

SOME ASPECTS OF THE INTERACTION BETWEEN MOTHER AND IMPAIRED CHILD: MOTHER'S NARCISSISTIC TRAUMA

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Recent psychoanalytic studies, and especially the work of Grete Bibring (1959, 1961), indicate the extent to which pregnancy sets off a process of psychic changes in the expectant mother. Though these sequelae cause a temporary state of disequilibrium, they nonetheless are necessary to prepare the woman for the birth process and the advent of the child. Of great significance during this period are the alterations in the woman's object-libidinal and narcissistic equilibrium. During pregnancy a marked shift towards libidinal concentration on the self occurs. This narcissism, which cathects the expanding self-representation, enables the pregnant woman to feel that the growing body within her constitutes an integral part of herself. In addition to this physical sense of being merged, the pregnant woman daydreams about her future child and in her fantasy moulds it according to her wishes and ego ideals. The infant-to-be in this sense becomes during pregnancy uniquely mother's own, physically and mentally existing within her.

Eventually, however, the quickening disrupts this sense of union. The fact that the foetus has a rhythm of its own, independent of the mother's, stimulates a growing awareness of the apartness of the being within. This process culminates with birth, which establishes the physical separateness of the infant. However, to a large extent, the mother-child symbiosis continues, even though the child is now also regarded as an object in the outside world. Consequently, the child is cathected with a fusion of narcissistic libido and object libido.

In addition to these factors, the unconscious symbolic meaning which a newborn and growing child assumes for the mother also will affect the libidinal balance towards it. There will be differences, for instance, depending on whether the child unconsciously represents a wished-for aspect of herself or an aspect mother wished to deny in herself; whether the child is looked upon as a gift from a beloved parent or as a manifesta-

tion of a punishment which was dreaded; whether the child represents for the mother a hated or a loved sibling; whether he reminds mother of a cherished relative or one who was scorned, etc. (Coleman *et al.*, 1953). The shifts in the fusion of narcissistic-libidinal and object-libidinal cathexis extended to the child, and the type of libidinal balance which will prevail, will depend on the extent to which the mother-child symbiosis becomes resolved, on the mother's psychic maturity, and on reality factors.

Concurrently with fantasies about the wonderful baby to which she will give birth, the pregnant woman also harbours anxious thoughts 'that something will go wrong'. There are fears that the baby might be misshapen, retarded, born with one of the senses lacking or undeveloped, etc. These are thoughts and feelings most expectant mothers try to push away and which they regard as intrusions 'out of nowhere'. Yet the numerous superstitions and old wives' tales regarding practices which will assure the health and safety of the baby-to-be attest to a pervasiveness of fears, vocal or dormant, in the pregnant woman. Since such fears are not related to reality clues, they must be determined by the psychic make-up of the pregnant woman and relate to intrapsychic conflicts stirred up by the pregnancy.

When all aspects affecting the significance of pregnancy and the birth of a child are considered, it is understandable that the birth of a defective child constitutes a uniquely traumatic event for the mother. Due to the fact that during pregnancy the child was considered an integral part of the self, the procreation of an impaired child profoundly affects the mother's self-image, causing a severe decrease in the magnitude of positive self-directed feelings. The damaged child is experienced by the mother as a narcissistic blow. Conscious and unconscious feelings of devaluation ensue, resulting in a profound feeling of worthlessness. The fears experienced during pregnancy about the well-being of the

child now come to mind. Silently or aloud, the mother of such a child asks: 'What is wrong with me that I gave birth to such a child? Why has it happened to me? What have I done?'

Since the true meaning of these questions lies in the unconscious, answers in terms of objective reality understanding are insufficient.

The little girl, as is well-known from psychoanalytic investigations and amply described in the literature (Freud, 1917, 1933; Deutsch, 1944; Isaacs, 1927; Kestenberg, 1956), suffers a narcissistic blow following her discovery of sexual differences. This blow will be aggravated if the little girl's mother devalued her own femininity and unconsciously reacted to the child with similar feelings. Subsequently, in the course of her psychosexual development, the girl makes many attempts to compensate for this narcissistic wound. The wish for a baby from father is an early attempt to compensate for penis envy feelings. Various types of psychic conflicts pertaining to the acceptance of femininity are later attempts to deal with this childhood trauma. However, irrespective of the degree to which a woman resolved these conflicts, some residue of them always remains in the unconscious. The birth of a defective baby rekindles these dormant unconscious conflicts. This is due to the fact that the child, impaired in reality, represents to the mother's unconscious her infantile damaged self. Whereas the birth of a healthy vigorous baby could have compensated for mother's unconscious sense of impairment and could have served to fulfil in a psychodynamically acceptable way mother's unconscious childhood longings, the birth of an impaired child evokes in the mother a hopeless sense of failure. The mother feels as if she created what she always, unconsciously, felt she is rather than what she hoped for. Thus the impaired child represents her own impairment. Further, with the birth of a defective child all of mother's dreams about her baby, all pent-up hopes and fantasies which accompanied the pregnancy, are destroyed.

The following dream illustrates the emotional reaction experienced by a mother of an impaired child: 'I was hungry and they brought me something to eat. Millions of tiny eggs like roe-spawn, but all I wanted was one big, healthy egg.'

Lussier (1960), while discussing the analysis of a boy born with deformed and dwarfed arms, describes his mother's feelings of shame at his birth and her wish to keep his malformation hidden. The 'skeleton in the closet', a phrase with which we are all familiar, expresses

eloquently the mortification experienced by mother and family because of the existence of an impaired child and the wish to keep this shame hidden.

The birth of a defective baby brings into shocking awareness mother's failure in achieving her narcissistic aspirations for the child which were pervasive and reinforced during pregnancy. The irrevocable fate which befell her and her infant makes the woman feel helpless, hopeless, inferior and weak. Reality irreversibly shattered her most cherished hopes and dreams without, however, altering her important ego ideal aims. Consequently, a breakdown of self-esteem ensues in which the self and the product, the baby, are completely devalued. Edward Bibring's (1953) discussion of the mechanism of depression enables us to understand the inevitability of the woman's depressive reaction following the discovery of her child's impairment. According to Bibring, depression is due to an intrasystemic (i.e. tension within the ego itself) ego conflict (p. 26) which occurs whenever the ego experiences 'a shocking awareness of its helplessness in regard to its aspirations' (1953, p. 39). The highly charged narcissistic aspiration expressed in the fantasy about the wished-for baby on the one hand, and the ego's acute awareness of its incapacity and helplessness to achieve it because the product-baby is defective, result in a partial or complete collapse of the mother's positively cathected self-image representation. The narcissistic mortification evoked by the discrepancy between the ideal and reality product causes a withdrawal of narcissistic libido from the self. This is experienced as a depletion, a narcissistic shock which causes an injury to the self-image representation. Depression follows, and since it is the emotional correlate of the changes in the narcissistic equilibrium, the severity of the depression depends on the extent of withdrawal of narcissistic libido.

It is of interest to note that the actual magnitude of the child's impairment is *not* a criterion on the basis of which a prediction could be made as to the extent and severity of the subsequent depressive reaction in the mother. Analytic work with mothers of defective children indicates that this is so because the severity of the depressive reaction depends on the extent to which the mother unconsciously perceives the child as an externalization of her defective self and the extent to which the mother is simultaneously symbiotically linked to her child. The recognition

of the degree to which these two factors affect the mother-child interaction is essential for the understanding of the numerous permutations which ensue as a result of attempts by the mother to resolve the unconscious conflicts rekindled and aroused by the birth of a defective child.

Observations indicate that the type of maternal behaviour is determined primarily by the mother's personality structure, the extent to which the symbiotic involvement with her mother has been dissolved, the degree to which she has resolved conflicts centring on penis envy and femininity, and the characteristic manner in which she attempts to deal with conflict situations.¹ One can thus observe patterns of interaction which encompass the entire gamut from over-solicitude to complete rejection; from apparent blindness and insensitivity to the child's handicap to an exaggerated over-magnification of the defect; from demanding for and giving to the child extraordinary attention to hiding the child to forestall the discovery of its defect; from granting the child the prerogatives of an exception to treating the child as the scum of the earth.

Certain generalizations can tentatively be made. Denial of the reality of the child's condition frequently bordering on negation occurs in cases where the acceptance of reality might lead to a possible psychic breakdown of the mother. This is illustrated by the case of a young mother who several days after the birth of the child was informed that he was a dwarf. She at first reacted with disbelief which was followed by a relatively brief interlude of despair. This mother subsequently adopted the attitude that 'she knew her child would grow to be normal if it were properly nourished'. Thus she devoted herself to the child, fed and over-fed him and solicited confirmation that he was beautiful. Analytic findings suggest that women who in their childhood denied the permanency of sexual differences and had a fantasy—subsequently unconscious—that a penis will grow by magical means, as mothers of impaired children hold the conviction that some magical means will obviate the defect. (A case with similar dynamics is discussed in great detail by Forrer, 1959.)

Rejection of various degrees, culminating in the actual giving away of the child, is a reflection of the mother's need to emphasize her separate-

ness from the child who symbolically represents her unconscious defective self. This type of mother, because of her narcissistic vulnerability, cannot tolerate the continuous mortification caused by an impaired child. Further, the defective child in these cases has to be rejected since it cannot serve as a narcissistically gratifying object choice or as a fulfilment of narcissistic needs.

The following illustrates an extreme case of rejection. A beautiful young woman gave birth to a baby girl with a large naevus on one cheek. Upon seeing the child for the first time, the mother turned away and said: 'She's ugly—it can't be a two-faced monster' (referring to the normal side of the child's face and the deformed one). The mother subsequently refused to have any contact with the baby. She did not feed or see the child and she did not want to speak about the child or listen to any explanation of the child's condition.

The over-protective, over-solicitous, smothering the child attitude and the neglectful, indifferent attitude are opposite ways mothers use to cope with the hostile and frequently murderous impulses which they harbour towards their impaired children. These attitudes reflect unconscious feelings of self-hatred, projected upon the child which represents the unconscious negatively cathected self-image representation.

Analytic investigation indicates that disappointment, narcissistic mortification and depression are the underlying reactions to the birth of a defective child. Thus, far from being over-valued as a love object, the defective child is devalued by the mother who also devalues herself. To the extent to which an unconscious negatively cathected self-image representation dominates the woman's feelings about herself, the damaged child will serve as a confirmation and a reality basis for such feelings.

Depression, a feeling which can be conscious or unconscious, has many different facets: sadness, mourning, helplessness and hopelessness, as well as a feeling of worthlessness, are some of its aspects; rage, bitterness and anger turned towards the self or outwards are some of the other aspects. However, conscious and unconscious guilt feelings which many mothers of defective children harbour and which can be related to their conscious and unconscious hostile

¹ Environmental factors, and particularly the attitude of the spouse to mother and child, are of utmost importance and will have a most significant effect. These aspects are not discussed here because they are beyond

the scope of this paper, which has as its primary theme the consideration of intrapsychic factors aroused in the mother by the birth of the defective child.

and murderous impulses towards these children, are not the primary causes for their depression. These aggressive impulses are a deflection of feelings which such mothers directed towards an unconscious split-off and devalued part of the self-representation.

The specific manifest patterns of maternal behaviour reflect attempts at conflict resolution. Psychoanalytic work with children, however, amply demonstrates that, irrespective of the mother's overt behaviour, her unconscious attitude towards the child is the determining factor which has the most pronounced bearing on the child's feelings and attitudes towards his self. The early complete dependency on the mother for survival, which is the biological basis for the child's symbiosis with her, equips the child to pick up almost subliminal cues which reflect mother's attitude. This seems to be particularly true for the impaired child who, less able to fare for himself than the normal one, needs his mother all the more, both emotionally and physically. However, it is usually the mother of the impaired child who, for unconscious reasons of her own, in which her interaction with her own mother is a most significant aspect, is unable to care for her child in a fully giving way. Thus the impaired child experiences from the earliest moments of his awareness mother's unconscious attitude as lacking in total and unconditional acceptance. Analysis has demonstrated that the unconscious maternal attitude introjected into the self eventually becomes the child's unconscious nucleus of self-awareness and self-feeling. Further, these early feelings about the self, which are hardly accessible to consciousness and which arise as a reflection of rejecting and devaluing maternal attitudes, are most important in influencing the child's developing self-image and form the unconscious kernel of the negatively cathected split-off self-representation in the adult psyche. Psychoanalysis of children has demonstrated that lack of maternal acceptance, admiration, even of loving overvaluation of her infant, affect the developing self-image in a crippling way. This especially is the case of the impaired child who needs so much more than his healthy peer to support him, and receives less than the latter to sustain him because the mother, injured by his birth, is herself narcissistically depleted. The situation is complicated further by the fact that the handicapped child probably has greater needs and is more demanding, perhaps even more clinging and less independent, than his healthy

peer. All these factors set up the conditions for a self-perpetuating vicious circle of rejection, demand, rejection, guilt, anger, rejection, self-abasement, anger, guilt, and so on, with mother attempting to satisfy her child's needs but being unable to do so.

The symbiosis of the mother and her defective child has certain specific characteristics. Self-hatred projected on to an object unconsciously perceived as an externalized defective self is the mortar which binds this relationship. The extent to which the negative feelings towards the self dominate mother's personality determines the strength of the symbiotic links which bind mother and child. Only when—and to the extent to which—the unconscious depression resulting from the narcissistic injury caused by the birth of the defective child is alleviated, can the process of separation between mother and child begin to take place. The mother of an impaired child is enabled to separate from the child to the extent to which she realistically can achieve self-fulfilment by attaining goals aligned with her ego-ideal. Feelings of self-esteem attained from reality situations enable the mother of an impaired child to view herself and the child separately. The child no longer is a source of narcissistic mortification for the mother when the latter feels truly separated. Now the mother experiences feelings of sadness and hurt for the child when she considers his fate. Such an apartness enables the mother realistically to help the impaired child achieve maximum functioning.

The following clinical vignette illustrates the above. An eight-year-old boy who dragged his left foot and suffered from a mild spastic semi-paralysis of his left arm, due probably to birth injury, was referred for treatment with symptoms of soiling when he was with mother, extreme negativism and temper-tantrums. During the initial interviews, mother did not mention her son's impairment. This attitude was mirrored by the boy, who ignored the existence of his damaged extremities. Psychotherapy with mother and son was conducted by the same therapist. It was interesting to note that, as the symbiosis between mother and child loosened, mother's denial of her son's handicap decreased and she brought painful material related to it to the sessions. This attitude was paralleled in Peter's sessions. He was now able to acknowledge the damaged parts of his body and express his anger and pain about the impairment. As treatment continued and the symbiosis abated, the power struggle between mother and child

decreased and so did Peter's symptoms. Towards the end of treatment, the mother returned to work, which gave her a sense of independence and personal gratification. Peter, who had participated very actively in a course of rehabilitative physiotherapy, learnt to ride a bike, to roller skate and to use his left hand as a support so that he could participate in shop at school. Peter's belligerence and defensiveness decreased as he learnt to accept himself. All these changes helped to improve Peter's relationship with his peers. The boy eventually found gratification in his own activities and turned to his own interests. The mother, satisfied with her own life, was now able to accept the limitations of her son and to continue helping him achieve maximum functioning.

It is interesting to note that even in cases in which the behaviour of the mother appears to be guided by sound reality factors, analysis of the mother reveals that her behaviour towards the child was motivated by an unconscious wish to heal her own narcissistic wound by attempting to minimize the actual impairment of the child. In these cases mothering is predominantly based on the unconscious paradigm, 'I shall be to my child the mother I wanted to have, not the mother I had, who created the condition which resulted in my narcissistic wound.' This pattern of reaction is discussed and illustrated by Benedek (1959).

DISCUSSION

The narcissistic injury and subsequent depression following the birth of a defective child can in attenuated form occur after the birth of a normal child to the extent to which a child does not coincide with mother's image of the expected, hoped-for baby (Solnit & Stark, 1961; Sperling, 1950, 1970). Such a discrepancy can be due to the child's sex, his looks, size, temperament, feeding response, etc., factors tangible and intangible, yet related to mother's unconscious

needs, which make her aware that the newborn does not fulfil the criteria of the wished-for child. The extent of the depression in such cases depends primarily on mother's psychic make-up, in which reality factors only play a secondary role. Thus Freud's early postulates regarding the penis=baby equation, and the simplistic assumption that a healthy baby *ipso facto* will satisfy the mother's narcissistic needs, do not seem necessarily borne out. It should be noted that, to the writer's knowledge, the role played in post-partum depression by disappointment with the newborn, associated with narcissistic trauma, has not been investigated.

The mutually satisfying mother-child interaction is interfered with by the extent to which mother's unrealistic wishes become a source of her disappointment in the baby, to which she therefore cannot respond as narcissistically gratifying. Her depression, a reaction of varying magnitude and duration, affects the mothering pattern and is expressed by the degree to which she finds the baby consciously or unconsciously unacceptable. All these factors, which are reflected in the earliest interplay between mother and child, invariably must affect the child's self-feelings and thus influence the forming kernel of his self-awareness. To the extent to which mother's attitude will be depressive and non-accepting, reflecting mother's injury caused by the unfulfilling qualities the child has for her, the child's early self-representation will be negatively cathected.

SUMMARY

The narcissistic trauma caused by the birth of a defective child is discussed, as are the implications of the subsequent depressive reaction for mother-child interaction. It is indicated that the birth of a normal child, to the extent to which this child does not coincide with mother's image of the hoped-for baby, may cause a similar reaction in attenuated form.

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