

No interests of her own. Aboriginal women, subjectivity and maternal ambivalence

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The ideas in this paper have come about through my experiences with two mothers groups that I ran for Aboriginal women and children at Gunawirra, an early-intervention service in Sydney. The groups were long-term, psychoanalytically informed and aimed at developing a space where pain and trauma could be held and explored, relationships developed, and mothering capacity supported. The first group began shortly after the women had their babies, and ran for seven years. The second group started while the women were pregnant and then into the first year of the babies' lives.

The life circumstances of the women are such that they face enormous obstacles, both structural and internal, in their roles as mothers. Disadvantage across most areas of daily life (e.g., housing, income security, education, access to health services), racism, the fracturing of families, the loss of loved ones, the ongoing impact of colonization and State policies of child removal, all impinge on their current lives and parenting capacities. I want to note at this point that, during the course of the groups, all of the children were safely in their mothers' care and weren't subject to child protection concerns. However, a small number of women had older children who had been removed. I'll be exploring the issue of child protection and its impact on the women later in the paper.

I will be discussing the importance of maternal ambivalence and its use in the development of the mother-child relationship. In general, a woman's subjective experience of motherhood receives little attention or credence. This phenomenon is particularly poignant for Aboriginal women. It is my argument that the impacts of colonial history, wider societal views of Aboriginal mothers and current child protection practices all place an inordinately heavy and unrealistic burden on the women to 'do better' as mothers and to right historical wrongs. These pressures and strictures represent a form of psychic violence perpetrated on the identity, authority and autonomy of the women, and on the relationship between mother and child.

We see the mother-infant relationship as primary and central to our understanding of early psychic life and to how a child goes on to develop. On the whole, the mother is seen from the point of view of the baby and his or her need for holding, containment and general care. In 'good' or even 'good enough' mothering (Winnicott, 1965), there is assumed to be a symmetry between the baby's needs and the mother's devotion to meeting those needs. It is expected that the mother's subjectivity is muted in the service of caring for the baby. This view, and the assumptions connected to it, have the effect of 'flattening out' the woman – reducing her to a role or a function that is

two-dimensional. The ways that mothers move through their own developments and transitions, in their own right, tends to be ignored. There is much in our culture to reinforce the myth that mothers should be, and are, endless fonts of goodness and nurturing, and that mothering is instinctive to women. The belief in instinctive and innate mothering introduces a misleading homogeneity to maternal identity and the standards by which a 'good' mother is judged. And yet, the day-to-day work of raising children and how the woman feels about her maternal self are very much contingent on external factors such as race, class and socio-economic position. There is a pervasive belief that motherhood is the culmination of feminine identity, as if, with the birth of the baby, something has been *completed* within the woman's sense of self. It is as if she has arrived at a final destination, rather than that she has reached the first stage in an endlessly unfolding series of challenges and transformations.

Traditionally, in psychoanalytic theory, pregnancy, childbirth and the early weeks and months of motherhood are seen as psychically regressive processes for the mother. It is a time when she 'reworks' her earliest conflicts and fantasies in relation to her baby self and her own mother (Bibring, 1959; Deutsch, 1925). While valid and important, this formulation focuses on *what* happens and less on how the mother *feels* going through this process and the meaning/s that she makes of it. These meanings are unique to each woman and to each pregnancy. They are developed within a current family and social context. In order to expand this understanding, Rosado and Marques (2016) suggest that pregnancy can be seen not just for its regressive elements, but also as a *catastrophic change* in Bion's (1965) sense. That is, something new and different must be found and developed in the woman's mind to deal with the surge of physical changes, the emotional turmoil, the sometimes bizarre fantasies and, critically for our understanding here, the impact of external forces on the mother.

It can be hard for us to believe and *face* that a mother might have aggressive, angry or hateful feelings toward her baby. But this is made harder in a culture where motherhood is simultaneously idealized and denigrated to the extent that it is.

In 2008, the British writer, Rachel Cusk, published a memoir called '*A life's work. On becoming a mother*'. She takes us, in vivid and painful detail, through her own subjective experience of pregnancy, childbirth and the early months of her child's life. The book is raw and honest. She is courageous in the way that she shows us the depth and intensity of her experience. She doesn't shy away from expressing and exploring the feeling that with birth, mothers experience a death of parts of themselves that they had taken for granted. She describes herself as being both more virtuous and more terrible than she had ever known. She says, 'as a mother you learn what it is to be both martyr and devil' (p. 14). Motherhood can evoke hatred and rage as much as it evokes profound love and care. She describes as much joy and delight in the baby as she does despair about being a mother. Many of the reviews of the book were vicious. She was accused of being a child-hater, of being greedy, a bad mother, irresponsible, selfish. One critic said that pregnant women shouldn't read the book. These reviews are symptomatic of the ways that mothering, and the intensely personal processes that a mother goes through, are often deemed to be public property.

The term 'ambivalence' has a mild, almost benign, connotation – a bit like 'mixed feelings'. To me, it doesn't quite capture the turmoil, violence and confusion of feelings that a mother experiences in relation to her child, herself and her identity as a

woman and mother. The feelings of love and hate, resentment and devotion, despair and joy, don't necessarily mix in the sense that one cancels out the other – they continue to co-exist as polar opposites. Mothering often involves a constant tension or battle between these two opposites – each very strong, and each very valid and real. Sometimes it feels like being torn in two.

Cusk (2008) writes:

'Birth is not merely that which divides women from men: it also divides women from themselves, so that a woman's understanding of what it is to exist is profoundly changed. Another person has existed in her, and after their birth they live within the jurisdiction of her consciousness. When she is with them she is not herself; when she is without them she is not herself; and so it is as difficult to leave your children as it is to stay with them. To discover this is to feel that your life has become irretrievably mired in conflict, or caught in some mythic snare in which you will perpetually, vainly struggle.' (p. 13)

It's not so much that the ambivalence is 'resolved' in some fixed or permanent way so that the mother and baby can then get on with things. Each new situation that puts a strain on the mother needs to be renegotiated every time.

Ambivalence, or rather, the tolerating of ambivalence, that is, to love where you hate and to hate where you love, is seen as a sign of maturity or health as it applies to most relationships – except the mother baby relationship. Where the baby's achievement of ambivalence in relation to the mother marks an important developmental stage, the mother's ambivalence toward the baby tends to make the alarm bells sound.

We naturally want to resolve or reduce the clash of feelings and come down on the side of love. Rozsika Parker (1997) has written a lot about maternal ambivalence and makes a case, not just for its existence but its use and value in helping both the mother and the baby develop. She talks about manageable and unmanageable ambivalence.

'When manageable, the pain, conflict and confusion of the coexistence of love and hate actually motivate a mother to struggle to understand her own feelings and her child's behaviour. When unmanageable, the potential for ambivalence to foster thought and spark concern is overwhelmed by the anxiety generated when hate no longer feels mitigated by love.' (p. 21)

Susan Kraemer (1996) seems to take this further. She shows that feminist psychoanalytic thinking has fleshed out the mother and made her more real and nuanced. However, she argues that this work hasn't really grappled with the 'grimmer experiences of ordinary maternal hate' (p. 766). The agonizing struggle is downplayed and she argues that there needs to be more attention paid to the conflict women feel about freeing themselves from a maternal ideal which has power and aggression on one side and love and nurturing on the other.

Parker (1997) emphasizes that the mother's capacity to experience and tolerate her ambivalent feelings is crucial to her maternal development and the ongoing relationship with the baby. For example, maternal reverie (Bion, 1962) relies on being able to take in the baby's feelings *and* the mother having an awareness of her own feeling responses to these projections. It is inevitable that there will be a mixture of

terror, rage, frustration, devotion and concern within this process and that the mother could feel torn in two by these opposing forces. Grappling with ambivalence sparks creative and nuanced ways of dealing with problems that seem intractable. When the darker side of maternal feelings are unrecognized and unacknowledged, they tend to go underground. When rage, frustration and despair are not known and held, but kept out of awareness, they are far more likely to be acted upon, putting the mother and the baby at great risk.

To truly experience the ambivalence of mothering requires a kind of emotional flexibility and fluidity. The mother has to allow herself to feel the frustration and resentment while, if not also feeling loving, patient and concerned at the time, must, somehow, have faith that those feelings will return. What does this mean for mothers who are traumatized and for whom this kind of fluidity feels terribly dangerous? Where it is barely possible to have faith and hope that, when so much has been lost, good things can be recovered.

As I was writing this paper, I thought a lot about how best to bring some of these ideas to life, to help us have a sense of what pregnancy and early motherhood is like for the women in the groups. One compelling question kept coming back to me.

Can I hold the baby?

One of the women, while pregnant with her first child, expressed to the group her anxiety about whether she would know how to hold the baby once he was born. I'll call her Kelly. For Kelly, holding him safely inside her was one thing. But there seemed to be so much to worry about – supporting and protecting his head, not letting him flop, making sure he could breathe okay. Babies are so fragile, 'What if I hurt him?' The other women in the group were encouraging and reassuring. One sat next to her with her own newborn, gently put her baby in Kelly's lap for her to hold and said, 'See, you can'. This is an example of the atmosphere of tenderness, love, caring and warmth that was created and protected in the groups in spite of the trauma and, at times, unbearable pain.

The important question, 'Can I hold the baby?' was central to the concerns of all the women in different ways. It can be thought about on many levels, pertinent to the experiences of Aboriginal mothers.

There is certainly the question of managing the literal holding and demanding day-to-day care of the baby. We could also think about the ongoing challenges of providing the emotional holding that babies and children need (Winnicott, 1965). And what about her own baby self? Can that part of her be held in any way while there is a vulnerable baby to be cared for?

But beyond these considerations, the central question for all the women in the groups was, 'Will I be *allowed* to hold the baby?'

After her little boy was born, Kelly came back to the group and told us about a home visit from the Early Childhood Nurse and the Aboriginal Health Worker. During the course of the visit, the nurse mentioned FACS. (At the time, FACS was the acronym for the NSW child protection department.) It was unclear about the exact context, but

it seemed to be in the course of giving Kelly some general information. There was no question of a concern for the baby's safety. The very word was like a bombshell and felt to be a terrible danger to her and the baby. Kelly said to the nurse, 'You think that because we're blackfellas, we don't know how to look after our kids.' And she asked the nurse to leave.

The word 'FACS' had become the thing in itself (Segal, 1957). I didn't see this so much as a result of her concreteness of mind or a 'failure' to symbolize. What registered was an immediate trauma and terror for her, timeless in nature and based on the weight of history of child removal, her own expected insecurities about herself as a mother and, no doubt, her awareness that Aboriginal children are, currently, removed from their families at disturbing rates.

Many other women have talked about similar experiences. It took a long time in the lives of both groups for these fears to emerge and be talked about openly. The terror that babies and children could be taken hung like a dark spectre over the groups, felt but unknown. It stifled the vital awareness and acknowledgement of the darker side of mothering.

One woman spoke of her experience in the A&E¹ Department of a hospital after she'd been seriously assaulted and injured by her husband. She had her two very young children with her. The doctor who was treating her told her that she would have to notify the child protection authority, that it was legally required. She described how, even as she was having the wound stitched she was in a state of panic and all she could think about was, 'They're going to take my kids; they're going to take my kids'.

As she told us more, it became clear that the doctor did her best to handle things in a sensitive way, as did the child protection worker who came to speak with her. The children stayed safely with her, because she was able to provide that protection. Not all women are able to do this, and it shows up a structural and systemic attack on and undermining of the women and the security of their relationships with their children. In circumstances of domestic violence, the onus is on the mother to provide protection for the children, and she is often blamed and punished if she is unable to do this. It's hard enough for women who are traumatized by violence to be a mother for traumatized children. When legal systems and other services hold women responsible for the effects of the violence on their children, the trauma is compounded and mothering further attacked and eroded.

Kyllie Cripps (2019) is a Senior Lecturer in Law at UNSW and a Palawa woman who has researched and written extensively about this nexus between child protection and domestic violence policies and practices. She notes that these policies impact particularly harshly on Indigenous women and children. She has found that,

'In complex domestic and family violence situations, child protection services often blame the mother for failing to protect the children and place significant conditions on the care and custody of the children. This doubly punishes Indigenous women who are not only victims of violence but who also risk removal of their children despite severely limited options to secure their own safety and that of their children.' (Cripps & Habibis, 2019, p. 14)

¹ Accident & Emergency Department

As the conditions around their parenting become more difficult (due to factors such as racism, isolation, poverty, loss, trauma, violence), the expectations on Aboriginal mothers have increased.

There is no equivalent onus on perpetrators, usually fathers and stepfathers, to ensure protection and safety for the children.

Some of the women expressed the feeling that they began motherhood at a point of disadvantage, rather than with a sense of hopeful anticipation. The disproportionate risks of lower birth weights, premature births, and complications like gestational diabetes and pre-eclampsia are well recognized. The women had access to specialized Aboriginal peri-natal health services to provide extra care during pregnancy and birth and to reduce these risks. Although acknowledged as helpful and necessary, they also felt this to be stigmatizing and engendered fear that their bodies could betray them.

The women spoke a lot about feelings of being scrutinized and judged as mothers – in supermarket queues, at the park, in doctor’s surgeries, in playgroups. ‘It’s like someone’s always looking over your shoulder, waiting for you to do something wrong.’ They feel pressured to try extra hard to *prove* that they are good mothers but that they are seen as likely to fail. There is an enormous expectation on the women to do a better job with their children, and themselves, than previous generations. Not just in spite of the history of disadvantage but *because of it*.

The women are made scapegoats of what is a very complex, systemic, historical, social, political and psychological phenomenon that permeates every level of Australian culture. They are scapegoats in the sense that they are made to feel blamed and ashamed for the difficulties they and their children face – over which they have little or no control – at the same time as being handed the responsibility for ‘fixing’ the problem. The choice of a scapegoat within any group often hinges on finding and targeting a vulnerability or relative powerlessness.

The guilt, shame, regret, and grief related to colonization, disavowed within white Australia, is projected into Aboriginal mothers via complex cultural, legal and structural attitudes and practices. It is as if Aboriginal motherhood has been largely appropriated and used as the arena in which we play out our anxieties about how we came to be here.

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