

## New Nuances of Motherhood: the Search for a New Equilibrium

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The subjective position of the mother in the early life of the child was vastly theorized by the English pediatrician and psychoanalyst Donald W. Winnicott in the 1960s. From his studies and observations on the initial subjective development of the human being in the context of primary object, the English author states that one cannot properly think of a baby without considering its necessary and fundamental prosthesis – the mother or who exercises the maternal function – which needs to accompany, sustain and contain the small body composed of non-integrated and boundless parts inside/ outside, I /other established. It is not possible to conceive one without the other since their existences – and their continuity – are mutually interdependent. Thus, the subject of the primitive mother-baby relationship is of the utmost importance, precisely because, absolutely dependent, the baby needs a sensitive and dedicated caregiver to gradually steadily climb the process of subjective constitution through decreasing degrees of dependence.

We will approach in this sense the extremely specialized ability of the mother to assist the baby in the grandiose undertaking of subjectivation, based on an in-depth analysis of the classical Winnicottian concept of *primary maternal preoccupation* (Winnicott, 1956/1982). This expression refers to a maternal condition that usually begins at the end of the pregnancy extending into the first months of the baby's life. It is hoped, when we are dealing with psychically healthy mothers, that occurs a deep identification of the mother with the states of being of her baby, as if the subjective center of the woman has moved to her child, promoting the disinvestment of the subjective questions themselves. Our question in this article then refers to how, in the socio-cultural context of the present, especially in the middle classes, the establishment of this delicate maternal state occurs. We observed that the increase in social demands on women, especially in relation to professional investments, compared to what we had at the time the concept was created, has repercussions on the maternal experience, adding new nuances to the state of primary maternal preoccupation.

It is often said that the mother of a baby becomes biologically conditioned for her task, which is to be especially geared to the needs of her child. In more common language, it is believed that there is a conscious but also profoundly unconscious identification that the mother makes with her baby. (Winnicott, 1956/1982, pp. 492).

Let us consider this quotation to reflect on the biological conditioning of the woman who becomes the mother to her maternal task. Because they are extremely intense physiological and emotional experiences, it is important to note the fundamental role of gestation, delivery and breastfeeding in the process of mother-infant bonding. In a very complex context of continuities and ruptures, with the birth of the child, a new state of things already intuited or imagined months before is actually deployed and then a third presents itself in the life of the couple in all their corporeality. According to the literature and

as observed in the cases of followed in the field research (Santos, 2017), the unborn baby is a familiar stranger, bearer of the dual virtual object status (Missonier, 2004): neither completely external nor completely internal, since even though it is a separate object, it is still conceived exclusively from the parental symbolic anticipations of the time of the gestar. Thus, despite the griefs and strangeness that occurs when the imaginary baby gives way to the actual baby, there is something of the order of continuity that is essential for the establishment of primary maternal preoccupation: a symbolic bond based on a bodily bond between mother and baby.

That little being that has never been seen before, except through screens on the ultrasound examination, is finally present. And if given opportunity, he will certainly show his great preference for his mother's lap than anyone else's. It seems that that smell, that voice, the warmth it exudes are like reassuring balms to the newborn, who actively seek to reestablish the old broken bodily connection. He identifies through those sensory perceptions a familiarity that brings him the longed for sense of security. Obviously, it will not be possible to return to its primeval habitat, the maternal womb, but at least the contact with that body that has carried it for so long becomes fundamental for its physical and psychic survival. We know, of course, that many children resist life even when separated from their biological mother from birth, but not without the marks of this devastating rupture felt by the baby as a traumatic violence.

Such is the childish need for the maintenance of their physical references, which, on the other hand, nature also seems to have biologically equipped the woman to respond to this demand of the child. However, as in the human species the symbolic field has a preponderant role, the biological conditioning of what Winnicott tells us, as a potential, is only updated if there is really a subjective opening of the woman who becomes the mother to the task entrusted to her. The fact that the baby is a creation or a fruit of its own brings with it a captivating potential of a narcissistic nature, since, as a similar one, it is a human being who will go through the same stages of development, receiving as a baggage for his walk the inheritance left experiences, way of life and perspectives of parents.

We thus perceive that the psychic field has enormous influence on the instinctual or biological sphere, favoring or hindering the expression of the female caring nature. Thus, identified with the vulnerability of the offspring that emerges from the depths of her body, as a part of herself, the woman who becomes a mother is summoned ethically – not instinctively – to provide the fundamental care of which she had once been an object. Thus, the primary maternal preoccupation is a state that emerges naturally, through the action of biological factors, when there are subjective and intersubjective conditions for its establishment, that is, when the return of children and the environment in which they are the woman in the process of becoming a mother converge towards the support of this maternal opening to the child.

In addition to all biological determination of maternal behavior, we are therefore confronted with the incidence of the field of desire, the symbolic, and the socio-cultural influences that would raise even more force with regard to the phenomenon of motherhood. As we are beings immersed in the symbolic field since our constitution, although universal, motherhood is expressed and experienced in different ways throughout the history of humanity, clothed with a sense of its own and a meaning that is peculiar to each socio-cultural context. There is, therefore, no maternity, but plural maternities: the way each woman experiences the process of becoming a mother is unique and singular, since it is crossed by her own personal history and cultural insertion. Elisabeth Badinter (2011) even affirms that in the human species it is impossible to define a unique attitude on the part of women in the reconciliation between the roles of woman and mother, even questioning the idea of a feminine identity. It is relevant to point out, in this sense, that the discourses that instituted the so-called “maternal instinct” in our society have a precise location and specific purposes in the history of Western society.

Maternity, with the physiological events of pregnancy, childbirth and breastfeeding, is one of the main attributes of femininity, but if we take a brief dip into the history of motherhood through time, we find that it has not always been socially valued as the main personal fulfillment of the woman. Although, as we shall see below, in the last thirty years, motherhood has once again occupied the core of feminine destiny (Badinter, 2011), women of the aristocracy did not spend much of their time and efforts on behalf of maternal duties, considered degrading. Breastfeeding was discouraged and even considered ridiculous (Kehl, 1988). So that they could continue to exercise their social activities, they used, as a symbol of their distinction, the figure of the wet nurse for the care of their offspring. At that time, marked by resounding infant mortality rates, since breastfeeding mothers were often negligent in infant care, in addition to poor hygiene in our eyes, motherhood and the woman’s place in the family were overshadowed by the hegemony of paternal power. The mother, at this time, was much more concerned with her duties as a wife to her husband and society than with caring or affection for her children (Badinter, 2011).

This picture changed from the French revolution with the cooling of patriarchal power. The disintegration of the power of the absolutist king also implied a severe blow to the paternal law governing families, inasmuch as it would enable women to find ways of being no longer subjugated but to gain autonomy and equal rights with men. But in order not to risk the rise of women in the social field, Enlightenment philosophy sought to extol the supreme value of women in the sphere of motherhood, domestic and private life. The invention of the maternal instinct has its origin and its political function of subjugating the woman to the home and to the raising of the children. This political facet, however, remained veiled under a hyper-valued conception of motherhood and mother as a figure of the utmost

importance within the family context, which in this same movement stood out clearly from the public sphere as a space of intimacy, love and privacy. The philosophical and scientific discourses of the time, uttered by men – Freud and Rousseau – all argued that being a mother was the true nature of women and their place determined by the “natural” order, since they had to fight the growing apartment which was observed in Europe at that historic moment between women and the biological or “natural” determinations of femininity.

This insistence on a single dignified place and a unique social function assigned to women – motherhood – promotes the woman from marital subjection to the title of *queen of the home* and principal agent of childcare and education. It is conceived, therefore, respectability to the domestic space in which the woman should reign. Thus, this new female position conferred honorable values on the “home” women who collaborated with society by educating their children well, but excluding them from any other form of participation in the construction of civilizations. Obviously, female desire found some satisfaction at this juncture, for to be a mother represented for many a true path of personal fulfillment. It is not a question of denying the importance of motherhood to women, nor of denying that the organization of domestic life confers a great power on women, but rather points to the failure of a subjective position that does not produce discourse. “If a woman only produces children, one only produces oneself as a mother” (Kehl, 1988, p. 83), forming a very narrow repertoire of options for the routing of female personal destiny.

Thus, at the beginning of the twentieth century, with the feminist movements, the great discrepancies that still existed in gender relations emerged, gradually raising much more rights for women and space in social life. With this, new social roles and demands have emerged alongside motherhood, implying the search for a new balance in women’s lives. With the significant growth of the female labor force, women have become potentially free from the male yoke, more independent and autonomous. In the middle of the last century, when Winnicott developed the concept of primary maternal preoccupation, this feminine movement was already underway, but it was not until the 1970s and 1980s, with the advent of contraceptive pills, which has actually multiplied the possibilities of personal destiny for women, combining their various investments: personal, social, marital, professional and maternity.

At the same time, we also see the emergence of new reproductive technologies and the proliferation of new family configurations that contribute even more to the fading of the Enlightenment equation we are dealing with, between female essence and motherhood, since being a mother today is much more related to the field of the conscious and programmed choices, according to the individual conception of personal fulfillment of each subject, than to a prior and external determination that imposes itself on the subject. Paradoxically to the modern discourse that links motherhood to feminine nature, the individualism and hedonism that govern our present Western society implies the fact that

having a child is no longer accepted as an obligation or a burden. Contemporaneousness, then, despite all the modern efforts to instill in woman a maternal instinct, brings to the surface this essentialist discourse that necessarily associates femininity with motherhood. As a consequence, we clearly note that man no longer claims to be the exclusive provider in families. We even have cases where women are the only providers.

However, according to Badinter (2011), allied to this new socioeconomic context conquered by women, we have witnessed the return of naturalistic discourse in the last thirty years, reasserting the idea of maternal instinct and repositioning motherhood at the heart of feminine destiny. Naturalism has become the dominant ideology based on the discourses of three fields: ecology, with the appreciation of the good ecological mother adept at the natural childbirth carried out in the intimacy of the house and with the warm welcome of the doulas, instead of subduing to the coldness of the environment hospital; of ethology, which reminded women that they were mammals like others, endowed with the same hormones of the mothering: oxytocin and prolactin; and of the new essentialist feminism, which criticized the early feminists for seeking equality with men by denying motherhood, the feminine essence.

We thus perceive that motherhood is conceived and represented in different ways according to the possibilities of each historical context, revealing even the symbolic importance of the construction of the mother's role by each subject, considering their infant baggage and its insertion in the world. At the present time, the conquest of this freedom of choice regarding the personal destiny of the woman has brought a contradiction: on the one hand, it has significantly modified the condition of motherhood, implying the addition of duties in relation to the child who "decided" put into the world; on the other, ending the old notions of destiny and natural necessity, it brings to the forefront the idea of personal fulfillment (Badinter, 2011). The individualism and hedonism proper to our culture have become the main reasons for our reproduction, but sometimes also for its refusal.

Thus, the growth of freedom of choice for having children corresponds to a cruel increase in the tasks required of the mothers and their responsibility for the good development and health of the child – although today, men are generally more involved with the issues related to the offspring, in practice, as we will see below through the cases studied, the largest share remains female responsibility. Psychopediatrics and related sciences, which are increasingly presenting the complexity of child development, seem to be primarily for the mothers of new and growing responsibilities towards children, dictating what it is to be a good mother. "Mothers, you owe them everything!" – this is the appeal behind the naturalistic discourses that rescue the maternal instinct (Idem). This discourse, in our view, can be dangerous by giving way to impositions that, instead of favoring the nature or fluidity of the process of becoming a mother, never free of mishaps,

may provoke invasive interventions, disrespecting the singularity of each motherhood and making it impossible to establish a social space for the reception of the anxieties and conflicts inherent in the maternal function. We quote Kehl (1988, p. 93):

... the super-egoic *imperative* of loving children over all things, which falls upon women, has a strong participation among the causes that produce maternal hatred. The hatred against the baby who seems incapable of arousing in his mother as much love as he ought to be is the correspondent projected upon the object of the hatred of the superego against the subject – the mother – who cannot experience by the newborn child the ideal of love which is required of her. (author's emphasis).

From this perspective it is essential to develop a sensitive eye for the woman who becomes a mother, seeking to see there, above all, a subject who also passed through the intrauterine and infantile phase and carries with it the marks of these experiences, of their primary relationships. With the increasing complexity of the factors at play in the process of construction of motherhood in the present day, due to the greater number of social roles that women generally accumulate or aim to accumulate – whether by internal or external pressure – it is even more delicate the search for a new balance in women's investments after the entry of women into the maternity ward. It must be considered that the effect of the increase of social demands on the female desire is also capable of being, in the same way, generating dissatisfaction, anguishes and frustrations with herself and with the new life that motherhood reveals; finally, with the proper way of managing all these factors. This unique form as each manages the process of becoming a mother is like a specific chromatic and aromatic nuance, which will circumscribe the state of primary maternal preoccupation – to those who actually achieve this state of identification with the baby – influencing the experience in the early stages of the baby's life. The beginnings of the relationship with the child may thus have colors and more or less harmonic aromas, more or less pleasant. Let's see then some from our field research to reflect a little on these different nuances that comes from the experience of each subject.

Joana Santos, 32, from São Paulo, is a physician and married. Rationality and planning define their personal style, choosing to think hard about their decisions and calculate their steps, in order to conquer and build what they want. Throughout the process from gestation to puerperium, feelings of fragility and helplessness have issues, generating tension and fostering control strategies, but above all, begging for a space of welcome, which was created by herself and, though not without effort, by their surroundings as well. The search for security has become an imperative requirement for it, as if all its psychic structuring, firmly established, was being balanced, made possible the updating of contents that gain new contours in the process of becoming a mother.

In this case, we have identified a great fear with regard to everything that Maternity is beyond its capacity for rational control. Since the attempts of conception at the first trimester of gestation, Joana felt very insecure with the physiological processes – the becoming pregnant and if gestation would go well. This aspect of her personality extended to her expectations for the arrival of the child. Throughout the gestational period, she questioned herself if she would be able to understand and get along well with the baby, since he would not have a “communication”, as she said. She also says to know that there is an “instinctive stretch” that makes the mother understand the child, but she does not feel calm in that sense, because, as she said it “out from my script”. She does trust in her ability to plan and execute, she is able to relate well to people, but how would that be with her baby? And being herself the mother, she would need anyway to face the efforts of this task; demonstrating her fear of entering the field of the sensitive, for which formal preparation is not possible. In her said words:

It's the baby and the mother, the mother and the baby ... we need to find a way to get along with it ... The newborn baby is such a little thing that ... doesn't ... hum, that little animal there, it doesn't give you much of a response, does it?! You keep trying to decode and ... and, experience a lot of good and such, but at the same time, it is very small yet. It doesn't have that neurological system. It doesn't ... It isn't such communication right?! And it's you and him, you do not have much choice! You have nowhere to run, right? It's you and him! That's it, my daughter, get to understand this little animal! (J. Santos, personal communication, August 5, 2014).

Joana seems to be quite identified with her mother, a very determined person, strong and active, also a friend and companion. However, she barely remembers her life with her mother in a remote childhood, saying that, because of work, her mother was absent for six months when Joana was two years old. Moreover, during Joana's gestation, it was not possible for her mother to welcome, at first, the fragility that in Joana emerged from the news that her younger sister, the only relative in town, was moving to another state – just as she did not allow herself to cry when baby Joana once found herself sick, demanding to be strong above all else. As her sister used to inspire concern on both, her mother charged that Joana would remain attentive and dedicated to helping her sister, not seeing the limits of the daughter, taken by the questions that involved the new life that was unfolding for her, permeated by anguishes and insecurities. The feeling was that her mother was ignoring her boundary, as if she had no right to be upset with her sister, as if she needed to be strong and understanding all the time. She, however, also resisted welcoming her fears, claiming that it was her choice to form her family in another state – as her mother did – and so she should not feel insecure, for she would be incoherent. She was thrilled to realize that this choice, at bottom, has been marked by what parents expect of her, identifying in herself a great need to please others.

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In short, to embark on the adventure of motherhood, which she could not plan or control, and still having to deal with on her own, without a support or someone to share her experiences with, made her very worried indeed. Fortunately, immediately before the child's birth, we observed a rupture in this picture. This occurred insofar as Joana was able to develop a self-care attitude, recognizing her so urgent needs and formulating them clearly for her mother, who finally welcomed her demands, providing and thus enabling her to open up to the relationship with the baby safely. In this way, the primary maternal preoccupation was established, surrounded by an atmosphere of pleasure and satisfaction for Joana, who achieved excellent harmony and sensitivity in the relationship with the baby. In fact, in her view, the presence of her mother was fundamental to give her strength in the preparations and in childbirth itself, besides the necessary confidence in the early life of the child. Thus, live the state of exclusive dedication to the baby, as if forgetting of herself, was something extremely pleasurable and rewarding for her. We also identify as very relevant to the positive maternal experience the construction of a network of friendships with other mothers so sharing the initial moments of the baby's life during her maternity leave.

What astonished her were the dissonant notes from her husband's behavior: very jealous of her enormous dedication to the baby and a certain unwillingness to take part in child care, often emotionally out of control and presenting depressed moods. The prospect of returning to professional activities also caused great emotional exhaustion, even requesting the advance of our interview. She was very distressed at the idea that in a few days she would be out of the house for 10 hours; and so on every consecutive day. She used to say: "It's surreal! On the 10<sup>th</sup> day I will be at home, on the 11<sup>th</sup> I will leave and stay 10 hours outside, and so forth on the 12<sup>th</sup> and 13<sup>th</sup> days too!!! (she sighs)" (J. Santos, personal communication, February 24, 2015). Although the child was adapting well with the nanny, whom she trusted, she was tense about having to physically move away from the child, referring to a "kind of animal feeling that the child could not leave her field of vision", and a sense of abandoning the little one – with recurring nightmares that the life of the child was at risk. She was also very distressed for being "delegating her role as a mother": it would be the nanny and not she who would hear the baby's first word, as if she were completely prevented from enjoying the pleasure from the relationship with the baby and to monitor its development.

In the state of primary maternal preoccupation, in which mother and child are psychically interconnected, any separation is also felt by the mother from a primary, visceral referential relative to the stage of absolute dependence, perhaps as something of the order of disintegration and annihilation of herself and the baby as a unit. In this way, the return to work would represent a very sudden break that she would have to face. This situation represents an important question that crosses maternity nowadays: the feminine task of balancing the satisfactory professional life and maternity, finding space to perform both

functions. Thus, these two questions: marital conflicts and personal conflicts regarding return to work have given some bitter nuances to the harmonious atmosphere of Joana's primary maternal preoccupation. The search for a new balance of investments that is imposed by the entrance into the maternity is even a personal challenge that all women are called to face, using their subjective previous knowledge, their context and their values.

For Erica Silva, 29<sup>th</sup>, a pre-school teacher in the municipality, gestation directly impacted her willingness to work, charging herself a lot for not being able to devote herself as she would like to. Her worries increased because of bad prospects for changes in working conditions, leading to an emotional conflict that weighed heavily on her: she was thinking of reducing her work day by returning from maternity leave, but she was very worried about finances, since she was the leading family provider. Her younger companion was unemployed for some periods, but was employed at the time of his daughter's birth, staying out of the house all day. In this case, we observed a significant precariousness in the holding environment, so that the atmosphere that involved its entrance into primary maternal preoccupation was essentially of overload, anguish and helplessness.

Mother's orphan, with her father and two sisters distant, Erica even had very little help with the baby and household chores. Just before childbirth, her companion came to live with her, but he was barely in the care of the child. At night, when he got home, he often claimed to be tired, resisting her requests, which resulted in much disgust and disagreements between them. She emphasized that he was more immature, presenting a posture more conformed than Joana, understanding that it was also difficult for him to equate everything. This conformism seemed to be based on an image of the feminine tied to suffering and sacrifice, lamenting for his daughter to be a woman: "I had mine ... many fears, right? We are women, right? Woman has this, has that, before the society, right? There are some weights, which I think there is a load of the feminine ... of being a woman, it has a burden".

In this sense, despite her great desire and investment in the maternal function, the early times of her baby's life were filled with anguish at not being able to take care of herself at all – she said she could not take her daughter from her lap – for being insecure before her daughter's needs, and because of her fantasies about what could happen to the little girl. Add to these contextual issues of precariousness in the holding environment, the important factor of her mother's suicide when she was 12 years old. Her family used to say that she looked a lot like her mother, which made her very fearful and insecure, with the feeling of having a hard time resolving her problems and finding solutions. She had, therefore, many fantasies of illness and even of premature death of her daughter. Her self-image was of a confused, disorganized, insecure person, very afraid of not being able to protect her from possible misfortunes. However, during gestation, unlike Joana, Erica was confident about her ability to care for her baby, though tense about organizing her own life

and self-care. The rupture that accompanies delivery and birth of the child, then, triggered in Erica immense anguish and vulnerability.

It is evident, in this context, how difficult and distressing it is to have to care for, without being care, to be fully available to the other without the minimum conditions for renewing one's energies, without having a support network with which one can count, including to share concerns and fantasies. It is like giving without receiving: the flow does not occur, generating overloads and imbalances. Being a mother to her was, therefore, a "painful love", for although she was wishing and willing to do the maternal task, she could not imagine how much it would be required and how exhausted it would be in the endeavor of taking care of herself and her daughter without any help. The biological crossing of the bond between mother and baby, in this case, not only did entail attachment, with great symbiosis, but it also brought up a certain sensation of discomfort when she felt herself, to a certain extent, reduced to a partial object, only a "giant breast" for her daughter, as if utterly nullified as a person.

Erica's accounts also show us clearly what it is to actually live the state of primary maternal preoccupation: much more than being imbued with supernatural powers or abilities to understand the baby, it emphasizes the anguish arisen by the helplessness experienced by the woman identified with the child. Erica says: "this thing that the mother knows everything is a lie, I do not know. That the mother knows the signs... I do not know, if there is someone who is like this... I congratulate her, because I...". (Silva, E. personal communication. January 19, 2016). Therefore, it should be noted that the highly specialized and exalted maternal knowledge by our society is not something automatic or acquired without effort. It is much more of a conquered knowledge, which builds itself up in the process of interaction and sensitization to the other, by seeking with persistence and dedication to interpret the child demands.

Mariana Campos, 37, a teacher of physical education and dance, is an opposite example in relation to environmental protection. She has always been able to safely count with her companion, her mother, and her in-laws on her baby's care. This network backing was really critical to a subjective setting with very low tolerance to the intense dedication that a small baby needs. From the gestation on, Mariana planned her rapid return to professional activities, both because of her difficulty in being exclusively devoted to the child – claiming to be her mother much more patient than she – and her enormous responsibility for the financial provision of the family. Responsible for paying a large part of the expenses, she always feels obliged to produce, "to have to be well", to have to deal with no matter how, which creates a lot of tension so annoying her husband, who thinks her concerns are excessive. She says that since childhood she wants to have only one child because of the high costs – financial, which she admits in his conscience, but also subjective and unconscious.

Thus, she worried herself through the gestation with the successful conclusion of her professional commitments, fearing for her gestational health – she was desperate with the hypothesis of a premature and difficult birth (as it was her own), opting beforehand for the cesarean section for considering it safer than normal delivery. As a way of alleviating her insecurity, she followed rigorously all the medical prescriptions and tried to find out more for herself in order to be aware of any problems that might occur. Extremely frightened that something was out of her plans and attached to her way of life, she would to say, when still pregnant, that her daughter would have to follow the rules of the house and follow her rhythm of life. Very vain and jealous of her physical form, when pregnant, she felt strange. In the puerperium, she had an imperative need to resume her physical activities as soon as possible, claiming to be fundamental for her physical and emotional well-being. The wide family support network allowed her to do so and, in the same way, to follow her work intensely, which was for her a great source of achievement and recognition. Maternity, which had never really been her priority – she recalls the infantile play in which she never chose to be the mother, but always the doctor or the like – had only a restricted and well defined space in her psyche.

This model of a more shared maternity, with the intense participation of the family in the care of the child, was also not exempt of conflicts, because at the same time Mariana delegated it, she wanted to keep it in control. Her father-in-law, a mediductor, seemed, in her perception, to rival her and challenge her, trying to impose his criteria in dealing with her granddaughter, which generated great discomfort for Mariana, triggering explicit power games between them. We identified a paradox in the maternal experience: at the same time that Mariana was exempt from several normal and temporary renunciations, she was forced to give up, more than imagined, her control over baby care, so that the maternal function seemed to be pulverized among many caregivers.

In this way, we observed that the state of primary maternal preoccupation was not easy to achieve in this case. From the first days of her daughter's life, numerous family figures willing to help ended up disturbing the birth of the mother figure in Mariana, who, as if anesthetized, could not take initiatives or limit the interventions over her baby, even when she did not feel comfortable with the actions of others. It was as if she did not feel capable or empowered to be a mother, as if she had to learn from others, not from her own relationship with her daughter – the suffocating, superegoic environment seems to have inhibited the invention of motherhood in the singular. Thus, at the same time that she shows difficulty in giving herself to her daughter, Mariana seems to be always very referenced to the other's gaze, seeking there the legitimation to occupy the mother's place. The atmosphere that involved the state of primary maternal preoccupation was, therefore, mainly of discomfort and reluctance, because she did not like to be dependent

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on the child since she did not feel well without being able to perform her daily activities, such as cooking. The daughter was an obstacle to her routine, generating privations, in addition to the nuisance of the “big breast smelling sour”. She says: “What is stressful for me is to stay twenty-four hours dedicated for her. Like, I’m desperate!” (Campos, M. personal communication. April 7, 2016). Thus, she felt that she passed on that anxiety to her baby, who wanted her lap and demanded her presence all the time.

We realize, therefore, that for Mariana, it is extremely important to be admired for “being slim, doing physical activity, shopping and still working” – that is, for being this super-woman mother who can handle everything. Paradoxically, however, she does not support “subjugating” herself to the child demands, abdicating of her own needs in favor of the other. Hence, we see that behind this self-sufficient and omnipotent mask that never undergoes, there is a fragile ego, which at any moment needs the approval of others, since she carries with her childish marks of submission to her own mother – who, for instance, always determined what she should wear, not accepting protests. In this subjective configuration, the experience of motherhood presents itself as a great threat of annihilation of the ego, of devastation of her being, which is only recognized as such from a phallic position maintained as a defensive resource against helplessness, which tries to preserve itself at any cost since the psychic costs of the no-subject state are even greater for her.

Profiles such as Mariana’s are quite common these days, highlighting how complex it is to equate all women’s investments in a way that satisfies themselves. In the case of Bianca Leme, a 26-year-old psychologist and a doctoral student, being a mother was something absolutely frightening: incompatible with a good career and a threat to marital life. Unlike Mariana, Bianca did not trust in the support of her mother, for whom she had always been a load to be burdened with sacrifice, since she attributed to motherhood the breakdown of her marriage – it impeded the care with her beauty – and the financial difficulties that followed it. Thus, she felt that she had always been a nuisance to her mother, just as the baby was to her.

Fearful of repeating her mother’s story, she opted beforehand for abortion in a clandestine clinic, which culminated in a traumatic experience of great embarrassment without succeeding in achieving her goal. This event, however, did not change the frame of rejection of the baby that lasted throughout the gestational period, during which she sought to focus exclusively on professional activities. She felt extremely threatened as a woman, carrying with her a stereotype of a mother, as a woman, overworked and poorly cared for or negligent with her own beauty, prone to professional failure and betrayal, as her mother had been. However, like Mariana, she had a strong support network, but above all the sensitive support of her companion’s family, which played a fundamental role in her acceptance process of motherhood. With the birth of the child, the rupture in the old state

of things occurred in a positive way, in the sense of her subjective opening to the maternal function, reporting having fallen in love with her baby as soon as she saw and breastfed him for the first time. The negative change referred to the marital relationship, source of disappointments due to the frustrations regarding the husband's participation in the care of the child. With that, she was also overwhelmed and disinterested in her sexual life.

In this way, the state of primary maternal preoccupation was established, giving great relief and joy to a mother who was extremely guilty of her hostile feelings towards the child, but that state was involved, however, as it was heralded in pregnancy, in an atmosphere of fear of annihilation at which she needed to combat while retaining her professional power. It was necessary to maintain a space of separation not to live only motherhood. She declares: "I cannot only live this baby, I cannot swallow it and only it be my food". (Leme, B. personal communication. June 26, 2015). The dimension of the momentary, that she would relinquish other roles for only a short time, did not seem to be assimilated by her, as if motherhood were to swallow or dominate her. In this sense, at the same time that she made the move towards diving in her relation to the baby, it was a question of "recovering" from it so as not to suffocate and not lose herself. The support of her in-laws, but especially her mother's – which enabled her to rescue and rebuild the bonds of love – was essential for her to feel safe to experience maternal madness and to take care of her child satisfactorily while caring for herself.

We thus observe that living the state of openness and devotion to the baby named by Winnicott of *primary maternal preoccupation* is a potential of the human being that can only actualize itself from the field of desire. Subjective history, environmental conditions, and sociocultural factors intertwine in determining the atmosphere that surrounds this fundamental maternal state. Therefore, our present time bring us, as a background or a substrate on which each process of construction of motherhood builds it up in its singularity, new nuances to be conjugated in the feminine experience: the desire to be a mother should be, in many cases, coupled with that of personal and professional fulfillment. While there is at the heart of women the movement to dedicate themselves to maternal duties satisfactorily, it is not possible to abstain from personal, loving, professional and financial achievements. There are many sectors of contemporary life in which it is necessary to invest to feel full as a subject when it comes to the personal destiny of each one, and to find a measure that is comfortable but that lives up to our ideas is something to be constantly sought.

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### Abstract

The concept of primary maternal preoccupation, introduced by Donald Winnicott in the 1960's, refers to a state of profound attunement between the mother and the infant during the first months of the baby's life, implying in the temporary retrieval of her personal investments to be able to deeply identify herself to the emotional needs of her baby. Our question in this article then consists in how, in the present socio-cultural context, especially in the middle classes, the establishment of this delicate maternal state occurs. We observed that the increase in social demands on women, principally in relation to professional investments, compared to what we had at the time the concept was created, has repercussions on the maternal experience, adding new nuances to the state of primary maternal preoccupation.

**Keywords:** Primary maternal preoccupation. Motherhood. Actuality. Femininity. Rio de Janeiro-BR.

### Novas nuances da maternidade: a busca de um novo equilíbrio

#### Resumo

O conceito de preocupação materna primária, cunhado por Donald Winnicott nos anos 1960, refere-se a um estado de profunda sintonia entre a mãe e o seu bebê nos primeiros tempos de vida, implicando no esmaecimento temporário dos investimentos pessoais dela em prol da profunda identificação com as necessidades emocionais do bebê. Nossa questão neste artigo, então, consiste em como, no contexto sociocultural atual, especialmente nas classes médias, o estabelecimento desse estado materno delicado ocorre. Observamos que o aumento das demandas sociais sobre a mulher, principalmente com relação a investimentos profissionais, em comparação ao que tínhamos quando o referido conceito foi criado, traz repercussões para a experiência materna, conferindo novas nuances ao estado de preocupação materna primária.

**Palavras-chave:** Preocupação materna primária. Maternidade. Atualidade. Feminilidade.

### Nouvelles nuances de la maternité: la recherche d'un nouvel équilibre

#### Résumé

Le concept de préoccupation maternelle primaire, créé par Donald Winnicott dans les années 1960, fait référence à un état d'harmonisation profonde entre la mère et son bébé dans les premières années de la vie, impliquant la disparition temporaire de ses investissements personnels en faveur d'une identification profonde avec les besoins émotionnels du bébé. Notre question dans cet article est donc de savoir comment, dans le contexte socioculturel actuel, notamment dans les classes moyennes, se produit l'établissement de cet état maternel délicat. Nous avons observé que l'augmentation des demandes sociaux aux femmes, notamment en relation aux investissements professionnels, par rapport au

concept de préoccupation maternelle primaire quand il a été créé, a des répercussions sur l'expérience maternelle, donnant de nouvelles nuances à l'état de préoccupation maternelle.

**Mots-clés:** Préoccupation maternelle primaire. Maternité. Actualité. Féminité.

## **Nuevas matices de la maternidad: la búsqueda de un nuevo equilibrio**

### **Resumen**

El concepto de preocupación materna primaria, acuñado por Donald Winnicott en los años 1960, se refiere a un estado de profunda sintonía entre la madre y su bebé en los primeros tiempos de vida, implicando en el desvanecimiento temporal de los investimentos personales de ella en pro de la profunda identificación con las necesidades emocionales del bebé. Nuestra cuestión en este artículo, entonces, consiste en cómo, en el contexto sociocultural actual, especialmente en las clases medias, el establecimiento de ese estado materno delicado ocurre. Se observó que el aumento de las demandas sociales sobre la mujer, principalmente con relación a investimentos profesionales, en comparación a lo que teníamos cuando el referido concepto fue creado, trae repercusiones para la experiencia materna, dando nuevos matices al estado de preocupación materna primaria.

**Palabras clave:** Preocupación materna primaria. Maternidad. Actualidad. Feminidad.