

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

