations to emerge. We talked about our emotions, memories and impressions as freely as possible; that is, we sought to interpret and identify the unconscious emotional determinants of human conducts as if we expected the emergence of a spurt of meaning (Herrmann, 1979).

We finished the research design with the Investigative Procedures of Reflective Interlocutions. At this point, we suspended the use of the psychoanalytical method to move to a reflective and theorizing work. In this way, we sought to more deeply understand, with the help of psychoanalytical and non-psychoanalytical authors, the research’s results, that is, the interpretations of the material.

Interpretations and Reflective Interlocutions

Looking at data from a psychoanalytical perspective resulted in the interpretative production of a field of affective-emotional meaning called “It is the mother’s fault”. This field is organized around the fantasy that the mother is the only one responsible for her child’s mental health.

The field “It’s the mother’s fault” permeates the material as a whole, but it is clearly expressed in some statements, as in the two excerpts that follow:

“So I’m here, I’ve been to psychiatrists, psychologists, took the tests, and now he’s been diagnosed with ADHD, Attention Deficit Hyperactivity Disorder. How can I not feel guilty if he’d given me so many signs... Could be that the pregnancy caused this?”

“I hope to have some answers, so that I can get rid of this guilt and be able to help other people.”

This study’s interpretative results lead us to consider two points: the organization of motherhood in our culture and the typically psychoanalytical idea that is inscribed in a specific perspective regarding childcare, that the mental health of an adult is directly and exclusively linked to childhood events. If, in regard to the first point, we understand that motherhood conforms as a social, cultural and historically determined human phenomenon; the second point deserves some precaution on our part, considering that certain psychoanalytical ideas are attached to biologism, which is antagonistic to our position (Bleger, 1963/1977).

Badinter (2012) states that the Western society has, since the end of the 18th century, been organized in such a way that motherhood would be seen as indispensable for the personal fulfillment of women. It is not in vain that the fantasy that biological mothers would be the best caregivers of children, circulates in our society. Therefore, there would be “good” and “bad” mothers, that is, mothers who dedicate themselves entirely to their children and those who do not.

If, on the one hand, Badinter (2012) recalls that the biomedical sciences played a fundamental role in the creation of certain concepts, such as the maternal instinct, for instance, Rogoff (2003) on the other hand, vigorously defends the idea that childcare is culturally determined. In the Efe tribe in the Democratic Republic of Congo, for instance, not only the biological mother but also all the women of the tribe are responsible for the children. Such social configurations, more or less, satisfactorily meet the babies’ somatic and psychological needs. Thus, the idea of the biological mother as the primary caregiver corresponds to a specific model of social organization regarding how to attend to babies, children and adolescents.

In this context, psychoanalysis, and especially, post-Freudian psychoanalysis, developed an entire theorization of the maternal figure and its relationship with the development of emotional distress. Among the many psychoanalytical schools, we, as a research group, came to the Winnicottian work by reading a specific work by Bleger (1963/1977), as Ambrosio (2013) put it. We recognize the originality of Winnicottian

thought as it considers, in an innovative way, several human phenomena. Such considerations can be exemplified with the theory of play or the theory of transitional objects and phenomena (Winnicott, 1971). We recognize a clearly biological and conservative thinking in his work.

Winnicott (1945/1992), based on his vast experience with babies and their mothers, postulated that the delicate processes of self-constitution would inexorably occur in a relational matrix characterized by adult devotion to a new person. In this way, the sense of self, from one's own point of view, would be developmental achievement. Winnicott (1956/1958), however, seems to weigh some considerations according to which the best care provided to a baby would be offered by the biological mother. For example, the primary maternal concern, the psychological maternal state developed at the end of pregnancy, would be the means, rooted in physiology, through which the mother would identify herself with the baby.

On one hand, we understand that the observation that babies may have their sensitivity marked by events that take place at some point in their lives is correct. On the other, we should question whether this tendency to believe that the psychological distress older children and adults experience actually corresponds to traumatic events experienced with the mother in early childhood (Aiello-Vaisberg, 2017).

Dias (1998) clearly defends the idea that the mother's cuddling would be more important than the Oedipus' complex, especially to understand certain affections, such as psychosis. For our part, we understand that this type of positioning, which lacks methodologically rigorous longitudinal studies, excludes social aspects that determine human life and blames mothers for children's psychological distress.

The field of affective-emotional meaning "It is the mother's fault" seems to indicate that the mother remains the sole responsible agent for the psychological distress, and therefore, for the emotional health of her children. It is not surprising, in this collective imaginary, that demands emerging from this field strongly affect mothers from an emotional point of view. We believe that the permanence of this field of affective-emotional meaning may obstruct the establishment of more solidary relationships, not only for the mothers, but also for the children, adolescents, fathers and extended family, preventing transformations of the concrete conjectures that foment feelings of guilt and shame.

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