

MOTHER, WOMAN AND SOCIAL DISTRESS: PSYCHOANALYTICAL INVESTIGATION WITH BRAZILIAN MOMMY BLOGS

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Abstract

This study's objective was to investigate the collective imaginary concerning motherhood and is justified to the extent to which childcare is predominantly performed by mothers, a central figure in a child's or adolescent's psychological clinic. Methodologically, this study was organized according to the psychoanalytical method, using 17 posts addressing postpartum depression written by Internet users who identified themselves as mothers. Data analysis resulted in the interpretation of two fields of affective-emotional meanings: "I am a mother, therefore I exist" and "Exclusively a mother". The first field is organized around the myth according to which women are completely fulfilled only when they become mothers. The second is organized around the myth that the best care is exclusively provided by the biological mother. The general picture indicates that women are possibly feeling overwhelmed under this collective imaginary, leading to the conclusion that motherhood may be experienced as social distress.

Keywords: motherhood, social suffering, collective imaginary.

1 INTRODUCTION

Apparently, the concept of social distress was first used by Dejours [1] to designate painful emotional experiences arising from job insecurity associated with the loss of social objects, such as access to health, work and public policies that ensure the rights of citizens. Subsequently, Kleinman, Das and Lock [2] expanded this concept to include emotionally difficult life experiences engendered by the way social life is organized. Several situations may generate distress, among which are religious persecution, war, torture, racism, oppression against women, and other forms of prejudice. This expansion is an important advance that can contribute to a deeper understanding of the many problems addressed by social clinical psychology, which is why we agree with authors who define social distress as distress accruing from oppression, discrimination, or exclusion, which generates feelings of helplessness, humiliation, injustice, and/or guilt [3].

With this concept in mind, and based on clinical experience, we consider the possibility of understanding motherhood as social distress. This proposition is part of a larger chapter regarding concerns about the emotional dimension of human experience, which is socially determined.

It seems that a sociocultural structure that defines motherhood as an idealized target prevails in Western society [4,5,6]. In Brazil, Scavone [7] emphasizes that, in patriarchal societies, motherhood can be understood as a social production that signifies and determines the role of women.

Studies in anthropology and psychology reveal that childcare practices can be configured in a number of ways [8,9]. It seems that the idea that being cared for by the biological mother is the most natural and appropriate solution for the dependency of human infants prevails in Western society. We are

aware that the perspective that biological mothers are the best caregivers of children conforms to cultural and historical production. In fact, note that the adoption of this idea corresponds to the cultivation of a myth, that of the existence of a natural, isolated and abstract human. According to such a myth, human experience would be disconnected from wider social contexts, since human beings would have an essence prior to experience and, only with great effort, would they relate with the human world [10]. Therefore, the notion of the biological mother being the best caregiver, to whom the child would naturally attach, reveals itself as a perspective that disregards the cultural and social dimensions of human experiences, a view that is virtually unsustainable today [11].

The experience of mothers in a given social situation is affected, to some extent, by the current imaginary. That is, we know that all mothers are somewhat affected. Nonetheless, because society is complex and multifaceted, mothers are differently affected, depending on specific concrete conditions.

As researchers-psychoanalysts, we position ourselves theoretically and epistemologically in order to value concrete conditions, within which human drama takes place [10]. When we turn our attention to the dramatic lives of mothers, we intend to investigate psychoanalytically the collective imaginary concerning motherhood, which is justified as a search for comprehensive knowledge able to support the maternal and child psychological practices from psychotherapeutic and psychoprophylactic perspectives.

2 METHOD

This qualitative study uses the psychoanalytical method, which, from a logical point of view, predates clinical procedures and theories. As recalled by Herrmann [12], the psychoanalytical method is based on free-floating attention and free association of ideas. It is set into motion with the intent to interpret data. Such interpretation, which is from the results of a study, can be understood based on one of the two paradigms of psychoanalysis: the drive model or the relational model [13]. Placing ourselves under the aegis of the second option, we adopted a perspective known as concrete psychology, which demands greater detail.

Based on concrete psychology [10], which uses the clinical material generated by this method to produce knowledge according to a relational paradigm, we organized this study working with two basic concepts: collective imaginaries and fields of affective-emotional meaning.

We conceive collective imaginaries as conducts, with the precise meaning the term assumes from Bleger's work [10]. That is, collective imaginaries consist of a set of conducts, that is, thoughts, actions, cultural products, emotions, perspectives and/or expectations; the fields of affective-emotional meaning correspond to the conception of the unconscious forged by concrete psychology. It derives, therefore, from criticism and abandonment of a view according to which the unconscious would be an intra-psychic instance, in favor of a conception as inter-subjectively shaped unconscious, from which conducts emerge. Ontologically, the fields are formed from human acts, not being methodologically conceived as derived from the action of infrahuman forces, such as libido, for instance. Thus, these fields are configured as worlds dramatically inhabited by individuals or collectives, from which new conducts emerge.

In order to facilitate our communication with researchers who adhere to other methodological frameworks, we operationalized the psychoanalytical method in terms of investigative procedures. We did it to make the investigative path chosen absolutely clear:

1. Investigative procedure of survey and selection of posts;

2. Investigative procedure of recording material;
3. Investigative procedure of interpretation of material

The investigative procedure concerning the survey and selection of posts was performed using Google according to the following criteria:

1. Posts written by Internet users who identified themselves as mothers;
2. Posts contained in Brazilian personal blogs;
3. Posts addressing postpartum depression.

The third criterion concerning the selection of posts addressing postpartum depression corresponds to a methodological device based on the idea of research covert procedures, which are interesting alternatives to investigate sensitive topics. These criteria are based on the enunciation of an interest that does not exactly coincide with the study's objective [14]. Thus, we employ indirect procedures to collect posts by searching the term "postpartum depression blogs" in order to identify those that focus on distressful situations experienced by women-mothers. That is, we do not take postpartum depression to be the study's object or as a research problem. In fact, we chose to study posts addressing postpartum depression because these are a privileged locus to understand the link between motherhood and social distress.

We started searching Google in April 2015 after we established the inclusion criteria. The first 30 posts were selected considering these were the posts most frequently accessed – the search results were presented according to descending order of visits. After reading all the posts, we selected only those written by Internet users who identified themselves as mothers, which resulted in 17 posts. Then, only those that exposed the experience of post partum depression remained, that is, seven posts. Note that Google automatically directed us to a single post available on each page accessed. We explain, for the sake of methodological rigor, that we did not take excerpts of the bloggers' narratives; rather, the full texts were used.

The step concerning the recording of data was composed of transcribing the online posts verbatim. This transcription was intended to both preserve the material, in case they disappeared from the Web, and also to optimize the interpretation process.

The procedure concerning interpretation of the material included revisiting the posts numerous times in light of the fundamental rules of the psychoanalytical method, that is, using free-floating attention and free association of ideas. We read the posts welcoming all and any associations, emotions, feelings and/or remembrances, as the clinical method recommends. Hence, inserted into a transference plot of human meanings, we interpretatively arrived to emotional determinants underlying the conducts under study, that is, to the fields of affective-emotional meanings.

The study was finalized by elaborating reflexive interlocutions. This phase corresponds to a resumption of interpretations, that is, of the fields of affective-emotional meanings created/found, in light of the thinking of other authors, whose contributions can deepen our understanding of the phenomenon. In this phase of the study, generally called discussion, we abandoned free-floating attention and free association to perform theoretical-conceptual work.

3 FIELDS OF AFFECTIVE-EMOTIONAL MEANINGS AND REFLECTIVE INTERLOCUTIONS

Based on the numerous times we read the material using free-floating attention and the free association of ideas, we interpretatively produced two fields of affective-emotional meanings: "I am a mother, therefore I exist" and "Exclusively a mother". The first field of affective-emotional meaning, "I am a mother, therefore I exist" is organized around the myth that a woman only achieves true personal fulfillment when she becomes a mother. The second field, "Exclusively a mother," is organized around the idea that the biological mother is the most qualified person to take care of a child and this should be her only mission in life.

In regard to the first field, "I am a mother, therefore I exist", we can refer to an excerpt of a post to better clarify it:

"In the first three months after Ivan's birth, I asked myself, almost every single day: Will this nightmare ever end? And every time this question popped up in my head, immediately I also experienced a tremendous feeling of guilt. After all, I've just had a baby, I should feel like the happiest and most blessed person in the face of earth, but it was not exactly like things were happening."

In regard to the second field, "Exclusively a mother", the following excerpt came to mind:

"I got home exhausted because I had not slept for 48 hours, or could it have been 78 hours? I do not remember; well, I guess after the first 12 hours without sleeping at all, nothing made sense to me. I felt like a zombie. The first thing I wanted to do, as soon as I got home, was take a shower. Getting into the bathroom was like being out of a prison, back to home, where I could sit and cry all the tears I had held up to look strong in front of the other mothers. I wanted to stay under the shower forever, but soon a voice reminded me of my current obligation:

-Come feed your son, he's crying and hungry – my husband yelled outside.

My son. That phrase kept repeating itself in my subconscious. But why did I not feel like a mother?

The fields suggest the prevalence of a collective imaginary in which motherhood demands that women be both fully and exclusively dedicated to children and feel totally fulfilled and happy with motherhood. It becomes clear that we have encountered a situation that shows that the distress that affects mothers occurs through the idealization of motherhood.

Keep in mind that it is a fact that human infants are born requiring care without which they cannot survive. We should, however, note that a birth marks an important condition, to the extent that, having primary care, a newborn gains the possibility of surviving, even if the biological mother dies.

Based on his clinical practice, Winnicott [15,16] states that initial care may either favor or harm primitive emotional developmental processes, which are essential for an individual's future mental health. Therefore, he teaches that human infants are born with absolute dependency, requiring other devoted adults who can actively and sensitively adapt to infants' needs.

We know that human babies necessarily require care not only to survive but also to overcome milestones and mature so they will develop a sense of self based on their own point of view [15]. For Winnicott [17], the best kind of care would be that provided by the biological mother, who, in his view, would be in a specific psychological state he called primary maternal preoccupation. This psychological state, which would emerge at the end of the pregnancy, would extend for some weeks

after birth, helping the mother to adapt herself to the baby and meet her infant's physical and psychological needs.

This theory, however, requires careful thought, considering it is primarily based on biology. Bleger [10] warns us about reductionist approaches when studying human conducts. This author defines some myths, which correspond to views of the human being from an abstract, natural perspective, isolated from social contexts in which human life takes place, in the biographical meaning of the term. Such myths would reflect some assumptions of Western thought, according to which, human beings are originally not social beings, having a pure and essential nature that precedes experience. We propose that the concept of primary maternal preoccupation can be considered an expression of such myths, as it shows a conception of motherhood disconnected from the drama mothers experience, since infrahuman forces would cause such a state. Therefore, acknowledging that the initial postnatal environment may play a relevant role in a person's self-constitution does not imply any necessity in associating good care with the biological mother.

In our view, both fields of affective-emotional meanings established/found here can be considered expressions of such myths. The first field, "I am a mother, therefore I exist," sells women a belief that their lives should be completely fulfilled once they became mothers. The second field, "Exclusively a mother," is linked to the first, added to the idea that the biological mother would be the best caregiver for an infant and that should be her mission in life. Thus, the fields of affective-emotional meanings express fantasies, according to which a mother would be a being of incredible gift-giving ability.

Supported by Gottlieb [8] and Rogoff [9], we note that a birth opens up the possibility of several cultural arrangements to deal with the dependency of human babies. Thus, we feel confident that the idea of the biological mother being the best caregiver would be a social construct, while the dependency of babies is not. For this reason, approaches that consider motherhood to be a biological and abstract phenomenon, isolated from human relations and macrosocial contexts, do not seem accurate.

In conclusion, we recall that Badinter [11] emphasizes that the biomedical sciences played a role in the creation of beliefs that deny the different social possibilities of childcare, in addition to having reinforced certain ideas, such as natural motherhood, maternal instinct and "the good mother". According to this line of thought, some ideas, such as that pregnancy and childbirth would, by themselves, ensure a bond is established between mother and baby, disregarding the importance of psychological and social dimensions of human phenomena, seem to be misleading.

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