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# Maternal Guilt: An Existential Phenomenological Study of the Early Experiences of First-Time Mothers

Claire S. LeBeau

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MATERNAL GUILT:  
AN EXISTENTIAL PHENOMENOLOGICAL STUDY OF THE EARLY  
EXPERIENCES OF FIRST-TIME MOTHERS

A Dissertation

Submitted to the McNulty College & Graduate School of Liberal Arts

Duquesne University

In partial fulfillment of the requirements for  
the degree of Doctor of Philosophy

By

Claire Steele LeBeau, M.A.

May 2013

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AN EXISTENTIAL PHENOMENOLOGICAL STUDY OF THE EARLY  
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Claire Steele LeBeau

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# ABSTRACT

## MATERNAL GUILT: AN EXISTENTIAL PHENOMENOLOGICAL STUDY OF THE EARLY EXPERIENCES OF FIRST-TIME MOTHERS

By

Claire Steele LeBeau

May 2013

Dissertation supervised by Eva-Maria Simms

The present study is an existential phenomenological investigation of the experiences of maternal guilt of five first-time mothers with infant children. Maternal guilt is a powerful, pervasive, and complex phenomenon that effects and is experienced by mothers in different ways. This research explores the experiences of these five mothers in feeling guilt related to being a mother and, using an adapted research methodology utilizing Focusing Technique (Gendlin, 1981), their embodied reflections about a particular memory of feeling maternal guilt. This study utilizes procedures explicated by Colaizzi (1978), Giorgi & Giorgi (2003), Todres (2007), von Eckartsberg (1998), Walsh (1995; 2004) and Wertz (1984). All participants provided data via a written account of a particular memory of feeling a sense of guilt related to being a mother, an individual interview which incorporated a modified Focusing component, and

written and verbal feedback related to the write-up of the provisional thematic analysis of the interview. The interpreted analyses of the five interviews indicate seven formulated themes; physical and emotional connection to their babies, intense feelings of responsibility, feelings of being divided, multi-dimensionality of guilt with other emotions, pre-verbal miscommunication, anxiety over the unknown in the beginning, and social expectations and comparisons. The findings suggest that the process of embodied reflection regarding a new mother's emotional experiences of guilt can foster important awareness for how she can care for her own and her child's needs. Relationships between contemporary cultural discourses on motherhood and philosophical interpretations of guilt are discussed. Implications for creating networks of support and community for new parents are also explored.

## DEDICATION

I dedicate this work to my mother, Ann. The breadth of her patience, love, and strength has utterly transformed me. I also dedicate this work to Dr. Jan Olivia Rowe (1947-2007), whose belief in me allowed me to find a way to believe in myself. Your legacy lives on in me and in so many whom your life has touched. It is not only our own mothers who mother us.

## ACKNOWLEDGEMENT

The process of writing this dissertation has been deeply rewarding and also very painful and necessary. There are so many extraordinary people who have held me up through this process. First, I want to thank “my mommas”, as I called you, Meg, Beth, Cam, Xena, and Ann for your strength and willingness to explore this difficult subject with me. Thank you also to Makin, you continue to awe me with your courage in facing so much. I am greatly honored by your trust in telling your stories and I continue to learn so much from you all. I am deeply grateful to my director, Dr. Eva Simms, who has walked with me through many miles of this journey, from wide-eyed undergrad to hungry philosopher. You are and have always been a true inspiration to me. I also want to thank my dissertation committee; Dr. Will Adams and Dr. Russ Walsh, your feedback and support have born witness to many changes in this work and in me. I have had many great teachers and professors in my life, and I am so grateful to all of them for what they have taught me about being a clinician, a scholar, and human being: Dr. Marie Baird, Dr. Tony Barton, Dr. Roger Brooke, Dr. Daniel Burston, Dr. Constance T. Fischer, Dr. Lane Gerber, Dr. Jessie Goicoechea, Dr. Steen Halling, Dr. Samuel Hazo, Dr. Kevin Krycka, Dr. George Kunz, Dr. Martin Packer, Dr. Lanei Rodemeyer, and Dr. Michael Sipiora.

My family has been my foundation throughout this process and I am so grateful to my husband, Herb, who has supported me in every way and has been an incredibly loving and devoted father to our son. Thank you for staying by me and being my best friend. I look forward to doing 40 in the fast lane with you from now on. Thank you to my parents, Ann and Lewis Steele. I am grateful for my dad who taught me to write in the



first place and always said “I’m not surprised” when I do well, and to my mom . . . , well, thank you specifically for helping do some of the transcription when I was overwhelmed with moving across the country again and for the fine toothed comb editing. Thank you Uncle Donald for being a real champion and cheering section when I really needed that. Your heart and insight help give me hope in dark places. Thank you to my Aunt Dora for advocating for my self-care when I had completely forgotten how to think about that. Thank you to my sister, brother-in-law, and nephews who held and loved all of us through some very tough years. We miss you and love you so much.

My friends have been true beacons of light and wisdom for me. Thank you to my cohort sisters Karin, Sarah, and Amy for being the strong and wise women that you are. Thank you to my friend Janice Lichtenwaldt, whose outstanding business acumen and organizational abilities helped me design the master plan to “getter done”. I especially thank my friend, co-conspirator, focusing and future business partner and colleague, the now Dr., Amanda Lowe. I never would have made it through graduate school without you and our friendship and collaboration are and have been profound gifts. I look forward to all of the things that are ahead for us together.

Lastly and most importantly, I want to thank my son Logan, for your light, beauty, love, silliness, intelligence, sense of humor, and for your forgiveness. You teach me the most important things. I love you beyond measure and reckoning. I am a very lucky mom indeed.

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## **Chapter 1: Introduction**

On September 11th 2001, like almost everyone else in America, I watched the news reports in horror as they spoke of a reality that I never could have imagined before. I could not comprehend the fact that the United States was the successful target of mass murder and that there was a new age of tenuous and precarious threat to the world that I knew. I was also a first time mother of a two-month-old baby boy whom we had brought into this world full of hate and violence. Even before my son was born, I had tremendous difficulty watching the news. Now, like most people in America, I felt a real sense of terror. What kind of world had we brought life into? How would I be able to protect him? Who am I? These questions cascaded from this point of departure and the beginnings of this present work began. I felt a deep sense of responsibility and guilt for having brought life into a world that could be destroyed so suddenly.

I bring up this subject because it is important to understand the origins of a practical, personal, and theoretical fixation on the early experiences of maternal guilt which has lasted for me for over 11 years now. It is not just that I can and do use this research as a means of helping clients in psychotherapy and that it has helped me understand my own development as a person and a mother. It is not just that this work has helped me understand my own relationship to my mother. It is not just that culturally mothers have traditionally born the weight of pervasive stereotyping and blame for social problems. What drew me to this work and kept me here was a strong conviction that, like all of the deeply felt emotions, guilt has an important place in our human emotional repertoire. It has a role or a purpose, not as something to be merely overcome, ignored,

or dismissed, but as an emotion that teaches us something about who we are in relationship to ourselves, to others, and to the world.

Guilt, however, is very difficult to talk about. In order to approach this topic, this research explores the experiences of five first-time mothers in feeling guilt related to being a mother and, using an adapted research methodology utilizing Focusing Technique (Gendlin, 1981), their embodied reflections about a particular memory of feeling maternal guilt. As someone who has been trained in Gendlin's (1981) Focusing Technique, I wanted to develop a new style of inquiry which would allow for a new kind of experiential exploration of emotionally difficult and language elusive phenomenon, such as guilt, shame, disgust, humiliation, and so forth. Following Todres (2007) procedural tasks for embodied enquiry, I combined an open-ended interview style with brief Focusing exploration to create a non-judgmental and open conversation about a vulnerable subject.

The purpose of this phenomenological research design is to give increasingly fresh and enlivened access to phenomenon of early experiences of guilt related to first-time motherhood. The departure of this method from a the open-ended interview style that Seagram and Daniluk (2002) utilize holds the possibility for a different kind of research process where both researcher and participant can engage in a new kind of bodily reflective process. Past experience and memories are not frozen in inert snapshots of stories from long ago. Memories, particularly memories of challenging and difficult experiences, remain with us on a bodily level. Gendlin (1996) writes, "emotions and memories from the past come as part of the *present* person" (p. 15). In asking the

participants, as co-researchers (Todres, 2007)<sup>1</sup> who enter into a process of shared exploration with the researcher, to locate a new kind of living language that describes their relationship to their experiences in the present moment's unfolding, both researcher and co-researcher reach for access to the investigated phenomenon in and through a bodily experienced relatedness to give fresh vitality, interpersonal support, and rich description to the living past.

The five first-time mothers who agreed to participate in this research were generous with their time and all spoke of gaining knowledge and awareness of themselves through the process. None of them responded to advertisements or flyers, which were posted liberally in public venues. Each mother was referred by other mothers who knew me and this research project. Through the process of research, each of the mothers expressed a change in their perception of their guilt experience and sought to find ways to apply their knowledge to help other first-time mothers.

Over the next two chapters, I will present an overview of the subject of maternal guilt in contemporary literature as well as selected philosophical interpretations. Chapter 2 presents an overview of the literature of guilt in general, what is it and how is it distinct from shame, as well as a comprehensive review of the literature specifically addressing maternal experience and maternal guilt specifically. It is important to note that I work closely with one study (Seagram and Daniluk, 2002) in particular, which is unique as a phenomenological exploration of the subject of maternal guilt for mothers of

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<sup>1</sup> Todres (2007) describes the “informant’s task” in the data collection and interview phase of research to be as a “co-researcher”. This means the “informant” is responsible both for attending to the meanings of *what* she says in the exploration of the investigated topic, but also the process of focusing on *how* she found the “words that ‘worked’” (p. 37). This will be described in greater detail in Chapter 4’s Methodology description.



preadolescent children. Chapter 3 presents a theoretical interpretation and philosophical exploration of the differences between ontological guilt as described by Boss (1963; 1979/1983) and Heidegger (1962) and ethical guilt as interpreted from the work of Levinas (1961/1969; 1972/1987; 1981/1998; 1982/1985; 1987). As a long-time student of Levinas' philosophy and as a mother, the questions regarding the nature of ethical responsibility represent the driving core of my theoretical inquiry into the subject of maternal guilt and the experiences of first-time mothers.

Chapter 4 presents a complete overview of the methodology I employed for every stage of this research and a comprehensive description of the use of Focusing in data collection and analysis. Chapter 5 presents the interpreted narratives and stories of each of the five first-time mothers. I have arranged the presentation of the narratives in the chronological order through which I had contact with them: Meg, Beth, Cam, Xena, and Ann. Chapter 6 will summarize the formulated themes across all of the narratives and attempt to tie together common descriptions.

In Chapter 7, I will present the self-reflexive process and analysis of my personal, interpersonal, methodological, and contextual presuppositions (Walsh, 2003, pp.55-56). This chapter presents a summary of my personal and interpersonal reflexive process, which was explored throughout each stage of research. Chapter 8 is a discussion of the themes that surfaced in the course of the research from a larger cultural viewpoint. In this chapter, I have added the informal narrative of a stay-at-home first-time father, Makin, in order to broaden the scope of the application of the study and to provide a cross analysis for first-time fathers. Also explored in this chapter are the scope and limitations of this study while making suggestions for future research.

## Chapter 2: Review of the Literature

### What is guilt?

The word guilt is used as a noun to signify an emotional or affective state where one feels that one has done wrong or failed in an obligation. Guilt is often used synonymously with culpability, self-reproach, and shame. There is a negative quality or valence to guilt as it is used in everyday language that implies a violation of moral standards. Yet, paradoxically, guilt is also viewed as positive in that a lack of a capacity to experience guilt is linked to sociopathy. The capacity to feel guilt means, in part, that a person is able to experience remorse and empathy for the others (“Guilt,” 2010). Guilt de-centers the self and is a means to allow one to access a sense of responsibility or ownership of one’s actions with regard to others. This process of de-centering, or rather re-centering with the child, is precisely what happens in the developmental progression of becoming a mother, a passage of living for oneself and another. Guilt can teach us how we are in relationship to others; it teaches us how we want to be and how we are wanted to be, as well as the disparity in between.

Guilt is generally defined as an unpleasant emotion or feeling that is a result of having done something wrong or not having done something one should have (Soanes & Stevenson, 2008). Guilt is often over-generalized and used interchangeably with shame, which is related more to a feeling of humiliation and disgrace as a result of public action (Soanes & Stevenson, 2008). Guilt has been depicted through a variety of lenses, most notably through the disciplines of psychology, theology, and philosophy. Freud (1923/1949) described guilt as the result of the struggle between our egos and superegos, or the internalized values of our parents or societies. Philosophers like Martin Buber

(1957) have described existential guilt, or guilt related to our existence or basic human nature, that results from the harms we inflict on each other. Catholicism and other forms of Christianity have described a moral guilt that human beings experience, according to theological traditions, as result of Original Sin and our distance in relationship to God. Similarly, the word conscience is a related term that is used as a noun to signify one's moral voice, "the voice within," or one's sense of right and wrong. Conscience is also described as an "ability" or "faculty" which can lead to feelings of guilt or remorse that, in turn, inspire ethical action ("Guilt," 2010).

The fact that guilt and shame are often used interchangeably makes it all the more important to distinguish between these two terms to understand the differences in how they can be experienced. In his 1991 book *Understanding Shame*, Goldberg describes shame as the "master emotion," a reaction to a person's "failure to live up to those sentiments of people he respects and admires" (p. 55). Shame is experienced developmentally prior to the experience of guilt, and is grounded in a sense of embarrassment, humiliation and degradation. Goldberg contends that most experiences of normal shame occur prior to language development and therefore become internalized into a child's sense of self through imagery and, later, these images become subject to "interpretive scripts" which cast a shadow of the child as an incompetent and unworthy person (p. 40). These scripts ultimately become part of a "contemptuous negative inner voice" which becomes subject to strong and primal defense mechanisms such as repression, denial, and projection (p. 41). Conversely, where shame tends to be experienced and established prior to language development, the experience of guilt can be subject to narrative formulation and can be actively considered and consciously

worked through (p. 41). Common conceptions of the disparity between guilt and shame describe guilt as related to regret for one's actions or behaviors towards others while shame related more to the experience or evaluation of one's self or one's whole being as bad (Lewis, 1971).

Phenomenological philosophers have taken up the question of the meaning of guilt as a primary condition of being human. For instance, Heidegger (1962) described ontological guilt, or the "call of conscience," that results from our indebtedness to Being and which calls us to take up our finitude in authentic engagement to our existence (p. 322). By this, Heidegger means that we are born into a fundamental human condition of being limited or finite, unable to take up every possibility of living, and therefore, are guilty in the face of our own existence. This guilt calls us to face our limitations, specifically towards our own death, and use our being in debt to our existence as a means to live as powerfully and potently as can be informed by our finitude. Heidegger distinguishes between ontic or everyday expressions of guilt as in feeling guilty for doing or not doing something, and ontological guilt as a condition of Being-in-the-world. Levinas (1961/1969) considered guilt or conscience to be a primary constituent of ethical relatedness to the Other as what "welcomes the Other" by calling into question "the naïve right of my powers, my glorious spontaneity as a living being" (p. 84). For Levinas, guilt or conscience is what allows the Other to call my living for myself into question in order to establish an ethical relationship of living for the Other.<sup>2</sup>

At an experiential level, it is difficult to define or even describe the nature or purpose of guilt in our individual emotional repertoires. Guilt is often considered to be a

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<sup>2</sup> The philosophical perspectives of Heidegger and Levinas will be interpreted for application to motherhood and guilt in detail in Chapter 3.

device through which other people make us feel bad about something we have done or not done, a tool in emotional manipulation or, more generously, moral instruction. Guilt is often considered to be a socially accepted expression that can lead to feelings of remorse or regret and eventual apology and recompense for wrong doings and socially unacceptable behaviors. Yet, while these descriptions perhaps explain how guilt can be used by others to underline social norms and expectations, they do not describe the lived meaning of a person's individual experience of guilt.

Brooke (1985), however, takes up the question from a phenomenological perspective in his qualitative research exploring the written descriptions of sixty-two participants who were asked to describe an experience of guilt, or a situation in which they felt guilty. Brooke makes eleven assertions regarding the experience of guilt: 1) a person experiences guilt in accepting responsibility for ruptures in world-relationships, 2) guilt always occurs in an interpersonal context of shared values, 3) guilt is lived in a context of either real or imagined accusation from others, 4) guilt tends not to be lived in a way that is clearly thematized in conscious awareness, or in other words, the person is often not completely aware that they feel responsible for some rupture, 5) guilt constitutes an "existential rupture" between the person's private and public "modes of existence," 6) guilt inspires "isolated existence," 7) guilt is experienced affectively but not necessarily cognitively as one or more "negative emotions," 8) a person's experience of time is ruptured as he or she is tied to the past and the past in the present, 9) guilt is lived with varying degrees of concealment from self and others, 10) guilt is resolved as the person's "existential rupture between hidden and revealed modes of existence is closed," 11) there are some ways of attempting to resolve guilt that deepen the experience

of guilt and some ways that mitigate it, such as being open to the possibility of one's guilt (pp. 37-40). Brooke's research highlights some of the possible reasons why the study of guilt may be so difficult, namely that one may or may not be aware of feeling guilty, and if one does, one may not be able to find words for or describe why one feels guilty. In other words, a person may feel guilt quite acutely along with its significant influence on or disruptions of his or her experience of self, others, time, and the world, yet not be aware that he or she is feeling guilty. Brooke's delineation of a "psychological definition of being guilty" (p. 40) can perhaps provide a broad but too general frame of reference in order to explore the lived experience of maternal guilt in particular. In what way does a mother's experience of maternal guilt coincide or diverge from this definition? Are there aspects of the experience of maternal guilt that can broaden or ground this definition in particular contexts of motherhood? What can the actual lived experiences of mothers tell us about how a woman feels guilt with regard to being a mother?

### **What is maternal guilt?**

"Isn't being a mother the most wonderful thing you have ever done?" the woman asked me that morning on the phone.

"Not really," I answered holding back tears. "Actually it is quite miserable and exhausting," and I put my hand over my mouth so I would stop before it was too late.

"Oh, don't say that," she said maturely.

So I didn't. And I stopped going to the group. I was becoming convinced that I was the only mother in the world who had such hateful feelings for the child I loved so intensely, who wished over and over that it had never happened, who, finally, could understand those women I had met when working for the Welfare Department who had burnt their babies' arms, beat their faces, killed them. But I would never breathe a word of such vicious identification, I decided. I would hide my real feelings in order to avoid the terrible looks which say, I am not like you nor have I ever been.

- Jane Lazarre, *The Mother Knot* (1976)

The use of the word guilt in most literature on motherhood is so ubiquitous yet unqualified that its meaning seems to have been lost. It is assumed that mothers feel guilt

at one point or another and that this is commonplace. It is perhaps so commonplace that most indices in books related to maternal experience do not even list guilt, and when reference is made to it, it is mentioned amongst long lists of others emotions that mothers feel (Kendall-Tackett, 1998). Maternal guilt is often perceived to be “the inevitable accompaniment of motherhood” (de Vaus, 1992, p. 37), a perfunctory fact of life among many. While guilt is mentioned and alluded to in numerous texts, few authors address the experience or meaning of guilt from a mother’s perspective. This paucity of attention may perhaps be because guilt is such a difficult emotion to grapple with and because it is difficult to pinpoint what the nature of guilt is, and, for the mother, what exactly she feels guilty about (Burck, 1986; Chira, 1998; Hays, 1996). In the popular literature, there is even disagreement about whether or not women should even feel guilt and, if they do, how they should overcome it, ignore it, or relate to it at all (Hales, 1992; Leach, 2002).

In the last fifty years, since mothers have increasingly moved beyond the home and into the work force, popular magazines and parenting experts have offered opinions on when, how, and if a mother should feel guilty. How can a mother manage to be the “super mom” and career woman while balancing the guilt she may feel about leaving her children? Best-selling parenting author Penelope Leach (2002) asserts that “guilt is the most destructive of all emotions” (p. 12). She urges women to “keep guilt under control” (p. 313) yet offers no advice on how this should be achieved. More radically, American neonatologist, Brazelton (1992) claims that maternal guilt puts children “at risk” because children perceive guilt as anxiety (p. 187-191). As the popular magazine *Working Mother* (1992) prescribes, if a mother insists on feeling guilty about being with her kids rather than at work, or conversely, at work without being with her kids, she could set a

timer for twenty minutes to play with her kids and then feel better about getting back to work. Conversely, attachment-parenting experts, Sears and Sears (1993) write that “parenting is a guilt-ridden profession” because “love for your baby makes you vulnerable to feeling that you are not doing enough.” They offer that guilt can be “healthy” and an important “inner warning system, a sort of alarm that goes off when we behave in ways we are not supposed to” (pp. 13-14).

Recently, in May of 2012, Time Magazine published an article with the provocative title, “Are you Mom enough?” which explored the attachment parenting styles advocated by Dr. Sears (Pickert, 2012). Over the last year in particular, there has been increasing attention in the media surrounding the debate between cultural pressures for mothers to breastfeed exclusively and the cultural backlash for “feminine immodesty” (Taylor & Wallace, 2012). Taylor and Wallace critique the U.S. Department of Health and Human Services Breastfeeding Awareness campaign rubric which featured images of “rubber nipple-topped insulin syringes and asthma inhalers” (p. 78). They suggest that culturally mothers who breastfeed and those who do not are extremely susceptible to shame and guilt. They point to the feminist critique of the cultural paradigm of the “good mother” who breastfeeds in public and who is selfless and above all, modest and “discreet” (p. 91). They state that “feminists and breastfeeding advocates will more successfully find common ground, paving the best path for *all* mothers, when they acknowledge the challenge of shame, name it, and resist it” (p. 92). These authors hold the hope that in challenging these cultural discourses, mothers will be able to move away from models of shame and guilt to “redefine what it means *for themselves* to be good mothers” (p. 92).



In the nursing literature, Rubin (1984) describes maternal guilt as derived initially from a perceived “selfishness” on the part of the mother when she begins the necessary process to “leave the baby at home to keep an appointment with herself in the world” (p. 125). For Rubin, the capacity for guilt is an essential part of maternal identity which functions as a catalyst for “corrective behavior” in reinstating in the mother a sense of “gratitude” stemming from the “entrustment for the gift of life” (p. 126). Also in the field of nursing, Mercer (1995) summarizes the research on maternal guilt as conceptualized as either “maternal separation anxiety” (Hock & Schirtzinger, 1992) related to maternal attachment to the child (Bowlby, 1969), or as a defense mechanism “in handling anxiety and as a method of achieving control over the uncontrollable” (Gardner, 1970). Most of the research that mentions maternal guilt connects it primarily to mothers who work outside of the home and who utilize out-of-family childcare systems (Mann, 1985; McBride & Belsky, 1988; Hock & DeMeis, 1990; Hock & Schirtzinger, 1992; LeMesurier, 1995; Buffardi & Endwins, 1997). Maternal guilt has also been described relative to mothers of children born with special needs (McGuire, Crowe, Law, & VanLeit, 2004; Watson, 2008).

Evolutionary psychologists Rotkirch and Janhunen (2009) explore maternal guilt from the perspective that the emotion of maternal guilt is adaptive for the human species as a mechanism of the “maternal investment regulation” system (p. 90). They argue that guilt “promotes maternal investment in situations of mother-offspring conflict” which can serve to “inhibit or mitigate aggression, desertion and preferential treatment of children” (p. 103).

The psychoanalytic field has addressed both the topics of maternal ambivalence as well as the idea that first time motherhood is a developmental phase of profound transformation for the woman. Through case studies and dream analysis, Trad (1990) explored the transformation of five new mothers, not only from the physiological and psychological changes experienced during gestation and immediately post-partum, but also increasingly through early motherhood as their children exerted their independence. Parens (1975; 2003) suggests that the “process of becoming a self who is a mother” is the “culmination of psychosexual development” (p. 49).<sup>3</sup> Parens posits the idea that parenthood institutes a phase of “adaptive flexibility of ego functioning” which continues during the first three years of the baby’s life and throughout the “separation-individuation process” (p. 49). This period of flexibility in ego functioning is also described as a regressive process in the service of identification with her child at their differing levels of development, which depending on her own ego strength, can allow her to “firm up her own developmental accomplishments (Edward, 2003, pp. 253-254).

In both popular (Picoult, 1995) and academic literature (Almond, 2010; Parker, 1995; 2005), there has been increased prevalence and interest in the concept of “maternal ambivalence” and how maternal guilt stems from this conflict. As a psychoanalyst, Parker (1995; 2005) maintains that the impossible cultural ideals of what good mothering, maturity, and responsibility mean create inevitable conflicts for the mother, who must negotiate simultaneous feelings of love and hate of her child. She contends that the mother, faced with both overt and insidious cultural “perfect mother” representations, struggles with the internal conflict between her adult self and “infantile

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<sup>3</sup> Benedek (1970) suggests that fathers also experience this developmental culmination in their emotional investment in their child.

aspects of her personality” (p. 2). To negotiate these conflicts, the mother looks to other mothers or to her own mother, to “find absolution” and reassurance, and in effect, either projects her doubts and insecurities onto other mothers, blaming them for bad parenting, or projects her own image of them as perfect mothers, which leaves herself feeling flawed and resentful (p. 4). In this way, the cycle of maternal ambivalence and guilt is reinforced, and the cultural myth of the perfect or “Good mother” is maintained.

Also a psychoanalyst, Almond (2010) believes that mothers “suffer unduly from the anxiety and guilt that their ambivalence engenders in them and the disapproval that it engenders in others” (p. xiv). She argues that maternal ambivalence can be both “constructive,” when a mother can think “creatively about her difficulties mothering,” and “destructive,” when it leads to “hopelessness, intractable guilt, self-hatred, and punitive behaviors” (p. xiv). The ubiquity of modern maternal ambivalence is described by Thurer (1994), as having its historical roots in the post-baby boom era, which was increasingly characterized by “mother’s disillusionment” about being “sold a bill of goods” (p. 247) through Dr. Spock’s (1946 / 1954) ideal “good mother,” who is “ever-present, all-providing, inexhaustibly patient and tactful, and who anticipates her child’s every need” (p. 258).

As a contrast to this culturally reinforced myth, Winnicott (1956) describes “the good-enough mother” who inevitably and importantly leaves time or a gap between meeting the baby’s needs and the baby’s immediate desire for their satisfaction. This distance allows the baby to establish and strengthen his or her ego and therefore increase his or her chances for survival. Winnicott stresses the idea of “good enough mother” while emphasizing the concepts of the resiliency of the child and the possibilities for

“recovery” for the mother from an almost illness-like state of being “primarily maternally preoccupied” (p. 302). Almond (2010) calls this perfectionist mothering of the “too-good” mother (p. 38).

Maternal guilt or rather, “mother blame” (Eyer, 1996, p. 1), has been described most often in feminist and post-structural critiques of the various ways the “institution of motherhood” (Rich, 1976), as a patriarchal social construction, has relegated women to the home and to lives of oppression through images of women as models of pure sacrifice for their children and husbands. The myth of the “Good Mother” or the “ideal mother” has been described and critiqued in countless texts on motherhood (e.g. Bowlby (1969), Watson (1928), Spitz (1965), Friedan (1963), Levy (1944), Rich (1976). Feminist scholar, O’Reilly (2004) describes three central themes to the myth of “sacrificial motherhood”: 1) “mothering as natural to women and essential to their being,” 2) “the mother is to be the central caregiver to her biological children,” 3) “children require full-time mothering” (p. 6). These three themes encompass the foundation of what feminist mothers seek to deconstruct when asking, “where is the father?” In the midst of such intense tension of “the institution,” the politics, the ever-changing expert analysis of motherhood, we often lose the voices of the mothers themselves. What do they feel? Is guilt just one more symptom of the cultural disease of “sacrificial motherhood?”

In one notable study, Seagram and Daniluk (2002) attempt to address the question of “what is the meaning and experience of maternal guilt for mothers of young children?” To explore this question, the authors utilized a qualitative, phenomenological methodology to conduct in-depth unstructured, narrative interviews with eight mothers with pre-adolescent children, who were parenting with a male partner, and who had

experienced guilt relative to their mother-role, “without being debilitated by these feelings” (p. 63). Their analysis of these interviews revealed the following six themes regarding the “essence or essences” (Quinn-Patton, 1990) of their participant’s experiences of maternal guilt: 1) “an unrelenting and total sense of responsibility for the health, welfare, and development of their children,” 2) a strong desire to have a positive impact on their children, 3) a sense of profound and enduring connection with their children, 4) a fear that their children might come to some physical or psychological harm either in the world or that they might cause their children harm, 5) a sense of emotional and physical depletion, and 6) “a sense of inadequacy in meeting expectations of being ‘good mothers’” (pp. 66-78). Within each of these themes, the common elements of feeling as though there are inordinate expectations for the “ideal mother,” whether socially or individually imposed, and the cyclical nature of guilt feelings, are apparent.

In their discussion, Seagram and Daniluk (2002) address the prevalence of our cultural myths of motherhood, but interestingly enough, conclude that these may only be “one source” of maternal guilt.

It would appear that even if we were able to eradicate the myths and unrealistic cultural expectations about what constitutes ‘good mothering,’ mothers would likely still experience guilt. Beyond the introjected beliefs and expectations about their roles and responsibilities, the participants’ desires, efforts, and commitment to doing and being the best they could possibly do and be for their children were based on a very powerful connection to, and love for, their children. (p. 82)

Continuing these observations, the authors point to an “apparent link between maternal love and maternal guilt” that was “unlike any other they [the participants] had experienced in their lives,” which “has not been well-addressed in the literature,” and which makes it necessary to understand the transformative experience of motherhood itself (p. 83). Seagram and Daniluk also discuss the idea that this guilt may be adaptive

in the sense that it had been referred to as being a “a bit like a wake up call,” a motivation for mothers to “examine their actions” and change in ways that help them feel more aligned to the needs of their children. (p. 84)

Seagram and Daniluk (2002) call for continued research “to identify the factors that precipitate and contribute to feelings of maternal guilt, as well as the personal, social, and relationship variables that serve to mediate and moderate this experience.” (p. 86) In this study, I expand upon Seagram and Daniluk’s phenomenological research on maternal guilt experienced by mothers with pre-adolescent children in two significant ways. First, I narrow the focus to early motherhood, to the first-time mother’s experience of guilt with her infant. The purpose of studying this population in particular is to attempt to understand the experience of maternal guilt as it is first encountered in a woman’s life as a mother. Second, I utilize an interview style incorporating aspects of Gendlin’s Focusing Technique (Gendlin, 1978, 1981, 1989, 1996) to allow the participants to approach their experience with gentleness or friendliness (Gendlin, 1978/1981) in a calm and supportive way while accessing their living memory (Sardello, 1978) of the feeling of maternal guilt. (This is described in detail in the Method section in Chapter 4)

### **Conclusion of the Literature Review**

In the DSM IV (1994), maternal guilt is listed as a primary constituent of the Postpartum Onset Specifier for Major Depression. A kind of vicious cycle is indicated as “many women feel especially guilty about having depressive feelings at a time when they believe they should be happy,” which contributes to a pattern of feeling more depressed about feeling guilty and guilty about feeling depressed. This process is also magnified because mothers “may be reluctant to discuss their negative feelings toward the child” (p.

386). If it is clear that guilt plays a primary role in the development of post-partum depressive experience, why do we have so little research regarding the lived experience of maternal guilt? In this dissertation, I ask the question of what is the nature of a first-time mother's early experience of maternal guilt. We need to understand how this relatively common, ordinary, and normal experience becomes something that is so complex and difficult to talk about. I also ask this question because we need to better understand how the experience of maternal guilt bends back on itself to create vicious cycles of depression that can deeply affect the relationship between mother and child. What is clear is that the process of transitioning to motherhood is neither simple nor easy. How do mothers experience and come to terms with their feelings of guilt in this profound process of being responsible for and to an utterly dependent human life? How can we as researchers, therapists, and communities of concern help support and facilitate an open conversation about this common and difficult experience that renders silence and isolation to so many mothers? I address these questions in this dissertation.

## **Chapter 3: Phenomenological Perspectives of Maternal Guilt**

### **Introduction**

In order to situate my theoretical interest in the movement of this research process, it is important to explore some of the philosophical and phenomenological roots of the subject of guilt in general. The works of Heidegger and Levinas provide a powerful platform through which to explore the differences between existential guilt and conscience as well as ontological guilt and ethical guilt.<sup>4</sup> For the first time mother, there seems to be a particular relevance for the application of these philosophies in the experience of bearing and bringing new life into the world and the potential for radical transformation of the person of the mother in this process. In this chapter, I will first explore a possible Heideggerian and Daseinanalytic interpretation of guilt in new motherhood. Then, I will juxtapose the language of ontic and ontological guilt for one's own life with the radically different philosophical project of Levinas, who finds ultimate meaning and transcendence in the ethical call of the face of the Other.

### **Heideggerian Interpretation**

#### ***Introduction***

For Heidegger, Dasein (literally translated "being there", which Heidegger uses to describe the specifically human kind of being or existence) is, first and foremost, the kind of Being whose own Being or existence is at stake. Therefore, we are always in-debt to Being and we respond to the "call of conscience" by taking up one's own "potentialities-

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<sup>4</sup> It is important to note that neither Heidegger nor Levinas specifically addresses motherhood per se. However, Boss (1963) does make reference to an analogous relationship between the maternal-infant relationship and the analyst-analysand relationship (p. 73). Also, Levinas (1981/1998) does specifically evoke the trope of maternity to represent the zenith of ethical subjectivity.



for-Being” (Heidegger, 1962, p. 322). In this sense, we are always ontologically guilty in our limitation and inability to take up all of our own possibilities. Guilt for the mother is both ontic in the affective sense of feeling culpable or to blame, and ontological in the sense that she is responsible for actively taking up her existence and she is closer than she has ever been to experiencing “being-in debt” to her own and possibly also for her child’s existence (p.329).<sup>5</sup>

### ***Gestation***

Gestation is a unique class of experience of what Boss (1979/1983) might call “existential coexistence,” (p. 106) in the sense that both “maternal Dasein” (p. 243) and new Dasein share the world of her bodyhood. Each day of pregnancy carries her existential engagement ever inward as her body and her child stretch outward into the world. She is increasingly called to disclose this new Being who is hers and yet still Other within her, not because of mere instinct or biology, but because Dasein “ekstasically” unfolds spatially within her body and in terms of existential significance in the realm of her concern. She is the world-openness through which new Dasein unfolds. She is the first Da, there, for new Dasein.

Boss (1963) writes that “original temporality always refers to a meaningful caring for something or disclosing of something --- i.e., to the concrete happenings as which the unfolding (and coming into being) of man’s own existence actually takes place” (p. 46).

Time for the mother and the new Dasein seems to begin when she discovers she is

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<sup>5</sup> Here lies the primary divergence in Heideggerian ontology and Levinasian Ethics. Levinas’ primary thesis is that Ethics precedes ontology and therefore, the mother’s concern for her child is placed above and beyond her own life. She is thus always in-debt first to the Other rather than to her own Being. This theme will be explored further in the next section.

pregnant. “How many days /weeks / months are you?” “When is your due date?” “How far along are you?” These are typically the first questions people ask. There is an estimated point of departure, an alpha point, from which we project ourselves to an end at birth. There is math and counting and quantifying that is saturated in anticipation. It is a “meaningful caring” for the happening of new life that is made public, emergent, and consumptive. It is a way to situate the Now in a sequence of Thens within a singular meaningful future happening, birth.

For the first-time mother, “the they” or “Das Man,” (Heidegger, 1962, p. 149) takes a particular type of hold during the gestational period. She has no personal experience or familiarity with the kind of becoming that calls for new identity and this new relationship. There is no weave of reference save for the narratives of other mothers. She studies the descriptions of the first, second, and third trimester. She is told that she can and should design a “birth plan” to prepare her for the event of childbirth. She takes classes, buys supplies, and consumes the cultural preparation for new life. Strangers on the street touch her belly, comment on her stature, and make predictions. The “they” discloses her in a certain way, as she is an object to be consumed by others. Sonograms, ultrasounds, and blood tests show evidence and reassurance that things are going as planned, that there is something, rather than not. Through these activities, and typically well-meaning involvements with others, she both remembers what is to come and forgets that all of this has become habituated abstraction. There is no point of reference. This child is not “everyone’s” or “any child.” This child is her own, this is her body, not “everyone’s,” and only she can bring forth this life.

The reminders and insistence of unfolding Dasein in pregnancy rhythmically increases until labor marks the Now and forgetting is impossible. Labor marks a shift in the temporal and spatial unfolding as maternal Dasein and new Dasein converge in the process of physical separation from her body. Separation is delineated by increasing intervals of pain and shortening cycles of forgetting or respite. Heidegger writes of the inevitability of “falling,” of forgetfulness of authentic modes of relatedness to Dasein. Childbirth, like death, is the inability to escape, to fall, or forget. Pain is insistent and impatient. The body organizes and configures around the pain and is related to it as either tension against or surrender to. Paradoxically, surrender relieves pain. It allows maternal Dasein to transition towards openness to more than just pain, but to passage.

### ***Birth***

Heidegger and Boss describe this relatedness as “being-unto-death,” the “unsurpassable limit of human existence.” (Boss, 1979/1983, p. 119) In childbirth, the “someday” of death is erased. Only the Now of suffering’s insistence presents the starkness of finitude in such a way that death can appear as more than mere abstraction. There is a certainty to “being-unto-death” in this way. Reason and the rational have no place in this realm. There is no possibility of explaining away this certainty, this inevitability to the sufferer. The pain of childbirth for the first time mother can be incommensurate to any prior experience.

Boss (1979/1983) describes a continuum between two kinds of relatedness to death; one of “naked fear” and one of “composed serenity” (p. 120). It could be argued that both of these kinds of relatedness are present in the labor experience, and that it is because there is the raw ontic experience of “naked fear,” as well as the ontological

relevance of anxiety, that one can pass through to “composed serenity.” (Although I am not sure that the word “composed” is really a good fit here.) Surrender involves first a relatedness to something that can be given up, something of value and significance to the sufferer. Surrender can mean giving up the illusion of control, the tightness of grip in living in a certain way, the hopes of a certain vision for the future. “Naked fear” announces the threat of the loss of these things and commands a position of either defense or relinquishing. The more one is positioned in defense of something, the more is at stake in giving up. For the first time mother, giving up and surrender are not passive but purposeful and intentional in giving oneself over to the Other, to the “must” of bringing forth life in the face of openness towards death. This position of surrender will be explored further with the Levinasian interpretation.

### ***Post-Partum***

Boss (1979/1983), following Heidegger, describes the emotions musically, as attunement, “pitch,” or “melodies,” or visually, as “colors” that cast lights of varying shades and intensities upon that which we are related to or engaged with at any given time. Boss describes emotions as,

the state of being in tune, the state of attunement or resonance, of our existence as a whole, an affect, a passion, an emotion is at the same time the particular manner of world-openness as which we are existing fundamentally at any given moment. Every openness, however, is possible only from out of a closed-inness, just as vice versa, there cannot be a closed-inness without a primal openness. Openness and closed-inness belong together necessarily and always. (p. 114)

Boss’ description offers perhaps a new way to consider the experience of the first time mother who lives in a new world with her new baby. She is both open and closed at the same time. The world she has lived in prior to this birth is gone and she must

cultivate a new openness to the world altogether. In fear, she bodies-forth her relatedness to the world as menacing and over-large for the tiny vulnerable child she holds in her arms, by becoming recluse and closed in literally to her home or even her bed. In anger, she is blind and closed to people's good intentions and care. In happiness and joy, she weeps for the wonder, gratitude, and awe of the new life she holds dear and close to her body and her concern. She weeps for the love in her heart, which has grown so that it fills her chest to the point of not breathing. In grief, she weeps for the loss of her identification with the world she has previously inhabited. In guilt, she weeps for her finitude, which she saw so clearly in the moments of labor and which she now offers to her child. She is limited, she is finite and she knows this intimately.

These emotions teach her something of her relatedness to the world. They instruct her in how she is open or closed to the world, to others, to herself. They show her vistas of the horizon of Dasein. Yet, perhaps no emotion shows her this quite so clearly as sorrow. In sorrow, she again faces the ultimate limit of her relatedness when she discloses a world that is no longer hers, as her Dasein is no longer just hers, it is shared. Boss (1979/1983) writes,

But human beings know sorrow not only in the form of isolated painful experiences of separation. Sorrow pervades human existence, no matter how often it is drowned out, at the painful insight into the finite limits of existence and its essential separation from the absolute and unconditional. (p. 114)

For the new mother, there is loss in the separation of her child from her body, from the separation of her world as her own, from the separation of her amnesia of death. Yet again, this sorrow is also simultaneously enmeshed with the experience of joy, awe, and gratitude. The new mother is filled with the awe and wonder of the new Dasein she can hold in her arms. Her heart bursts with a joy that her body cannot contain. Her

proximity to the finite or her own mortality, and to the infinite through her child's opening up of the future, is close in fecundity, which is her ability to carry forward her life through her child. New worlds of possibility unfold as she sees the future beyond her own life.

In the post partum moments, the "throwness" of the new mother's Being reasserts itself, as she is born again with her child. (Heidegger, 1962, p. 373) She is "thrown" into a new world configuration, one that must take account of the possible dangers to fragile, vulnerable and utterly dependent Dasein. She is the go-between, the buffer, and the filter through which the vast world unfolds for her child. The task is monumental and unfathomable. The world of singularity and "my ownness" is lost in the fusion of horizons. Paradoxically, there can be a dialectic unfolding of despair and hope in these moments of facing or openness to the limits of her former existence. She can no longer choose her own death without grave consideration of the life she would leave behind and that she is now inextricably tied to. It is here where Levinas' understanding of the movement away from being-for-itself towards being-for-the-Other can illuminate most helpfully the process of becoming a mother and a parent.

## **Levinasian Interpretation**

### ***Introduction***

During a relatively short period of time, from nine-months of gestation to three to four months after birth, a year of life, a new mother's life can be transformed to the extent that she can experience the utter disintegration and collapse of her subjective orientation and identity or rather, what Levinas (1981/1998) describes as "denucleation," or "the coring out" of the nucleus of the ego (p. 64). This "coring out" is, for Levinas,

the necessary drawing away from the “complacency of subjectivity” as “for-itself,” towards the “one-for-the-other.” For the new mother, this “denucleation” can mean a shattering of her subjectivity, her sense of self, and hence, her relationship to the world. This transformative process, from gestation to post-partum, involves a journey of reconciliation with a kind of ground zero at the utmost limits of being, in order for her to actively take up responsibility as what Levinas describes as the “giving that is not choice” (p. 69).

Levinas (1981/1998) evokes the image of maternity to point towards the radical nature of the ethical in the “one-for-the-other” in proximity, a relation to the Other that is closer to me than I am to myself. Yet, despite this visceral and embodied evocation, Levinas’ designs his descriptions of alterity in *Otherwise than Being* to be “a signification that does not signify manifestation.” Some signifiers, he says, overflow encompassing meaning and are a signifying “that is not exhausted in the effusion or dissimulation of this light” (p. 65). While Levinas uses the language of maternity and sensibility, he does not mean these terms to be “shut up in a present or a representation.” At the same time, however, Levinas does not mean for this language to be purely metaphorical. What this means is that Levinas uses the language of maternity as neither simply a metaphor nor a literal manifestation of meaning, but rather as an “overflow” of meaning or an evocation, an excessive or surplus of signification. Because of the possibilities for trauma and the utter subversion of subjectivity in becoming a mother, childbirth itself must belong to the special class of phenomena that can never strictly appear to consciousness because it shatters consciousness.

What does it mean to be a mother? How does a woman become a mother? There are as many answers to these questions as there are people to answer them. If we try to describe generally, motherhood is often thought of in terms of idealisms related to self-sacrifice, unconditional love, unyielding devotion, warmth, and strength verging frequently on stoicism and deeply personal notions of perfection. Likewise, for Levinas (1981/1998), “maternity” is the “bearing par excellence” of the Other in proximity, responsibility, passivity, and vulnerability. He evokes the visceral imagery of gestation and “bearing” to describe the nature of proximity in the one-for-the-other of ethical subjectivity. He writes of the “shock” and the “trauma” of the “anarchy of responsibility for the other” (p. 75-76). Levinas’ language is purposefully relentless and inflicting in its insistence on the suffering-for-the-Other, the giving that is not choice, and the “hemorrhage” of the for-the-other. How is this trauma and this sacrifice possible? For Levinas, it is “abnegation of oneself fully responsible for the other,” as “the psyche in the soul is the other in me,” and at its utmost in responsibility, it is “a substitution” of oneself for the Other to the point, even if necessary, of “expiation”. The giving in giving birth comes first from the very possibility of giving, of becoming “for the other” (p. 69).

### ***Gestation and the Loosening of Singularity***

The gestational body gives to and is responsible for the life of the unborn child without reflection or choice or consciousness. The gestational body is pre-intentional. For Levinas (1961/1969), the Feminine, and in this case the mother, is the first “dwelling,” the first home. He writes, “the Woman is the condition for recollection, the interiority of the Home, and inhabitation” (p. 155). While Levinas has been widely critiqued for his descriptions of the Feminine with regard to eros, hospitality, and



dwelling and the seemingly narrow consideration of the role of woman as defined in relation to men, it is possible to read Levinas more generally through the lens of the original gestational home. The womb of the mother is quite literally the first inhabitation, the original point of departure, the scene of the first separation. For adults, references to returning to the womb evoke images of ultimate regression and safety, of flight and refuge, of warmth and protection. In *Otherwise than Being*, Levinas (1981/1998) eloquently makes use of the image of the maternal body to articulate the act of giving and the ground of the ethical relation. He writes,

The one-for-the-other has the form of sensibility or vulnerability, passive to the point of inspiration, that is, alterity in the same, the trope of the body animated by the soul, psyche in the form of the hand that gives even the bread taken from its own mouth. Here the psyche is the maternal body. (p. 67)

The maternal body as gestational body gives without question or hesitation and provides the foundation for creation, growth, and ever-increasing separation through a passivity that is so passive it is not conscious of itself. Levinas' holds this notion of the unquestioning, passive, and utterly responsive maternal body to be the ultimate trope for the paradigm of ethics. In real time, the living challenge of this trope is in how the mother is shaped such that she can actively consider and take up responsibility as choice when her world and subjectivity have been turned upside down. How does the mother come to be a mother beyond the passive body?

### ***Trauma and Passivity***

In his forward to the 2001 edition of *Existence and Existents*, Robert Bernasconi wrote that it was unlikely that this book “could have been written in tranquility” owing not only to the fact that Levinas was a prisoner of war when he wrote much of the book, but also to the dramatic and intense character of his metaphors and ideas. His concepts of

“there is” or “Il y a,” existence without a world, insomnia, fatigue, depersonalization, and horror are conceived during a time of captivity and terror when Levinas, as Malka described in his biography, encountered “the most simple things, the ordeal of loss and liberty, the sensation of time, deliquescence, misery, absolute passivity, fragility, precariousness” (p. 80). Levinas (1978/2001) writes, “in horror, the subject is stripped of subjectivity, of his power to have a private existence. The subjective is depersonalized” (p. 56). In moments or instances of extremity and trauma, the ego, identity, my-ownness, and indeed consciousness itself is broken up. The pain of labor in giving birth can be precisely this type of instant that institutes the break up of subjectivity.

The effort of labor and delivery unfolds in progressively intensifying increments of pain and duration. It is the nature of physical pain to center or absorb the sufferer in bodily sensation. Pain blocks out awareness of anything but itself. Toward the end stages of labor, especially for the first time mother, the experience of pain can be incomparable and incommensurate with any prior experience. It is simply uncharted, unknown territory. The tendency and impulse to resist and tense against the pain as an effort of pure self-preservation can be tremendous. Yet, anxiety intensifies the contractions and leads to ever more anxiety and tension in rapidly spiraling cycles, until desperation prevails. Death seems inevitable and close. “Just breathe,” the books and voices say, but they do not know what it is like. As Levinas (1961/1969) writes in *Totality and Infinity*,

we find ourselves backed up to being ... The whole acuity of suffering lies in the impossibility of fleeing it, of being protected in oneself from oneself; it lies in being cut off from every living spring. And it is the impossibility of retreat. (p. 238)

Faced with ultimate limitation, we are inspired to fight or surrender. Here is Levinas' "giving that is not choice" (1981/1998, p. 69). Action in the form of flight is impossible and the only alternative is to let go, relax, give in to the inevitable, to surrender to "passivity of undergoing," and to vulnerability or "the zero point which marks the absence of protection and cover" (p. 75). From this point of departure, consciousness and choice are not relevant. Surrender, in this context, is rather an interruption of the will for-itself.

Independent of Boss' (1979/1983) continuum of "composed serenity" and "naked fear" in relatedness towards one's own death, there is also a radical orientation towards life, which, for the first-time mother, is saturated with the effort of the movement of a being-for-self orientation to a being-for-other orientation. For Levinas (1961/1969), this movement in maternity represents the zenith of ethical subjectivity, of the possibility that I can "*die as a result of someone and for someone*" (p. 239, emphasis original). This process is a manifestation of what Levinas calls "heroic will" which is possible as "patience" in the "passivity of undergoing, and yet mastery itself" (p. 238). He writes,

Suffering remains ambiguous: it is already the present of the pain acting on the for-itself of the will, but, as consciousness, the pain is always yet to come. In suffering the free being ceases to be free, but, while non-free, is yet free. It remains at a distance from this pain by its very consciousness, and consequently can become a heroic will. This situation where the consciousness deprived of all freedom of movement maintains a minimal distance from the present, this ultimate passivity which nonetheless desperately turns into action and into hope, is patience ---the passivity of undergoing, and yet mastery itself. (p. 238)

The interruption of the will for itself is a transformation brought on by active surrender at the limits of endurance, suffering, and consciousness.

From this place of surrender, the possibility of birth, and even more acutely, the possibility of “giving” birth becomes real. A distinction must be made here between the psychological phenomenon known as learned helplessness and the “giving up” in the face of pain as torture that literally cannot be born. Surrender, as “heroic will”, in childbirth is to “give to” as in giving oneself over in offering. The immediacy of suffering in the almost-consciously present moment, in sweat, tears, pain, effort, and purpose become singularly focused on a giving that is to, or rather, for-the-other. There are important implications for these moments of surrender for the mother as she moves into motherhood after labor and birth, but first there must be a consideration of the event of maternal-infant separation.

### ***Hypostasis***

For Levinas, the subjectivity of each person is not something that exists separately or in isolation. Levinas understands subjectivity to be born exclusively within the context of the relationship with the Other. In *Existence and Existents*, Levinas (1978/2001) describes the emergence of subjectivity from the anonymous “Il y a”, or the “there is”, that occurs through instances of hypostasis as “the events by which the unnameable verb to be turns into substantive,” (p. 83) or “the ontological event wherein the existent contracts existence” (1987, p. 43). Hypostasis then is a continuous process of differentiation from anonymity whereby we come to exist. The language and imagery that Levinas (1978/2001) uses to describe the impersonal “Il y a” is profound and terrifying as “the rumbling silence” and “the absolute emptiness that one can imagine before creation” (p. 48). The Il y a is a vast emptiness where there is nothing, no time, no separated existence, or more specifically, no relation. Out of this Il y a, this vast

nothingness, the event of hypostasis (which is continuous) institutes time, separation, through the first relation with the Other. Levinas (1987) defines hypostasis as the event of the present and,

The rip in the infinite beginningless and endless fabric of existing. The present rips apart and joins together again; it begins; it is beginning itself. It has a past, but in the form of remembrance. It has a history, but it is not history. (p. 52)

In the “Il y a” or Elemental, Levinas clearly struggled to find meaning in hypostasis as a moving through the solitude, solipsism and nausea of egoist “enchainment” (p. 55) to being following the original existent separation. The hypostatic achievement is the event of the present which institutes a type of material freedom from, or rather differentiation from the amorphous “field of forces” (1978/2001, p. 59) which is the “Il y a.” But the one is still alone, “closed up upon itself ... a monad and a solitude” (1987, p. 52). The subject is still alone trapped in a self-referential, undifferentiated existence. What interrupts our “enchainment” to ourselves is the ultimate event of hypostasis and differentiation in the relationship to the Other. Levinas writes, “the hypostasis of the present, however, is only one moment of hypostasis.” The “very event of our relationship with the Other,” is a new beginning, the possibility of a new kind of hypostasis which opens up “pluralist existence” (p. 54).

For the first time mother, the event of giving birth expresses the possibility of this new kind of hypostasis in the utter interruption of identity and time. The first time mother is, in fact, born with her child. This is the moment where the verb to be becomes substantive, simultaneously for both mother and child. The child is born into the world

from the undifferentiated Guf<sup>6</sup>, vulnerable, able to face the mother for the first time. The mother is born into responsibility from the anonymity of the Same, to the literal call or cry of the Other, able to face her child for the first time. The moment or instance of separation is hypostasis for both mother and child. This moment of the face to face, “the ultimate situation” (1961/1969, p. 81) calls the mother’s freedom, spontaneity, and indeed her identity into question.

In this moment, the world of the first time mother is utterly transformed. The child constitutes the mother in responsibility. Tina Chanter (1995) very succinctly describes the core issue of subjectivity in Levinas’ thought:

The subject is constituted in and through its relation to the other. The I only identifies itself as an I once it takes account of the other. The realization of selfhood is integrally linked to the discovery of the other. There is not, for Levinas, first a subject, and then a relation to the other. By its relation to the other, the I discovers not only its responsibility as a subject, but subjectivity itself ... it is in the call to responsibility which comes from elsewhere, or in the challenge that the other issues to the I in the face to face relation, that the I first becomes an I. In being challenged the subject sees itself, for the first time, as an I capable of distinguishing itself from the world hitherto inhabited. (pp. 222-223)

This is a critical juncture. How does a woman become an I, as mother, in the moment of birth? How does she incorporate her own birth into this new identity? On what ground does she stand as she goes through the process of distinguishing herself from the world she has inhabited up to that point? How does she reconcile herself to the monumental weight of responsibility for fragile and utterly dependent life? How does she discover who she is? As a long-time student of Levinas’ philosophy and as a mother, these

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<sup>6</sup> The term “guf” which is Hebrew for “body” refers to the Talmudic notion of a repository of all unborn souls in heaven, waiting to be born. This concept reflects the Judaic understanding that each soul is unique and irreplaceable in his or her role or purpose in the world (“Guf”, 2013).

questions represent the driving core of my theoretical inquiry into the subject of maternal guilt and the experiences of first-time mothers.

### *Fecundity*

The poet Khalil Gibran (1980) once wrote;

Your children are not your children. They are the sons and daughters of Life's longing for itself. They came through you but not from you and though they are with you yet they belong not to you. (p. 17)

Levinas might have agreed with Gibran, in part. Levinas writes of fecundity through the lens of paternity and discovers an exit in time of the endless return to the self. For Levinas (1987), it is the birth of the son, that constitutes “victory over death” in the “relationship with a stranger who, entirely while being Other, is myself, the relationship of the ego with a myself who is nonetheless stranger to me” (pp. 90-91). The “pluralist existing,” which Levinas considers to be at once the transcendence of the I and the fecundity of the I, is accomplished in eros as paternal love (p. 92). It is the possibility of moving beyond the self while remaining in the self. Levinas agrees with Gibran, my son is not my son, he does not belong to me and he is not my property, he is Other. Yet, for Levinas (1961/1969), the son is still his own, both “my own and non-mine” (p. 267). The son is “my own” responsibility, “my own” work, and therefore, he is “mine” in infinite obligation not only to him but even, as Levinas says, for him, for his responsibility. It is what Levinas, early on in his writing, calls an “asymmetrical intersubjectivity”

(1978/2001, p. 100). As Claire Elise Katz (2003) writes,

Love brings us out of ourselves through a desire that cannot be fulfilled ... Through my child I am able to be responsible for the other even after my own death. In Levinas's discussion, procreation is not about self-redemption. Procreation takes me out of myself and allows me to transcend by virtue of the ethical responsibility it attaches to. (p. 87)

While Levinas has been widely criticized for his exclusive use of the language of paternity to represent the ultimate transcendent relation, it is possible to grant, as Katz does, a generous interpretation to extend his idea of fecundity to mean parent or guardian of the child. The love of a child, is indeed fecund, but not limited, of course, to the father-son relationship. (And while Levinas probably would not agree, it need not be limited to the love of a child.) Love for the Other, as fecundity, is called upon to express itself endlessly and does not collapse into self-absorption. Love for the Other, as fecundity, can never be completed and calls us infinitely out of ourselves even into the future beyond our own death. It is, as Gibran so beautifully described, a call that comes from “Life’s longing for itself,” a call that comes through us but not from us.

### *Feminist Critique*

Levinas offers a brash and compelling challenge to the primacy ontology in his unquenchable charge to be ultimately responsible for the Other. His writing is replete with visceral imagery that, at times, carries us to the height of rapture and wonder in the sacred and, at others, to the horror of pain, evil, and anonymous impersonal existence. Levinas has been heavily criticized for centralizing much of the philosophical structure of his project on sexual difference. There are immense dangers inherent in the epitomizing of gender and gender roles in any regard. To say that the Feminine is passive, vulnerable, voluptuous, or even Other is indeed a slippery slope, which could lead many people to discount and discredit Levinas’ project out of hand. Simone de Beauvoir was one of the earliest feminists to contest Levinas’ situation of the Feminine as a “radical alterity” only in regard to being other for men. Feminist scholars have had the formidable project of



drawing attention to the themes and language that may reduce and relegate women to, at best, stereotype and, at worst, violence.

Women do suffer and die in childbirth every day. The manner of the bearing of motherhood is unique to each woman and we must take care to be responsible for our representations of her. In *Otherwise than Being*, Levinas' (1981/1998) descriptions of maternity are uncanny in their power to evoke the literal experience of the effort and labor of childbirth. He writes,

It is a writhing in the tight dimensions of pain, the unsuspected dimensions of the hither side. It is being torn up from oneself, being less than nothing, a rejection into the negative, behind nothingness; it is maternity, gestation of the other in the same. (p. 75)

This “writhing,” he intends not belong to any one person but to all or no one, and not to any one moment in time, but rather “to an irrecoverable pre-ontological past” (p. 78). Yet, even so, they are descriptions made in the spirit of evocation of actual experience to point towards the ethical. There are dangers in the language of representing, even as semblance in metaphorical description, the zenith of ethical subjectivity as pain, suffering, and vulnerability as the mother is in childbirth. Levinas seeks to provide a stage for understanding the radical nature of proximity, undergoing, and susceptibility to the point of expiation in the relation of one-for-the-other through maternity. But, as a mother, it is difficult not to imagine this stage as an imperative or an expectation of who the mother should be with no framework or suggestion of how she arrived at this place. And further, if there is demand and command, how can we locate the giving? In this light, it is pure undergoing. It is duress, it is gun-point, it is forced.

In her revolutionary 1963 book, *The Feminine Mystique*, Betty Freidan challenged the common convention that women have all they need to be satisfied as housewives and

mothers. She considered the Feminine Mystique to be a collective idealized response to the shock and destabilization of the post-World War II era and the fear of the unknown in the Cold War era. The feminine was home, comfort, safety, protection, and unconditional giving and love. It is easy to imagine how attractive this image would be for nations of people who were torn apart by war, death, poverty, and destruction. For Levinas, who came home after being a prisoner of war to find that his mother, father, and both brothers had been slaughtered by the Nazis, it is easy to imagine how profoundly the idea of the Feminine might have captured the movement of his thought as he emerged from his own hypostasis. Yet, the trouble with the term was and always will be in its potential for totalization of half of the bifurcated human race, in its relegation and ascribing of the possible as it inevitably becomes expectation and should.

### ***Conclusion***

In his book, *The Paradox of Power and Weakness*, George Kunz (1998) describes the most fundamental paradox of the human; “the self finds its meaning, not centered in itself as an ego establishing its individual freedom and power, but as a self facing the other person who calls the self out of its center to be ethically responsible” (p. 34). This meaning-making in “denucleation” or “coring out” of the self is a continuous process that is never complete. The moments when I am able to hear the calling into question most dramatically are the moments after the ego has become loosened or fragmented at the thresholds of tolerance and at the limits of subjectivity.

There is no orientation or reference point for the new mother in childbirth and post-partum. Everything is new and her exposure is sudden and absolute. The mother is born into the complete calling into question of her center. The Call of the Other is quite

literally insistent in her infant's cries. The face of the Other, who is mine and somehow not mine, who is manifest vulnerability, hunger, and fragility is paradoxically powerful in the ability to command her to be ethical. Without knowing who she is or what to do, she must act. Gradually, as she lets go of her own and others expectations, she is able to allow her child to teach her. Levinas (1972/1987) writes, "As an absolute orientation toward the Other, as sense, a work is possible only in patience, which pushed to the limit, means the Agent to renounce being the contemporary of its outcome, to act without entering into the Promised Land" (pp. 49-50). This experience of acting without promise of redemption is a central theme in motherhood. Levinas writes, "The relationship with the other puts me into question, empties me of myself and empties me without end, showing me ever more resources. I did not know I was so rich, but I no longer have the right to keep anything for myself" (p. 52).

## **Conclusion**

The purpose of this chapter has been to demonstrate a philosophical and theoretical framework regarding the possible phenomenological interpretations of the process of bearing and birthing a child as well as the process of becoming a mother. While many other phenomenological philosophies would have been more than suitable for this analysis, my focus was to illustrate a potential primary shift in priority and orientation for the first time mother. The process of becoming a mother may involve a fundamental ontological and ethical shift. This chapter represents a detailing of my own philosophical presuppositions with regard to the topic of maternal guilt. It is also outlines my theoretical interest in how exactly the primacy of ontology, or primary concern with

one's own Being and Death, can be usurped by the ethical priority of the Other of the child.

The research project, which flows from these reflections, centers on the question: How does a first-time mother of an infant experience guilt related to being a mother? The next chapter will lay out the method for data collection and analysis that is appropriate for an investigation into the experience of maternal guilt. It will be followed by a presentation of my findings and a larger discussion of my data on maternal guilt in relation to the literature in the field.

## Chapter 4: Method

### Research Question and Method Overview

#### Research Question:

How does a first-time mother of an infant experience guilt related to being a mother?

#### Method Overview:

I answered the research question by way of an empirical phenomenological study. This study is empirical in the sense that is based on the lived experience and testimony of others in the process of data collection, as well as a rigorous analysis of my own experience as a researcher, understanding any underlying passions, motives, and prejudices (Finlay, 2003, p. 89) in my data collection, interpretation, and analysis. This study utilizes phenomenological procedures explicated by Colaizzi (1978), Giorgi & Giorgi (2003), Todres (2007), von Eckartsberg (1998), Walsh (1995; 2004) and Wertz (1984). The procedures of these theorists are combined and adapted to the present study through four main steps: 1) Identifying the phenomenon to be investigated and explicating the research question; 2) Creating a research situation conducive for investigating the phenomenon and data generation; 3) Data analysis and interpretation and 4) Presentation of results in public form. The first step is detailed in the introduction and the literature review. The methodological process for steps 2 through 4 will be discussed in depth in the next section.

The overall approach of this research is collaborative in nature (Todres 2007), (von Eckartsberg 1998). The setting is five first time mothers with infant children who were recruited through the variety of means detailed in the next section. The primary

data of the study consists of first-person experiential written accounts or protocols and individual interviews with the participants or co-researchers.<sup>7</sup> The interviews involved three stages; a reading aloud of the participant's written description of a memory she had in feeling a strong sense of guilt related to being a mother, a modified embodied reflection stage based on Gendlin's (1978/1981) Focusing Technique, and an open-ended conversational interview. The protocols and the transcribed interviews were interpreted using the procedures outlined by Colaizzi (1978), Giorgi & Giorgi (2003), and Todres (2007). Initial interpretations were organized into detailed descriptions of situated themes for each individual participant as presented in chapter 5. Then, identified general themes, which were shared among the participant's descriptions, are presented in chapter 6. Additionally, in chapter 7, I present my generated reflexive analysis following procedures detailed by Finlay (2003), Todres (2007), and Walsh (1995/2004).

## **Research Situation**

### ***Recruitment of Participants***

In order to recruit participants for this study after obtaining IRB approval, I initially contacted a number of healthcare and birthing specialists who have worked with first-time mothers in Pittsburgh, Pennsylvania. I contacted the Magee Women's Hospital Women's Care Birth Center and The Midwife Center for Birth and Women's Health. I spoke with many hospital representatives, nurses, and midwives about my study and asked permission to post flyers in their offices or to give them my contact information. In addition, I posted flyers at various community centers around the city, such as Hill

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<sup>7</sup> The participants in this study are also described as co-researchers according to the collaborative style described by Todres (2007). See Footnote 1 in Chapter 1, the Introduction for further description of Todres use of this term.

House, various playgroups such as Little Friends, and various meet up groups for mother through meetup.org. I also contacted various childcare centers, local coffee houses, and supermarkets in the Pittsburgh area to let them know of my study and ask for referrals. After approximately two months of receiving no interest, I petitioned IRB to allow me to change my recruitment flyer and materials to offer “baked goods” in exchange for participation as well as to identifying myself as both a researcher and mother. Once this was approved and I sent my new recruitment materials around again, I still received no interest from general advertising. It then became necessary to actively solicit for referrals from women I am actively involved with in my own neighborhood and communities to reach any first-time mother who might be interested in participating. I did not individually approach any of the participants but relied instead on colleagues, friends and family referrals. The drawback of this style of recruitment was a more homogenous population as well as the circumstances of many of the participants volunteering as a favor to their friends.

There may be many reasons for the lack of response to the general advertisement. For one, the subject of guilt is one that can be seen as deeply unpleasant to consider, and as discussed in the literature review, it may not be something that people are always conscious of (Brooke, 1985, p. 38). Also, first-time mothers with very young children are typically extraordinarily busy and often overwhelmed with trying to juggle childcare, work, and time for themselves. There also could be a cultural component of conducting this study in Pittsburgh, Pennsylvania where many mothers may have grown up within relatively conservative religious structures that may have had limited discourse around maternal struggle for fear of judgment or social stigma. An interesting aspect of this

recruitment process was that many of the mothers I spoke with generally about the study first thought that research about maternal guilt meant how mothers use guilt as a means for controlling and influencing their children. Many wanted to offer stories about how their own mothers had used guilt as a way to manipulate them. <sup>8</sup>

### ***Participants, Research Setting, and Confidentiality***

Over the course of a five-month period, five first-time mothers with an infant child volunteered to participate in the study. All of the participants self-identified as having had at least one experience of feeling guilt related to being a mother and experienced guilt related to a desired pregnancy. I provided information to these identified women regarding the nature of my study as an exploration of the experiences of guilt as it occurs for the first-time mother of an infant. All interviews were conducted at the Duquesne University Psychology Clinic except for one, which was conducted in the home of the participant. All of the interviews were audiotaped and transcribed. Each of the participants, as well as their children, were given pseudonyms and identifying information was changed in all written materials. A copy of each transcription was sent to the participants for review and correction. No comments or corrections were received. A copy of the consent form is provided in Appendix D.

### **Data Generation: Tasks and Procedures<sup>9</sup>**

#### ***Overall Structure***

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<sup>8</sup> It may also be culturally relevant to note that when I spoke to first-time mothers living on the West Coast in the Seattle area, they were eager to participate, share their stories, and have other mothers to talk to about their experiences.

<sup>9</sup> A flow chart of the progressive stages of data collection and contact with the participants is provided in Appendix A.



The relationships I develop as a therapist with patients are often deeply personal and intimate, and therefore vulnerable, and evolve over the course of many sessions and experiences with each other. In some ways, while the research relationship is clearly a unique and distinct kind of social relationship, the interview process itself can often be quite personal and intimate (Birch & Miller, 2000). In this relationship, there can be moments of vulnerability and therefore, a proportionately equal responsibility for the researcher to attend to the participant's possible need for support and continued exploration of the issues that emerge through the process of the research. For this reason, Birch and Miller (2000) write, "the qualitative researcher must continually consider the potential implications of inviting individuals to engage in a reflexive project, which may lead to the revisiting of unhappy experiences" (p. 200). In order to attend to both the opportunities and concerns that emerged for the participants during the process of the research, I utilized a three stage progression of interaction which would lead up to a supportive group environment of collaboration and sharing between the participants.

For the purposes of this study, I utilized a two stage data collection process; 1) a one to one and half page written reflection, and 2) an hour to hour and a half long interview, to allow for a progressive reflection, conversation, exploration, and deepening access to the participant's experience of maternal guilt. First, I asked the participants to write a one to one and half page reflection responding to the eliciting question: "Please describe, in as much detail as possible, a memory from your early experience of being a mother for the first time, when you felt a strong sense of guilt related to being a mother?" After I received each reflection, I called or emailed each participant to thank her and to set up a meeting for our interview and to answer any questions. The purpose of asking

for a written protocol in advance of the interview itself was to allow for the participants to begin to situate, evoke, and contextualize their experience in order for them to have a sense of safety in their choice as to which memory that they would like to bring to process of research. This step also allowed for this particular memory to be evoked during the interview stage. In addition to providing a context to start from, the written protocol gave me a basic platform of understanding the participant's experience to begin forming interview questions. This also provided a "conversational common ground" which helped reduce some of the tension of meeting first as total strangers (Simms, personal communication, January 25, 2013).

Next, using Giorgi's (2003) empirical methodology, where the researcher describes the consolidated thematic analyses or structures of experiences which are based on the research participant's personal lived accounts, I read each reflection straight through to get a "sense of the whole." Second, I read through each protocol more slowly, looking for transitions in meaning, perceiving "meaning units" and looking for constituent parts that are related to the whole. This was done by looking for shifts in psychological meaning in the account, and marking these shifts accordingly. Third, I eliminated any redundancies in the descriptions while relating the meaning units to each other. Fourth, I reflected on the concrete language of the participant's reflections while elaborating it to psychological language insofar as it aids the explication of their experiences of guilt. And finally, I synthesized the insights gained from this process into a consistent structure or thematic summary of the phenomenon of maternal guilt while forming questions that could be used for further clarification and explication during the process of interviewing each participant (pp. 251-257).

## **A Focusing Component**

Because guilt tends to be a subject that is challenging to approach and discuss, I utilized a modified style in the interviews, which diverged from the open-ended conversational style that Seagram and Daniluk (2002) used in their interviews. At the beginning of the interviews, I incorporated aspects of Gendlin's Focusing Technique (Gendlin, 1978, 1981, 1989, 1996) to allow the participants to approach their experience with gentleness or friendliness (Gendlin, 1978/1981) in a calm and supportive way while accessing their living memory (Sardello, 1978) of the feeling of maternal guilt. Gendlin writes, "the many past experiences are implicitly present in a moment's feeling process." (1959, p. 11) The process of Focusing (which Gendlin has intentionally not standardized in order to allow for creative organic possibilities in the moment) can be adapted in order to create an atmosphere where the process of remembering and description can be unfolded in a deeply resonant and experiential way. Focusing can allow the inherent sensibility of our experience to unfold for us through the activity of entering into relation to ourselves in a manner that is embodied and present. I used Focusing in the initial stage of the interview to help set a tone of gentle and welcoming reflective process that is mutually embodied and engaged.

Created by Eugene Gendlin (1981, 1996), Focusing is a mode and a method of attending to the pre-reflective "felt sense" of one's own body that allows for the intersection between one's experience, understanding, and articulation (language and speech) to be unfolded in the present moment's awareness. The "felt sense" that Gendlin describes is simply a body sensation that has meaning. The "felt sense" is often something that we experience all the time but pay little attention to. For example, if we

receive a letter in the mail from a friend whom we have not seen for a long time, we might feel our hearts beating faster and / or a sense of fluttering in our stomachs as we open the letter. Yet, we would not necessarily check this overall feeling to discover if we were feeling nervous or excited. Typically, we live as though our thoughts and our bodies are separate, allowing ourselves to overlook our body's signals of feelings of discomfort or even subtler sensing, such as when we open a letter from a friend. Yet, Gendlin describes a six-stage process whereby we can approach the experience we currently feel in our bodies, through the gradual and gentle setting aside of the normal streaming of our thoughts, to bring our attention into a more focused body awareness, in order to discover a felt meaning that shapes and is shaped by our felt experience in the present moment. Often, a felt meaning presents itself in the form of an image, phrase, metaphor, or word. Gendlin describes a possible "felt shift" that is possible once we find the right words, phrases, or images that fit or resonate in describing our "felt sense." Once a "felt sense" has changed or "shifted," there is always "more" sensing that comes in its place, such that we are never completely done finding meaning in our felt body experience.

The purpose of including Focusing component (Gendlin, 1981) in the beginning of the interview (as well as throughout the research process) was to allow the participant to engage with her "living memory" (Sardello, 1978) in a more vividly experiential way. Gendlin (1996) articulates a differing way to conceive of how we approach memory and past experience:

The past is not a single set of formed and fixed happenings. Every present does indeed include past experiences, but the present is not simply a rearrangement of past experiences. The present is a new whole, a new event. It gives the past a new function, a new role to play. In its new role the past is "sliced" differently. Not only is it interpreted differently, rather, it functions differently in a new present, even if the individual is unaware that there has been a change. To say it

pungently, present experiencing changes the past. It discovers a new way in which it can be the past for a present. The present is always a new whole, even if the individual is explicitly reliving a past. Emotions and memories from the past come as part of the *present* person. The past changes in a new present. Even if the past is wholly implicit and unnoticed, it can be carried forward into a new whole as part of the new, the process of present experiencing. (pp. 14-15)

Because the process of remembering and telling about past experiences is something that occurs in the present in referencing the body's "felt sense," a new kind of description is necessary in engaging in "a new whole." The invitation to the participants to evoke both the narrative contextual memory of an experience of maternal guilt, as well as the present bodily engagement with the evoked memory, became central to the process of discovery in living research.

The process of becoming a mother involves dramatic physical and bodily changes which actively shape and inform our interactions with ourselves, others, world, time and space (Young, 2005). Likewise, our bodies house our memory and our "process of present experiencing" (Gendlin, 1996, p. 15). Yet, we have discovered no systematic way to approach a method for embodied reflection in either our quantitative or qualitative research. However, in Todres' (2007) book, *Embodied Enquiry*, he explores some preliminary questions regarding how Gendlin's (1981) Focusing Technique might be used for application in qualitative research. He writes, "in highlighting the primacy of the body and its close relationship to language, Gendlin forges a continuity in which knowing is both an embodied and a language process" (p. 34). Todres describes Gendlin's notion of "the responsive order" saying,

both the separation of languaging and the non-separated 'more' of bodily-contextual-intimacy are utilized as sources of ongoing understanding. This 'more' in which the body intimately reveals a world is never completely in view –

it is not an object that is presented in front of us – it is always dispersed – we are ‘in it’ (p. 35).

Qualitative research utilizing Focusing can facilitate a different kind of description or data. It seeks to describe experience where language meets a threshold or “the edges of the felt sense” (Gendlin, 1997). These experiences are often difficult to reflect upon or find words and meanings for. This is particularly true for me in attempting to understand my own experience of maternal guilt. Many of these experiences dwell at the limits of language and are “more than words can say” (Gendlin, 1997). These experiences hold “a kind of language that is bodily and sensorily involved” (Todres, 2007, p. 31), not arbitrary or random. The “felt sense” is always indexical in that whatever meaning that presents itself also points towards “the more” (or the ongoing unfolding of further meanings) within experience while grounded in the immediacy of the lived now.

While Todres (2007) does not specifically outline a set of procedures for the focusing researcher to follow, he does outline “four phases of ‘showing’” of qualitative phenomenon through particular tasks: “the informant’s task,” “the interviewer’s task,” “the task of analysis,” and “the task of the reader” (p. 36). The “informant’s task” is, as a co-researcher, “to engage in a process in which she [becomes] not only an informant of *what* she [is] saying but also the practitioner of *how* she [is] finding the words that ‘work’.” The “interviewer’s task” is, as facilitator, to attend interactively to the “how of what is said” and to facilitate the process of “faithfulness to [her] ‘felt sense’” and the creation of unfolding new meanings in the process of “sense-making.” The task of analysis is, as bridge between experiencing “and the world of shared understanding” in writing and analysis, to “show the words that ‘work’.” The “reader’s task is, as “understanding beings,” to engage responsively with “hospitality to the ‘shown

phenomenon” (pp. 37-43) These “phases” are intentionally vague because Todres would like to allow for the unique unfolding of each individual’s process of open-ended exploration. His project is to outline a preliminary sketch of what embodied inquiry might look like, (much like Gendlin’s own resistance of standardization of Focusing Technique)([http://www.focusing.org/contact\\_us.html](http://www.focusing.org/contact_us.html)), not to detail a specific “how to” manual for Focusing research. As such, Todres seeks rather to begin to move away from a methodological “essence” toward an individual “phenomenologically oriented enquiry [which] is grounded in textured bodily experience” (p. 29).

### ***Interview Stages***

#### ***Interview: Stage 1***

To begin the interview, I asked each participant to read or have me read her written reflection aloud, in order to elicit the description of her memory and to bring to mind the situation she wrote about. The purpose of this step was to evoke the overall sense and context of her reflection in the present moment.

#### ***Interview: Stage 2***

After the participant had read her reflection, the second stage of the interview was a modified Focusing process where I first asked the participant to close her eyes, find a comfortable position to be, take a few deep centering breaths, and gradually bring her attention into her body, how she was feeling overall, and “clear a space,” (Gendlin, 1978/1981) through which she could begin to gently acknowledge and set aside the streaming of thoughts and commentary which usually accompany our everyday mental activity. I then asked each participant to bring her awareness into her body following a

thorough body scan to gently notice what feelings were there. The following excerpt is the basic progression of the focusing stage of the interview, which I used in every case.

Just get as comfortable as you can. And I might close my eyes too. Just start out by taking some really deep breaths. And I like to imagine that when I breath in the air circulates through the very base of my lungs, into the capillaries, and every exhale takes a little more tension away from me. It's like it's breathing it out. It takes some sort of tension or care or concern in the exhale is breathing it out. (Pause) Sometimes it's helpful to even imagine, as we refocus on the breathing, that the air you are breathing in has color, a certain color on the way in to your lungs and then maybe a different color on the way out. (Pause) And as you are coming into you breathing and your body and into your relaxed state, if there's thoughts that come up about something you need to do or thoughts that insist on being addressed, I want you to imagine greeting them gently and moving the thoughts, if they will go, aside, maybe saying to them, "I see that you are there and I'm going to come back to you later." And imagine just gently asking them to move aside. You can even imagine putting them into a transparent bubble or transparent box, just to the side, where you can see inside of it and know that they're there, not ignoring, but gently putting them aside for now. And then gradually what I would like you to do is start to come into an awareness of your whole body. And we're going to start with your toes. Bring your awareness into your big toes, and all the side toes and the pinky toes. How that feels in your shoes. And gradually kind of scanning your body all the way up, just noticing what's there. Bringing it around the archways of your feet, the tops of your feet, your heels, your ankles, around your calves and the bones that hold all of that, the structural parts, your knees, knee caps, knee pit's, your upper legs, your muscles, your bones, your tendons, your sit bones, your bum, moving through your hips and your pelvis, around your belly button, your spinal column, your stomach, your diaphragm, all of your internal organs, your lungs certainly, your heart, underneath your ribcage, your sternum, around through your back, your armpit's, through your shoulders, down through your upper arms, your biceps, your elbows, elbow pit's, your forearms, down through your wrists, then through each individual finger. Then bring your attention back in through your hands and move all the way up through your arms again, wrapping around through your chest, notice again what is going on with your chest, your breasts, your heart, your lungs, up through your shoulders, your neck, the place where your head meets your spinal column, the front and the back, your throat, moving up through your jaw bone, your chin, your ears, the base of your scalp, your lips, cheeks, nose, the space between the lips and the nose, your temples, behind your eyes, your eyelids, eyebrows, your forehead and then moving all the way up through your hairline and the very top of your head and out. Taking a gentle noticing and scan of what's there for your body. Now, what I'd like you to do it bring your attention back into your body and from the memory that you described and what we have been talking about of feeling a sense of guilt related to being a mom. Bring your attention back into your body, thinking about where that is situated in your body.



Bring your awareness into the overall sense and feeling of that, the overall felt sense of that, and without going into it fully, just kind of surround it with your awareness. Find a place in your body where that seems to be situated. Bring your attention to that place and surround it and if you can indicate to me if there is a thought or word or a phrase or an image that seems to accompany it, that seems to go with it, an overall feeling.

If the participant did find a word, or phrase, or image, I asked her to check this quality with the feeling in her body, gauging the fit or rightness of it, or as Gendlin (1978/1981) says the symbol's "resonance." If she did find in her word, phrase, or image with a sense of rightness or fit to her overall feeling, I asked her to gently acknowledge and welcome this overall feeling or quality, and, in a "friendly" way (Gendlin, 1996, p. 55), and simply allow the quality of this "felt sense" to be there. I then asked her to question this quality, asking "What is it about this whole thing that makes it so ...?" The ... referred to whatever resonant quality that she had discovered in her "felt sense." If she did indicate to me what this quality is, I added it to this question. Next, I asked her if it would be all right for if the two of us could agree to return to the quality of this feeling a bit later in our conversation for further exploration. Once she did this, I asked her to gradually allow herself to open her eyes and get readjusted to bringing her attention back into the room. I gave the participant some time to become readjusted to the room and once she was ready, I asked her to describe her feeling and what the process was like for her.

I should note that I did not attempt to do a full focusing session following Gendlin's 5<sup>th</sup> and 6<sup>th</sup> steps of "asking" and "receiving" which involve an exploration of a "felt shift" by way of going into more depth and dialogue with the feeling itself, continuing to ask "what is it about this feeling that makes it so ..." and receiving or developing a relationship of gentleness with the new feeling. I should also note that the

participants did not need to verbally share any of their feelings with me during this process.<sup>10</sup> The idea was to allow the participants to access their experience of maternal guilt in a way that was visceral and embodied first and therefore open up new possibilities for a deepened relatedness to this feeling for themselves, which could be explored in our discussion and conversation stage.

### ***Interview: Stage 3***

The third and final stage of the interview was an open-ended conversational interview that began with me asking first how she felt in doing the modified focusing session. I asked her if she was able to access a general or specific quality and feeling in her experience of her memory of maternal guilt. Then, we explored her process both in the focusing portion and in her experience of feeling guilt related to motherhood in her life. I asked her to elaborate further on her written protocol and also asked for clarification and further exploration of the themes and questions I discovered from my analysis of the meaning units from her protocol (Giorgi, 2003).

A week after each interview, I called each participant to allow her to ask any questions that may have arisen from the interview. None of the participants had any follow up questions, concerns, or observations about their experience in the interview or their process of exploring their feelings of guilt. Next, I transcribed the interviews and emailed a copy of the transcription to each participant asking for corrections.<sup>11</sup> When none of the participants had any corrections or comments on the transcriptions, I began

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<sup>10</sup> Several of the participants did not explore the “felt sense” further than to indicate that they had located a feeling.

<sup>11</sup> I also sent out a mother’s day card and some of the same kinds of baked good I made for the interviews. I also sent each mother a copy of my director, Dr. Eva Simms’ book *The Child in the World: Embodiment, time, and language in early childhood*, because I had spoken to many of them about her work.

the process of initial interpretation using the interpretive strategies detailed below in the data interpretation section.

### **Data Analysis and Interpretation: Tasks and Procedures<sup>12</sup>**

To remain somewhat consistent with Seagram and Daniluk's (2002) study in interpretive method, I used a slightly modified variation of Colaizzi's (1978) procedural steps. The modification I used was to incorporate a Focusing component into my interpretive stage as described below (Todres & Galvin, 2008). The terminology I have chosen to use are the terms "situated themes" to describe individual participant themes and "general themes" to describe themes that the participants share in common. A sketch of Colaizzi's interpretive steps combined with Todres and Galvin's modified "embodied interpretation" are as follows: 1) *protocols* - read all of the participant's protocols in order to "get a feel for them," using focusing to get an overall sense of the "whole" or what it feels like overall as a quality or image or phrase and writing these downs in my own process journal; 2) *extracting significant statements or meaning units* (Giorgi & Giorgi, 2003)- return to each protocol and extract phrases or sentences that directly pertain to the investigated phenomenon, using focusing to return to these "details to check whether they confirm or resonate with [my] bodily felt sense, or whether the details change [my] bodily felt sense," (Todres & Galvin, 2008, p. 577) and then record these changes or resonant meanings in my process journal; 3) *formulated meanings or situated themes*— try to spell out the meanings of each significant statement, staying true to the participant's original statements while making the "precarious leap" between "what the subjects say and what they mean" (Colaizzi's, 1978, p. 59). This interpretive stage most closely

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<sup>12</sup> A flow chart and summary of the data analysis and interpretation procedures is provided in Appendix B

resembles Giorgi and Giorgi's (2003) process of "transformation of meaning units into psychologically sensitive expressions" (p. 252). This is a process of translation from the participant's language to the language of psychology. Todres and Galvin (2008) stress the need for the researcher's "felt sense" of resonance that these formulations or translations are "words that carry forward the aliveness of the meanings" (p. 577); 4) *clusters of themes* – repeat the first three stages for each protocol and allow for any emergence of common themes, as well as attending to the likely presence of divergent themes (Colaizzi, 1978, pp. 59-62). Todres and Galvin (2008) describe this process as a seeking "to re-present a digested sense of 'wholes' that make the descriptions more relevant to others at an existential level" (p. 577). Colaizzi (1978) offers two additional process steps for this complex stage which involves a) referring back to the original protocols and asking if anything is not accounted for by the cluster or if the theme points to something that is not implied in the original protocols, and b) noting any discrepancies which emerge between the clusters while remaining grounded in a "tolerance for ambiguity" (p. 59-61). This is a core process to staying true to qualitative and phenomenological validity because it requires the researcher to not succumb to the temptation of ignoring data that does not fit into the clusters or of arriving prematurely at a theory, which would predispose further analyses to be inclined towards corroboration. It is also at this stage, when the temptation to arrive at conclusion is great, that the discipline of focusing can help foster a process of continuous openness to what Gendlin (1991) calls 'the more' (more than words can say) of the lifeworld; 5) *general thematic description*<sup>13</sup> – the integration of all the thematic structures thus far; 6) try to make an

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<sup>13</sup> Colaizzi describes this as "exhaustive description". I have chosen to replace the word

unambiguous identifying statement about the general themes of the investigated phenomenon using the general thematic description; 7) *final validating step* – returning to each participant and asking how the results compare to their experience and what aspects of their experience have been omitted. Any new data is then worked into the final product of the research (Colaizzi, 1978, pp. 59-62). In this research, the final validating step occurred following the informal focus group, described in the next section. The feedback presented in this focus group was incorporated into the Discussion section and presented in full in Appendix D of the dissertation. Throughout each stage, Todres and Galvin’s (2008) process of a “back-and-forth engagement” (p. 577) on a bodily level enlivened the progression of each stage, making room for the tolerance of ambiguity, as well as the rigorous process of complex and inexhaustible self-reflection.

### **Presentation of Results in Public Form**

Von Eckartsberg (1998) believed strongly that the final stage of research should always entail two public forums for “sharing and criticism.” The first forum is for the participants of the study to allow a “debriefing about the experiment in everyday language” (p. 23). Therefore, the next to final step, after the completion of the interpretation of the data, was to provide a copy of the participant’s individual initial interpretative finding (their particular section of Chapter 5) asking for clarification and feedback. The second public forum and final stage of the dissertation of course will be to defend the dissertation to the community of scholarship, “who share the professional relevancy structure and interest in the phenomenon” (p. 23).

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“exhaustive” with “general” following Giorgi & Giorgi’s (2003) model to avoid the implication of essentialism.

In returning each participant's initial interpretive analysis, I asked for specific comments and responses as follows:

Dear [name of participant], Attached here in this email is the initial interpretation and analysis of the written recollection of the memory you wrote about, which we focused on together, and that we discussed in our conversation together. Remember that the research question we have been exploring is "How does a first-time mother of an infant experience guilt related to being a mother?" Please read through this analysis carefully and make note of any corrections, clarifications, or reactions you may have. I ask you to write a brief typewritten note responding to the following three questions; 1) what themes and interpretations, if any, seem to have resonance for you?, 2) what themes and interpretations, if any, seem at odds with your experience of the topic?, and 3) what are your overall impressions of the process of exploring this topic?. I ask that you either send me your response by email or bring them to our Focus Group meeting and brunch, which is scheduled for November 17<sup>th</sup> 2012 at 10:00am.

Ultimately, only two of the participants ended up being able to attend. After meeting for our informal focus group (Levers, 2006), I incorporated the feedback of the participants into their situated description, the Discussion section, and Appendix D.

The purpose of the focus group, in addition to creating a public forum for "sharing and criticism" (Von Eckartsberg, 1998, p. 23), was to create a supportive group where the mothers who had participated in the study as co-researchers (Todres, 2007) could meet, if they wished, to share some of their experiences from the research process and from their lives, of their process of understanding and dealing with their feelings of guilt related to motherhood. As mentioned in the review of the literature, guilt tends to be an inherently isolating experience, leaving the mother to feel estranged from community and alone in her experience. The purpose of this group was to offer a possible venue to explore their experiences of guilt with other mothers.

To continue to remain consistent with the research method, I began the group with a modified focusing introduction similar to the Interview Stage 2, where I asked the

participants to recall their “felt sense” of the memory they described of feeling a strong sense of guilt related to being a mother. I included this step in the process of the focus group because there was a substantial amount of time that had passed since our interviews and because it allowed the participants to engage with their memories again on a bodily level.<sup>14</sup> This step allowed for some continuity in the research process and also allowed the group to center themselves and relax with each other before we began our discussion. For the second part of the focus group, I lead the group as a round-table open conversation, prompting the discussion with questions and comments when needed to help with clarification, support, or information. My process for enabling reflexivity and transparency to self and others is described in the section below Reflexive Tasks and Procedures.

### **Reflexive Tasks and Procedures**

In order to interrogate my own personal and theoretical assumptions, expectations, and presuppositions in investigating this topic, I have followed a process of reflexive analysis based on a composite of procedures described by Finlay (2003), Todres (2007), and Walsh (1995; 2004). Throughout this research process, especially as a first-time mother myself, it has been imperative for me to examine and acknowledge 1) my “a priori assumptions” in forming this research project, 2) my continuous process of “researcher reflections” during the research, and 3) an “explication of implicit assumptions” guided by the question “what was this experience like for me?” (Walsh, 1995, 341). Additionally, it has been important for me to question my own experience by a similar means that I used to question the participants of this research. Therefore, in

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<sup>14</sup> A detailed timeline of Participant contact and Data Collection is listed in Appendix A.

utilizing Walsh's (1995) procedures for "scrutiny of a phenomenon as seen by the researcher" (p. 340), I have also employed Todres (2007) process of embodied reflection as well.

My point of departure and primary interest for this research was the fact that I am a first-time mother who has experienced maternal guilt. Therefore, I have had my own experience to draw from through a "complete-member reflexive ethnography" (Ellis & Bochner, 2003). Ellis and Bochner (2000) wrote that "in reflexive ethnographies, the researcher's personal experience becomes important primarily in how it illuminates the culture under study (p. 740). Through reflexive ethnography, I was able to study my own population as well as use my own experience "to bend back on the self and look more deeply at self-other interactions" (Ellis & Bochner, 2003, p. 211).

Before beginning any data collection, I scrutinized my own experience by the same means that I asked the other co-researchers (Todres 2007) to use to explore the research question; a written recollection of a memory of feeling guilt related to being a mother, and a two stage auto-ethnographic interview whereby I asked another qualified person to use Focusing Technique with me to explore my "felt sense" of this particular memory as well as an open-ended conversation following this first stage. I then used this transcribed interview to prepare for my interviews and to help highlight areas that are particularly difficult to find language for. I also used this information to assist in my reflexivity, or my ability to disclose my own stance toward the phenomenon of maternal guilt (Walsh, 2004), and add to my transparency regarding my passions, motives, and prejudices (Finlay, 2003) in my data collection, interpretation, and analysis.



Additionally, I kept an ongoing personal process journal through each stage of the research process with each participant, in order to 1) record my own reflections and implicit assumptions and 2) record and reflect on my own “felt sense” in reading their descriptions as well as the interview process. As was mentioned in the Data analysis section, Todres and Galvin’s (2008) process of a “back-and-forth engagement” (p. 577) on a bodily level helped me reflect and find words for my own process and position as we progressed through each stage, making room for me to tolerate ambiguity through the rigorous process of self-reflection and self-disclosure. A detailed summary of my process, personal experience, and self-reflexivity are included in chapter 7, Self-reflexivity and Transparency.

### **Method Section Summary**

The purpose of this phenomenological research design is to give increasingly fresh and enlivened access to phenomenon of early experiences of guilt related to first-time motherhood, a topic that can be inherently difficult to approach. The departure of this method from a the open-ended interview style that Seagram and Daniluk (2002) utilize holds the possibility for a different kind of research process where both researcher and participant can engage in a new kind of bodily reflective process. Past experience and memories are not frozen in inert snap shots of stories from long ago. Memories, particularly memories of challenging and difficult lived experience, remain with us on a bodily level. Gendlin (1996) writes, “emotions and memories from the past come as part of the *present* person” (p. 15). In asking the participants to locate a new kind of living language that can describe their relationship to their experiences in the present moment’s unfolding, both researcher and participant can reach for access to the investigated

phenomenon in and through a bodily experienced relatedness to give fresh vitality,  
interpersonal support, and rich description to the living past.

## **Chapter 5: Stories of Guilt**

### **Introduction to the Format of Participant Situated Themes**

In each of the following five narrative descriptions, I will use the same format to present the situated themes within each of the participant's stories. Each story begins with a short introduction to the participant, followed by the participant's written account or protocol. Next, the story reflects how the memory was situated in their felt sense or bodily experience in the focusing portion of the interview. And last, the story incorporates the situated themes, which emerged through the process of analysis (detailed in the Method Section of Chapter 4 and in the Flow chart of Data Analysis in Appendix B) of the written protocol and our open-ended conversation in the interview following our focusing work. The stories also reflect the participant's direct feedback regarding the presented themes.

It is important to note that each story is highly specific and unique to each person. In every case, I attempted to contextualize what was happening in the movement of our discussion and, especially in situating the work of focusing which stood out as a deeply personal and, in fact, a very sensitive and vulnerable process of the interview. None of the participants could have been adequately prepared in advance for the focusing process as none of them had studied or worked with focusing before. Given that this was an entirely novel experience, there were a wide variety of responses to this process. In every instance, however, the focusing allowed for a platform of care, permission, and gentleness to be created before we continued into our open-ended conversation.

In the following descriptions, I have attempted to extract themes that are directly pertinent to the question of how each participant experienced guilt related to first-time

motherhood. In the process of unfolding these themes in our work together, topics such as speculation regarding whether their own mothers experienced guilt related to motherhood or their relationship with their partners, were explored but are not included in the themes presented in this chapter. I have omitted these topics from this section because they are not immediately relevant to the research question, even while they may have a bearing on the mother's overall life experience. These topics, as well as a cross-comparison with a father's perspective in experiencing guilt as a new parent, are touched on generally in the discussion section.

### **I. Meg's Story**

Meg was a 23-year-old Caucasian first-time mother with a 13-month-old son. Meg worked as a hair stylist and her husband was an Israeli immigrant who owned his own business. I have known Meg since she was a baby as I have been a good friend of her father. When she heard about this research, Meg volunteered to participate, wanting to contribute and to help me. Meg and I are good friends and she felt comfortable speaking with me about her experiences as she has talked with me on many occasions about how she is doing.

My interview with Meg was the first and longest of all of the interviews in part due to our familiarity with each other and the ease of our conversation. I personally know the people Meg talked about in her story and that may have helped create a basis for more personal story telling and exploration. This also created some challenges in that my friendship with Meg may have influenced how comfortable she was in sharing difficult or vulnerable content. During each stage of our interview, however, Meg

seemed comfortable, relaxed, and very forthcoming in sharing her experiences of being a mother.

### **A. Written Protocol**

A mother's guilt is something that is sad to me. I know my son will love me no matter what, but when I see him crying because I left him, for whatever reason, it breaks my heart. I grew this child inside my body for nine months. I went through painful labor and delivery just to meet him. I have nurtured him from the moment he was placed in my arms. If it wasn't for me my child would not be able to survive. I have the most important responsibility now, being a parent. My child depends on me, no one else, for survival. Any time I leave him he has no idea when or if I will ever return. I understand how this must feel for him. As the only person who is around him most of the time, and as the only person who understands exactly what he wants even though he can not communicate with words, I am his provider, and I am leaving him. Even if it is only to change the laundry downstairs or because I have to go to work for the next eight hours. One of the most guilty feelings I have ever felt is hearing my son cry and call my name when I leave him, and knowing that I can't comfort him right at that moment. Now, I know there are things that I have to do without my son in order to live. For example, I need to work to make money so we can eat, and there are times when I am with my family, friends and husband without my son. One day he will be older and will understand that his mother will never leave him. For now he doesn't understand that and I can't explain it to him because he won't understand. This sad feeling I am feeling now is what I call a mother's guilt. I always know that this feeling will go away the moment I see his face again. He lets me know that it's ok to leave by showing me his love when I return. When I enter the room and he runs to me, looking so happy, and gives me a hug and kiss. At this moment I know he is really saying "Mom, I forgive you." Having a child brings a lot of tears and sadness sometimes. Most of all, above everything, he brings me happiness and unconditional love that is not known to anyone until they have experienced it first hand. This is why a mother's guilt will never surpass a mother's happiness.

**B. Focusing Component.** Meg chose to read her description out loud to me first before we began our focusing exercise. After reading, Meg relaxed easily as we found our comfortable positions on the couch. Her breathing became deep and even as we began by focusing in on her breath and began the overall scan of the feelings in her body. The overall feeling of the evoked memory of guilt for Meg was a feeling of "prickly," "thorn"-like pain in her stomach. The feeling was painful and difficult to touch because it was surrounded by stiff, sharp-pointed projections. At first, Meg mentioned that this

feeling seemed out of place or like “it’s not supposed to be there, it’s not supposed to feel like that...like a virus inside of me.” Yet, in the same statement, Meg also said, “but at the same time I feel like I know it’s good, like it’s ok to feel like that.” Paradoxically, the feeling was both unpleasant and painful and "ok" in that it had a particular function and purpose. While we continued focusing, Meg reflected that this “prickly” feeling was “controlled” or “contained” in her stomach without spreading out into other areas of her body.

As we completed the focusing portion of our interview, I asked Meg to acknowledge and thank these feelings for showing themselves to her. After we became adjusted to bringing our attention into the room again, I asked Meg how it felt to do the focusing. She replied that it felt “good ... scary kind of.” She said,

But, I think I never really took the time to acknowledge, to get a real feeling, you know. I experienced the guilt, and at the moment, it’s painful, very painful, um, you know, but, like I said, it’s controlled, so I know it will go away, but, at the moment, it’s painful, but I never took the time to put a word to it or realize exactly where it was coming from.

Meg reflected that the process of going through the focusing journey together felt both "good" and also surprisingly anxiety provoking. The experiences of guilt, in the moments when she did feel it, were extremely painful. Prior to our session, Meg had not noticed what this feeling was or where this feeling was located in her body.

The process of going through the focusing experience of her memory oriented the unfolding of the rest of our interview as Meg went on to describe how she had noticed the changes in her felt sense of this guilt over time. As we continued our conversation, I mentioned to Meg later that I had an image while she was focusing of “one of those prickly seeds that falls down from the trees.” Meg replied, “and it’s kind of how I

pictured it, sort of, maybe more oval-like than such a ball, like how you picture your stomach, like how it comes down and opens up a little bit, so that its always filling up like almost all of it, like this anemone I guess.” This image continued to inform our conversation as we referred back to and touched our stomachs while we continued talking.

This painful feeling, in fact, had changed for Meg considerably in terms of intensity over time. She said,

I feel it in different degrees too because now that my son’s almost two, I recognize it more I think, whereas when he was younger I didn’t know to handle it and so, the feeling would bring actual tears, like pain...when my son was younger, it was much higher, whereas now it’s a little bit lower...But I think that’s part of growing with your child too.

Meg considered the feelings and experience of guilt to be a part of how a mother changes and develops physically and emotionally along with her maturing child. Now that Meg reflected on how the feeling has changed, it felt more “controlled” and, as she said;

So I feel like I can almost cut the thorns off and deal with it that way, I mean, there always going to come back, but I feel like the seed is small. There are not too many bad things that are making it. So but the guilt feeling is there, but its more temporary because the seed isn’t so big.

Meg felt that she had a means of reducing the physical pain of the thorns of this guilt, even while she knew that the pain of guilt would return at some point. She felt that the seed of guilt, such as the sad feeling in having to leave him to work, that gives rise to the pain was relatively small and therefore the experience of guilt of more fleeting and short-lived.

### **C. Situated themes**

*1. Intense and primary responsibility to her child.* Meg wrote, “if it wasn't for me my child would not be able to survive.” She reflected that this visceral feeling of sadness

stemmed from the physical and emotional connection of growing her child in her body for nine months. Meg experienced the dependency of her son on her from the very first moments of when her life and his were tied together. Meg did not mean that, literally, her son would not survive her brief absences, but rather that she had been an instrumental part of his existence and well-being in this world. She acutely felt the extent of her son's dependency on her and the intense responsibility that this was for her.

In her protocol, Meg also wrote, "I have the most important responsibility now, being a parent." She experienced this responsibility as a primary priority for her. The experience of her child's dependence on her felt large and she felt irreplaceably responsible to him. Even so, Meg was aware that she had certain obligations in the world and to herself. She wrote, "I know there are things that I have to do without my son in order to live." In this tension between the obligations she has in the world to provide for herself and her son and the primary responsibility to care for her son's immediate needs, Meg experienced a nearly constant state of being torn or divided.

2. ***"I can't explain it to him"***. Her son did not yet use language in such a way as could afford him the conceptual ability to understand why his mother needed to leave him sometimes. The world that her son experienced as a toddler was one that is much more experientially immediate, both in time and space. Meg felt the limits of reason and verbal language in her desire express unconditional love to her son. She wrote, "One day he will be older and will understand that his mother will never leave him." As her child grows, he will increasingly be able to internalize his mother's presence to him (object permanence) and be able to experience her love and presence to him even when they are physically separated.



**3. *Love is stronger than guilt.*** When she was reunited with her son, Meg experienced his joy (crying out for her, smiling at her, hugging her) as him forgiving her for having to leave him. She wrote, “At this moment I know he is really saying ‘Mom, I forgive you.’” Stronger than the experience of occasional sorrow and guilt in having to be apart, was Meg's experience of deep pleasure and contentment because of the unique and unparalleled experience of love without conditions that her son gave her. Meg felt that the joy, pleasure, and contentment that a mother can experience exceeded her momentary experiences of guilt or sorrow related to motherhood. Her concluding sentence was that this experience of love “is why a mother’s guilt will never surpass a mother’s happiness.”

**4. *Physical and emotional connection.*** Meg used the term “a mother’s intuition to describe her sense of a primary emotional and physical connection between a mother and her child. By this she meant that a mother understands her child's needs and communication immediately on a felt level of experience without the need for conscious reasoning or even verbal language. As a mother, she fundamentally recognizes her own child and her son recognizes her as well through the familiar experience of their relationship. She said,

That’s why there’s such [thing as] a mother’s intuition is because you are connected on level with them...I know what my child wants even though he can’t tell me, I know him ...I’m in his mind too.

Meg gave an example of this physical and emotional connection in talking about how her son likes to constantly touch her face for comfort and contact, especially while enjoying a bottle and drifting off to sleep. Meg said, “he has this internal memory of exactly how I feel.” Meg also used the example of a “mother’s ears” to illustrate this connection in being awoken from a deep sleep by a small stirring or sound from her child.

**5. *Fear of the new and the unknown.*** When her son was a newborn, Meg felt a sense of acute fear of the magnitude of not knowing what her child needed. She said,

You go from this big expansion of this unknown [when her child was a newborn and not knowing what his cries meant], almost enemy, that you can't control and that's what freaks you out...So, it's been contained from this big unknown to something a little smaller and I think it will always be there.

This feeling of not knowing felt large and uncontained in that it was unable to be controlled by her actions or influence. That fear of not knowing what her child was communicating in his cries left her feeling wildly irrational and out of control at times. The older her son gets and the more they get to know each other, the less frequent these times have become, and the better they are able to communicate in shared language with each other. Meg imagined that the fear of not knowing what her child was communicating would always be there. However, the confidence she has developed in her son's ability to express himself to her and the trust in her own ability to meet her child's needs dramatically has decreased both the unknowns and her fears.

**6. *Guilt does not live by itself.*** Meg consistently said that her joy and happiness in being a mother far outweighs her occasional feelings of guilt. She said, "it's the happiness, I feel proud of myself, I feel this unconditional love from such a little human being, just kind of overwhelms that by far." In our conversation, we explored this statement as I wondered if guilt was "interconnected" with her other maternal feelings. Meg was surprised by this idea and said, "It is ...and that's what's so crazy. I don't think I ever really put it in perspective like that before, where it's connected. It comes with this joy, this happiness, and it also does come with sometimes sadness and heartbreak."

From this point, Meg began to explore the complexity of how these seemingly extreme emotional polarities of pleasure and distress are intricately tied together and connected to each other. She said,

I feel like maybe it's a play off the emotions working off of each other...a little bit of good with a little bit of bad. But I feel like what makes you wise is learning how to contain and control, and to make sure, in the end, the happiness weighs more than the guilt...So, I definitely feel like that helps you grow as a mother, as a wife, as a person.

Meg speculated that this emotional range is an integral part of the development of the human being and especially the wife and the mother. The key for her seemed to be in the acceptance of both the feelings that are painful and the feelings that are pleasurable. Meg felt that being knowledgeable and experienced grows from discovering ways to balance and restrain some of the emotional extremes while ultimately prioritizing feelings of happiness over the pain of the guilt.

**7. *No book can teach this.*** At the end of our conversation Meg said, "I always knew I wanted to be a mom, but then when it actually happened, you're like 'ok, where's my book, I don't know what to do'." She found that learning to be a mother and wanting to be the best mother possible was not something that can be taught ahead of time in a book. Meg found her own way to discover her "mother's intuition." It is unique and entirely her own. She and her son are creating their own book every day in their discovery and interaction with each other. They are, quite literally, seeing, hearing, smelling, tasting and touching their way, building on their communication of the first two years, learning how to comfort and calm, feed and nurture, and leave and return to each other.

## II. Beth's Story

Beth was a 27-year-old Caucasian first-time mother with a two and half year old son. My first contact with Beth was over the phone after a friend of mine, who was very supportive of me, referred her. It was clear at first that Beth had called me as a favor to my friend, but she seemed genuinely interested when I told her a little bit about the project over the phone. After asking a few questions about the description of a memory, Beth asked if it would be ok to write the memory description like a journal and I assured her that this would be fine. We made arrangements to meet for an interview after she sent it to me a few weeks later.

As someone who Beth had never met before, I was impressed by her willingness not only to share the details of her story with me but also her willingness to drive downtown and meet me in place that was entirely unfamiliar and new to her. It was also clear to me from the beginning of our initial conversation over the phone that Beth had had a very difficult experience in labor and childbirth and that the first three months of motherhood had been truly terrifying for her. Despite her traumatic introduction to being a mother, Beth was still open to talking to me about her experience.

A. **Written protocol.** Written in chronological order as a series of journal entries, Beth's recollection tells the story of her experiences in labor, delivery, breastfeeding, post-partum, and her return to work. Throughout these journals, Beth details a process of progressive shock and trauma over events she had no control over and a complete disconnect between her hopes and expectations and her actual experience. Beth had tried to prepare for the birth of her baby in every way; going to regular checkups with trusted doctors, visiting the birthing room in the hospital where she would deliver, taking

pre-natal and birthing classes, reading books about labor and delivery, and developing a specific birth plan. A month before her due date, Beth went into excruciating back labor while she and her husband were visiting family a few hours drive away from home in another state. In an unfamiliar hospital, Beth was diagnosed as having HELLP syndrome, a group of symptoms that occur in about 1 to 2 of every 1,000 pregnancies which is characterized by high blood pressure, a break down of the red blood cells, elevated liver enzyme counts, and low platelet counts, and which can be life threatening for both the mother and the child. Beth was given medication to treat the high blood pressure, which made her feel crazy or “loopy” and also very fatigued. Beth ended up delivering her son by emergency C-section shortly after this diagnosis.

For months following the birth, Beth found herself feeling inordinately fatigued, depressed, and overwhelmed by the demands of breastfeeding, which she felt very uncomfortable with. During the first two months after O was born, Beth started experiencing pain in her chest, which would wake her up in the middle of the night. This pain became so increasingly acute, that Beth was certain that she was going to die. Beth also began experiencing numbness in her arms. She went to Emergency Room a few times and met with doctors who, despite a series of medical tests and assessments, could find no physical disorder. Also, on Beth’s second day back at work as a nurse, she met a patient who had Multiple Sclerosis, who described her experience of progressive limb numbness, which culminated in an MS diagnosis and complete below the neck body paralysis after her own son was born under similar circumstances as Beth's. Immediately after talking with this patient, Beth experienced a full-scale panic attack, hyperventilating, overheating, crying, and shaking all over. For almost two months after

this day at work, Beth was completely absorbed by anxiety, panic attacks, and an absolute conviction that she was going to die.

When Beth tried to seek medical advice for her concerns, her doctors diagnosed her with Postpartum Depression, a diagnostic qualifier for the hormonal, psychological adjustments, and fatigue that a mother may experience after giving birth.<sup>15</sup> This diagnosis felt minimizing and reductive to Beth who experienced a need to find a physical root to her very real physiological experiences. Beth began to despair imagining the most desperate of causes. Beth finally found a neurologist who discovered that she had two herniated disks in her neck from a previous injury, which was causing the numbness in her arms. Beth felt a huge sense of relief that there was not something life threatening going on and that there was in fact some physical reason for some of her symptoms. Since then, Beth was able to experience being a mother with a sense of relief and gratitude for her own life and her son's.

May 23<sup>rd</sup> 2008

It's one-month before my due date. I had a doctor's appointment today and everything seemed right on tract. Keith and I decided to go to West Virginia for a "relaxing" weekend with Grandma and Grandpa. I made sure to ask the Doctor if it was ok to travel. We were only going about hour and half away. She reassured me that "It would be completely fine."

After a nice dinner and a movie it was time for bed. Only I couldn't get comfortable. My back ached very bad. I tried everything, Tylenol, sleeping different positions, walking. The pain just kept getting more intense. So as any concerned future mom, I called my OBGYN. Well, I didn't talk to my "regular" doctor of course. The doctor I spoke with was very uncompassionate and short with me on the phone. I explained to her my symptoms and her response, "your not in labor, take a warm bath." So I did. And the pain grew stronger. Long story short Grammy, Bop, and Daddy rushed me to the Hospital around 1am.

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<sup>15</sup> The diagnosis of Post-partum depression will explored further in the Discussion chapter.

May 24<sup>th</sup> 2008

I am at the Hospital, not the hospital I did my pre natal classes or hospital tour. Not even where my doctors practice. It was the closest hospital from West Virginia. When I got to there I was treated so well. The nurses had such a way of keeping me calm and relaxed. They told me I had high blood pressure, hemolysis of my red blood cells, elevated liver enzymes, and proteins in my urine (HELLP Syndrome.) I was immediately put on medicine. This of course made me loopy and tired. Shortly after a diagnosis the doctors came in to tell us the only way to treat this condition. Their answer was delivery via emergency C-section. O R. S. was born in to the world weighing 5lb 4oz and 18inches long.

May 25<sup>th</sup> 2008

What just happened??? I am a healthy 25-year-old woman. I eat right, exercise daily, went to doctors regularly. Why did I have this crazy experience? I was so exhausted from the medication. I barely got to hold my new baby boy.

May 26<sup>th</sup> 2008

In a lot more pain today. The nurses and doctors want me up more and walking. Plus it's my first day breast-feeding. I felt it was important to nurse and heard so many wonderful things about it. Nursing was supposed to be a bonding experience between a mother and her child. Not to mention the health benefits for an infants immune system. I had seen many friends and family nurse their children. They made it look so easy. Unfortunately, that was not my experience with it. I hated it. It hurt, it felt weird, it was extremely demanding. I felt guilty that I didn't love nursing my baby.

May 28<sup>th</sup> 2008

Time to go home today! I wanted to be home in my own bed. But on the other hand I wanted to stay in the hospital where O was safe. In the hospital O had all eyes on him. The nurses and doctors where there around the clock making sure he was okay and I could rest. I just wanted to sleep.

As the days and weeks passed I had many different feelings. Some days I felt great and really proud of myself as a new mom. Other days I just felt depressed and exhausted. I knew this was all pretty normal feelings that "New" moms experience. I just didn't realize how much it affected me till later. I stared waking up in the middle of the night with chest pain. The pain got so intense I was sure I was dying. After a few ER trips and dr. visits no one was completely sure what was wrong. I was treated and tested for acid reflex, blood clots in my lungs, gallbladder attack, etc. While I was still going through all the chest pains and testing it was time to start back to work. I didn't want to nurse any longer and didn't want to have to "pump" at work so I decided to stop nursing. Which then of course after I stopped I felt guilty again. Other moms could nurse and go back to work. Why couldn't I? Thankfully my husband showed great support in all my decisions. Yet I still felt I wasn't being the "best" mom because I didn't nurse a full year, like the books recommend.

My first day back to work wasn't bad. It actually felt good, getting out of the house and seeing my co-workers again. The second day was the worst day of my life.

Not only had I been experiencing chest pains, both my forearms went numb. I had mentioned it to my Doctors and they didn't seem too concerned with it. I could still function fine so I thought really nothing of it. Long story short I have a patient with Multiple Sclerosis. She was paralyzed from her neck down. During her appointment she proceeded to tell me about her experience with childbirth and delivery. She told me "After I had my son, who was 4 weeks early also, my arms went numb, then my chest, and in less than a year. I was diagnosed with MS." My stomach sank I started feeling hot. I knew right then and there I too had MS and was surly going to die. I had to excuse myself with my patient and went to the break room. I was shaking and crying so bad. I couldn't breath. I was hyperventilating. My dad had to come get me from work. For almost two months I was literally consumed by my anxiety and panic attacks. I knew for sure I was dying. I was not myself. I went through the "motions" of a mom. But I didn't feel like I was getting to enjoy it. All I could think about was, being paralyzed and not being able to be there for my family.

It was frustrating because when I told my doctors what was going on they automatically said it was post pardon depression. Kind of brushing me off almost. I needed to know, my mind would not rest until I had actual testing. I wasn't allowed to go online cause I would self diagnose with other random diseases. I would cry myself to sleep every night thinking the worst.

I prayed for God to help me so I could be myself again. After two extremely long months and little persistence on my part I finally found a doctor who actually listened to me. I called a local Neurologist and told him all my symptoms. He immediately agreed that something didn't sound right. I had an MRI of my neck and brain. The diagnosis was finally made. I had two herniated discs in my neck. I felt a huge relief. It was the best news I had ever gotten. But I felt guilty that I lost almost 3months of O's life because I was so focused on myself. I know he won't remember. But I will always remember. I am thankful to for a healthy son and especially thankful that I can now enjoy being a mom without all the quilt and constant worrying.

**B. Focusing component.** Beth chose to read her written description out loud to me as we began our interview. As she was reading, she paused in a few places to swallow before continuing. When I asked her what it was like for her to read it, she replied, "it does make me have a little choke in my throat ... like that getting choked up feeling." This feeling was familiar to her as typical response when she first starts to cry, "or when you are trying to hold something back." When I asked Beth if she was aware of



other places in her body where she experienced her description, she mentioned that she does “get the chest pains” whenever she feels fear and anxiety now. She said the quality of this pain was similar to heart burn or indigestion and she linked this to her feelings of unease, nervousness, and worry. Beth also connected this pain to her emotions and the levels of stress she experienced. While in the past, Beth experienced the chest pain as a possible heart attack, she now is able to “talk myself kind of out it” by taking a moment to relax, reassure herself that she’s “just feeling a little nervous,” and calm down.

As we began our focusing work, Beth relaxed into the breathing, listening to the sound of my voice, and following the movement of the body scan. When we approached the recollection of her memory of guilt, I asked Beth if there was a word or a phrase or an image that seemed to fit an overall felt sense in her body, Beth said, “there’s a sharp...” and then no more. When I asked her if there was an area of this “sharp” feeling, she said “not right now.” In these moments, I had the strong sense that this feeling was not something that could be worked with in depth in our focusing session because of the nature of Beth’s intense anxiety and the pain that she had felt in her chest before. I therefore asked her to thank the feelings that came for her and gently acknowledge their presence, while gradually bringing her attention back into the room.

When I asked Beth how it felt to do the focusing exercise, she said that it felt good and “very relaxing.” Beth said the experience was actually calming rather than “emotional.” She expressed a desire to try to learn more relaxation techniques to help her “not be too emotional.” In the past, Beth was treated with anti-anxiety and anti-depressant medications, which were somewhat helpful to her in controlling the intensity of her feelings. Yet, Beth also said, “I don’t want to have to take any kind of medicine to

deal it. I want to control my thoughts and feelings with my mind.” The process of doing the relaxation and breathing exercise helped Beth feel like she had more control over her feelings and possibly helped her to make a decision to not go too deeply into the “sharp” feeling that she initially experienced in focusing.

### **C. Situated themes**

1. ***Traumatic birth experience.*** Beth’s first response to her birth description was, “What just happened??? I am a healthy 25-year-old woman. I eat right, exercise daily, went to doctors regularly. Why did I have this crazy experience?” She did all of the right things and she took good care of herself and her baby throughout her pregnancy. Then, all of sudden, there was an emergency. She was unprepared for there to be something so seriously wrong that it could have jeopardized her own life and her baby’s. How could she have not known? Her first experiences with motherhood are ones of trauma, shock, disbelief, inordinate pain, and real terror. Beth was completely broadsided by this experience and was left with the lingering doubt that there could be other things that were not right that she did not know about.

2. ***Something is seriously wrong.*** Beth’s anxiety only increased when she came home from the hospital. Her experience of depression, excessive fatigue, forearm numbness, chest pain, intense anxiety, and panic left her feeling vulnerable and that something very serious was wrong with her. After talking with her MS patient she said, “I knew right then and there that I too had MS and was surely going to die.” Beth could not go online during this time because “I would self diagnose with other random diseases.” The doctor’s assessment of post-partum depression did nothing to help Beth

address her fears and concerns. Instead, this left her feeling worse but even more resolved to proving that her symptoms were not a result of intra-psychic imaginings.

A recurring question that Beth struggled with was how psychological phenomenon could cause such acute physical symptoms. Beth's "sharp" pain in her chest was a very real and frightening experience. The health professional's explanation of anxiety and panic attacks felt minimizing and inadequate to Beth. It seemed as though no one was taking her seriously. It was not discussed that Beth had come close to facing death in childbirth and that an undiagnosed medical condition could have taken both her life and her baby's. Beth had been entirely unprepared for this possibility. What if the doctors had missed something else?

We experience physical symptoms and complaints every day, but few of us endure something so dramatic and traumatizing as Beth did in childbirth. Typically we can explain and orient our symptoms to something normal and relatively relatable in our lives. For Beth, as a new mother, there was no such familiar explanation, no possibility of orientation. Her conviction and actual experience of being gravely ill was real. Beth recalled that she experienced "panic attacks" which are characterized by acute and immobilizing physiological and emotional experiences of disabling anxiety. It is important to note that people who later describe their experience of panic attacks report an absolute certainty and conviction that they are dying. Beth's certainty was real and so were her symptoms. This is also the cycle of trauma.

3. *Estrangement from self, others, and the world.* From this place of intense anxiety and its subsequent depression, Beth said that she "went through the 'motions' of being a mom." Beth had the sense that she was not really participating in the world or in

her family during this time. She said, “all I could think about was being paralyzed and not being able to be there for my family.” From a place of real despair Beth, “prayed to God to help me so I could be myself again.”

4. *Fear of the unknown.* For Beth, being unprepared for the unknown of complications in childbirth left her feeling that her health in general was suspect and vulnerable. She said, “but I guess the fear of the unknown, when I was going through my guilt and anxiety and panic attacks, I just wanted answers. I didn’t want someone to just say, this is just because.” Beth wanted a physical explanation and cause as well as a remedy for her acute chest pain and forearm numbness. When she was finally able to find a physical explanation for her arm numbness, it meant a tangible and real cause and remedy to her suffering.

5. *Social expectations of joy.* The social expectation of having a baby is primarily of joy and wonder. Mothers often feel that they are expected to only feel joy and wonder about having a baby. Beth said,

And I think, a lot of times when you find out you are pregnant, it is a miracle and it’s a wonderful thing and everyone congratulates you, but no one really warns you ... but sometimes in a positive way. You know, everyone’s like ‘Oh, you’re having a baby, you’re having a baby. It’s so great, it’s so great!’ But it’s also terrifying and it’s the stress on the marriage.

Beth’s statement indicated that she would have liked to have had permission to feel other emotions than just joy. It might have been helpful to Beth to have had some idea how frightening being a mother could be or how much her marriage and relationship with her husband might change. In many ways, the challenging aspects of motherhood were also unknowns because the predominant expectation is joy and not fear.

6. *Social referencing and comparison.* Beth also identified social referencing as a major theme that is very common in any experience that is new, but particularly for new parents. For example, Beth did not “love” nursing her baby. From the beginning, “it hurt, it felt weird, it was extremely demanding.” Beth felt guilty that she did not love something that “the books recommend” and that other mother’s seemed to do so easily. Beth had good days of feeling really “proud of myself as a new mom” and other days where she just felt “depressed and exhausted.” In looking to other mothers for help and modeling about what is “normal,” there is often an assumption that other mothers are doing it right. Beth said, “and then some people just make it look so easy, you know. It’s like, ‘I have one kid and I feel overwhelmed, you have like four, and you seem like you have everything together.’” This experience of social referencing occurs on an individual and personal level with women in community but perhaps even more insistently on a broader cultural level as well. Beth expressed feeling inundated with social pressures and expectations of perfection with everything from clothes to car seats and nursery environment. Beth talked about feeling overwhelmed, “even just preparing, you know, when you register, you think you need everything in the store. You think, well if I don’t get that, is that bad?”

After she had her son, Beth felt completely lost in fear and anxiety. Her ability to find a sense of her own center through social comparison was unbalanced because of her conviction that there was something gravely wrong with her health. She said,

You know, because I was a wreck. I would cry all the time. I couldn’t even drive home from work without thinking about it. And it wasn’t even that I thought I would die tomorrow, I was thinking even 10 years. I thought, “I don’t know how long I have to live.” You would think I would want to take it in reverse and enjoy this time that I had, but no, I wanted to go home, get O ready for bed, get myself ready, and just sleep. And it’s just weird because that’s not who I was, you know.

Beth described her relationship with her sister, who had her first child just a few months after she did, as being a major source of both comfort and comparison as she struggled to face her anxiety. Social referencing is often acts as a powerful signpost of our own functioning. Beth's sister was a constant presence for her as she emerged from a terrifying three months.

7. **Missed time.** Looking back on the first three months of her son's life, Beth felt guilty that she was not able to enjoy the process of becoming a mom and being truly present to her son. While she knows that "he won't remember, but I will always remember." Yet, now that she has emerged from this experience, Beth feels grateful that both she and her son are healthy and she is free to take delight and pleasure in being a mom without the fear and anxiety that it could all be taken away.

**D. Feedback.** Looking back on the process of telling her story and her experiences from the becoming a new mother, Beth found that she related to her story differently. When Beth reviewed her story, she wrote, "I will admit that I hesitated to read it at first. I was afraid that my anxiety or panic would flash before me again. However, quite the opposite happened. I felt confident and relieved. I learned to control my anxiety and not focus on guilt and 'what ifs' in life."

### **III. Cam's story**

Cam was a 23-year-old Caucasian first-time mother with a two and half month old daughter. At the time of our interview, Cam was finishing up her final semester as a graduate student music major at a local university. I had met Cam earlier in her pregnancy and talked to her a little about the nature of the research I was doing. Cam expressed an interest in the study and I was able to get in touch with her to congratulate

her after the birth of her daughter. Even though the timing might have been better for Cam as she was in her last month and half of school before graduation, she agreed to first meet with me to talk to me about the project. After we met together, Cam agreed to take some time to reflect on her own experience of feeling guilt related to being new mother and then get back to me, which she did a few weeks later.

Of all of the participants in this research, Cam had the youngest child at the time of our interview. Cam was breastfeeding, pumping, going to class and lessons, practicing, studying, and preparing for her oral exams while she was adjusting to new motherhood with a two and half month old daughter. In addition to being a new mother and also having a great deal of work academically, Cam also lost a family member in the midst of our trying to schedule our interview after she sent me her written description. When we found time to meet, Cam seemed overwhelmed yet determined to accomplish her goals.

**A. Written protocol.** Cam's recollection is written as an end of the day reflection on the course of events and feelings she had on a single day. Cam mentioned that there were not a lot of "one event things" when she felt a sense of guilt but rather many passing moments during the day when she was taking care of G and thinking of other things she needed to do or should do. At the end of the day when she was going to bed, Cam wrote her recollection as reminiscence about the various times during the past day that she had experienced guilt and traced the emotional stream of thoughts as they came to her.

Lying in bed one night, cuddling with my baby, I stared at her and thought of how wonderful she is. I thought of how I want to do everything possible to make her comfortable and happy. I want to take care of her, I want to be the one to comfort her when she cries, I want to be with her all the time so that I can nurse her whenever she

wants and to her heart's desire. I thought of how miraculous it is that I have been entrusted with a new little person. Then, I started thinking of the things I got done that day, and the things I need to get done tomorrow. I thought of how behind I feel in school, how much piano practice I need to be doing, and how in the world can I possibly get all these things done while taking care of the baby the way I want to? And the guilt began.

My mind started hurting trying to deal with the conflicting emotions. My eyes began to tear, and my chest felt tight, tightening my throat. I felt guilty for wanting to do other things than take care of my baby because she needs me so much. How selfish of me to want to be productive instead of take care of this helpless child. As my thoughts swirled, I continued thinking about the difficulties in taking care of her. How letting her nurse for as long as she wants, letting her comfort suck, makes me sore. It doesn't feel good if she's been attached to me all day! Intimacy with my husband is difficult because of how exhausted I am at the end of the day. It seems like she's always crying—how can we ever find enough time for each other? Then, I think how impossible it is to take care of the house, catch up with schoolwork—which for me is piano practice—and take care of the baby. I can only get things done in 15 or 20-minute increments. I started getting frustrated because of how intrusive taking care of the baby is on my life. And again, I felt guilty for feeling that way.

Thoughts swirled and pulled and tugged, going from overwhelming love and joy—staring at the baby, hoping she loves me as much as I love her—to frustration of not being able to fulfill my needs, to guilt at my frustration. I remembered having to do the laundry the Friday before. I couldn't take the baby with me because there was no room in the car for her car seat and all the laundry baskets we were taking. So, I left her at home with my dad, instructing him to call me if she got hungry. I could leave my mom at the Laundromat and feed the baby if need be. By the time we were done with the laundry, my dad hadn't called. I came to find out he had just gone ahead and given her a bottle. What guilt and anger surged through my head! Of course she's fine taking a bottle, but *I* could have been the one to feed her! It's my duty, and I feel as though I'm cheating her by denying her. Then, I feel frustrated for being guilty and mad at myself for something I couldn't help.

I looked at her again, emerging from within myself. I do feel guilty when I can't be with her, when I become uncomfortable from holding her and find myself wanting to do things other than be with her. I have to go to finish school so I can take better care of her, and somehow, I have to find a balance of being productive, loving her, and taking care of myself. At the end of the day, when I am emotionally tired and her crying pushes me over the edge, I can still try again the next day. I fell asleep after the emotional journey, cuddling with my baby.

**B. Focusing component.** Before we began our focusing portion, Cam discussed her struggle to find a sense of balance between her obligations in the world as a student trying to graduate in a few months and being a new mother of a two and a half month old infant. She chose to read her description out loud to me before we began our focusing



exercise. After reading, Cam asked if she could sit on the floor because the couches in the therapy office we were using were very uncomfortable. We both sat on the floor as we worked to spread out and find a comfortable position. During the focusing, Cam felt two body areas that were particularly prevalent related to the guilt she had described. The first area that Cam mentioned was her head. The quality of her felt sense in her head was of a “black swirling ... like it can’t be contained and I can’t comprehend it because it’s swirling ... in my head.” When I asked Cam to inquire with her felt sense about what made this feeling so “black and swirling and uncontainable,” she responded, “It’s not what I want and I can’t control what I want...The guilt is something that I want to happen and it can’t and that’s why I feel guilty.” The second area that Cam mentioned was in her chest, which had the quality of “tight sadness.” When I asked Cam to inquire with this area about what made it so “tight and sad,” she responded “because its angry that I can’t have what I want.” In reflecting her statement back to her I added to it “so there’s an anger there about not being able to have what you want which is a chance to feel the things you do.”

At this point in our focusing, I noticed that Cam had begun to sway slightly and her head had dropped down a small amount. I had the strong sense that she was feeling ill or dizzy in the moment. I asked her to briefly and gently acknowledge and thank the felt senses that showed themselves to her and asked her to open her eyes. When I asked her how her head was feeling, she said “swirly” and said that it “almost made me dizzy.” We took some time to eat and drink before discussing anything more. I admitted to Cam that I had been worried for her in the moment and made sure that she was feeling better

before we moved on. Cam said that she felt much better being able to see and was able to continue our discussion.

When we continued, Cam mentioned that she often feels overwhelmed because “it’s too many thoughts to think about.” Usually, Cam coped with this flooding of thoughts by “shutting it away,” but in our moment of focusing on the felt sense in her head, the “swirly” feeling increased or “got bigger.” Cam indicated that her sense of being overwhelmed by the circular nature of conflicting thoughts and desires escalated when she focused or thought about it too much. This “black swirly” felt sense in her head increased as she focused on it and it actually made her feel dizzy.

When I asked Cam about her “tight” and “sad” feeling in her chest, she said “it’s like right before you start to cry and your chest feels tight, that’s how it is, but its just on one side, just on the right side.” Cam described a very specific location on her right side between her first and second rib where she felt a constriction or tightness, which is typically where she feels a sense of sadness. When I asked Cam about her felt sense, in between her head and her chest, in her throat which she mentioned in her description, she said that when she feels the tight sadness in her side, it seems to move up through her throat, causing it to feel dry, and “and then my eyes tear up. So, when I feel it in my throat and I don’t want to cry, I swallow and I try pushing it back down.” Cam also mentioned that it was easier for her “let go of” her tightness in her chest than it was to cope with her “swirly” thoughts. I suggested that it might be helpful to her as a relaxation technique to select one thought at a time from the “swirl” in order to take a kind of “mental inventory” rather than trying to deal with all of it at the same time. Cam thought that this might be a good idea.

In her feedback, Cam wrote, “when trying to recall the focusing, the physical feelings were easily recalled and returned. It’s amazing how connected your physicality is to your psyche and emotions.”

She also said,

I think I got dizzy because I was concentrating so hard on understanding my inner-self. Usually people don’t focus as much and dig as deep. It was difficult for me. In the write-up you mention that I said my overwhelmed-ness increased if I thought about it too much—one reason why I probably avoided digging so deep.

Cam reflected,

It’s amazing and true that it actually affected me physically—something I wouldn’t have given credit to before really focusing on my emotions. I never usually associated my emotions with a physical location, but when I asked myself to recognize them, they were in an actual place.

### **C. Situated themes**

**1. *Wanting to give perfect care to match my love.*** Cam's first thought in her written reflection was, “I stared at her and thought how wonderful she is. I thought of how I want to do everything possible to make her comfortable and happy.” Cam expressed how much she wanted to be the one to give her daughter everything, to give her the perfect care to match the love she felt for her. This experience of awe and wonder made Cam want to do everything in her power to make her daughter happy and content, spending time with her, feeding her whenever she was hungry, comforting her when she was hurt or upset. Cam experienced a sense of her daughter being an extraordinary and precious gift that has been given to her by God.

**2. *Wanting to care for my own needs.*** From these thoughts of wonder, Cam’s began to think also of how she could care for her own needs. As a senior college student

with only a few months left until graduation, Cam's thoughts inevitably turned towards the things that she had to do and the constraints she had on her time. She experienced a sense of being limited and finite especially with regard to the disparity between what the world required of her and what she wanted to be able to do for her daughter. At this thought, she began to feel a sense of guilt. She wrote, “I felt guilty for wanting to do other things than take care of my baby because she needs me so much. How selfish of me to want to be productive instead of take care of this helpless child.”

**3. Emotional extremes.** As Cam considered all of the things the world asked of her, she felt the true challenges of having a new baby; the physical demands of nursing, little time for closeness with other people in her life like her husband, house work, piano practicing, and having to do all of her tasks in small time increments to accommodate her daughter's needs. These considerations left Cam feeling distressed and annoyed about the unwelcome disruptions that having a newborn baby impinge on her life. All of these feelings together contributed again to Cam feeling a sense of guilt. Cam described a kind of cognitive and emotional cycling where, in one moment, she felt powerful feelings of affection and joy at the miracle of her daughter and, the next, annoyance in being unable to adequately meet her own needs in the world. She wrote,

Thoughts swirled and pulled and tugged, going from overwhelming love and joy—staring at the baby, hoping she loves me as much as I love her—to frustration of not being able to fulfill my needs, to guilt at my frustration ... Then, I feel frustrated for being guilty and mad at myself for something I couldn't help.

**4. Conflict becomes guilt.** At the end of her description, Cam reflected again on the bittersweet beauty of being responsible for someone she loves so dearly but also being called into the world by her own projects and her obligations to herself. The guilt she experiences marks the conflict of these in between spaces, wanting to hold and give

her daughter everything and wanting to leave and meet herself in the larger world as well. In the end of her day's reflection, Cam wrote, "I looked at her again, emerging from within myself. I do feel guilty when I can't be with her, when I become uncomfortable from holding her and find myself wanting to do things other than be with her." In her feedback, Cam reflected, "I never thought I would feel so guilty because I never had the same kind of responsibility toward another human being. Allowing myself to accept that motherhood really was different from what I expected was important for me too."

**5. *The need for permission.*** One of the things that focusing allows for is a sense of permission and gentle acknowledgement of whatever feelings are there. Cam found in our focusing work a real sense that she can acknowledge her own feelings and that she has permission to make room for her own thoughts and feelings. When I asked Cam if she could give herself permission to select one element or thought from the "swirl" to give her attention to, she responded that permission from others and herself was particularly important to her in allowing herself to acknowledge, experience, and understand her own feelings. Cam agreed with me that that her feelings have a place in her life because they teach her something about herself and, as she said, "and to know that I really care."

Many people experience great difficulty in allowing themselves to acknowledge their own feelings. New mothers especially have difficulty because so many of their feelings are new to them. They often, quite simply, have never felt those feelings before, in degree and or cause. This makes it particularly difficult to orient themselves to emotions that are experienced as in conflict with each other, such as love and frustration and joy and anger. The perception of the social expectations of joy and complete

confidence with regard to loving a new baby is often so powerful that a new mother cannot allow herself to acknowledge all of the other emotions that exist simultaneously and very confusingly. For Cam, permission to feel all of the things she does, from being overwhelmed, frustrated, and guilty for being pulled in many directions, to tremendous “gushy” joy for her daughter, means that “it ok to feel that way” and “to know that I really care.”

In her feedback at the end of the study Cam wrote,

The focusing did help me to give myself permission to feel the way I did, it's alright, and it's normal and natural! Everyone has to find the balance for themselves in their own situation. It's true many people don't want to acknowledge their feelings... for fear of what? Abandonment? Dislike from others? But, they are a natural part of our life and can teach us a lot about ourselves and the kind of people we want to be.

**6. “Breastfeeding is very hard!”** The physical demands of breastfeeding were entirely unexpected for Cam. In fact, Cam’s first memory of feeling guilt related to being a mother was related to physical exhaustion and breastfeeding. She said, “it really wasn’t until like she would be hungry and I would be so tired in the first few weeks. And I was just so tired and my nipples were sore and I didn’t want to feed her. That’s when I was feeling exhausted.” Cam had read many books about pregnancy and breastfeeding before her daughter was born, and she felt that none of them had prepared her for how painful breastfeeding would be. She said emphatically, “breastfeeding is very hard! It’s not the most natural thing in the world! I mean it is natural, but it doesn’t just easily happen. We have to work at it.” At the time of our interview, Cam had just recently been able to even out her milk supply so that she was not over producing anymore. Cam also had been working through the process of how to get her daughter to not wake up after falling

asleep while breastfeeding and as well as how much she wanted to let her daughter “comfort suck.”

7. *“It’s ok if sometimes I can’t be there for her”*. One of the main things that Cam struggled with was being away from her daughter. She said,

Because there are so many things I want to be able to do for her. And then I think how it’s impossible for me to do them, you know? If I were just completely paying attention to her 100% of the time and making her completely comfortable, I wouldn’t be able to get anything done. And then, I started to think about the consequences of what that would do to her. Like, if she expects that all the time for the rest of her life, it wouldn’t be positive for her either.

Her statement indicated that she was wrestling with her own limitation as well as the idea that her daughter must come to know herself through moments of discomfort. The conflict for Cam was her desire to be the one to give her daughter everything and her understanding that this was impossible. Working through this in our conversation, she said, “it’s good because she needs to know that even if I’m not physically there all the time, that I will come back.” When her daughter wakes up in her crib alone, “she will be ok by herself.” Her daughter will learn that she is safe and protected even when she is alone, “and I’m not just telling her that she needs to learn because she has to deal with it. But she needs to learn so that she can be her own person.” Through this process of talking and working this out, Cam was working on giving herself permission to leave her daughter sometimes too.

8. *Need for balance*. Cam articulated a need for balance between the extremes of her emotional life as well as the time she spends with and away from her daughter. As a new mom, this balance is discovered in process through time and the movement of their evolving relationship. Cam wrote of her awareness that her striving and her struggle to find this balance was for her daughter while also being for herself; “I have to go to school

so I can better take care of her, and somehow, I have to find a balance between being productive, loving her, and taking care of myself.” In closing her eyes at the end of the day, exhausted and cuddling her baby, Cam wrote, “I can still try again the next day.”

In her feedback with regard to finding a balance, Cam wrote,

We have to realize we can have what we want, but there is a balance to be found and we may have to sacrifice some things we want. However, we will want to make these sacrifices because our priorities have shifted to our children. We want our priorities to shift this way because we care about and love our children, so the sacrifices really won't be so difficult.

#### **IV. Xena's Story**

Xena was a 43 year old Caucasian first time mother with a 7 and a half month old son. Xena worked as a college professor at a local university and I was acquainted with her when I took one of her classes a few years earlier. When Xena heard about this research project, she was very willing to participate because she enjoyed talking about motherhood. As we corresponded to establish a time and place to meet, we decided that it would be best to meet at her home instead of the Psychology Clinic for convenience and confidentiality. For this reason, our interview was the only one conducted off campus and with her son present in the next room and, after waking from his nap, joining us for the end of our conversation. Having Wesley present for our discussion was both understandably distracting and enriching for our exploration of the topic.

Because we conducted our interview in Xena's home during naptime for Wesley, we positioned ourselves comfortably but quietly on the floor in a room next to his bedroom, in order to be able to hear if he woke up. This had the effect of bringing the experience and presence of Wesley much more into the work perhaps than if we had been in a setting away from where he was. As it was, we were in a very familiar place with



Wesley nearby and, in fact, in the exact setting where Xena had been from her written account. Luckily, we managed to complete our focusing work and processing of that experience prior to Wesley waking up and joining us in the room. Having the opportunity to talk in such a personal setting, while unorthodox, allowed for close interaction with the intimacy of the topic.

**A. Written protocol.** While Xena recalled that anxiety rather than guilt was the predominant feeling she had early on in her son's life, she did describe two very different instances when she experienced guilt related to being a mother. One of these experiences she described as being fairly logical and the other almost humorously illogical. The first example had to do with her struggle to find a regular nap schedule for Wesley particularly after she went back to work and had so many teaching responsibilities to take care of during his nap times. Her example detailed a time when she found herself insisting that her son take a nap and misunderstanding the nature of his cries when he would not fall asleep. The second example had to do with a passing thought she had spoken about during her pregnancy about preferring to have a child with a physical disability rather than a mental one. When Wesley had a minor physical issue at birth, Xena felt guilty about her comments but joked about the superstitious interpretation of the situation.<sup>16</sup> The themes that Xena and I closely explored were primarily from her first example.

Let me start off by saying that, having been raised Catholic (with Catholic guilt), I have since worked quite a bit to get away from feeling guilty. I'm sure I have only been partially successful, but I don't believe I have felt much guilt at all with regard to being a

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<sup>16</sup> In this example, the circumstances of Wesley's physical issue were certainly not within Xena's control. However, it is true that many parents experience a sense of guilt if their children are born with any kind of disability regardless of whether their gestation influenced this or not.

first-time mother. What I feel more often is anxiety—especially with regard to the unpredictableness of an infant. This was especially the case when my son was a newborn and I never knew if he would sleep for 3 hours or 10 minutes. I would prioritize every second that I had when I put him down, rushing around madly to eat food, go to the bathroom, etc., and hyper-aware/anxious that he might start crying at any moment. That said, I can talk about two cases of guilt with regard to my son—one is more rational, and the other is completely irrational (to the point of being amusing).

The first, more rational case arose around the situation of my son's naps. He was doing quite well—about 3 naps a day, for about 1 hour each, sometimes a short extra nap at the end of the day—very normal. Then, suddenly, he started taking 25-30 minute naps, and still only about 3 a day. I was going nuts! And this was exacerbated by the fact that I had just started the semester, returning to work, and I had been hoping to extend his naps to longer times (the typical 1 and ½ to 2 hour naps in morning and afternoon) in order to get work done during the day. I could barely open my email, and he would be awake again! So I started trying all sorts of things to get him to sleep longer. One thing was simply to hold him in my arms while standing next to his crib, swaying and shushing, in the hopes that he would doze off again, or at least calm down enough to put him back in the crib for awhile. At times, though, he would cry and cry and cry, getting more and more frantic. But I wanted to be consistent, and I wanted those naps! So I kept at it a few more times. And then I figured out that he was going through a growth spurt, and I had changed around his eating schedule—and he had been crying because he was really hungry. And I felt awful. Here I was, focusing so much on the nap that I was refusing to hear his call for food... Interestingly, once I had rearranged his eating schedule (and started him on solids), he still would cry and cry on occasion when I tried to get him to nap for a longer time. I would still feel guilty then, too (and so frustrated that the child would not just go to sleep, or just let me hold him by the crib!). I think the guilt arose partly because I have a very happy, laid back baby—he never really cries much at all (even when he takes super-short naps). When he does, it is obvious what he needs, and I can take care of it right away. But those times by the crib are some of the worst times he has cried, and although I know he was in no pain at all, I also know that if I would just walk away and let him stay awake, he would stop crying immediately (seriously, all I had to do was walk out of his bedroom with him, and he would stop instantly). So on the one hand, it felt like a battle of wills, but on the other hand, it was all about my desire for a nap from this little being who could barely communicate (except through crying). Why would I keep doing this to him? I even felt guilty about being so intent on the naps, complaining about it, getting upset when he would wake up, yet again, after 25 minutes—because, when I talked with other parents, my kid is a breeze! He goes to sleep with no problem (the problem was staying asleep), he has no eating problems, he laughs and plays pretty much all of the time, he plays by himself when I put him down... Why did I need to focus on the one thing that was not working? ... I don't want to be one of those moms—or one of those people—who always focuses on the negative!

The end of the story is that I am just now achieving the longer naps! In the past week, he has been napping every morning and afternoon, from 1 to 3 hours ☺--Hooray!! The other guilt is completely irrational (the one above is somewhat irrational, but not as bad as this one). Before my son was born, I was very worried about his having Down's Syndrome. I have worked with Down's children before, and although they are delightful

kids, I know that they are an unbelievable amount of work—way more than a “normal” infant. Since I was/am doing this on my own, I did not want to have the additional difficulties. I had tests done that confirmed that he had no Down’s or similar genetic problems, and I was quite relieved. But I started thinking that I would have been much more comfortable if he were to have a physical disability than a mental one, and I told a few people that if it had to be, I would prefer a physical to a mental disability. I even referred to intersexuality as an example (since I was doing research on it at the time). Then when my son was born, he was born with hypospadias—not intersexuality—but a minor deformity of the penis (very correctible). But some part of me wondered if I had caused it to happen by saying that I would prefer an intersexed child over a Down’s child! I laughed that this is where superstitions came from—if I were living prior to science as a common knowledge, I would really believe I had made it happen! (In fact, I also joke that I made my son a red-head by naming him Wesley. ☺). In any case, I felt guilty in this case as well, wondering if I had made this happen through what I was thinking, (or even what I was eating and drinking). Oddly, it *is* slightly my fault that he has this condition—it is much more common in children of older moms, and also more common when artificial insemination is used (as was the case with me). However, I don’t feel guilty about those things, only about my comments about intersexuality and the fact that I didn’t make myself go totally healthy and organic. (My rationale was that my being happy was just as important as what I ate—important to his development, that is—so I wasn’t going to be all rigid and restrictive and make myself miserable. I even allowed myself the very occasional ½ glass of wine...) Hmm, now that I think about it, if I *am* at fault for the hypospadias, then I also am at “fault” for having such a happy baby ☺.

**B. Focusing component.** Xena asked me to read her description aloud as we began our focusing exercise. After reading, Xena and I relaxed into joking and sharing stories about pregnancy food cravings and her desire to not be “stressed out and miserable” through her pregnancy. Once we began our focusing work, we were both relaxed and calm, even though we whispered and tried to stay quiet to keep from waking up Wesley. When I asked Xena if she was able to locate an area in her body with an overall felt sense of her memory, she replied that there were several areas.

The first area that Xena described was in her jaw, teeth, and lips, “when I was standing by the crib, not knowing why he was crying, I was like tight lipped because I was trying to be consistent.” Xena was surprised to rediscover this physical feeling during our focusing because she had forgotten about this aspect of the memory. Xena

connected her experience of tightness or fixing and clenching her jaw to a position of trying to hold her ground, not surrendering her position or desire for her son's nap. She also connected this feeling to one of firm resolve or "setting your jaw." This feeling centered on an entrenched position, which was being pressured to change by the force of another will. The "setting your jaw" pointed to a position of resistance in an effort to "not break down" and "not give in" to the pressure of an opposing will.

The second area that Xena described was in her heart, a feeling of "heartache," "when he was nursing, right after this, right after when I finally gave in, and he was sobbing and nursing at the same time because he was just so upset. And, I don't remember, I think I almost cried. And I felt it in my heart." While focusing, Xena connected the feeling of ache or pain in her heart with the guilt she felt while her son was crying. She said,

Ache...It's almost like a yearning, if that makes sense. Cause it's a connection or something. It's like your heart is reaching out or tied up. Not tied up but like there's a tunnel, or like a connection between you and your child. Not a string. It's something that, um, like a flowing, you know, like an umbilical chord I guess. But broader.

In her description, Xena seemed to be working through a simultaneous experience of loss and lack as well as a "reaching out" for connection to her son. This pain or this "ache" felt like an active, flowing, and vital tie to her son, almost like an emotional "umbilical chord" which inspired an outpouring of warmth and compassion from her. In this moment in our focusing, Xena was moved to tears as she embraced the sensation in her heart again.

After completing the focusing portion of the interview, Xena again expressed surprise about how tight and severe her face felt to her. It was almost as though in

focusing on this felt sense of this memory, she could see herself in reverse, as though she were able to look at an image of her prior self through the lens of the feeling of a "hardened" face. Xena clearly remembered the feeling of dull pain or "ache" in her heart because in searching for a memory to write about, she had considered the differences between her bodily experience of anxiety and guilt. For Xena, anxiety or fear seem to be located in the bottom or "pit" of the stomach or, for her, particularly in her throat. Guilt always felt to her to be present in her heart. Yet, upon further reflection, Xena acknowledged that anxiety and fear could be experienced in the heart area as well particularly in cases of intense anxiety and panic.

When asked if focusing changed her perception of her guilt experience, Xena replied that it had helped the guilt feel more "positive" or constructive and she felt more optimistic about it because it highlighted a strong link or "connection" between herself and her son. The "ache" came to represent more of a closeness and bodily expressed "visceral bond" with her child than a lack, regret, or absence of something with her child. Xena was very pleased by this realization and felt more positively towards her experience of feeling guilt. She said,

You know, so it's like if I weren't connected, I wouldn't have this ache. So then, that the ache is a good thing in a sense because it's one of many ways of feeling how close I am to my child. So it's actually really good...he and I have this almost visceral bond, which is actually really cool.

In her feedback, Xena remembered this experience in particular,

First, I wanted to tell you that I have often thought about the event that we discussed, when Wesley was hungry and I didn't realize it, and I would think about how we had worked through it. But when I read it as you reproduced it, it brought tears to my eyes again. Your rendering of our discussion brought back all of the emotions....

### **C. Situated themes**

**1. *Guilt is conditioned.*** Xena began her description by saying, “having been raised Catholic (with Catholic guilt), I have worked quite a bit to get away from feeling guilty.” Xena made it clear that she grew up within a religious framework that understood guilt from a particular perspective of Original Sin. This form of guilt has many implications developmentally for each person and thus has a wide range of experiential ramifications. A common experience of guilt within this framework is not necessarily that one has done something wrong personally and thus feels guilt according to some sense of perceived wrongdoing, but rather a collective guilt that all humanity shares in choosing free will and, in so doing, an estrangement from God. Xena mentioned this first in order to contextualize her experiences of guilt related to motherhood and in order to highlight that guilt has been something that has been a theme in her life, but that she has experienced it negatively, and has resisted and tried to overcome it.<sup>17</sup>

**2. *Manipulative guilt.*** As a follow up to this issue in our discussion, when I asked her to elaborate on what her statement about “Catholic guilt” meant to her, she responded that guilt meant she was to blame or “at fault” for the emotional lives of other people, that she was somehow a direct cause of how people in her life were feeling. Xena also felt that this perception could represent a gender expectation for women in general. She said, “when other people are sad, it’s your fault. And so it’s also your job to

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<sup>17</sup> How one experiences guilt as a new mother is greatly influenced by how one was raised to experience guilt in the church and by one's own parents. In our general conversation, Xena explored the theme of parental guilt related to her own relationship to her mother in much greater detail, but it is important to highlight Xena’s experience of the macrosystem influence of being raised within the Catholic Church here. This was explored in more detail in the review of the literature in Chapter 2.

correct it.” Xena directly related this experience of guilt to her own relationship with her mother, where guilt felt like a means for "control" or manipulation by her mother. Xena expressed that this type of emotional manipulation produced the opposite result of control when Xena rebelled as an adolescent.

**3. *Anxiety and stress***<sup>18</sup>. When her son was a newborn, the primary emotion that Xena experienced was anxiety, “stress,” or a feeling of being “wound-up tight” about what her son would need at any given time. Her strong feelings of nervousness and worry stemmed from an inability to know what to expect in terms of her son’s sleeping and eating schedule. She wrote, “I never knew if he would sleep for 3 hours or 10 minutes...I would prioritize every second...hyper-aware/anxious that he might start crying at any moment.” The experience of time for Xena was one of extreme watchfulness and nervousness as she attempted to complete her tasks and projects within her son's ever changing sleep cycles. At the time of the situation in her description, Wesley was a few months old and had actually begun to take regular naps. When the length of his naps suddenly and dramatically decreased, Xena became very anxious and frustrated.

It was during this time when Xena returned to work and had begun to try to move back into her professional life. Wesley’s naps had allowed her the time to meet her obligations to her career. Xena began to try harder to reclaim that predictable sleep pattern. She wrote,

One thing was simply to hold him in my arms while standing next to his crib, swaying and shushing, in the hopes that he would doze off again, or at least calm down enough to put him back in the crib for awhile. At times, though, he would

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<sup>18</sup> This heading has been revised based on Xena’s feedback after reading the original write up (see Appendix D) where I described her anxiety as “fear of the unknown.” She said that this time felt more like being stressed in not knowing if she could get to her work rather than an expression of “fear.”

cry and cry and cry, getting more and more frantic. But I wanted to be consistent, and I wanted those naps! So I kept at it a few more times.

At a time when Wesley's schedule had become unpredictable and inconsistent, Xena began to try to impose consistency and predictability on the circumstances.

**4. *Misunderstanding the cries.*** Crying is the primary means of vocal communication for a newborn infant. However, not all crying is the same and it takes time for each type of cry to be distinguishable in what it is expressing to others. When Xena realized “he was going through a growth spurt, and I had changed around his eating schedule—and he had been crying because he was really hungry. And I felt awful. Here I was, focusing so much on the nap that I was refusing to hear his call for food.” This awareness that her son had been hungry rather than stubbornly resisting a nap, made Xena feel very bad because she had misunderstood what her son had needed.

Breakdowns in communication happen throughout our lives and certainly occur between parents and children on an ongoing basis. One of the primary origins of miscommunication or misunderstanding is when one or both people cannot hear what the other is saying because they are preoccupied with their own point of view. In these moments, we literally miss or cannot hear each other. When we do stop to understand the point of view of the other person and trace how the miscommunication occurred, we are often astonished and feel very badly. Guilt, in these moments, teaches us what we missed and how to hear the other's point of view. For Xena, this meant hearing Wesley's cries differently because he was able to tell her what he needed. It was also clear in her description, that this early instance of miscommunication was exceptional because “I have a very happy, laid back baby—he never really cries much at all (even when he takes



super-short naps). When he does, it is obvious what he needs, and I can take care of it right away.”

**5. *What kind of mom do I want to be?*** The situation that Xena described led her to the question of what kind of mother she wanted to be. She asked herself,

Why would I keep doing this to him? I even felt guilty about being so intent on the naps, complaining about it, getting upset when he would wake up, yet again, after 25 minutes... Why did I need to focus on the one thing that was not working? ... I don't want to be one of those moms—or one of those people—who always focus on the negative.

Xena described a pattern of feeling guilty about her frustration over her son's abbreviated nap schedules even after she had sorted out his feeding schedule. The image of her standing next to the crib, locked in a conflict of wills, her desire to have him nap so that she could work and his desire to stay awake, with her son evoked a strong emotional response in both herself and her son. These times were by the crib were the most difficult emotionally for them both. Xena used her feelings of this conflict to interrogate her own desires about who she wants to be as a mother and as a person.

In every relationship, the ability to learn from situations of miscommunication and rupture, in order to discover who we are and who we want to be to each other, is profound. Even in new relationships, this learning establishes precedence where mature and deep trust can grow.

**6. *Guilt is one aspect of an emotional bond.*** Xena reflected on her experience of feeling this “heart ache” and the sense of connection, which she called “the bond,” or the mother-child bond. Xena felt that guilt was just one aspect or one presentation of a myriad of different expressions of this bond. The sense of real connection and communication between a mother and child on a bodily level can evoke many different

feelings and experiences, such as tenderness, compassion, and protectiveness, as well as guilt. Guilt perhaps can be instrumental in calling forward the multi-dimensionality of this emotional bond, especially in bringing awareness to feelings of deep care and love. Xena was pleased to feel the highlighting of her bond with her son through the exploration of this emotion.

**7. Separation and identity.** From her perspective as a mother herself, Xena understood her own mother's struggle to allow for Xena's individuation process or to let Xena form her own separate identity. Xena felt that her mother held onto the connection with her as a critical and irreplaceable measure of her own identity, well-being, and personhood. She said,

She just couldn't understand me being a separate person, so for her, the connection was I think vital, in a very literal sense. I think it was vital for her own identity. And not just her identity but I also think her very sense of being and her sense of happiness and things like that.

Xena's struggle to claim and choose her own identity as separate from her mother was both extremely painful and necessary for Xena to live her own life. She felt torn apart in the process of individuating and experienced a tremendous sense of guilt that her mother forced her into this ultimatum. Xena reflected that this experience was deeply traumatizing for her and took a great deal of time and emotional healing effort to recover from. She said,

Choose yourself, destroy your mother or choose your mother, destroy yourself. So, in a sense, choosing myself, came with all of this guilt, right? Because my mom made it out to be like I was destroying her. So that's sort of why I'm like, guilt? Pshhhh. You know, because that was just horrible... It was a terrible experience. And so it took me a long time to sort of get passed that.

Right after Xena finished saying this, Wesley, who Xena had been holding on her lap, gave a big sigh which made Xena smile as she said, “You’re not going to do anything like that. You can be whomever you want.”

## **V. Ann’s Story**

At the time of our interview, Ann was a 33-year-old Caucasian first-time mother with a twelve-month-old infant daughter. Ann worked part-time as an associate Minister at a local area church while caring for her daughter full-time. Ann was referred to this research project by one of her close friends, who, at the last minute, was not able to participate due to extenuating circumstances in her life. Ann was doing her friend a favor by participating in her place. Ann was kind over the phone and took very little time to get back to me with her written recollection. I was impressed by her desire to help her friend by taking something off her plate.

My interview with Ann was the last of all the interviews. Ann was warm and funny and very open in talking about motherhood, yet, she was less comfortable working in the focusing format. The main part of our conversation followed a brief attempt at focusing, which we abandoned shortly after the body-scan. Well into the main part of our conversation, Ann told me that she had had an extremely difficult year because her father had died quite suddenly and unexpectedly just a month before she gave birth to her daughter. She also mentioned that her own mother had died when she was in college. Ann identified her grief as a “major psychological factor” influencing her life and context at the time of our conversation. Ann’s ability to share this with me suggested a tremendous intensity to her experience in her life in general as well as a new mother over

the past year. It also suggested that trying to focus on personal topics such as guilt and sorrow were understandably challenging for Ann.

**A. Written protocol.** Ann wrote of an experience that, for her, seemed emblematic of all of her experiences of guilt related to being a mother. Ann had chosen not to try to pump her breast milk for a variety of reasons, so this required that her daughter be with her or close by when it was time for her to eat every few hours. Therefore, time and timing were of central importance thematically in her recollection. As it was, the circumstances of misunderstanding that her daughter had a wet diaper while she and the babysitter were trying to coax her to take her nap, occurred only a few days prior to the beginning of Holy Week, the busiest week for clergy of the entire liturgical year. Especially during this time when she was working, Ann felt that she is not able to give either her daughter or her tasks at the church enough of her attention and thus felt that she was doing neither thing to the standards that she would have liked.

This is not a big, dramatic guilt experience, but it's one that I remember particularly vividly, and one that seems connected to most of the sources of guilt in my motherhood experience.

I work as Minister of Christian Education at United Church of Christ. It's a part-time position that requires about 25 hours a week. I don't have any childcare for my 12-month-old daughter P – she comes to work with me and toddles around my office, or I find projects I can do in the church nursery while she plays, or I work from home. I spend a lot of time feeling like I'm not doing either ministry or motherhood very well, since my attention is always divided.

In February, I was feeling especially frustrated at work, and my grandmother offered to give me an early birthday present: some money to spend on a babysitter. I decided that I would pay a sitter to be at the church with P for three hours on Friday afternoons, so that I could do some Sunday morning set-up (which is particularly hard to do with the baby in tow, since it involves running all over the church building carrying assorted supplies). Because the sitter would be at the church, I wouldn't have to worry about P needing to be fed during this time: if she needed to nurse, I'd be right there. (She's an avid nurser, even now, and I have a mostly-irrational fear of her needing to eat when I'm not around.) I hired a sitter named Bri who came highly recommended by a friend. She is terrific: smart and engaging, and P seems genuinely to like her. My grandmother's money ran out long ago, but I'm still paying Bri, even though we can't

really afford it. I love having the three hours a week to concentrate on work. The time feels very precious to me, so it is particularly galling when any of it is wasted.

This particular story took place in April, when P was eleven months old. It was a busy month at church as we were preparing for Holy Week and Easter, so I had a long to-do list for Friday afternoon. Before Bri arrived, I nursed P, so that I could have the full three hours of time uninterrupted. When Bri came, I left P with her in the nursery as I went down the hall to my office. About 45 minutes later, I heard P crying. After trying to ignore it for a few minutes, I went down to the nursery and suggested that Bri try to get her to take a nap.

Her efforts in the rocking chair were unsuccessful, and P's yelling continued. I found it hard to focus on my work, and started to worry that somehow, she was still hungry. Frustrated, I returned to the nursery and said I would feed her. I brought P back to my office and nursed her. Meanwhile, I read Facebook and stewed about not being able to do anything more productive – I've never been good at one-handed productivity. Instead of falling asleep while eating, as I hoped, she stayed wide awake the whole time. When she finished, I brought her back to the nursery. She was still really cranky.

In a brusque tone, I told Bri to put on the Ergo carrier and walk P up and down the hall until she would fall asleep. From my office, I could hear P yelling and yelling and yelling. I couldn't concentrate. Already, most of my precious three hours had passed, and I'd hardly accomplished anything. I felt so angry – at myself, at Bri, at P – for this waste of time and money.

When 4:30 arrived, I returned to the nursery and took the crying baby from Bri. Suddenly, I had an idea. I reached inside her (cloth) diaper. It was sopping wet.

Immediately, I was overwhelmed by guilt. P *hates* wet diapers: they always make her cry, and they keep her from falling asleep. This whole time, I realized, her diaper had been wet, and I hadn't done anything about it. It hadn't even occurred to me to check her diaper. Even after so many months of motherhood, I was still not able to meet one of her most basic needs. I'd skipped one of the most simple, obvious steps in the "what to do if your baby is crying" routine.

And all of those cries that had annoyed me so much? They were her attempt to communicate with me. She was trying to tell me what was wrong, and I ignored her. She had been uncomfortable and in distress, and I'd been too wrapped up in my own work to take care of her. At a time in her life when she is forming her understandings of how the world works and whom she can trust, I had inadvertently taught her that I will not respond to her when she needs me.

Meanwhile, I also felt guilty about how impatiently I'd treated Bri, who has been such a great babysitter. And I was embarrassed about what kind of mother I looked like, maybe especially in comparison to my friend who recommended Bri, who is a really calm and unflappable mother who makes it look easy.

So there you go: the new-mother learning curve, work-family balance, money and childcare, the impossible quest to be the perfect mother, all summed up in one story about a wet diaper!

**B. Focusing component.** Ann asked me to read her description as we began the focusing portion of the interview. Afterwards, we tried to get as comfortable as possible in sitting on the floor. As we continued through the relaxation process and then through the evocation of the memory, Ann spoke in the past tense about her feelings from the memory she wrote about because she was remembering the feeling rather than experiencing it in the moment. She said that the feeling of discovery that P had a wet diaper was a very “gut focused guilt ... or a sort of classic sinking feeling” that was “heavy” in her stomach. The primary felt sense that Ann experienced in the moment of focusing was a muscular tightness or "tension" in her neck, shoulders, and her back. She commented that she typically feels stress in her back and that she also may have slept poorly the night before. She mentioned that the feeling of the memory of guilt felt more distant or removed for her in the moment of our interview and that she was carrying a general tension in her back related to overall stress in her life.

When Ann mentioned that her back just felt tense overall, we both simply opened our eyes and began talking about what had been going on for her. Our conversation flowed more naturally after we were able to face and simply talk with each other. Ann did mention that, overall, she tended to perceive the world on more of a thinking rather than a feeling level. She said, “I tend to be a very sort of non-embodied person. I am far more sort of cerebral.” It may also have felt awkward and vulnerable to begin focusing in such an intimate way right after we first met each other. Ann mentioned later at the end of our conversation that “the invitation to breathe deeply” had been “frightening” to her because “I don’t want to get to what’s there, you know. Like it’s a lot easier to, like, stay on the surface and deal with the twenty things, rather than trying to even think about

what might be under the surface.” As a style of coping, Ann had been working with more of the surface rather than the depth of her feelings, in part because she had been so short on time and opportunity to have undivided attention, a theme which she explored in much more detail in our conversation.

In her feedback during the focus group, Ann had a new experience with going through the focusing process. She said,

As I was reading over what you had written about it, and I think some of the rational that you describe was pretty much spot on, you know, I’m like totally not an embodied person. . . . Last time, there was just stuff I didn’t want to be thinking about, whereas this time, I don’t have anything that I’m really afraid of accessing at this point. And so that’s nice. I mean, I think I really was in a time in my life last time when I didn’t want to take deep breaths because I didn’t want to get at the stuff there.

### **C. Situated themes**

**1. Precious time.** Before beginning her example, Ann was clear that she found her three-hour window to be very valuable and treasured because it allowed her to exclusively focus her attention on work. This time was so valuable to her that she became extremely irritated to lose any of it. Ann felt irritated and anxious thinking about all of the things she is not able to accomplish. When P still did not fall asleep and continued to cry for the babysitter, Ann wrote, “already, most of my precious three hours had passed, and I’d hardly accomplished anything. I felt so angry – at myself, at Bri, at P – for this waste of time and money.”

**2. Misunderstanding the nature of child’s cries.** After feeling so powerless to accomplish either her work or calming her daughter, Ann discovered that the problem all along was a wet diaper, a problem that could have been easily remedied. This realization startled Ann and made her feel inundated by feelings of guilt. She wrote,

And all of those cries that had annoyed me so much? They were her attempt to communicate with me. She was trying to tell me what was wrong, and I ignored her. She had been uncomfortable and in distress, and I'd been too wrapped up in my own work to take care of her. At a time in her life when she is forming her understandings of how the world works and whom she can trust, I had inadvertently taught her that I will not respond to her when she needs me.

Ann described the nature of her guilt, the shape and texture of what it meant to her that she did not understand her child's cries in the moments when her desire for uninterrupted time and single-minded focus felt more pressing to her.

**3. Social comparison.** When Ann realized what went wrong, she expressed regret over her irritation with her babysitter. She also worried what her babysitter might think of her as a mother, especially in comparison to her friend who had given her the babysitter's name. Ann's friend is a mother who she perceived to be calm and confident in her mothering. She was someone Ann felt was a "really calm and unflappable mother who makes it look easy." Ann felt guilt but also felt a sense of awkwardness, shame, and self-consciousness about "what kind of" mother she looked like. In this place of embarrassment, it was difficult not to see herself as a "type" or a "kind" of mother, as someone who is inadequate in some way. Social comparisons in experiences of great vulnerability often can magnify feelings of self-consciousness.

**4. Divided attention.** Ann concluded her protocol saying, "So there you go: the new-mother learning curve, work-family balance, money and childcare, the impossible quest to be the perfect mother, all summed up in one story about a wet diaper!" Reflecting on the experience of guilt that she wrote about in our interview, Ann jokingly said that she was able to forgive herself and was not dwelling excessively on that one incidence of a wet diaper. However, Ann mentioned that she had spent much more time trying to cope with the problem that gave rise to this incident; the struggle to negotiate



and find a "balance" of her attention to being a mother and to being a Minister. Ann thought a great deal about not performing in either role to the degree she wanted to. The weight of this guilt was more enduring and very difficult to cope with.

When Ann's babysitter went away on her honeymoon, she said it had been particularly hard because "I feel the loss of that time so strongly, even though it's such a small amount of time. I've gotten accustomed to having time, just to be able to think in complete thoughts and to be creative in a way that you can't be creative when you're distracted." Ann seemed to be describing a very important call towards herself in these moments. Certain thoughts and certain types of thinking require a qualitatively different kind of attentiveness. In Ann's work and in her vocation as a Minister, the time to fully complete a thought and do creative work, meant being able to take care of herself.

**5. *Personal standards of perfection.*** Ann saw herself as having very high, if not optimal, standards for her own work and strove to always go beyond ordinary expectations in all her endeavors. This single-minded focus on excellence had been especially challenging when she has two jobs, Minister and mother, which she wants to do to the very best of her ability. She said,

I've always been kind of an overachiever, perfectionist type...so then its hard to have this major, major thing that makes it really hard to do my job as well as I would want to. Um, and then its like you are taking on at the same time this other whole huge thing that you have no experience for at all that you also suddenly want to do as well as possible.

Ann joked that there was only on the job training and no "internship" for motherhood, which had felt like an abrupt or "sudden" shift in her life that she could not have been thoroughly prepared for.

Ann spoke about the pride she felt in being able to breastfeed her daughter to the degree that she wanted to. By not pumping, she was able to literally pour herself directly into her daughter and this felt very powerful to Ann. She said, “So basically for her entire life up to this point, I’ve just been with her.” And by committing herself to this standard, she said with a sense of wonder, “And I look at her and I’m like, I made that.”

At the same time, Ann acknowledged that theoretically, in the abstract, she would not be able to achieve her own ideal standards of perfection. Yet, in the moment of living out her desires and dreams for her daughter, Ann felt the weight and the enormity of the responsibility for this new burgeoning life. She said,

Oh I know I can’t do this perfectly, like there’s no way, I’ll just have to let that go. But then, when you are in the moment, its very high stakes, like you’re looking at this sort of blank slate, new life. And it does matter very much what you do.

**6. *Cultural paradox of perfection.*** In considering the various cultural paradigms of optimal motherhood, Ann contemplated of a wide range or continuum of parenting styles from complete neglect to exorbitant environmental richness. Ann considered these so called "ideals" or optimal models of parenting to be highly subjective. She was certain that no matter what an individual mother's ideal is, she will ultimately be unable to achieve her own standards of perfection. Ann thought of the various limitations we face in life to achieving our dreams for the perfect world for us and for our children, such as our relationships with others and our finite financial resources. Her own dream for her daughter would bring together the health of organic country living with the diversity and cultural resources of urban cities. Here again, Ann reasoned why we cannot obtain perfection as mortals and we must make the most of the things we do have.

Ann talked about feeling comforted in her theological orientation, and in particular, the concept of "original sin" or the innate, inherited, and unavoidable failure of human existence to obtain perfection. Ann's comfort in this idea stemmed from a belief that both she and her daughter will grow up to make mistakes, no matter how much they might not want to. Yet, these mistakes ultimately belong to basic fallibility of the human condition in general. She said, "even my beautiful, awesome daughter is going to like mess stuff up. There are ways that she is going to not turn out well but that is not her fault, its just part of being a person."

**7. *Guilt for resentment.*** Ann described a catalyst of resentment for some aspects of her feelings of guilt. She said,

Part of the story is that I feel guilty for resenting my daughter, you know, for feeling like she's keeping me from doing this other stuff that I want to do. And the enormous, enormous change in every aspect of your day-to-day life. I mean I think that the very mixed feelings about that which is also a source of guilt.

Ann speculated that the feelings of maternal ambivalence regarding these changes are another origin of the guilt. When every single aspect of life changes over night for a first-time mother, Ann pointed out that it is extremely difficult to make sense of all of the conflicting feelings. Guilt can arise from many different sources but particularly from feelings of deep emotional conflict, of feeling many things simultaneously, and not knowing how to reconcile these emotions. Ann felt guilty for resenting her daughter for keeping her from her work while at the same time also loving her daughter so much that she made sure she was nearby and could eat from her body whenever she was hungry.

**8. *Grief.*** When I asked Ann if she thought her mother ever experienced guilt, she told me that her mother died while she was still in college and her father died only a month before her daughter was born. Ann said that this was a very important part of her

context but did not know precisely how that had impacted her own experiences with guilt. Ann was grieving very much for her parents and her mother in particular now that she was a mother herself. Ann was missing a sense of her own context and connection to the stories of her life because she could not ask her mother or father about her childhood. Her grandmothers were still alive but Ann acknowledged that some of the things she wanted to know could only have been remembered by her mother. In this sense, from her own point of view as a mother, she saw a part of a mother's role as one who keeps memory. She said,

I wish very, very much that I could talk to my mom about her experience of motherhood...And no one is alive who remembers when I got my teeth. Um, you know, I have both of my grandmothers, but it's not a grandmother's job to keep track of those things, that's the sort of thing a mom remembers.

Ann remembered finding an old journal of her mother's that described only a few of her experiences as a new mother before she stopped writing. In the last journal entry, Ann remembered clearly the last line after the description of her beautiful daughter saying "and she takes so much of my time." This journal was very precious to Ann because it connected her own and her mother's experiences while it also left Ann wanting more of her mother.

In reflecting back on the past year as a new mother, Ann said that it has been a "very difficult year spiritually since losing my dad." Her father's death was a real shock to her especially so close to giving birth to her daughter. Ann had been so busy taking care of her daughter that she has not had the time to fully grieve for her father. Ann mentioned that she has been coping primarily by keeping busy and thinking only about manageable tasks rather than approaching some of her feelings that may be related to her faith and her grief. Yet, at the end of our conversation, Ann said, " But I actually really

feel ok. And I'm thinking that maybe I should let myself kind of get down in there again."

**D. Feedback.** When we met for the focus group, Ann was pregnant with her second child and was in a new position at a new church and generally just feeling much better about her life. In her verbal feedback reflecting back about this research, she shared,

I think when you asked us to encounter that memory and kind of visualize it, the image that I was thinking of was a scar, like something that has healed over totally. That it's still there, you still remember that incident but its not ... it doesn't cause any real pain, you know, it has just been resolved.

She also said,

If you are used to being successful as person, motherhood becomes a wild card that you aren't going to be able to control. It requires so many different types of skills that you aren't going to be able to be good at all of them. And it is so physically taxing. So if you are basing your self-worth on your competence, then parenting is going to completely knock that.

## Chapter Six: General Themes

### Introduction to the Format of the General Themes

Although each of the mothers I spoke with had entirely unique experiences of guilt related to first-time motherhood, there were some common threads that could be seen to be woven throughout their experiences. Following Colaizzi's (1978) and Giorgi and Giorgi's (2003) methodologies which were detailed in Chapter 4 and Appendix B, in this chapter, the situated themes are presented which emerged as general themes of the investigation of the experience of guilt related to motherhood with first-time mothers of infant children. I present the following themes with correlating subthemes, not as a paradigm suggesting that all new mothers experience guilt this way, but as a summary composite of the stories of the women I spoke with. It is important to note that not every theme was explicitly mentioned by each and every mother, except in a few cases, such as social comparison. However, every theme described was explored by more than one mother.<sup>19</sup>

I have organized the themes in bold according to major structures that emerged through the analysis, with italicized related subthemes under these headings to show more specific constituent parts and examples of these overall themes. While the themes are separated for the sake of description, many of them seem to merge in some instances with the others. I hope, in offering these themes for review by the participants, that we may be able to offer a field of possibility for some mothers who identify as experiencing guilt related to first-time motherhood and who are looking to understand how other

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<sup>19</sup> There were also several themes that were explored in detail by individual mothers that I chose to explore in much greater detail in the discussion section, such as depression and anxiety related to birth trauma and conditioned guilt related to upbringing and interpersonal manipulation.

mothers have explored and understood their experience of this phenomenon.

Additionally, as an introduction, I have included a separate section on the overall process and a general summary of the focusing work in the interviews.

### **General Themes Outline.**

Focusing Summary

Theme 1: Physical and Emotional Connection: Maternal-Infant Bond

Theme 2: Responsibility: “High Stakes”

Theme 3: Feeling Divided: Guilt for wanting separation

*a. Estrangement from Self*

*b. Need for Balance*

*c. Need for Forgiveness*

Theme 4: Guilt does not live by itself: Guilt is multi-dimensional

*a. Simultaneity of Emotions*

Theme 5: Miscommunication: Negotiating the Pre-verbal

Theme 6: Fear of the Unknown: In the Beginning

Theme 7: Social Expectations and Comparisons: Images of Motherhood

*a. Images from Culture*

*b. Images from Other Mothers*

*c. Expectations of Joy*

*d. What Kind of Mother do I want to be?*

### **Focusing**

Just as emotions such as jealousy, love, and anger have a complex, deeply situated and contextual structure, so does guilt. The experience of guilt often has much to

do with the history of encountering this emotion and how the culture constructs this experience. Like shame, guilt is often much more concealed and multifaceted in terms of how it is consciously or unconsciously lived out. For these reasons, the focusing exercise at the beginning of the interviews allowed for a different kind of questioning to follow the reading of each description or protocol. It is true that, while the focusing invited a generous response to the described memory, it also established a much more intimate and therefore vulnerable kind of conversation.<sup>20</sup> In asking each mother to first relax, then adopt an attitude of “gentle” and “friendly” awareness of how the memory of guilt she wrote about felt in her body, the movement of the subsequent interview was changed, from one of ordinary conscious questioning and answering, to a more non-judgmental, permissive, and introspective kind of inquiry.

Each of the mothers had entirely unique memories of guilt as well as experiences of focusing in the interview. Not all of the mothers were able to fully engage in the process of focusing and some who did felt too overwhelmed to explore this process in depth. Almost every mother said that it was helpful to be aware of the relaxation portion of this technique and that they appreciated the overall approach of non-judgmental gentleness to their own experience. That said, there were also a wide range of bodily areas where some of the mothers experienced their felt sense of their memories of guilt. There were also a range of images and phrases that accompanied these feelings.

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<sup>20</sup> Because of the nature of my clinical background and training in the use of Focusing Technique, inevitably a therapeutic atmosphere was created in the focusing portion of the interview. When I sensed that the focusing work was reaching into places that were excessively vulnerable to the mother, I quickly ended this portion of the interview. How this process developed for me is explored further in the Reflexivity and Transparency chapter.



Both Ann and Meg related their memory of guilt to feelings in their stomachs. For Ann, she recalled that the feeling in her stomach was a “heavy gut” feeling, like a “classic sinking feeling” when she realized her daughter had been crying because she had a wet diaper. While focusing, Meg felt an image of a kind of a “prickly,” “thorn”-like seed in her stomach that had been “very painful” at the time but had changed in intensity and had become much more “contained” as her son grew older and she could communicate with him much more.

Xena and Makin<sup>21</sup> both experienced a felt sense of their guilt in their heart. Xena felt a strong sense of “ache” in her heart in focusing on her memory, which she described as a “yearning” that was “like your heart is reaching out or tied up. Not tied up but like there’s a tunnel, or like a connection between you and your child. Not a string. It’s something that, um, like a flowing, you know, like an umbilical chord I guess. But broader.” Xena’s image of a broad umbilical chord, which formed an exchange or a “flowing” between herself and her son, moved her to tears in the moment of focusing. Makin also experienced a strong feeling of “hurt” in his heart, which he said was both “for him”[his son] and “for myself.” This “bad” feeling of hurt in his heart in some ways connected Makin to his son’s pain and called him to overcome his momentary distance from his anger.

Both Beth and Cam explored a felt sense in their throats of “dryness” or being “choked up” with “holding back” tears or like when you are “trying not to cry.” In focusing, Beth also felt a brief moment of something “sharp” perhaps in her chest area,

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<sup>21</sup> Makin was a first-time father who went through the research Focusing procedure. His narrative is included in section II, pg. , of the Discussion section. I include his Focusing experience here in the Focusing summary of the research.

but did not bring her awareness fully into that feeling perhaps because the chest pain associated with her panic attacks was similar and threatening. Beth said she had been working on how to “learn to breathe and relax and not let things build up so that I feel that sharpness and tightness in my chest.” Cam said that she felt a specific area on the right side of her chest, which she described as a “tight sadness.” At the same time, Cam also experienced a dizzying sensation in her head that she described as a “black swirly.”

It may be significant to note that in moving through a complete body scan in the beginning of the focusing process, some of the mothers were able to locate several different areas in their bodies that held particular felt senses. For example, Xena was surprised to recall the felt experience of tightness in “setting” her jaw to a position of trying to hold her ground, not surrendering her position or desire for her son's nap. This sense was an earlier part of her described memory while the “ache” in her heart was part of a later stage in the progression of the memory.

### **1. Physical and Emotional Connection: Maternal-Infant Bond**

It may perhaps often be taken for granted that a mother and her infant child can be deeply connected on physical and emotional levels. Each of the mothers in this study experienced guilt related to motherhood from a desired pregnancy. Each mother welcomed the new life she shepherded into the world through her body. And each mother expressed a profound and abiding love for her child.

Meg described this deep connection in terms of how the mother knows what to do for her child as “a mother’s intuition.” This connection, for Meg, was a primary recognition and relatedness between a mother and her child where communication was instantaneous and not dependent on verbal expression. She described this familiar

recognition and connection as something that continued to grow for her from the time her son was a newborn.

But as they get older and you are able to realize, like OK, I'm the mom, I have the complete mother's intuition, I know what my child wants even though he can't tell me, I know him. And I know all he has to do is put his hand on me, and I'll know, OK, he wants his sippy cup, you know, I'm in his mind too.

Meg described this period of time from newborn to age four and five as "that period of time when you are bonding so much." This bonding occurs on many levels but, even before verbal language, there is a tremendous physical and emotional communication at play. This knowledge of what her child is saying and what he needs she calls "a mother's intuition."

In exploring her felt sense of her memory, Xena felt a strong sensation of "ache" in and around her heart. In our discussion after focusing, Xena felt this "ache," which stemmed from her feeling a sense of guilt, articulated a strong "visceral bond" between herself and her son.

You know, so the ache was from the connectedness. You know, so it's like if I weren't connected, I wouldn't have this ache. So then, that the ache is a good thing in a sense because it's one of many ways of feeling how close I am to my child. So it's actually really good.

Xena was pleasantly surprised by this realization of a deep physical and emotional connection, which highlighted something that had previously felt quite negative to her.

## **2. Responsibility: "High Stakes"**

While each of the mothers talked about widely varying experiences of anxiety or fear, each seemed to connect this experience to a heavy awareness of the enormity of their responsibility for caring for a new life, especially in the early stages of caring for a newborn. This sense of overwhelming responsibility was linked, on the one hand, to the

complete dependency and helplessness of the newborn, and, on the other, to the mother's ever-increasing awareness of how much work and effort is involved in trying to care for a baby and themselves at the same time. Wanting to do the very best and give commensurate care to the love they experienced for their babies also played a major part in this heavy awareness.

Ann described herself as a consummate perfectionist whose standards she acknowledged were impossible to attain. Yet, when it came to the tremendous love and devotion she felt for her daughter, she said, "when you are in the moment, it's very high stakes, like you're looking at this sort of blank slate, new life. And it does matter very much what you do." Even thinking about how many involvements and environmental factors are at play for a new baby was overwhelming. Ann said,

Even from the first moments of a baby's life, you are making choices about what kinds of, like what their environment is like and how your interactions with them are and how your interactions with your partner are, you know they're observing all of those things.

The "stakes" can indeed feel very high for the mother who always wants to do the very best for her child. The questions about "what kind of life do I want for my child?" and "what kind of world do I want my child to live in?" can become an ever-present backdrop to daily interactions carrying the weight of the future into what the child is learning in the present. As Meg wrote, "I have the most important responsibility now, being a parent." As a mother, she felt both the enormity of her son's dependency on her at the same time as she felt primarily and irreplaceably responsible for him.

### **3. Feeling Divided: Guilt for wanting separation**

Each of the participants described an experience of feeling divided or torn in some way between the needs and demands of taking care of their babies and taking care

of themselves. This division played out in various ways from divided time and divided attention to an overall sense of feeling torn between the demands of the world and the demands of the baby. This division was not described as being torn between two negative options. Quite the contrary, each mother wanted to be the very best mother she could be, attending to all of her baby's needs herself, while also meeting her own needs to be herself in the world. The call of work, career, school, chores, and sleep (to name a few) were more than obligations in the world that needed to be kept. They were calls for separation from their babies and time for themselves. While this may seem to be an obvious and reasonable necessity, after all, everyone needs a break, it was not always easily implemented because each mother also wanted to be the one taking care of her baby at the same time. The feeling of being estranged from oneself at some level as a result of this division emerged as a possible subtheme in these narratives as well as the mother's solutions to this division in the need for balance and forgiveness. Obviously, these experiences were highly particular to each individual and experienced in unique ways.

The experience of wanting two separate things simultaneously is often deeply disturbing and guilt inducing, especially when one of the things is experienced at absolute odds with the other one. As the mother with the youngest baby, Cam's struggle with this feeling of wanting to be productive with a newborn stands out; "I felt guilty for wanting to do other things than take care of my baby because she needs me so much. How selfish of me to want to be productive instead of take care of this helpless child." At the same time, Cam also wanted to be the one to provide care and love to her daughter; "I stared at her and thought how wonderful she is. I thought of how I want to do everything possible

to make her comfortable and happy.” In focusing, Cam’s struggle to negotiate the extreme conflict she experienced left her head spinning with a “black swirl” because it was all simultaneously too much.

Both Ann and Xena felt the division and the need for separation especially with regard to having time to think and do creative work. When Xena returned to work, she felt acutely the divisions of her time and attention between her baby and her job. Naptime became a critical opening for her to meet her own needs to herself and to her work. When those naps became interrupted, she found herself insisting and “setting [her] jaw” in her resolve to try to reclaim them. Ann described a real valuing of the weekly three-hour time she had carved out for herself to think and be creative. The call to herself was to have the opportunity to “think complete thoughts” and “be creative in a way that you can’t be creative when you’re distracted.” This time to think and do work was more than simply their duty to fulfill their obligations in the world. It was a time to return to themselves, to come back to an awareness of who they are as separate from the all-encompassing responsibility and role of mother.

*a. Estrangement from self.* Several mothers articulated a sense of not knowing who they were anymore or estrangement from themselves after having a baby. The process of becoming a mother requires a tremendous adjustment not only in time management and attention but also in how we understand ourselves. In talking about the previous year trying to juggle all of the changes she faced, Ann said,

I’ve often felt like I am not, not just since P was born, but with the combination of P and losing my dad, like I have been surprised that I am not always the person that I had hoped that I was. Like I’m not necessarily doing things as well as I could.

Beth also experienced a great deal of pain and anxiety because she did not know or recognize herself after coming home from the hospital. She described a three month period of “going through the motions,” feeling distant and removed from her family, the world, and especially herself. From a real state of despair, when she was convinced that she was dying, she remembered that she “prayed to God to help me so I could be myself again.”

**b. Need for balance.** As a part of this sense of feeling divided, each mother articulated a clear desire and need for balance in her life. The struggle to find balance seemed to be an ongoing process but one that seemed to get easier the older their children became. Ann acknowledged that her own standards for herself both professionally and as a mother were “quite high” and felt the need to find at least an intellectual and practical balance between her ideals of perfection and the acceptance of the realities of limitation. Meg found a sense of balance in the quiet acceptance that there were times when she would need to leave her son to do things “in order to live.” Even so, this struggle to find this acceptance “broke her heart” when she needed to be away from her son. Cam, in particular, talked about a need for balance, in her time with and away from her daughter, in meeting her own needs; “I have to go to school so I can better take care of her, and somehow, I have to find a balance between being productive, loving her, and taking care of myself.”

**c. Need for forgiveness.** There are times when every mother must be separate from her child and there are times when every mother makes mistakes, especially in negotiating the transitions between togetherness and separation. It is sometimes difficult not to push away too fast or too hard to try to hasten the departure or the return. When

this happens, it can be very important to be able to find ways to forgive one's own mistakes, misunderstandings, preoccupations and limitations. That forgiveness may come in many forms from many different places.

For Cam, this need for forgiveness came in the form of a need for permission to let herself and her daughter experience the pain of separation as well as the joy of discovery of oneself. For Beth, forgiveness meant being able to let go of missed time and truly enjoy the process of being a mother. If guilt calls us to find ways to repair places of rupture in our connection with our children, then forgiveness not only allows us to gently accept our own limitations, but teaches us how to model that gentleness for our children as well.

#### **4. Guilt does not live by itself: Guilt is multi-dimensional**

A major theme that emerged in the course of all of the interviews was the clear sense that guilt is not an emotion that tends to be experienced in isolation of other emotions. The experience of guilt consistently seemed to be preceded by and give rise to a myriad of different emotions. The speed of the emotional shifts often left the mothers feeling overwhelmed, literally overcome with intense and seemingly contradictory feelings. Guilt is so often considered to be what is called a “negative” emotion. Parceling the emotional repertoire into valances and polarities can have dramatic consequences on what emotions a mother allows herself to pay attention to and how each emotion, including guilt, is connected to the others. In the process of exploring their emotional lives as new mothers, they discovered a complex and rich tapestry of feelings that taught them a great deal about how they were relating to themselves, other people, and the world.



To begin, I will list just a few of the emotions, in addition to guilt, that were mentioned in the course of the interviews and then I will go on to give some specific examples: joy, love (or a state of being in love in particular), frustration, anger, resentment, intense anxiety and fear, contentment, excitement, pride, sadness or sorrow, devotion, grief, and ambivalence. In her written description and our conversation, Meg made it clear that her happiness and joy in being a mother far outweighed the moments of guilt she experienced. She emphasized that love was a stronger emotion than guilt. Yet, in our conversation, she also talked about how joy and happiness were “interconnected” with sadness and guilt. She speculated,

I feel like maybe it’s a play off the emotions working off of each other...a little bit of good with a little bit of bad. But I feel like what makes you wise is learning how to contain and control, and to make sure, in the end, the happiness weighs more than the guilt...So, I definitely feel like that helps you grow as a mother, as a wife, as a person.

The priority of joy is clear in Meg’s description while she also acknowledged that “sadness and heartbreak” and guilt also have a role to play in teaching something.

Ann described her “mixed feelings” about the “enormous change in every aspect of your day-to-day life.” As a “part” of her experience of guilt were her feelings of resentment that she was unable to do her other work to her satisfaction as well as coming to terms with the complete shift in her life in taking care of and accommodating a new and utterly dependent life. At the same time, Ann experienced tremendous love and devotion to her daughter while she was also going through a considerable amount of grief in losing her father; a grief that she had had to put aside in order to do both the professional work in her career as well as the personal work to make room for her daughter in her world.

In the focusing work, Xena was able to unfold her guilt experience as a felt sense of “heart ache” and, in so doing, highlighted an experience of a “visceral bond” with her son. Guilt was one aspect or presentation of a deep connection and communication that she called “the bond.” The focusing also brought forward feelings of tenderness, resolve, and compassion along with the “heart ache” of guilt.

Beth also mentioned that she wished someone would have told her that having a baby was not just about joy. Aside from Beth’s intense feelings of anxiety and fear, she mentioned that there were some days of feeling really “proud of myself as a new mom” and other days where she just felt “depressed and exhausted.” Guilt arose from places of not “loving” breastfeeding as well as the real disparity between what Beth was feeling and what she thought she should be feeling.

As mentioned previously, Cam experienced such a wide range of emotions through the course of a single day that it left her head spinning. For Cam, it was the conflicting nature of her emotions that seemed to give rise to strong feelings of guilt. Her desire to both be with her daughter and away from her at the same time left Cam feeling alternately frustrated and angry to joyful and content. Her feelings of guilt seemed to mark the transitions or in between states of being called away from and back to her daughter.

*a. Simultaneity of emotions.* It is difficult, to say the least, to experience such a wide range of emotions that are all quite new, or rather regarding a relationship that is quite new, while so many of the emotions seem to be in conflict with one another. Even more difficult to reconcile is that this emotional kaleidoscope can exist simultaneously from one moment to the next. Cam felt deeply in love and wanted the very best for her

baby at the same time as she felt frustrated, angry, and exhausted. Cam was deeply in love *and* frustrated, not deeply in love *but* frustrated. This may seem like a minor or inconsequential change in phrasing. However, it may be experientially significant for the first time mother in particular. The word *but* seems to suggest a canceling or negating of something that came before. The word *and* suggests that it is at the same time as something that came before. Guilt often arises when one emotion is experienced as canceling or negating another. Yet, what guilt seems more likely to do, especially in these examples, is mark, or even perhaps instigate, the transition or the shift between emotional experiences.

### **5. Miscommunication: Negotiating the Pre-verbal**

In this research, all of the first-time mothers had infant children who were age two or younger. Language development in babies occurs at varying rates but typically, a one-year-old is able to form one-word utterances, and an eighteen-month old is able to begin to form two word combinations in increasing sophistication through the second to third year when grammar and complete sentences often begin to increase exponentially. Mothers and babies are deeply attuned to each other on increasingly complex pre-verbal levels throughout infancy. A mother begins to notice differences in her baby's cries quite early in the first few weeks of development. Yet, it is not always easy to know for certain what is causing a baby to cry. In many of the mother's examples, a significant source of guilt arose during times when they had misunderstood the nature of their baby's cries. A mother of an infant or toddler is also not able to verbally explain her thoughts and feelings to her child, especially in transitional times of separation such as dropping off at day care or leaving to go to work. Nevertheless, significant communication occurs

between a mother and baby through touch, smell, eye contact, as well as crying and talking. Perhaps it is because this physical pre-verbal communication was usually so effective that these mothers felt so guilty during occasional moments of misunderstanding what their babies had been trying to communicate.

Both Xena and Ann felt terrible that they had missed something in the cries of their babies because they had been preoccupied with their own needs and projects.<sup>22</sup> Ann wrote, “she was trying to tell me what was wrong, and I ignored her. She had been uncomfortable and in distress, and I’d been too wrapped up in my own work to take care of her.” It was not exactly true that Ann had ignored her daughter’s cries. In fact, she had attended to them faithfully, but she had misunderstood the nature of P’s cries because she had been preoccupied.<sup>23</sup> In her example, it is the misunderstanding due to her preoccupation that causes her to feel guilty. For Xena, a very similar situation occurred. She wrote, “and I felt awful. Here I was, focusing so much on the nap that I was refusing to hear his call for food.” Here again, misunderstanding alone does not produce the feelings of guilt but rather the reason for not hearing, namely being preoccupied with one’s own needs. Xena felt terrible because something she needed seemed to take priority over something so essential to her child.

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<sup>22</sup> Interestingly, both mothers were preoccupied with their babies taking naps in order that they might accomplish their own projects. Nap time is a critical period of separation between mothers and babies and it often becomes a point of resistance and impasse throughout childhood. As mentioned in the previous section, separation is both necessary and also very difficult for both mothers and children. A mother’s insistence on nap time highlights the importance of this separation as well as the guilt that it inspires.

<sup>23</sup> It is possible that Ann’s guilt made it feel as though she had completely ignored her daughter’s cries. Perhaps also anything but full, undivided attention has an experiential quality of neglect to it.

In a slightly different example, Meg described her feelings of guilt when she had to leave her son to go to work while listening to him cry out for her. She felt intensely the limits of her ability to “explain it to him” in language. If words could have sufficed, she would have left him with words of constant love and promises of return. She herself was comforted that, “one day he will be older and will understand that his mother will never leave him.” In our conversation, Meg talked in detail about the profound physical and tactile communication that she and her son shared in his drifting off to sleep while feeling the contours of her face with his hand. Meg believed that her son would increasingly be able to understand their connection in verbal language and then remember the feeling of these experiences while holding these images of his mother’s love even when they were physically separated.

#### **6. Fear of the Unknown: In the Beginning**

When a baby is born to the first-time mother, the experience is entirely unique and novel to her. While it is true that many mothers have had extensive experience in caring for babies, for example in caring for younger siblings as was the case for Meg, there is something very different about being the mother of your own child. Several of the mothers described a real sense of fear and anxiety about quite suddenly being in a situation where they felt powerless to control what would happen. When they brought their babies home from the hospital, they did not know what to expect and therefore could not predict or control their own time, habits, or even their own body responses the way they had before. These early experiences of not knowing what their child needed or how to adjust their lives to what was going to happen was described by several of the mothers as the stage through which their feelings of guilt of emerged.

Cam, whose daughter was only two and half months old at the time of our interview, expressed a strong sense of outrage that she had not been informed about how difficult breastfeeding could be. Her first experiences of guilt were related to the extreme exhaustion and pain involved with the physical demands of breastfeeding. She was truly upset that she did not know that “it doesn’t just easily happen. We have to work at it.” At the time of our interview, Cam’s milk supply was just beginning to even out so that she was not painfully overproducing. Cam felt that she would still have elected to breastfeed her baby, but would have liked to know in advance how difficult it could be and how much she might have to work at it.

Xena described strong feelings of anxiety when her son was a newborn and she could not predict her any of his eating and sleeping patterns. When her son was a newborn, Meg described a kind of vastness to this field of unknowns about what her baby needed which felt to her almost like an “enemy” in her powerlessness to control it. Ann joked at first that, for her, this experience was something like being thrust into your first day of a new job where you begin with no training and no “internship” and a raging desire to be the very best mother possible.

For Beth, whose anxiety and fear were the most extreme, the unknown meant something far more terrifying in the possibility of the ultimate separation in her death. As mentioned in the description of her story, Beth’s trauma related to her birth experience left her in a state of first shock and then, subsequently, a state of near constant terror for her life as expressed increasingly through panic attacks.<sup>24</sup> The chest pain and

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<sup>24</sup> It is important here to note that, while Beth’s experience of guilt, in the small sample of women involved in this study, is perhaps relatively dramatic, many women do suffer through immense complications and trauma related to birth experiences which, in turn,

numbness in her arm were two known variables in a vast horizon of unknowns that she felt certain was far more deadly. Beth's guilt meant not as much that she would do something wrong but that she would not live to be there for her son and family.

## **7. Social Expectations and Comparisons: Images of Motherhood**

If we go to a new town where we have never been before or attend a party with people we have never met, what do we do to figure out how get around or how to fit in? We social reference or look to the indigenous peoples, the people who have lived there and know the terrain, and who can make introductions. In this sense, new mothers are particularly inclined to make social comparisons with other mothers and are particularly prone to internalizing perceived cultural expectations of motherhood. This can be both very helpful in terms of practical guidance and extremely undermining to a new mother's sense of self-confidence. Each of the new mothers I spoke with talked in some way about the influence of books, media, respected other mothers, family members, and images of mothers in general on their experience of becoming mothers themselves.

*a. Images from culture.* Cam had felt largely prepared for becoming a mother having read many books about the subject, but was quite livid that the books she read in no way prepared her for how difficult breastfeeding could be; "I mean I read books and books about pregnancy and labor, and they tell you all these things to prepare yourself for delivering a child and then they, you know, people talk about latch and people talk about soreness, but that's about it. I mean, it's painful!" It is true that most references prepare new mothers for the expectations around the pain of childbirth and do not delve into the potential pain and complications of breastfeeding. Cam felt like the reason for this was to

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can influence their post-partum experiences with their babies as well. This subject will be explored in much more detail in the discussion section.

not scare off mothers from wanting to try it. She said, “They just say, oh breastfeeding, it’s the best thing to do. I mean maybe they don’t tell you because they don’t want you to not try it. But I would have done it anyway, I just needed to know.”

Beth talked about social pressures just in the overwhelming number of things that they sell for babies.

Even just preparing, you know, when you register, you think you need everything in the store. You think, well if I don’t get that, is that bad? Then I would like have to tell myself, ‘OK, how did people do it a hundred years ago? They didn’t have all this fancy stuff. Do I really need this? But all my other friends or the other moms have it, so maybe I do need it.’ You know, I kind of felt overwhelmed in the sense of the pressures of having, you know, a perfect nursery, or a perfect wardrobe, just the safest car seat, everything.

Meg talked about how the uncertainty of becoming a mother made her want to read as much as possible to know everything. Once she had her son, she realized that “there’s no book that just tells you what to do.” Her experience in becoming a mother and learning to trust what she called her “mother’s intuition” astonished her in ways that she could never have prepared herself for; “you really have no idea a mother’s love until it really happens.”

***b. Images from other mothers.*** Whom do new mothers respect and admire? The moms “who make it look easy.” The images of these powerful mothers leave indelible imprints on the psyche of the new mother. They are mothers who juggle eight bags with a baby on the hip, multi-taskers extraordinaire, are well kempt and happy, have clean houses and clean clothes, and who know all of the resources for other mothers to access help. For each mom, there may be some variability to the exact image of the super mom “who makes it look easy,” but, for the most part, the above list is somewhat close approximation to the internalized image of the “ideal” mother, the mother who is



confident and capable, and seems even more so, when the new mom does not feel that way herself.

In Ann's story, she described feeling guilty about being short with her babysitter after losing most of the time she had paid her for. Ann described feeling "embarrassed about what kind of mother I looked like" in comparison to her friend who she saw as a "really calm and unflappable mother who makes it look easy." Beth also described seeing mothers who seemed to have complete command of mothering, "and then some people just make it look so easy, you know. It's like, 'I have one kid and I feel overwhelmed, you have like four, and you seem like you have everything together.'" Quite often, these extraordinary mothers, when asked how they do it, will say that they do not always have complete command. But, in the imagination of a new mother, they can hold a power and a mystery because of her own vulnerability and uncertainty.

*c. Expectations of joy.* Having a baby can be considered a joyful and truly wonderful experience. For families who can welcome and have the emotional, financial, and physical resources for bringing a new life into the world, there could be no greater joy. Yet, even if a new baby is more than welcome and there are optimal resources for him or her, there is still an enormous amount of adjustment necessary to accommodate this radical shift in focus. Socially and culturally, if the pregnancy is either planned or desired, the new mother often rightly perceives an overall expectation of joy. While this joy may be real and true, it is also only one part of the story.

Beth talked about a real absence of information regarding some of the other possible experiences of having a new baby.

And I think, a lot of times when you find out you are pregnant, it is a miracle and it's a wonderful thing and everyone congratulates you, but no one really warns

you ... but sometimes in a positive way. You know, everyone's like 'Oh, you're having a baby, you're having a baby. It's so great, it's so great!' But it's also terrifying and it's the stress on the marriage. My husband he's just wonderful, but I don't think he knew what to do sometimes.

For the first three months after her son was born, there was a very real disconnect between what Beth was feeling, truly terrified, and what she thought she should be feeling, unmitigated joy. This disconnect was not something that could be easily negotiated or rationalized.

You know, I had so many 'What ifs?,' that, no wonder, that's all I could do was 'What if this? What if that?' I mean, people just want you to stop and are like, 'just live every day like it is. (laughs) Don't sit there and worry about what I did.' I just couldn't help it.

Beth felt a real sense of helplessness and fear that something was wrong. It was less than helpful to her to be told not to feel that way. It made her feel even less in control and more certain that things were not alright.

*d. What kind of mother do I want to be?*<sup>25</sup> Before becoming a mother, a woman may have many ideas about what kind mother she wants to be. These ideas usually grow from how she was parented and what worked for her and what truly did not work. As a child, she might have recalled saying to herself, "when I grow up, I'm never going to treat my kids like that." These images often can be deeply ingrained and may not surface again until she actually does become a mother herself, until she is confronted with the very same situations in reverse and she remembers, often painfully, what it was like for her growing up.

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<sup>25</sup> In my conversation with Makin which is described in section II of the Discussion chapter, he also expressed the question about what kind of father he wanted to be and his own struggle to work through issues that stemmed from his childhood.

For Xena, this question of what kind of mother do I want to be came up from her reflections about the experience of “setting your jaw” that she had while standing by Wesley’s crib. In her description, she asked herself,

Why would I keep doing this to him? I even felt guilty about being so intent on the naps, complaining about it, getting upset when he would wake up, yet again, after 25 minutes... Why did I need to focus on the one thing that was not working? ... I don’t want to be one of those moms—or one of those people—who always focus on the negative.

In our conversation, Xena spoke about her own struggle to clearly define and separate her own identity from her mother’s. The question of what kind of mother she wanted to be was a central one because of the focus in her adolescence on what was “not working.” In focusing, Xena discovered a very different kind of heart felt “heart ache” connection to Wesley rather than the kind of guilt she had known which was dependent on manipulation. This kind of guilt felt more “positive” and productive for Xena because it was not a coercive means to change her son to fit her needs, but rather a way to highlight her ability to be responsive to his needs.

## **Chapter 7: Self-Reflexivity and Transparency**

The importance of acknowledging my role in the creation of this research is paramount to being able to provide rigorous scrutiny of my personal, interpersonal, methodological, and contextual presuppositions (Walsh, 2003, pp.55-56). This chapter will address the first category of my personal presuppositions in terms of my “a priori assumptions” in forming this research project (Walsh, 1995, 341) as well as the second category, my interpersonal presuppositions, as they emerged through the course of exploring the subject with the participants. The methodological presuppositions were presented in detail in Chapter 4 in the explication of method, while my theoretical biases and philosophical presuppositions were presented in elaborate detail in Chapter 2, where I explored the concepts of ontological and ethical guilt according to projects Martin Heidegger and Emmanuel Levinas. The contextual presuppositions were presented in Chapter 2 and are presented in detail in the next Chapter 8, the Discussion.

In explicating my approach to the reflexive process of this research, I have elected to present a summary, which draws from three main sources of data; 1) my written recollection of my own memory of feeling guilt related to being a mother, 2) my two stage auto-ethnographic interview exploring my “felt sense” of this particular memory as well as an open-ended conversation, and 3) my personal process journal where I recorded my thoughts, assumptions, and my “felt sense” engagement in working with the participants.

### **Introduction**

I chose to explore the topic of maternal guilt in first-time mothers because my own process of becoming a mother for the first time was filled with such intense

emotional experiences. These experiences were entirely unique and unprecedented for me and I have struggled ever since becoming a mother to understand them. I have written many papers throughout my academic career exploring maternal-infant bonding, post-partum depression, and maternal identity formation. I have also worked clinically with mothers in a variety of formats who presented with a wide array of concerns regarding motherhood. For the last six years of graduate school, I have felt varying degrees of guilt related to my son because of my being constantly distracted with my own work. In choosing this topic, I wanted to explore the origins of my feelings of guilt related to motherhood from when I first began to experience them as a new mother of an infant.

### **Personal Presuppositions**

The process of interrogating my personal “a priori assumptions” in approaching the subject of maternal guilt as a first-time mother, before beginning any data collection with participants, involved my own written account about a memory of feeling guilt related to being a mother, a auto-ethnographic interview using focusing with a partner about this memory, and an open-ended discussion of the subject. I explored the process of going through the research stages as a “complete-member reflexive ethnography” (Ellis & Bochner, 2003).

**Focusing Component:** Working with my focusing partner, I elected to read my own description aloud and then began to focus on the felt sense of the memory. Unlike my interviews with the participants, we did not go through a full body scan before

trying to bring awareness into the felt sense of the memory.<sup>26</sup> This process of focusing was somewhat difficult in some ways because so much time had gone by since my actual experience of being a new mother to infant child, and because I have had so many other types of experiences since then. However, when I was able to relax and focus enough, I found that I was able to locate a felt sense of “ache in my stomach” which I experienced as coming “from the inside out.” In focusing on the feeling of this “ache” further, I discovered this phrase, “I want to be able to be different.” I also discovered that this “ache” in the memory of guilt was related to “two pieces” or two different orientations; a feeling of “love” and a feeling of guilt associated with wanting “to be able to be different,” as in wanting to be a different mother to my child whom I loved.

After completing the focusing portion of the interview, I told my colleague that I felt surprised by how “sharp,” “poignant,” and “very familiar” the ache felt to me. I was also surprised that this feeling was something that could be recalled so readily even after 10 years since the actual situation that I described. In our conversation immediately following the focusing, I reflected on how the “ache” feeling felt like it “split into two pieces,” the overall feeling of “ache” in my stomach as well as a feeling of “love for this beautiful boy.” The feeling of love inside the “ache” felt like a strong desire “for everything good for him” and wanting “to do the best job.” The overall feeling of “ache” was related to “not knowing if I can do it” or “not knowing if I can be all that I want for him.”

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<sup>26</sup> This omission was due in part to my familiarity in working with my focusing partner such that we were accustomed to being able to work with our bodily felt senses with relative ease.

**Situated Themes:** Through the process of the auto-ethnographic interview, the following summary of themes emerged as primary assumptions based on my experience of being a first time mother, which I recorded in my personal process journal.

- New life was precious and vulnerable to me
- New motherhood involved “intense responsibility” to me
- New motherhood called my individual identity into question
- New motherhood called me to shift my priorities
- The uncertainty and self-doubt I felt led me to look to other mothers for guidance.
- New motherhood called me to see new dimensions to my existing relationships.

In addition to these themes, many questions emerged through the process of focusing, conversation, and reflection. Through my conversation with my focusing partner, I was able to explore some major themes that surfaced for me in the process of doing the focusing but also a number of significant questions, which I feel were instrumental in leading me to undertake this particular subject and this research project. In reflecting on my own experience and purposes for this project, I also discovered two main overarching beliefs, which strongly influenced my desire to conduct this research.

- The first and primary belief I held is that new mothers possess a special “neophyte” status that requires a primary cultural sensitivity to vulnerability and a responsibility for her and her child’s well-being.

- The second belief I held was that when you are a new mother, “you feel the eyes of the world upon you” because, culturally, we have very strong feelings about parenting and many “shoulds” or “judgments” which make it hard for the new mother “to show up for herself.”

These two beliefs informed the primary reason why I wanted to conduct this research overall. I will explore how these two beliefs informed my interpersonal presuppositions and interactions with the participants in this study in the next section.

### **Interpersonal Presuppositions**

As a clinician, I am attuned to emotional expression and sensitive to indications of vulnerability when people are talking about difficult subjects. My tendency to “take care of” other people is not something that I am entirely conscious of at any given time even though I am certain that is quite constant. It simply is my own interpersonal style of relating to other people. This may also lead me to be over-solicitous or seem over-grateful when I am talking to people. This personal characteristic may have had several implications in each stage of the research.

Because of having explored the two overarching beliefs outlined above prior to my interviews with the participants, I was particularly aware of my desire to set an atmosphere of comfort and nonjudgmental responsiveness for the research process. I solicited participants for the study in the second flyer by offering to bring baked goods and recipes and disclosing myself as a mother as well. In other words, I was especially aware of my desire to give the participants something of value and real service to them for their participation and effort.



During the interviews, especially in the focusing portion, I relied heavily on my clinical and focusing training to sense how the participants were responding to the both the relaxation and breathing exercise and the focusing on their memory. When Cam began to feel dizzy, I concluded the process of focusing as soon as possible. Similarly, when Beth began to feel a “sharp” felt sense but could explore this no further, I understood that we were to move on and ended our focusing portion.

In my auto-ethnographic interview, I discovered a strong belief that new mothers had difficulty in “showing up” for themselves because of strong internalized cultural expectations. In moving through the interviews with the mothers, I was surprised by the extent to which many of the mothers in this study were actually very present to their own experiences, even feelings that were more unpleasant or so called “negative” related to their children. For example, Ann’s comment of, “part of the story is that I feel guilty for resenting my daughter”, surprised me in its honesty and straightforwardness. Ann gave voice to a guilt related experience, which is not always available to mothers who struggle to balance their own needs with their child’s. Similarly, I was surprised by Cam’s expression of outrage in feeling duped by cultural pressures to breastfeed without being informed explicitly of the difficulties.

My own process of becoming a mother involved a deep questioning of my identity, which I explored in the course of my auto-ethnographic interview. Many of the mothers I spoke with did not express the same sense of a radical identity change or questioning in becoming a new mother. In many ways, because of her life experience in helping to raise her younger sister, Meg was already very much an experienced mother by the time she had her first child. While Cam struggled to find a sense of balance in her

various obligations to herself and the world, her sense of feeling torn did not necessarily indicate a questioning of her own identity. Certainly, no two mothers are the same and no two mothers experience the same journey in the very personal and individual process of integrating the new identity of motherhood. This fact was evidenced continuously to me in the process of talking to each mother who was unique and irreplaceable in her relationship to her child.

In the process of transcribing and analyzing the post-focusing portion of the interviews, I understood the value I had placed on the idea of conceptualizing the work as co-research. While I understood my position of responsibility for conducting the interviews and caring for the interviewees, there was a much more loose and relaxed style of conversation which unfolded following the focusing than I might have expected before I began. There was a great deal of laughter as well as careful consideration in the interviews. The tone of collaboration allowed the open-ended conversation portion of the interviews to be more relaxed, supportive, and nurturing than a formal structured interview might be. In reflecting on this entire process, I can see how just how much of a priority it was for me to create an atmosphere that was non-judgmental and truly open to exploring whatever feelings the mothers might have. My own experiences from when I was a new mother certainly influenced this priority.

### **Conclusion**

The process of interrogating my own experience has defined a wide range of my personal beliefs, assumptions, and biases with regard to this research project. To the best of my ability, I have attempted to articulate my own position and point of departure towards the data which emerged through all of the stages of research. I found many

parallels between the themes I spoke of in my auto-ethnographic interview and the participant's interviews, such as social referencing and feelings of intense responsibility. I also found many surprises, which challenged to my presuppositions as well, such as the extent to which the mother's in this study were very present and aware of their own experiences, even the more unpleasant ones. Certainly, many of these divergences could be attributed to the unique experiences of each mother in navigating her particular process of becoming a mother.

## **Chapter 8 – Discussion**

### **Introduction to the Discussion**

How does a woman become a mother? How does she experience the radical transformation of her basic orientation, her priorities, her world-view, her sense of identity, her body, her time, her relationships, and indeed, her entire life as she moves from living for herself to living for herself and her child? When she feels guilty for not being the mother or the person she wants to be in any given moment or circumstance, what does that mean and what does that teach her about herself, her child, and the world she lives in? This dissertation has explored these questions from the point of view of five first-time mothers in describing their experiences of feeling guilt related to being new mothers. This chapter, which has seven sections, examines first, some of the sources of guilt which were mentioned specifically by the participants, second, a father's perspective in experiencing guilt as a first-time father, third, a cross-study comparison with Seagram and Daniluk's (2003) exploration of this topic, fourth, an interpretation of this study's findings based on Levinas' (1981/1998) philosophy of "denucleation" and becoming for-the other (p. 64), fifth, an analysis of the cultural needs we have in order to support new mothers, sixth, a brief description of the implications of this research and how it might be of practical use to individuals, community, and health care professionals, and seventh, a discussion of some of the limitations of this study with recommendations for further research.

### **I. Sources of Guilt**

#### **A. Contextually Conditioned Guilt**

There is much interest in particular reasons that people feel guilt in general and why parents and mothers in particular are prone to feeling this emotion. As mentioned in the review of the literature in chapter 2, guilt can come from a myriad of experiences and sources. Religious, moral and existential guilt are profound structures that influence our sense of overall culpability to others. On a practical level, parents experience contextually related guilt when their child is born with disabilities, when there are limited resources in time and attention or basic security, when financial limitations make it impossible to live without prolonged use of less than optimal institutional child care, when there are factors which influence the child's life that are outside of the parent's ability to influence or control. While sources of conditioned maternal guilt can come from many places, the principle roots come from our culture and from our own personal experiences in significant relationships.

### **B. Working mother guilt**

The struggle for working mothers and the political, psychological, economic, and sociological arguments for and against her being a stay-at-home mother are far from being a thing of the past. As recently as last August of 2012, Anne Marie Slaughter, the former first woman director of policy planning at the State Department in Washington, wrote an article for Atlantic Magazine entitled, *Why Women Still Can't Have It All*, which addresses the limitations of the workforce for the career woman who also wants to genuinely take care of her family. She also writes,

The minute I found myself in a job that is typical for the vast majority of working women (and men), working long hours on someone else's schedule, I could no longer be both the parent and the professional I wanted to be—at least not with a child experiencing a rocky adolescence.

Slaughter described the illusion women have of being able to do everything, yet she does not agree that this means the ideal is unattainable. She details the cultural structures that would need to shift and change in order for there to be much more opportunity for both men and women to have a flexibly integrated career and personal life. At the same time, she recognizes that more women in this country cannot afford not to work than those who can and many more suffer from a tremendous sense helplessness in not having a choice about whether or not to be home for their children. She writes, “No parent would mistake child care for childhood.” Xena highlighted this also in her feedback in this process writing,

I am wondering whether guilt is not also a natural side-effect for mothers in today's world--whether or not the mother is working. The expectations of moms to be exceptional at mothering as well as everything else leads automatically to tension. And for those moms whose different expectations conflict (such as needing to work and needing to take care of the child/children), whenever we make a choice, we tend to feel guilty about the choice we did NOT make. I have heard this from more than one mother in the past couple of years.

### **C. Guilt as Manipulation**

During the recruitment process, it was interesting to me to discover that many people thought that I was studying maternal guilt as form of manipulation and control. It was quite humorous the number of people who only half jokingly said, “Oh, you’re studying maternal guilt? You should talk to my mother. She could run a clinic!” It was my sense that these were “half” jokes because there was a sense of truth to them also. So many of us have had the experience of feeling guilty with regard to someone we love because we feel like we have been “guilt tripped,” an intentional use of that love as a device to get you to do something, or a type of coercion. I began joking with many people about seeing the travel brochure for the guilt trip with all of the various points of

interest and travel destinations. Yet, this “guilt trip” is something that we often reluctantly continue to travel again and again because we feel a sense of connection to someone. This guilt can often be debilitating and ultimately destructive to relationships as well. How we navigate our own sense of guilt is important to who we are as mothers to our children and also who we are to our own mothers.

#### **D. Our own Mothers**

One of the interesting things about becoming a parent is that you start to see your own parents differently. In some ways, it is the ultimate revenge/blessing when you recall a parent saying, “just wait until you have children of your own...!” In becoming a mother for the first time, it inevitably leads to questions and musings about how we were mothered. Did our mothers experience maternal guilt with us? It is a difficult question and one that is not often talked about. When I asked Beth if she thought her own mother might have experienced guilt related to being a mother, she said that she probably didn’t experience it the same way. However, she said her own mother suffers from anxiety and depression but not about motherhood as such.

Her guilt would be different in the sense, she got sick a lot with blood clots, which is another reason why I think everything is inherited and I think I’m going to get it too. So she spent a lot of her time, maybe not when I was an infant, but when I was in elementary school, in the hospital. So her guilt would be more that she was sick a lot, but not as much about feeling guilty about being a new mom. But I guess it is similar because she missed out, and how I felt that I missed out.

It is an important developmental shift to find humanity in one’s parents. As Cam said in our focus group, “parents are people too.” When we become mothers for the first time, we are initiated into a new dimension of experience that mirrors an ancient process of shepherding life into the world. Our mothers were once new mothers, as was her mother

and her mother before her and so on. We enter into the possibilities for a new kind of relatedness not only with ourselves with our own children but with our mothers as well.

### **E. Birth Trauma and Post-Partum Experience**

Beth's experience as a new mother coping with a traumatic birth deeply influenced her post-partum experience. From a medical and clinical standpoint, Post-Partum Depression or PPD studies show incidence rates for new mothers anywhere from 10 to 20% depending on the population sampled. It is estimated that the actual number of women who suffer from either clinical or sub-clinical levels of PPD symptoms, is much higher. It is believed that up to as many as 80% of women experience some form of emotional instability in the first post-partum two week period due, in part, to dramatic decreases in gestational hormone levels of estrogen, progesterone, and cortisol (Kendall-Tackett, 1998, pp. 4-5). Some of the concrete symptoms and diagnostic criteria of PPD that health care professionals and case workers are instructed to look for in new mothers are, not sleeping for two to three days, rapid weight loss, inability to get out of bed, ignoring of basic grooming and hygiene, seeming hopelessness, feelings of worthlessness or excessive guilt, statements that her child or children would be better off without her, active substance abuse, and strange or bizarre statements (pp. 6-7).

On a continuum of post-partum depressive symptoms related to timing of onset, and duration and severity of symptoms, the Post-Partum Blues or "Baby Blues" that occurs within the first 48 hours after delivery and lasts only approximately 2 weeks, is considered to be the most common and frequent in that it is thought to be directly related to purely physical hormonal shifts and not necessarily due to chronic or situational psychological disturbance. At the other end of the continuum, Post-Partum Psychosis is a



relatively rare and severe condition where the mother experiences delusions and or hallucinations, acute agitation and depression, and, in the most extreme cases, has thoughts of and may act on hurting her child which may result in infanticide. In the medical literature, there is no one explanation for why some women and not others suffer from PPD. However, there are certain risk factors that seem to contribute to depressive susceptibility in the post-partum period. Physical issues related to sleep deprivation, pain related to childbirth and breast-feeding, thyroid dysfunction, and hormonal changes all may contribute to PPD symptoms. Personal history factors such as prior incidents of trauma or Post-traumatic stress responses especially related to rape and sexual or physical abuse, as well as a prior history of depression or suicide attempts may increase PPD incidence particularly if the birth experience is difficult. Obviously, social and economic factors such as maternal age, poverty, and inadequate support play important roles for women following the birth of a child as well. Infant temperament, physical illness, or developmental delay can also intensify the experience of PPD, especially if added in combination with any of the factors mentioned above.

Some studies have shown that “traumatic birth” is related to the Post-Traumatic Stress Disorder (PTSD) in some women (Reynolds, 1997). Kendall-Tacket (2005) writes that, while many women may not meet the full criteria for a diagnosis of PTSD, some may experience varying levels of traumatic symptoms. She utilizes Figley’s (1986) model of “trauma-producing event,” an event which is “sudden, dangerous, and overwhelming” (p. 66) She writes that all three of these characteristics are especially relevant to the first-time mother’s birth experience and can contribute to the mother’s experience of “extreme pain and loss of control” (p. 69).

Similarly, other literature written on maternal experience describe postpartum depression as related to “loss of control over emotions, thought processes, and actions,” (Mercer, 1995, p. 124) and anxiety and hostility in the “fourth trimester” (Rubin, 1984, p. 110). In one of the most cited texts, Rubin (1984) describes a depressive pattern that women may experience in response to the disparity between expectations and reality:

It is the disparity between the expected and the real, between the ideal image of self as woman, wife, and mother and the experience of self in body postpartally, that produces the self-disparagement. The self-deprecation results in depression and in hostility. The depression is a sense of hopelessness or despair that occurs in roller coaster fashion on the third, fifth, and seventh days postpartum ... When elation gives way to depression, when love is replaced by hostility, and the surge of generous giving is replaced by apathy or disparagement, there is a recycling of lowered self-esteem, a disorientation, and a vivid fear that she is losing her mind ... The pain of the negative feelings, the mismatch of self in a world, and the perversion of what should be a magnificently beautiful entry into the state of parenthood make the fourth trimester of childbearing most difficult (p. 110)

The insistence of “what should be” as a culturally determined dimension of experience can cause great suffering in all aspects of life, but is especially evident in the process of becoming a mother or parent for the first time. Yet, no matter whether we attempt to simply “normalize” her pain through abstract biological explanations or through the psychoanalytic interpretations of acknowledged maternal ambivalence, at the end of the day, we are still left with a pathology of motherhood and a pedestal of enormous height in the “should be a magnificently beautiful entry” (p. 110)

There are many web sites that seem specifically targeted for mothers, family members, as well as health providers, such as Postpartum Support International or PSI (@ [www.postpartum.net](http://www.postpartum.net)), but many of these support networks focus on the structure of postpartum depression as a mental illness or a disorder of the brain. They begin with statements of “It’s not your fault,” and focus the reader to see the influence of hormonal

and physical forces which influence and cause depression. Depression is externalized and placed outside of the mother's locus of control and therefore "normalize" her feelings, but leave her feeling perhaps more out of control. It is something that can happen to anyone and something that makes psychological sense when taken from a purely biological perspective, but it has nothing to teach and we have nothing to learn from it. It is something that can be medicated and "treated" but we do not ask of the intelligence of its presence, or what the emotion is responding to in the context of life.

It is also important to note that diagnostic criteria have previously focused on the depressive presentation of a post-partum mood disorder. This has had the potential effect of diagnostically overlooking mother's who have a primarily anxious post-partum experience for therapeutic attention. As of the DSM-IV-TR, the Postpartum Onset Specifier can be applied to the current or most recent Major Depressive, Manic, or Mixed Episode in Major Depressive Disorder, Bipolar I Disorder or Bipolar II Disorder or to Brief Psychotic Disorder (APA, 2000, p 423). There are rumored to be proposed changes to the newest version of the DSM V to include a Post-Partum OCD qualification, yet, this too will be a Specifier rather than a diagnostically distinct category.

## **II. A Father's Voice: Makin's story**

This research has focused exclusively on the experience of first-time mothers in feeling a sense of maternal guilt. Throughout the process of this project, I also wondered about what the experience of guilt might be like for the first-time father. Do first-time fathers experience guilt related to being fathers, and if so, what is that experience like for them? In asking these questions, I talked with my friend Makin, who is a first-time father of twin boys. Makin and I have been friends since we were in High School. We grew up

together. When I told him about my dissertation, we talked at great length about his experiences as a stay-at-home dad. Makin and his wife Jess had an extremely difficult and traumatic beginning of their twin boys lives in that they were born three months prematurely. Their boys spent the first three months of their lives in critical care at Children's Hospital while Makin and Jess showed heroic courage and faith that their boys would be well and come home, which they did, and both boys have grown beautifully despite their tentative and precarious beginning. Caring for very active and healthy toddler twin boys as a stay-at-home dad, Makin's attention is constantly divided and he has little time to be still and have his own thoughts. I know Makin to be loved and adored by both of his sons. He is a fiercely protective, playful, and very engaged father. While Makin does not fit criteria for the participants of this research, I wanted to include Makin's voice and story as a counter-point because his experiences of guilt related to being a father seemed to be very similar to the experiences of many of the mothers I spoke with. I also hope that Makin's experience may at some point lead others to explore the paternal experience of this phenomenon.

Makin's sons were three years old at the time of our conversation. I did not ask Makin to write a formal description of a memory of guilt related to being a father, but rather, asked him to tell me about a situation and then work through the focusing process steps together. Makin told me about a circumstance earlier in that same day when he had become angry and yelled at one of his sons, Al, for making a mess or breaking something in the heat of play. When Makin yelled, Al began to cry, and it took Makin a few moments to overcome his anger and his distance from his son. When he did, Makin was filled with regret and asked his son to forgive him. Yet, Makin was left with a residual

feeling of guilt and pain that did not diminish so easily. Our conversation was not recorded save for our focusing process work because we were interrupted in a home setting.

### **A. Focusing component**

**1. *Heartache.*** Makin described a deep sense of hurt in his heart as he remembered the look on his son's face after he yelled at him. The feeling was painful and "bad" as the image of his son's scared face and tearful eyes were evoked in the focusing. Makin said,

I guess the thing I see is his face after I yelled at him and him being scared and just wondering what he did for me to raise my voice so loud. He's scared, his eyes are all welling up with tears, and he just doesn't understand. He wants me to hold him and love him and I'm distant because I'm upset.

The momentary experience of separation from his son and Makin's own horror that he had caused his son this distress weighed heavily in his mind and he felt his own heart hurting. Makin said that the pain he felt in his heart was both "for him" and "for myself." This heartache in some ways connected Makin to his son's pain and called him to overcome his momentary distance from his anger.

**2. *Shame.*** The heartache that Makin felt also called him to identify his own pain that took the form of shame. He said, "it just hurts that I could make him feel that way, over something insignificant. It hurts that I can't control my temper, that it just leaks out of me sometimes." Makin struggled to understand the meaning of his behavior and feelings in this situation. He had a sense that something was wrong with him to cause his son to feel so bad. He said, "it makes me want to find a reason why I acted like that and find a way not to. I guess I just don't want to act like that ever." The feelings that Makin had were in many ways stronger than a sense of guilt about something he had done or a

moment of distance and yelling. Makin's feelings pointed to something that felt deeper to him and called him to a different reflective position about who he is rather than merely about something he had done.

**3. *Need for self-forgiveness.*** When I asked Makin what his felt sense might need from him or require from him, he responded, "it requires me to forgive myself for it." Makin had already apologized to his son because "even though I was distant with him for a moment, it was just a moment, and I had to ask his forgiveness for acting like that." Makin's son had immediately forgiven him and their repair of the momentary distance was quite complete. Yet, Makin recognized that it was far more difficult to forgive himself for this moment. The moment alarmed him to a degree that challenged his understanding of himself and the kind of father he wants to be. This process of self-forgiveness is often much more complex and multifaceted than learning how to let go of one moment.

### **B. Our conversation**

The following represents a brief summary of the conversation Makin and I had following our interrupted Focusing work. The conversation stemmed from an earlier discussion we had regarding how parents are able to get the support they need to be able to work through emotional concerns that come up while raising children. Later in our conversation, Makin talked about the kind of father he wants to be and his deep desire to find peace within himself by coming to terms with his feelings from his childhood. He spoke about living through his son's development and how that connects him to his own childhood memories. He talked about the course of a single day for him in guiding his sons through meals, play, illnesses and small injuries, competition, squabbling, naps,

preschool, bathing, and general social interactions while trying to keep the house clean, the laundry cycling, food shopped, and fixing things around the house. When every moment is filled and spoken for, it is extremely challenging to have time to think about one's own inner life. Makin is devoted to his kids and he is working through the feelings he has for them and for himself. In that process, it is sometimes hard to separate which feelings are whose. So strong is the identification many parents have with their children, that our child's tears can feel like our own. Harder still are the tears that begin because we caused them. But, as Makin talked about, the moments of distance and rupture teach him about how to forgive on many levels. The hardest of all these lessons is the forgiveness of self. The name Makin means "courage" and it is exactly what is necessary to both forgive one's own mistakes as well as find what is needed to trust yourself as a parent.

**C. Feedback.** In our conversation with each other around the time of the focus group, Makin reflected about how the process of exploring this guilt has stayed with him. Here are a few of his reflections from our conversation...

It's crazy to sit here and think about how intertwined everything really is. How my childhood would influence what is happening now. Makes it so important to figure these things out. Figure out why it made you feel that way and how to be ok with it, so you can move on with your life and move on with the rest of your family and friend's lives. It's a lot of work.

I remember seeing his face. I remember thinking about this and it wasn't a flash memory and then it was gone. You helped me to let that stay within me so I could reflect on that. Otherwise I could have just went about my day and weeks and months and not really thought about that ever again. Its not that I see his sad face, I think I just more or less see the moment that happened and remembered that that was a time of sadness and a time of coming together and forgiveness. It was good because now I have that to think about.

When I tell someone that guilt is the worst thing and I go to bed feeling guilty, these moms are just blown away. It's just not something we hear about or talk about. But to get something like this out there, it's a big deal.

### **III. Cross-Study Comparison: Seagram and Daniluk**

There were many parallels and differences between the results of Seagram and Daniluk's (2003) study of mother's of pre-adolescent children and this study. Many of the differences could be seen as a result of the differing populations of mothers. New mothers of infant children experienced guilt related to negotiating the pre-verbal dimensions of communication with their children and a basic fear of not knowing what might be wrong and or how to fix it. New mothers of infant children also may experience guilt with regard to negotiating the newness of actual physical separation from their babies. The mothers in Seagram and Daniluk's study also described a "sense of depletion" and a "sense of inadequacy" as well as a "strong desire to have a positive impact on their children's lives" and a "fear their children might come to harm" (p. 65). It would be interesting to explore whether the themes articulated in this research with new mothers described some of earlier precursors to these themes.

The mothers in both studies described experiences of maternal guilt related a "sense of complete responsibility" and a "sense of profound connection to their children" (p. 65). The feelings of "intense responsibility" or "high stakes" that the participants in this study described had a major influence on their experiences of guilt. In Seagram and Daniluk's study, the mothers recalled feeling the "burden of responsibility beginning during pregnancy" and increasing "in intensity and breadth as their children grew up and began to venture outside the home" (p. 66). Guilt related to a "profound connection" or "bond" was described by the mothers in each study. Seagram and Daniluk wrote that the



mothers experienced “tremendous guilt” when they felt they had “in any way violated this bond”. Interestingly, one mother in their study described this sense of guilt viscerally saying, “Guilt is hard, it’s physical, it’s like some part of you that wants to weep” (p. 71). This experience of physical pain and emotional connection was described as a “double-edged sword” rooted in powerful feelings of love and connection as well as guilt.

#### **IV. Becoming for-the-Other**

It is not surprising that the experiences of responsibility and deep connection are often entwined for mothers. Loving someone so much that it matters more than anything else is an intense responsibility. It has to do with immense mattering. When we love, we matter to each other, and the weight of this love means to care through responsibility. It is not a love that is removed and dispassionate or spectating. It is a love that finds its meaning in its obligation. In this sense, Levinas’ understanding of the zenith of ethical subjectivity as the possibility of giving one’s own life for another is articulated in this kind of relatedness. Loving deeply, being connected to another human being in this way, such as a parent with a child, means being prepared to lay down one’s own life for-the-Other.

Levinas’ writing fits well with the radically transformative nature of new motherhood. He writes about “trauma” and “the shock of the Other” and the interruption of the will for oneself. Yet he also writes about the meaning and “denucleation” of becoming for the Other (Levinas, 1981/1998, p.64). In many ways, the first-time mother faces these challenges and her guilt teaches her how to continuously rediscover her connection to her child and how to allow her child to teach her. The theme of feeling torn or conflicted between wanting to be the one to care their children and wanting separation

is important experientially for first-time mothers who are attempting to navigate the boundaries of their identity with their children's. Carrying a child in her body for nine months can create a fair amount of symbiotic identification. In trying to negotiate her new identity as a mother, she must redefine what it means to be herself. This often happens through trying to return to her old life, her old projects, her old patterns and rhythms, which no longer can exist as they did before. The feeling of being estranged from oneself is true and accurate because becoming a mother has transformed her on very basic levels. The new mother no longer lives for herself and herself alone, she lives also for the Other of her child.

In the midst of this transformation, this "denulceation" calls for a stretching of the emotional life of the new mother. She experiences widely vacillating emotions, which often feel diametrically opposed to each other. Love and anger, contentment and frustration, joy and resentment are often experienced simultaneously and leave the mother feeling confused, out of control and unstable. Because, in the moment, these emotions are often experienced as canceling each other, guilt, as a "negative" emotion, can mark the transition. The DSM post-partum qualification describes this as a kind of a vicious cycle where "many women feel especially guilty about having depressive feelings at a time when they believe they should be happy," which contributes to a pattern of feeling more depressed about feeling guilty and guilty about feeling depressed.

The cyclical pattern described here perhaps misses the way that guilt can be an importantly instructive and centrally relational emotion in its own way. For the first-time mother, the wide range of emotions can teach her a great deal about her own and her child's needs if they are permitted to be held and acknowledged loosely without

judgment or condemnation. Just as Cam experienced a huge range of emotions in the course of a single day, which left her head “swirling”, she also learned that giving herself “permission” to feel the things she did allowed her to continue to return in openness to learn from her daughter again and again. In allowing for moments of frustration and love, she also teaches her daughter to embrace the depth and breadth of her own emotional life, not requiring that she only be happy or content.

Permission to feel the things we do helps us understand without valuing, negating, or canceling what these emotions are teaching us about how we are relating to ourselves and important people in our lives. This understanding can often lead to the ability to forgive others and ourselves. As Makin said, “it makes me want to find a reason why I acted like that and find a way not to. I guess I just don’t want to act like that ever.” Too often, we feel a sense of guilt about something we have done or not done and this guilt feeds into a sense of shame and an augmenting belief that we are fundamentally wrong, bad, or flawed as people. Guilt becomes a way for us to place all of the blame on ourselves and we stop looking for the reasons we did something to feel guilty for. The moments of feeling guilt and exploring it gently helped Makin learn more about what kind of father he wanted to be, just as the guilt that Xena felt before discovering a powerful connection to her son.

Levinas’ (1981/1998) concept of “denucleation”, as a “coring out” of the nucleus of the ego and the necessary drawing away from the “complacency of subjectivity” as “for-itself,” towards the “one-for-the-other” (p. 64), can be seen as a profound process for the first time mother. Her life is thrust quite suddenly into a relation that calls her constantly to ethical engagement. She begins this drawing away in gestation as her body

conforms and molds to the unfolding life of the Other within her. In birth, she is pressed to the utmost limits of endurance of pain and a “giving that is not choice” (1981/1998, p.69) in the active surrender to a “heroic will” (1961/1969, p. 238) which calls her dramatically to the apex of ethical relation. In this hypostatic moment, she is born with her child to a subjectivity that is steeped in responsibility, a subjectivity that is founded on being for-the-other.

## **V. Cultural Needs**

Our children typically have very little trouble forgiving us for moments when we are distant or upset and frustrated. Why then do we as mothers and parents have so much more difficulty in forgiving ourselves? It is true that when it comes to our children, we feel the “high stakes” and the intense responsibility and we are slow to allow ourselves mistakes with the ones we care about the most. Yet, culturally, forgiveness is rarely spoken and the implicit expectations of joy are great. In fact, with regard to motherhood and parenting in general, we have acute systems of “blame” (Eyer, 1996). Even today, after decades of feminist critique of “the good mother” myth, we continue to perpetuate models of shame in parenting. Each of the participants spoke of these expectations and social comparisons in some way. New mothers are particularly susceptible and deeply vulnerable to these images of perfection as they are portrayed in books, movies, the media, and even the “too-good” mothers (Almond, 2010, p. 38) of our imaginings. New mothers will quickly and often largely unconsciously internalize the cultural expectations and judgments these images deliver. The cultural compassion and forgiveness of Winnicott’s (1956) “good enough mother” must still be on our horizon.

Best selling author and New York time op-ed columnist Judith Warner (2005) wrote a book about the “Perfect Madness” of motherhood, as a “poisoning” of American motherhood with “a widespread, choking cocktail of guilt and anxiety, and resentment and regret.” Thurer (1994) wrote about the myths of motherhood and the cultural invention of the madness of mothers. Almond (2010) wrote about the inordinate weight of guilt of maternal ambivalence. From these works, it seems as though we, as mothers, are lost and sick and frightened somehow by and of the things we feel. There have been icons, images, and idols of perfection in motherhood for so long that we have forgotten how to be human, to be gloriously imperfect, mortal and real. The feminist battle for a balanced perspective is continuing to be waged, reminding us all that there is so much more work to be done.

Throughout my conversations with these first time mothers and at the Focus Group discussion in particular, there was an overall expression that mothers feel largely isolated from one another as a result of their “darker” thoughts and feelings. As Jane Lazarre’s (1976) quote from *The Mother Knot*<sup>27</sup> conveys, the need to “avoid the terrible looks which say, I am not like you nor have I ever been” is a powerfully repressive force in our culture. It is possible that collectively the repression of maternal guilt can lead mothers to project their guilt onto their own children in the attempt to get children to conform in a certain way so that they appear to be a model of the image of the “good mother”. Yet, this leaves women feeling increasing estranged from themselves and isolated from one another. The participants in this study expressed a desire to bridge this immense gap between mothers and offer communities of support and care through open

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<sup>27</sup> See pages 22 and 23 in Chapter 2 for the full quotation.

and honest communication. They also expressed relief in their feedback about having been able to see their own guilt in a new light.

## **VI. Practical Implications for Application in Community**

The gestating first-time mother often receives increasingly focused and more frequent attention from her healthcare community as she nears her due date. After the birth of her child, this attention is focused almost exclusively on her child. This is certainly an understandable emphasis given the inherent newness and vulnerability of the newborn. Yet, in our quest to ensure the wellness and wellbeing of the new baby, we often overlook the complete interdependence of the mother and child. Our engagement and attention needs to be given both to the physical and psychological health of the baby as well as the mother. Typically, the recommended intervals of well-child check-ups in doctor's offices are 3 to 5 days old, 1-month old, 2 months, 4 months, 6 months, 9 months, one year old, 15 months, 18 months, 2 years old, 30 months, and then yearly after 3 years old. This frequency opens the possibility of exploring a simultaneous "well-mommy" check-in, where mothers are given caring attention for their psychological wellbeing as well.

In the Focus Group discussion, Cam and Ann discussed the need to have community support systems and open forums for new mothers and new parents to normalize some of their intense emotional experiences when they are just beginning. They suggested online blogs, parenting mentorship pairings, and having deep connections and relationships to other new parents to create community and "safety nets". Having a parent mentor to confide in intimately could help a new mother move through the particularly strong early emotional experiences of simultaneous emotions, such as

frustration and love, without making personal character evaluations about her ability to mother her child. Early parenting groups, such as PEPS (Program for Early Parent Support, a Seattle based non-profit organization), can help new parents build community and find resources for self-care, couple's relationship transitioning, child-care, pre-schools, and family support.

On a macro-cultural level, psycho-education dissemination through major religious, work-place, government, and healthcare institutions could focus on the recognition of the dramatic developmental, physical, and psychological changes and challenges of new motherhood. In the media, taking great care with our idealized representations and portrayals of perfect motherhood is necessary. On an micro-individual level, simply noticing our own inclinations to transform an observation of a cultural problem into a personal accusation is imperative for there to be a shift towards compassionate and genuine care of both the vulnerable child as well as his or her mother.

## **VII. Limitations of the Study and Suggestions for Further Research**

It is important to recognize that this study focused on the experiences of five first-time mothers who were all well-educated, articulate, Caucasian, middle class, and mostly in partnered relationships with shared child-rearing responsibilities. Also, all of the mothers in this study lived in Western Pennsylvania, a United States city, which has the resources and benefits of relatively affluent society. Due to the qualitative design and depth style of this study, the sample is small, and because of the challenges in recruitment, it is also relatively culturally homogenous. There are certainly many areas that could benefit from further research.

At the focus group, the participants of this study inquired about how maternal guilt might be experienced differently by mothers who could not read or write, or who were single mothers, or mothers who lived in real poverty. I have found that many of the new mothers I spoke with were deeply concerned for those mothers who had more challenges than they did. In many ways, nursing scholarship offers unique and often unparalleled access to populations of typically underrepresented people. Keating-Lefler and Wilson (2004) explore the experiences of becoming a mother for single, Medicaid-eligible, first-time mothers in order to facilitate the development of intervention programs for single, low-income women and families, who constitute over one third of America's mothers today (p. 28). Their findings show that many of these women experienced "multiple losses" including "loss of self" and had "minimal levels of social support" (p. 28). How we continue research of this nature is of central importance to creating social structures and policy.

These questions are very important as well as how mothers from other cultures, races, and ethnicities might or might not experience guilt related to being mothers. Certainly the questions of socio-economic poverty and marginalization, especially with regard to a mother's access to food, shelter, health care, and mental health support services, raise powerful cultural questions about how we collectively care for both mothers and children from a wide range of diverse populations living within the United States and internationally. Additional research is needed to explore the experiences of teen mothers, drug addicted mothers, mothers of children with "special needs," adoptive mothers, lesbian and transsexual mothers, and immigrant mothers. It would also be



helpful to explore the experiences of first time mothers with an unwanted pregnancy or mothers whose second or third pregnancy was unwanted.

Another area of research that would be helpful would be to explore the experience of guilt in mothers of adolescents. Seagram and Daniluk (2002) explore the experiences of mothers of pre-adolescent children and this study explores the experience of first-time mothers. Obviously, it would be very interesting to conduct longitudinal field research with mothers across the life span of their children. In many ways, on a personal level, we can do this with the mothers we already know across generations. Also, each generation of mothers will have their own socio-historically configured influences on their experience of being mothers.

As we have seen, the process of exploration in the research can become transformative in and of itself. Kruger (2004) argues that the process of “narrating motherhood” offers the possibility for social change in “the transformative power of individual stories” (p. 464). For Kruger, the importance of deconstructing cultural “myths of motherhood” is a primary necessity for feminist research. On an individual psychological level, the process of exploring one’s experience on an embodied level can be tremendously empowering. Many of the participants in this study talked about being surprised by their felt experiences which informed them in a new kind of relatedness to their own memories and experience. Further research regarding this methodology could benefit its possible application to other projects.

The need for further research with fathers was very clear from my discussions with Makin. He talked about often feeling overlooked emotionally as a father and his own need to share his story of guilt, which he said was “the worst thing,” going to bed

feeling guilty. Makin courageously offered his unique voice to this research and continues to express his process of becoming a father to others. The need for fathers to share the stories of their emotional lives as parents has an important role in understanding the way families move in relation to each other. We are responsible for each other as witnesses and community. As Cam said in our focus group, let us “create the village.”

## **Conclusion**

I am grateful to have had the honor to learn from so many mothers and fathers in my lifetime. I am especially honored by the trust and faith that the participants in this study placed in me to hold their stories and their felt experiences, even when it was not entirely clear if or how that would be helpful or even necessary. Mothers tend to live their guilt in isolation, worried how other people would see them and how they will be judged lacking, or at worst, inept as mothers. I hope that all of us; mothers, fathers, researchers, professors, clergy, clinicians, healers, doctors, and communities, can find all of the resources we need to create the vision we shared with each other at the focus group, the vision of a human village, the true community, where the well being and emotional experiences of all its people matter to each and every person. I imagine a world where we support our mothers, recognizing and honoring the radical transformation necessary in becoming “for-the-Other”

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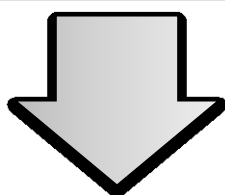


## Appendix A: Flow Chart of Contact with Participants

### Recruitment of Participants

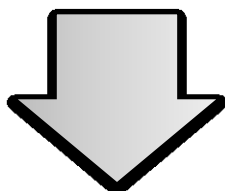
Fall 2010 through Spring 2011

- Distributed and posted flyers to childcare centers, Magee Women's Hospital, Midwife and Doula organizations, other venues
- Spoke with five mother's over the phone and asked them to write a one and half page reflection
- When each mother emailed me her description, we set up a time to meet for the interview



### Interview Stages

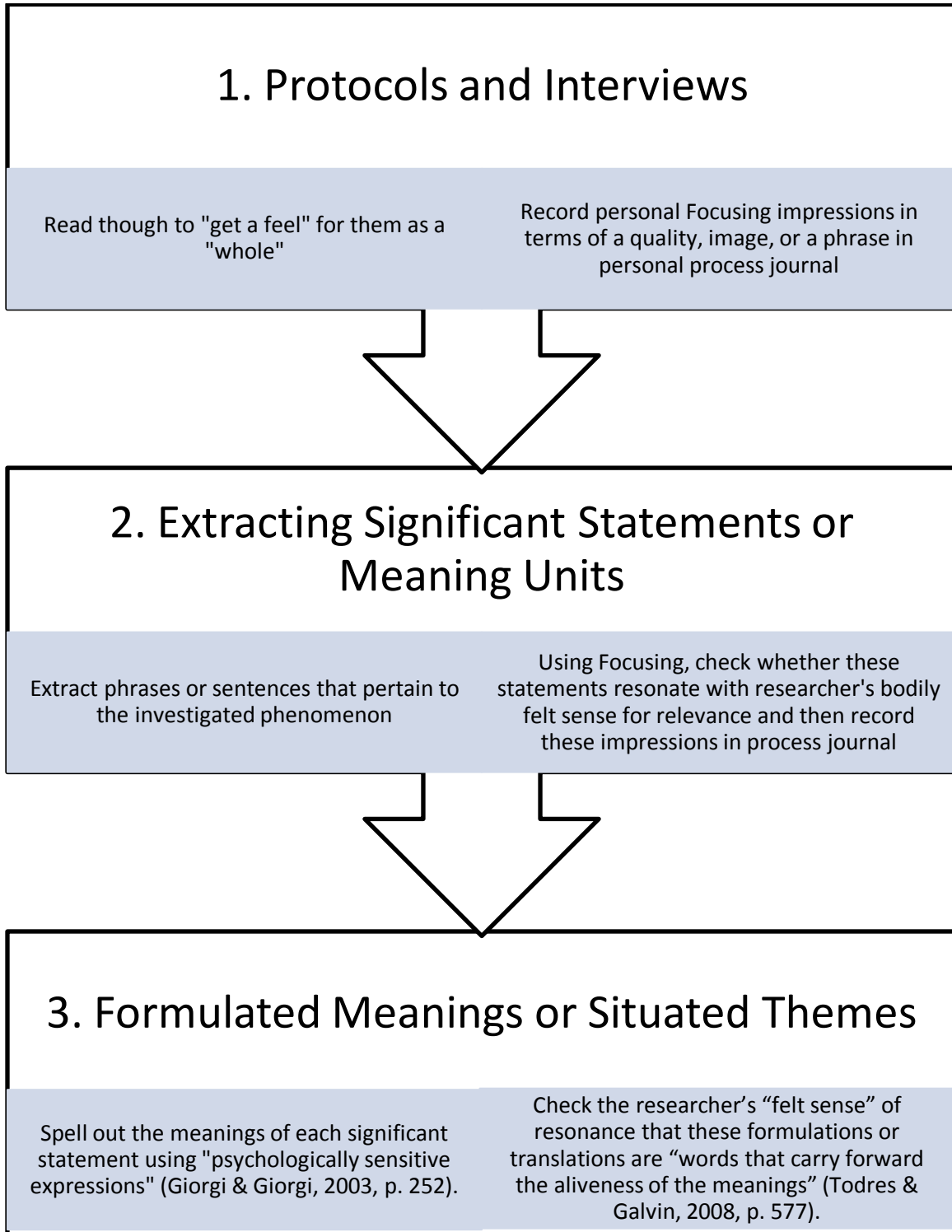
- Participants read their descriptions out loud
- Short Focusing exercise on the memory they read out loud
- Open-ended Conversation



### Follow-up Review and Feedback

- Emailed participants transcribed interview approximately one year later and asked for corrections. I received no corrections
- May 2012 - Sent Mother's Day cookies and book to participants along with Save the Date invitations to the Focus Group Round Table Discussion
- Sent Write-ups to participants one month prior to Focus Group scheduled for November 17th 2012
- Received email feedback from three participants who could not attend
- Held Focus Group for two participants who could attend and had follow up feedback interview in person with Makin.

Appendix B: Data Analysis and Interpretation - Tasks and Procedures  
Synthesis of Procedural Steps from Colaizzi's (1978) and Giorgi & Giorgi's (2003) data analysis procedural steps, with Todres & Galvin's (2008) "embodied interpretation".



#### 4. Clusters of Themes - Repeat the First Three Stages for all Protocols and Transcribed Interviews

Refer back to the original protocols and ask if anything is not accounted for in the cluster and note any discrepancies between clusters

Using Focusing, seek to "re-present a digested sense of 'wholes' that make the descriptions more relevant to others at an existential level" (Todres & Galvin, 2008, p. 577).

#### 5. General Thematic Description

Integrate all thematic structures thus far

Using Focusing, check whether these themes resonate with researcher's bodily felt sense for relevance

#### 6. General Themes

Submit unambiguous identifying statements about the general themes of the investigated phenomenon using the general thematic description

Using Focusing, check whether these themes resonate with researcher's bodily felt sense for relevance

#### 7. Final Validating Step

Return to each participant and ask how the results compare to their experience and what aspects of their experience have been omitted.

Incorporate any new data into the final product of the research.



## Appendix C: Data Analysis Tables

### 1. a. Meg's Protocol Data Analysis

No.	Meaning Unit	Psychological Description	Theme
1	A mothers guilt is something that is sad to me	The overall experience of guilt related to motherhood is one that feel sorrowful to Meg	Feeling: Sadness
2	...when I see him crying because I left him, for whatever reason, it breaks my heart	This is an example of the sorrow Meg feels when she sees that her son is upset and crying.	Empathy
3	I grew this child inside my body for nine months ... If it wasn't for me my child would not be able to survive.	Meg experiences the dependency of her son on her from the very first moments of when her life and his were tied together. Meg does not mean that, literally, her son would not survive her brief absences, but rather that she has been and is an instrumental part of his existence and wellbeing in this world.	Physical Bond and Connection
4	I have the most important responsibility now, being a parent	Meg is struck by the significance and value of her obligations in being a parent to her child. The experience of her child's dependence on her feels large and she feels irreplaceably responsible to him.	Intense and Primary Responsibility to child
5	I am his provider, and I am leaving him.	Meg experiences the paradox of the reality that even though her son depends on her, she must also leave him sometimes. This is stated as a fact which also takes into consideration her son's perspective and distress when she leaves him.	Separation

6	One of the most guilty feeling I have ever felt is hearing my son cry and call my name when I leave him, and knowing that I can't comfort him right at that moment	Meg again points to the physical situation of her leaving and her son's response to it, to describe her own experience of guilt as it feels to her on the context of time (right at that moment) and her own desire to meet his needs (right at that moment).	Separation
7	I know there are things that I have to do without my son in order to live	Meg recognizes the reality of her extended obligations in the world, working in order to make money, buying food for them to eat, family obligations, etc.	Responsibility to the world
8	One day he will be older and will understand that his mother will never leave him	As her child grows, he will increasingly be able to internalize his mother's presence to him (object permanence) and be able to experience her love and presence to him even when they are physically separated.	Emotional Bond
9	For now he doesn't understand that and I can't explain it to him because he won't understand.	Her son does not yet use language in such a way as can afford him the conceptual ability to understand why his mother needs to leave him sometimes. The world that her son experiences as a toddler is one that is much more experientially immediate, both in time and space.	Cannot communicate verbally - outside of reason
10	I always know that this feeling will go away the moment I see his face again.	Meg recognizes for herself that her feeling of sorrow and guilt are temporary and will vanish when she is reunited with her son and they share the joy of their reunion.	Guilt is temporary, love is stronger
11	At this moment I know he is really saying "Mom, I forgive you."	When she is reunited with her son, Meg experiences his joy (crying out for her, smiling at her, hugging her) as him forgiving her for having to leave him.	Joy of reunion

1 2	Most of all, above everything, he brings me happiness and unconditional love that is not known to anyone until they have experienced it first hand.	Stronger than the experience of occasional sorrow and guilt in having to be apart, is Meg's experience of deep pleasure and contentment because of the unique and unparalleled experience of love without conditions that her son gives her.	Love is stronger
1 3	This is why a mother's guilt will never surpass a mother's happiness.	Meg understands that the joy, pleasure, and contentment that a mother can experience exceeds her momentary experiences of guilt or sorrow related to motherhood.	Love is stronger

### 1. b. Meg's Interview Data Analysis

	Meaning Units	Psychological Description	Theme
1	It's like prickly, like it hurts, you know...stomach, I feel it in my stomach... almost like thorns sticking out everywhere...	The overall feeling of the evoked memory of guilt for Meg is a feeling of "prickly", "thorn"-like pain in her stomach. The pain is difficult to touch because it is surrounded by stiff, sharp-pointed projections.	Felt Sense in Focusing: stomach "prickly"
2	It's not supposed to be there, it's not supposed to feel like that...Like a virus inside of me.	On the one hand, the feeling seems out of place to Meg. It is as though she should not be feeling this way or this is not the right way to feel. The sensation feels like a foreign body or an infecting agent that feels unpleasant, harmful or corrupting inside of her.	Felt Sense: Painful Virus
3	But at the same time I feel like I know it's good, like it's ok to feel like that.	On the other hand, simultaneously, Meg is confident that this feeling is desirable and "good". Paradoxically, the feeling is both unpleasant and painful and "ok" in that it has a particular function and purpose.	Felt Sense: Paradox Pain and OK

4	(Me: It's prickly but its...) Controlled (Me: contained) almost in my stomach	While the feeling is painful in its prickliness, it feels restrained and held within the location of her stomach. The feeling does not increase in severity or intensity in its location nor does it spread out to other areas of her body.	Felt Sense: Contained in stomach
5	(Me: How was that?) Good ...scary, kind of. But, I think I never really took the time to acknowledge, to get a real feeling, you know. I experienced the guilt, and at the moment, it's painful, very painful, um, you know, but, like I said, it's controlled, so I know it will go away, but, at the moment, it's painful, but I never took the time to put a word to it or realize exactly where it was coming from.	Upon completion of the focusing component of our interview, Meg reflects that the process of going through the focusing journey together felt both "good" and also surprisingly anxiety provoking. The experience of guilt, in the moments that she does feel it, is surprisingly painful. Prior to our session, Meg had not noticed what this feeling was or where this feeling was located in her body. At the same, Meg is able to reflect that the feeling is localized or "controlled" in her stomach and that it is temporary.	Pain of guilt in the moment gives way to something else
6	I feel it in different degrees too because now that my son's almost two, I recognize it more I think, whereas when he was younger I didn't know to handle it and so, the feeling would bring actual tears, like pain...when my son was younger, it was much higher, whereas now it's a little bit lower...But I think that's part of growing with your child too.	Meg observes that her experience of this pain in guilt has changed over time. When her son was a newborn and an infant, Meg remembers the feeling being much more acute in its painfulness which would often cause her to cry. Whereas now that her son is nearly 2 years old, Meg is able to acknowledge the feeling more for what it is and experience its change over time. Meg considers this to be a part of how a mother changes and develops physically and emotionally along with her maturing child.	Guilt more intense when child in infant. Growing with your child.

7	<p>That's why there's such a mother's intuition is because you are connected on level with them...I know what my child wants even though he can't tell me, I know him ...I'm in his mind too.</p>	<p>Meg articulates her understanding of a deep primary emotional and physical connection between a mother and her child as a "a mother's intuition". By this she means that a mother understands her child's needs and communication immediately on a felt level of experience without the need for conscious reasoning. As a mother, she fundamentally recognizes her own child and her son recognizes her as well through the familiar experience of their relationship.</p>	<p>Emotional Connection to Child</p>
8	<p>you go from this big expansion of this unknown (when her child was a newborn and not knowing what his cries meant), almost enemy, that you can't control and that's what freaks you out...So, it's been contained from this big unknown to something a little smaller and I think it will always be there.</p>	<p>When her son was a newborn, Meg felt a sense of acute fear of the magnitude of not knowing what her child needed. This feeling of not knowing felt large and uncontained and unable to be controlled by her actions and influence. That fear of not knowing what her child was communicating in his cries left her feeling wildly irrational and out of control at times. These times have become less and less frequent the older her son gets, the more they get to know each other, and the better they are able to communicate in shared language with each other. Meg imagines that the fear of not knowing what her child is communicating will always be there.</p>	<p>Fear of unknown, not knowing what to do for an infant</p>

9	<p>But like I said in my paper, it's the happiness, I feel proud of myself, I feel this unconditional love from such a little human being, just kind of overwhelms that by far.</p>	<p>However, more than this fear and more than her occasional feelings of guilt, is her profound delight and joy in the unreserved love her child gives her as well as the pride she feels in herself for creating and loving her son so much. This sense of deep pleasure and contentment in her relationship with her son far outweighs her fear and guilt.</p>	<p>Love is stronger than guilt.</p>
10	<p>Me: [From hearing you talk, it does not seem that it is an exclusive feeling, like guilt is not something that just lives all by itself. It's like so interconnected with all the joy and happiness and unconditional love.] Meg: It is ...and that's what's so crazy. I don't think I ever really put it in perspective like that before, where it's connected. It comes with this joy, this happiness, and it also does come with sometimes sadness and heartbreak.</p>	<p>Meg begins to explore the complexity of how these seemingly extreme emotional polarities of pleasure and distress are intricately tied together and connected to each other.</p>	<p>Love and joy are connected to guilt and sadness</p>
11	<p>I feel like maybe it's a play off the emotions working off of each other...a little bit of good with a little bit of bad. But I feel like what makes you wise is learning how to contain and control, and to make sure, in the end, the happiness weighs more than the guilt...So, I definitely feel like that helps you grow as a mother, as a wife, as a person.</p>	<p>Meg speculates that this emotional range is an integral part of the development of the human being and also the wife and the mother especially. The key for her seems to be in the acceptance of both the feelings that are painful and the feelings that are pleasurable. Meg feels that being knowledgeable and experienced grows from discovering ways to balance and restrain some of the emotional extremes while ultimately prioritizing feelings of happiness over the pain of the guilt.</p>	<p>Learning from emotions helps you grow.</p>

12	<p>Me: [when we were focusing, I got an image of one of those prickly seeds that falls down from the trees.] Meg: And it's kind of how I pictured it, sort of, maybe more oval-like than such a ball, like how you picture your stomach, like how it comes down and opens up a little bit, so that its always filling up like almost all of it, like this anemone I guess.</p>	<p>The image that Meg was working with in focusing on her experience of maternal guilt was one of seed filled stomach shaped anemone.</p>	
13	<p>So I feel like I can almost cut the thorns off and deal with it that way, I mean, there always going to come back, but I feel like the seed is small. There are not too many bad things that are making it. So but the guilt feeling is there, but its more temporary because the seed isn't so big.</p>	<p>Meg feels that she has a means of reducing the physical pain of the thorns of this guilt, even while she knows that the pain of guilt will return at some point. She feels that the seed of guilt, or the regrets she has about being a mother to her son such as having to leave him to work, that gives rise to the pain is relatively small and therefore the experience of guilt of more fleeting and short-lived.</p>	<p>Guilt is temporary, it gives way.</p>
14	<p>Me: [You also notice the changing shapes, and taking on different textures and maybe not as acute.] Meg: I think it depends on what category it is. (laughs) If it is having to do with being a mom or it's having to do with being a wife or just being a friend, each of them has their own shape...But if it has to do with being a Mom, now it feels more controlled. But being a mother is different from being a wife because being a mom, you're more in control because your</p>	<p>Meg feels that the shape and experience of her guilt changes depending on the relationship it is related to. She feels that her guilt related to being a mother is much more within her power of influence and control than she felt it to be previously when her son was younger. The influence she has as a mother is much more absolute because her child is more dependent on her for his emotional and physical well-being than say her husband is.</p>	<p>Experiences of guilt are specific to certain relationships</p>

	<p>child depends on you, whereas being a wife, you're not in complete control, and you really need to have fifty/fifty control.</p>		
15	<p>But it's different with an infant who cannot tell you what he is feeling...And it was worse when he was younger because all he could do was cry. But now, you know, it still is hard, but now with my mother's intuition, I have a good feel that I know exactly what he needs, exactly what he's talking about.</p>	<p>Meg describes the difference in the experience of guilt with regard to motherhood as opposed to being a wife. Her feelings of guilt were much more pronounced and "acute" with an infant who is so dependent and cannot yet express himself verbally. This experience has lessened the more Meg has been able to trust in her own abilities to know and recognize her child's needs through the strength and communication of their connection to each other.</p>	<p>Guilt more intense when you cannot communicate verbally</p>
16	<p>Me: The other thing that stood out for me was, "his mother will never leave him." Meg: And I meant that also as, even if I'm not physically with him or there, I'm still always going to be there because I love him, you know, and the love is inseparable.</p>	<p>Meg describes the feeling of being connected to her son, not as dependent on an actual physical presence, as the love she feels for him.</p>	<p>Physical and emotional connection</p>



17	I feel like I can't let anything happen to me because if something happens to me, then no one would be able to do the job I can with my son, nobody, not even his father. That's just how it is. I often feel like if something were to happen, who would do this for him? Who would know the little sayings I have for him? Or who would know the touch I have for him?	Meg feels the extent of her indispensability as a mother to her son. She feels this as both a responsibility but also a strong and insistent desire to give to him the things she feels he deserves from her, such as the special way she speaks to him and the unique way she touches him.	The maternal-infant relationship is unique and irreplaceable
18	And a lot of times he'll fall asleep touching my face. He's always touching my face...He has this internal memory of exactly how I feel.	While previously Meg described the non-verbal intuitive aspects of her connection to her son, she also describes the tenderness and poignancy of their expressive physical relatedness, such as the need her son has to drink his bottle and fall asleep touching his mother's face. Meg feels certain that her son knows and holds the memory of how her face feels.	Physical connection in touch
19	I always knew I wanted to be a mom, but then when it actually happened, you're like "ok, where's my book, I don't know what to do".	Meg grew up always wanting to be a mother someday. She knew that about herself. Yet, once it happened, she needed to find her own answers and find her own sense of her "mother's intuition."	No book can teach

## 2. a. Beth's Protocol Data Analysis

No	Meaning Unit	Psychological Description	Theme
1	It's one-month before my due date. I had a doctor's appointment today and everything	Beth is writing her description as a reflective journal exercise, remembering the events of her childbirth, delivery, and initial	

	seemed right on track. I made sure to ask the Doctor if it was ok to travel. We were only going about hour and half away. She reassured me that “It would be completely fine.”	months of motherhood. Her journal is dated and her voice is in the present tense. Beth felt that she would be safe to travel an hour and a half away with her husband to visit family and have a bit of relaxation before the baby came. Her doctor confirmed that her pregnancy seemed to be going well and that it would be fine for her to travel by a car a short distance away.	
2	My back ached very bad. I tried everything, Tylenol, sleeping different positions, walking. The pain just kept getting more intense.	That same night, Beth had trouble getting comfortable and started experiencing increasingly intense back pain.	
3	I called my OBGYN. Well, I didn’t talk to my “regular” doctor of course. The doctor I spoke with was very uncompassionate and short with me on the phone. I explained to her my symptoms and her response, “you’re not in labor, take a warm bath.” So I did. And the pain grew stronger.	Looking for some advice and direction about what to do, Beth called her own doctor but was unable to speak with her. After explaining her symptoms, Beth experienced the on-call doctor as being very terse and lacking sympathy and concern for her. Beth followed the on-call doctor's advice to take a warm bath, yet her pain continued to increase.	Doctors are wrong
4	Long story short Grammy, Bop, and Daddy rushed me to the Hospital around 1am.	In the end, after much more deliberation and many more details that are omitted from the story, Beth and her family decided to take Beth to the hospital with great haste at 1am.	Unfamiliar setting.
5	I am at the Hospital, not the hospital I did my pre natal classes or hospital tour. Not even where my doctors practice.	Beth was taken to the closest hospital to where she was staying. But this hospital was unfamiliar and she did not know the staff or the doctors there.	
6	When I got to there I was treated so well. The nurses had	Despite the unfamiliar setting, Beth experienced the nurses at this hospital as being kind and	Nurses took good care.

	such a way of keeping me calm and relaxed.	compassionate and having the skills necessary to allow her to not feel nervous and rather free from tension and anxiety.	
7	They told me I had high blood pressure, hemolysis of my red blood cells, elevated liver enzymes, and proteins in my urine (HELLP Syndrome.) I was immediately put on medicine. This of course made me loopy and tired.	Beth is diagnosed as having HELLP syndrome, a group of symptoms that occur in about 1 to 2 of every 1,000 pregnancies that is characterized by high blood pressure, a break down of the red blood cells, elevated liver enzyme counts, and low platelet counts which can be life threatening for both the mother and the child. Medication to treat high blood pressure and an Emergency C-section is often necessary. (information gathered from web site <a href="http://www.ncbi.nlm.nih.gov/pubmed/health/PMH0001892/">http://www.ncbi.nlm.nih.gov/pubmed/health/PMH0001892/</a> ). This medicine made Beth feel crazy or not in her right mind and also very fatigued.	Unexpected and potentially severe medical issue.
8	Shortly after a diagnosis the doctors came in to tell us the only way to treat this condition. Their answer was delivery via emergency C-section. O.R.S. was born in to the world weighing 5lb 4oz and 18inches long.	A short time after receiving the HELLP syndrome diagnosis and beginning high blood pressure medication, the doctors inform Beth that she only has one option which is to have a C-section immediately. Beth's son was born soon after this.	
9	What just happened??? I am a healthy 25-year-old woman. I eat right, exercise daily, went to doctors regularly. Why did I have this crazy experience? I was so exhausted from the medication. I barely got to hold my new baby boy.	The journal written from the perspective of the next day reflects a sense of shock and disbelief at the nature of what Beth felt was an absurdly abnormal birthing experience. She is confounded that she had this experience when she has understood herself to be healthy and to have done all the right things in taking care of herself throughout her pregnancy. In addition, the medication she is taking makes her feel so fatigued that she sleeps	Shock and disbelief about childbirth experience.

		constantly rather than being awake to hold her new son.	
10	In a lot more pain today. The nurses and doctors want me up more and walking.	The next day after the delivery, Beth experienced a great deal more pain relative to when she first went into the hospital. The doctors and nurses also wanted Beth to be more awake and walking around out of bed.	
11	Plus it's my first day breast feeding. I felt it was important to nurse and heard so many wonderful things about it. Nursing was supposed to be a bonding experience between a mother and her child. Not to mention the health benefits for an infants immune system. I had seen many friends and family nurse their children. They made it look so easy. Unfortunately, that was not my experience with it. I hated it. It hurt, it felt weird, it was extremely demanding. I felt guilty that I didn't love nursing my baby.	In addition to being in considerable physical pain and being asked to be awake and out of bed, Beth attempted to begin breastfeeding for the first time. She had researched the benefits of this (bonding, health benefits for the baby) and had witnessed the process of breastfeeding with people she is close to who made it seem effortless and free of problems. Beth experienced regret that she could not be as lucky to have the same feelings towards breastfeeding as her friends and family did. Beth experienced an intense dislike and strong aversion to breastfeeding because it felt physically painful, strange and bizarre, and severely or excessively effortful. At the same time, Beth felt guilty and regretted that she did not find pleasure in breastfeeding her baby.	
12	Time to go home today! I wanted to be home in my own bed. But on the other hand I wanted to stay in the hospital where Owen was safe. In the hospital Owen had all eyes on him. The nurses and doctors where there around the clock making sure he was okay and I could	Two days later, Beth was excited to be able to go home but conflicted because she felt that O was constantly well protected and cared for in the hospital by professionals while she was able to sleep and keep resting. The main thing Beth was feeling was that she was tired and wanted only to sleep.	Extreme fatigue post-partum.

	rest. I just wanted to sleep.		
13	As the days and weeks passed, I had many different feelings. Some days I felt great and really proud of myself as a new mom. Other days I just felt depressed and exhausted. I knew this was all pretty normal feelings that “New” moms experience. I just didn’t realize how much it affected me till later.	At home, as time went on, Beth continued to readjust to new motherhood and experienced a wide range of emotions, from feeling very good and deeply satisfied with her accomplishments as a new mom, to feeling very unhappy, pushed down, and extremely fatigued. Beth did not think her feelings were exceptional or out of the ordinary given her situation as new mother, but, upon later reflection, she realized that the range and intensity of these feelings had had a significant impact on her emotionally.	Emotional volatility
14	I started waking up in the middle of the night with chest pain. The pain got so intense I was sure I was dying. After a few ER trips and Dr. visits no one was completely sure what was wrong.	During the first two months after O was born, Beth started experiencing pain in her chest which would wake her up in the middle of the night. This pain became so increasingly acute, that Beth was certain that she was going to die. She went to Emergency Room a few times and met with doctors who, despite a series of medical tests and assessments, could find no physical disorder.	Somatic issues related to anxiety.
15	While I was still going through all the chest pains and testing it was time to start back to work. I didn’t want to nurse any longer and didn’t want to have to “pump” at work so I decided to stop nursing. Which then of course after I stopped I felt guilty again. Other moms could nurse and go back to work. Why couldn’t I? Thankfully my husband showed great support in all my	Also, during this time, Beth's maternity leave ended and she went back to work as a Nurse. She made the decision to stop nursing, but once she stopped, she began to feel guilty about not breastfeeding. She thought about other mothers who did not stop breastfeeding when they went back to work and wondered why she could not. She was grateful to her husband for approving and encouraging her in her decisions as a mother. But even with his comfort and support, Beth still felt that she was not "being the best mom" when she reflected on the literature which recommends at least a full year of breastfeeding.	Violating standards of mothering practice recommendations from experts.

	decisions. Yet I still felt I wasn't being the "best" mom because I didn't nurse a full year, like the books recommend.		
16	My first day back to work wasn't bad. It actually felt good, getting out of the house and seeing my co-workers again. The second day was the worst day of my life.	On her first day back to work, Beth experienced pleasure in being in the world again and getting to see the familiar faces of her colleagues. Her second day of work "was the worst day of her life".	
17	Not only had I been experiencing chest pains, both my forearms went numb. I had mentioned it to my Doctors and they didn't seem too concerned with it. I could still function fine so I thought really nothing of it. Long story short I have a patient with Multiple Sclerosis. She was paralyzed from her neck down. During her appointment she proceeded to tell me about her experience with childbirth and delivery. She told me "After I had my son, who was 4 weeks early also, my arms went numb, then my chest, and in less than a year. I was diagnosed with MS."	Since coming home from the hospital, Beth had continued to experience odd somatic symptoms including chest pains and numbness in her forearms. Her doctors however, could find nothing physically wrong with her and therefore did not express excess worry or anxiety about these complaints. Beth herself began to feel assured because she was still able to carry on in her activities. This assurance ended when she met with a patient who had Multiple Sclerosis, who described her experience of progressive limb numbness, which culminated in an MS diagnosis and complete below the neck body paralysis after her own son was born under similar circumstances as Beth's.	Feeling of something being seriously wrong.
18	My stomach sank I started feeling hot. I knew right then and there I too had MS and was surely going to	At this moment with this patient, Beth experienced a drop in her stomach and a feeling of being overheated and an overwhelming certainty that she had MS and was	Panic and Intense anxiety.

	die. I had to excuse myself with my patient and went to the break room. I was shaking and crying so bad. I couldn't breath. I was hyperventilating. My dad had to come get me from work.	going to die. Beth then experienced a sensation of having too much oxygen from hyperventilation (breathing too rapidly and causing too rapid a release of carbon dioxide) because she was crying so much. Beth called her father to drive her home from work then.	
19	For almost two months, I was literally consumed by my anxiety and panic attacks. I new for sure I was dying. I was not myself. I went through the "motions" of a mom. But I didn't feel like I was getting to enjoy it. All I could think about was, being paralyzed and not being able to be there for my family.	For almost two months after this day at work, Beth felt completely absorbed by her overall feeling of extreme worry, nervousness, and unease regarding the perceived inevitability of her demise. Beth recalls that she experienced "panic attacks" which are characterized by acute and immobilizing physiological and emotional experiences of disabling anxiety. It is important to note here, that people who later describe the experience of panic attacks often report a certainty and conviction that they are dying. While this degree of disabling anxiety was taking place, Beth continued to try to pretend to be unaffected, to go through "the motions" of a mom, all the while imagining that she would be paralyzed by a disease and unable to physically do things that she thought moms do for their families.	Not being present to life.
20	It was frustrating because when I told my doctors what was going on they automatically said it was postpartum depression. Kind of brushing me off almost. I needed to know, my mind would not rest until I had actual testing. I wasn't allowed to go online cause I would self	When Beth tried to seek medical advice for her concerns, doctors diagnosed her with Postpartum Depression, a diagnostic qualifier for the hormonal, psychological adjustments, and fatigue that a mother may experience after giving birth. This diagnosis felt minimizing and reductive to Beth who experienced a need to find a physical root to her very real physiological experiences. Beth began to despair imagining the most desperate of	Something is seriously wrong.

	diagnose with other random diseases. I would cry myself to sleep every night thinking the worst.	causes.	
21	I prayed for God to help me so I could be myself again.	Beth had the feeling that she had lost herself and asked God to help her.	Estrangement from self.
22	I finally found a doctor who actually listened to me. I called a local Neurologist and told him all my symptoms. He immediately agreed that something didn't sound right. I had an MRI of my neck and brain. The diagnosis was finally made. I had two herniated discs in my neck. I felt a huge relief. It was the best news I had ever gotten.	Beth was finally able to find a doctor who would take her physical symptoms seriously. Beth's experiences of limb numbness, back pain, weakness and fatigue could be helped through rest, moist heat, and physical therapy. (information taken from <a href="http://www.webmd.com/back-pain/tc/herniated-disc-topic-overview">http://www.webmd.com/back-pain/tc/herniated-disc-topic-overview</a> ) More than the treatment of the physical symptoms alone, was the relief that there was not something so wrong that it was life threatening. Beth would be able to have more time with her family and be the kind of mom that she wanted to be.	Validation from the medical community
23	But I felt guilty that I lost almost 3months of O's life because I was so focused on myself. I know he won't remember. But I will always remember. I am thankful to for a healthy son and especially thankful that I can now enjoy being a mom without all the guilt and constant worrying.	Beth felt guilty that she had been so preoccupied with her own health concerns during the first three months of her son's life even though she knows her son would be too young to remember. Beth feels that she will always remember this time though. She now feels free to take delight and pleasure in being a mom without feeling the anxiety and fear that she once did.	Guilt for missing time in child's life.



## 2. b. Beth's Interview Data Analysis

No.	Meaning Units	Psychological Description	Theme
1	Me: [How was that reading it?] Beth: it does make me have a little choke in my throat...like that getting choked up feeling...that's always that first when you want to cry, or when you are trying to hold something back. You feel that. And I felt it a little reading	When Beth was reading her description, she felt an echo or memory of the emotions she wrote about. She experienced a physical sensation that is sometimes described as a "lump in my throat". Beth calls this a feeling of being "choked up" or trying to hold back tears inspired by an emotion which moves her.	Felt sense: Throat "choked up", holding back tears.
2	I do get the chest pains. You know, I notice myself whenever I get anxious now, I get this pain right in here (touches chest by her heart) like indigestion or acid reflux...where I feel my anxiety or my emotion and my stress.	Beth physically experiences fear and anxiety painfully in her chest and in her heart specifically. The quality of this pain is similar to heart burn or indigestion and is linked to her feelings of unease, nervousness, and worry. Beth connects this pain to her emotions and the levels of stress she experiences.	Felt sense: chest pain from anxiety and something like "heart burn".
3	But, when I think of it now, I can talk myself kind of out of it, and I can feel myself get that intense pain a little bit, and be like o.k., it's just that, just relax, it will go away, it's nothing... this is just your feeling a little nervous or anxious, and it usually subsides.	Beth has developed a method of relating and talking to herself about this pain which allows her to ease some of its intensity. In these moments, she is able to coach herself to think of the pain as temporary and not all consuming. This way of relating to herself and this experience of pain gives her a means of relaxation which allows her to lessen the severity of the pain so that it can ultimately settle down.	
4	Beth: There's a sharp ... (pause) Me [There's a sharp feeling? In your chest, do you have an area?] Beth:(Pause) Not right now...	In the process of focusing on the felt experience of her described memory, Beth first feels a sensation of sharpness or something piercing. When I asked her about this, she was unable to locate the specific location of this feeling in the moment.	Felt sense: "sharp" feeling in chest

5	<p>That was good. It was very relaxing...So having you walk me through it is very helpful because it does help me relax and focus on my body...I felt, not emotional, but calm. It's very calming. I could have fallen asleep.</p>	<p>After completing the focusing portion of our interview, Beth expressed feeling very peaceful and free from tension and anxiety. She expressed that the process of focusing had been useful to her in helping her to ease tension.</p>	
6	<p>when I was going through this, they had put me on Zoloft and Prozac and stuff, which I didn't think was working for the longest time, but I think after a while, it did help me with not being too emotional...I think its something that I'll have the rest of my life to deal with and I don't want to have to take any kind of medicine to deal it. I want to control my thoughts and feelings with my mind.</p>	<p>Reflecting on her first post-partum experiences of anxiety, Beth remembered taking anti-depressant medications which were prescribed to address Post-partum Depression symptoms such as mood lability. Beth did not believe these medications helped her at first but then felt that they helped lessen the intensity of her expressed feelings. Beth believes that intense emotions will always be a part of her experience but would like to have the power to influence her thoughts and feelings without relying on medication.</p>	<p>Post-partum depression treatment</p>
7	<p>Being that I had a dramatic birth experience, you know, well, if that could happen, I must be having a heart attack. I must be having something else that's going completely wrong.</p>	<p>Beth felt traumatized by her birth experience as nothing went according to her plan while there were also serious health risks related to HELPP syndrome. This experience shocked her and left her feeling that something was very seriously physically wrong with her. She therefore interpreted the pain in her chest as a heart attack.</p>	<p>Traumatic birth experience</p>

8	<p>And I know when I was going through my anxiety with the numbness many people were telling me my numbness was a sign of anxiety. And I couldn't kind of grasp that because that doesn't make sense to me. Or why is this physical pain coming from a mental standpoint? Like why does my chest hurt or why is this happening just because I'm anxious?</p>	<p>When health professions could find no physical cause to her symptoms of chest pain and arm numbness, they suggested that the origins of Beth's symptoms were psychological in nature. This explanation did not make sense to Beth who felt that this minimized the physical reality of her experience. At the time, Beth could not make sense of how anxiety could cause such acute physical pain.</p>	<p>Acute pain and anxiety</p>
9	<p>But I guess the fear of the unknown, when I was going through my guilt and anxiety and panic attacks, I just wanted answers. I didn't want someone to just say, this is just because. Like I needed to know why my arms were numb, why my chest was hurting. I needed it to have a reason.</p>	<p>Now that Beth reflects more on her experience of that time, she feels that her panic attacks, as well as her guilt and overall anxiety, had to do with being afraid of what she did not know and therefore could not control. Beth wanted to know for certain what was causing her symptoms and she wanted to have a clear physical explanation which could be treated and alleviated.</p>	<p>Fear of the Unknown - Needing a physical cause.</p>
10	<p>But, I automatically, completely lost the control to negotiate that it was still coming from the herniated discs. To me, you know, I was sure it was MS. I knew for sure that that was it, because this is what had happened to her, this is what her symptoms were, because it was in her chest and her arms and having a baby.</p>	<p>The intensity of Beth's anxiety at the time was such that she believed a worse case scenario in the form of MS. Her MS patient's symptoms mirrored her own and she was convinced that there was something seriously wrong with her physically.</p>	

11	I would probably say the first week because it started with nursing. It really did just feel overly demanding. You know, I wasn't comfortable with it in public. I'm not a very shy person but that was just something that I didn't like and want to do when I was out. So I felt when I did go anywhere, it was like I needed to be home every two hours so that he could eat, I could nurse or I could pump.	Beth remembered feeling guilt related to being a mother within the first week beginning with not enjoying nursing. Beth felt confined to being at home all of the time because she did not feel comfortable nursing in public.	Not enjoying breastfeeding.
12	Well, it's funny because O was a surprise. I was actually on birth control...I felt guilty..., I wished that situation was her and not me, and she had been trying, she was ready, she's my older sister, she should have done this first.	Beth also felt guilt for becoming pregnant before her sister who had been trying for a long time to get pregnant.	Guilt about being pregnant at all
13	And I think, a lot of times when you find out you are pregnant, it is a miracle and it's a wonderful thing and everyone congratulates you, but no one really warns you ... But it's also terrifying and it's the stress on the marriage.	The social expectation of a new baby is primarily joy and wonder. Yet, Beth felt unprepared or unalerted for the realities of a new baby that cause extreme fear and cause strain and put pressure on the marriage.	Social expectations of joy

14	You know, because I was wreck. I would cry all the time...I thought, "I don't know how long I have to live."...I wanted to go home, get O ready for bed, get myself ready, and just sleep. And it's just weird because that's not who I was, you know.	Beth was convinced that her physical and mental health had completely failed after she came home from the hospital. Beth felt disconnected from herself as a person because she wanted to sleep more than anything. Prior to the birth of her son, this would have been very out of character for her.	Something wrong with me.
15	You're thinking of them and what their lives will be like, and what you'll miss out on. You know, I had so many "What ifs?, that, no wonder, that's all I could do was "What if this? What if that?"...I just couldn't help it.	Beth began to imagine her son's world without her in it and preemptively regret all of the things she would miss in her son's life. These types of ruminations took on an obsessive quality for Beth who felt that she could not help but to think about all of the things that could potentially go wrong.	Estrangement from self and others
16	the hormonal imbalance and all that too played a part.	In retrospect, Beth is certain that post-partum hormonal fluctuations influenced some of her experience during this time.	Physical changes after birth
17	I kind of felt overwhelmed in the sense of the pressures of having, you know, a perfect nursery, or a perfect wardrobe, just the safest car seat, everything...so since he was a month early, I wasn't ... I was still thinking everything needed to be in order. I wanted to bring the baby home and I wanted everything to be perfect.	Beth also expressed feeling inundated with social pressures and expectations of perfection with everything from clothes to car seats and nursery environment. Beth again felt unprepared and because her son was born a month early.	Culture: Social referencing and comparisons of perfect motherhood
18	And then some people just make it look so easy, you know. It's like, "I have one kid and I feel overwhelmed, you have like four, and you	In the face of so much self-doubt and unknown, social comparisons left Beth feeling even more inundated and unprepared relative to other mothers who appeared to be more adept with more children.	Social referencing

	seem like you have everything together.”		
19	Her guilt would be different in the sense, she got sick a lot with blood clots, which is another reason why I think everything is inherited and I think I’m going to get it too...So her guilt would be more that she was sick a lot, but not as much about feeling guilty about being a new mom. But I guess it is similar because she missed out, and how I felt that I missed out. So I guess, if you really think about it, everything really does go together.	At first, Beth speculates that as a stay-at-home mom, her mother's experience of guilt would have been different from hers in that her mother was quite ill and sick when she was a child. Upon further reflection however, she imagines that their experiences of guilt might be quite similar in that they both felt that they missed important time with their children while they were ill.	Missing time of child's life.

3. a. Cam’s Protocol Data Analysis

No.	Meaning Unit	Psychological Description	Theme
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1	<p>Lying in bed one night, cuddling with my baby, I stared at her and thought of how wonderful she is. I thought of how I want to do everything possible to make her comfortable and happy. I want to take care of her, I want to be the one to comfort her when she cries, I want to be with her all the time so that I can nurse her whenever she wants and to her heart's desire. I thought of how miraculous it is that I have been entrusted with a new little person.</p>	<p>Cam's first thought is a remembered time of real intimacy and closeness in cuddling with her baby and experiencing a sense of wonder and awe about how incredible her daughter is. This experience of awe and wonder makes Cam want to do everything in her power to make her daughter happy and content, spending time with her, feeding her whenever she is hungry, comforting her when she hurts. Cam experienced a sense of her daughter being an extraordinary and precious gift that has been given to her by God</p>	<p>Wanting to give everything to child</p>
2	<p>Then, I started thinking of the things I got done that day, and the things I need to get done tomorrow. I thought of how behind I feel in school, how much piano practice I need to be doing, and how in the world can I possibly get all these things done while taking care of the baby the way I want to? And the guilt began.</p>	<p>As a senior college student with only a months left until graduation, Cam's thoughts inevitably turned towards the things that she has to do and the constraints she has on her time. She experienced a sense of being limited and finite especially with regard to the disparity between what the world requires of her and what she wants to be able to do for her daughter. At this thought, she begins to feel a sense of guilt.</p>	<p>Wanting to do her work.</p>
3	<p>My mind started hurting trying to deal with the conflicting emotions. My eyes began to tear, and my chest felt tight, tightening my throat.</p>	<p>Thinking about all of these things caused Cam to feel many things at once; aching head, tightness or constriction in her chest and throat, and tears welling up in her eyes. Cam is overwhelmed with the wide range of emotions and opposing desires and needs that she has at the same time.</p>	<p>Guilt in conflicting desires.</p>

4	I felt guilty for wanting to do other things than take care of my baby because she needs me so much. How selfish of me to want to be productive instead of take care of this helpless child.	Cam described the conflict in stemming from her wanting to do other things in the world, her school work and practicing, besides taking care of her daughter and her own internal voice which judged that to be lacking in consideration of her daughter, a person who in unable to care for herself.	Complete helplessness and dependency of the child.
5	As my thoughts swirled, I continued thinking about the difficulties in taking care of her. How letting her nurse for as long as she wants, letting her comfort suck, makes me sore. It doesn't feel good if she's been attached to me all day! Intimacy with my husband is difficult because of how exhausted I am at the end of the day. It seems like she's always crying—how can we ever find enough time for each other? Then, I think how impossible it is to take care of the house, catch up with school work—which for me is piano practice—and take care of the baby. I can only get things done in 15 or 20 minute increments. I started getting frustrated because of how intrusive taking care of the baby is on my life. And again, I felt guilty for feeling that way.	As Cam considered all of the things the world asks of her, she feels the deep challenges of having a new baby; the physical demands of nursing, little time for closeness with other people in her life like her husband, house work, piano practicing, and having to do all of her tasks in small time increments to accommodate her daughter's needs. These considerations leave Cam feeling distressed and annoyed about the unwelcome disruptions that having a newborn baby impinge on her life. All of these feelings contribute again to Cam feeling a sense of guilt.	Guilt for resenting the child.



6	Thoughts swirled and pulled and tugged, going from overwhelming love and joy—staring at the baby, hoping she loves me as much as I love her—to frustration of not being able to fulfill my needs, to guilt at my frustration ... Then, I feel frustrated for being guilty and mad at myself for something I couldn't help.	Cam described a kind of cognitive and emotional cycling where she feels what she began the description with, powerful feelings of affection and joy with the miracle of her daughter, to annoyance in being unable to adequately meet her demands and in fact her own needs in the world, to feeling guilty for having feelings of annoyance and frustration, and then ultimately, feeling annoyed and frustrated about feeling guilty for things that are out of her control.	Extreme emotional volatility
7	By the time we were done with the laundry, my dad hadn't called. I came to find out he had just gone ahead and given her a bottle. What guilt and anger surged through my head! Of course she's fine taking a bottle, but <i>I</i> could have been the one to feed her! It's my duty, and I feel as though I'm cheating her by denying her.	Cam described an incident where her father neglected to call her back from the laundry may to the nurse the baby. Cam felt a powerful sense of guilt in being unable to meet her obligation and responsibility to her daughter. Cam also felt a great deal of anger about a sense that she had failed or been unfair to her daughter.	Feeling irreplaceable and essential to child's well being.
8	I looked at her again, emerging from within myself. I do feel guilty when I can't be with her, when I become uncomfortable from holding her and find myself wanting to do things other than be with her.	In the end of her description, Cam reflects again on the bittersweet beauty of being responsible for someone she loves so dearly but also being called into the world by her own projects and her obligations to herself. The guilt she experiences marks the conflict of these in between spaces, wanting to hold her and give her everything and wanting to leave to meet herself in the larger world as well.	Conflict between needs of the self and needs of the child.

9	I have to go to finish school so I can take better care of her, and somehow, I have to find a balance of being productive, loving her, and taking care of myself.	Cam articulates that she is aware that her striving is for her daughter while also being for herself. The key she would like to discover is a sense of balance between all of these emotions, thoughts, and responsibilities.	Need for balance.
10	At the end of the day, when I am emotionally tired and her crying pushes me over the edge, I can still try again the next day. I fell asleep after the emotional journey, cuddling with my baby.	Cam is comforted by the idea that she can continue to keep trying and that she is not stuck or relegated to feeling worn out. She has the promise of a new day while she ends each day returning to the love and joy of "cuddling with my baby".	In the end, love is stronger than guilt.

### 3. b. Cam's Interview Data Analysis

No.	Meaning Unit	Psychological Description	Theme
1	I've come to grips, every time something happens, I become ok with how things worked out or balancing having to take care of the baby and doing other things ...Because there are so many things I want to be able to do for her. And then I think how it's impossible for me to do them, you know? If I were just completely paying attention to her 100% of the time and making her completely comfortable, I wouldn't be able to get anything done.	Cam begins our conversation talking about her struggle to find a sense of balance between her obligations in the world as a student trying to graduate in a few months and being a new mother of a two and a half month old infant. Faced with the reality of the impossibility of doing both of these jobs to her satisfaction, Cam seeks to find a sense of balance between her desire to constantly attend to her daughter's needs and her desire to accomplish her own personal goals.	Wanting the most or best for your child but feeling your own limitations to give it.

2	<p>And then, I started to think about the consequences of what that would do to her. Like, if she expects that all the time for the rest of her life, it wouldn't be positive for her either. So that also helps me kind of deal with it.</p>	<p>Cam feels a sense of comfort in knowing that there will be times in her daughter's life when she will have to learn to rely on herself rather than exclusively her mother to meet her needs.</p>	<p>Wanting your child to know and rely on themselves.</p>
3	<p>It's either here (points to her head) or sometimes right here (points to her chest).</p>	<p>During our focusing portion of the interview, Cam indicates two areas where she has a bodily felt sense regarding her experience of maternal guilt. She feels something in both the frontal part of her head above her forehead and in her chest towards her right side.</p>	<p>Felt Sense: Head and chest</p>
4	<p>It's like black swirling and just being tight, and like it can't be contained and I can't comprehend it because it's swirling...in my head.</p>	<p>During the focusing, Cam describes her head feeling as a "black swirling", a phrase that she uses many times throughout our interview. The feeling has the quality of being of being "tight" or constricted while also being uncontainable, incomprehensible or uncontrollable.</p>	<p>Felt Sense: Head - overwhelmed, too much</p>
5	<p>Me: "What is it about this whole thing, that it makes so black and swirling, and uncontainable right now?" Cam: It's not what I want and I can't control what I want...The guilt is something that I want to happen and it can't and that's why I feel guilty.</p>	<p>In response to my question during the focusing regarding the nature of this "black swirling", Cam responds that she does not want to be feeling this uncontainable "black swirling", but would rather be able to experience her guilt instead of feeling guilty for not being able to experience it.</p>	<p>Felt Sense: Head - Can't give what she wants to give</p>
6	<p>My chest is just this tight sadness.</p>	<p>During the focusing, Cam identifies a tightness or a constriction of sadness or sorrow on the right side of her chest beneath her ribs.</p>	<p>Felt Sense: Chest - Constricted Sadness</p>

7	<p>Me: "What makes this whole feeling so tense and sad?" Cam: Because its angry that I can't have what I want. Me: So there's an anger there about not being able to have what you want which is a chance to feel the things you do.</p>	<p>In response to my question during the focusing regarding the nature of this tension and sadness, Cam responds that this tight sadness is in response to feeling a sense of anger or frustration that she cannot have what she wants, which is a chance to feel and experience the things that she does.</p>	<p>Felt Sense: Chest - No time to feel</p>
8	<p>Me: How is your head? Cam: Swirly. Me: Swirly, yeah. I was worried about you. Cam: Yeah, I couldn't hold it up. Me: There is a lot going on right now. It's hard to get a hold of all of that. Did it feel ok to do this? Cam: It almost made me dizzy.</p>	<p>After completing the focusing portion of our interview, Cam responds that the experience of "swirly" in her head made her feel dizzy or out of balance. I asked her about her head when we finished the focusing because Cam had begun to sway slightly and her head drooped down a small amount while we were focusing. She admitted that she was having difficulty holding her head up in response to the feeling of "black swirling" in her head. After this, we ate and drank and Cam said she felt very much better having her eyes open.</p>	<p>Too much to think about, a dizzying amount.</p>
9	<p>Me: Yes, have you felt dizzy before in thinking about all this stuff? Cam: Well, it's too many thoughts to think about. I just had to shut it away. And think about something that I can think about.</p>	<p>In response to my question about her feeling dizzy before in trying to deal with this "swirly" feeling, Cam said that her typical coping strategy is to not think about it, quarantine it, or simply refocus on things that she can work on at the time. In this way, the "too many" or too much of her thoughts does not overwhelm her and make her feel dizzy with conflict.</p>	<p>Not thinking about the things you can't control.</p>

10	<p>Well, it just seems like the longer I stay there, the bigger it gets. It comes out of, it's a little place, and it swirls. And I tell it, its ok, but when I try to think about it more, then it gets bigger, and I just don't like going to that place</p> <p>Me: I understand, yeah, thank you for sharing it with me. Does it help to talk to me about it?</p> <p>Cam: It helps to understand it more. When I can understand something, then I'm ok.</p>	<p>Cam expresses a sense that the more she thinks about the "too many" "swirly" feeling of not being able to feel the things that she does, this sensation increases or "gets bigger". This feeling is unpleasant for Cam and she therefore does not like to think about it. Our conversation did, however, give her more perspective on what was happening and provided a better sense of being able to comprehend her feelings. Being able to understand or comprehend this "swirl" helps her feel better about it.</p>	<p>Time to understand increases a sense of control.</p>
11	<p>Well, I just, you know, once I'm done with school, I'll be able to take care of her.</p>	<p>Cam traces the root of much of her feelings of being overwhelmed to being in school and feels confident that she will be able to take care of her daughter with her full attention when she is done.</p>	
12	<p>Well, she likes to eat in small sessions...She's completely inefficient...But it had been difficult for me because I was overproducing and so she would like be inundated whenever she tried to eat...But I think that finally my body is starting to even out the supply, so it's been easier just recently.</p>	<p>Cam talked about her breastfeeding experience in her description and I asked her how this was going for her. Because her daughter likes to "comfort suck" or nuzzle Cam's breast for pleasure and closeness, she will feed for very small periods and then take breaks. This caused a large overproduction of milk in Cam and a subsequent deluge when her daughter would try to feed again. Recently, Cam's body seemed to be able to balance out the milk supply with her daughter's feeding needs.</p>	<p>Overwhelming physical connection in breastfeeding.</p>

13	And every time you let down, you can feel it, you know. And you think, oh, she must be hungry or I hope she's hungry soon, or ... Me: You have this physical need that you didn't have before, which is tied to her...Cam: It's the adjusting part.	The first few months for both the mother and the infant require an enormous amount of adaptation and change. Cam describes the new physical need her body has now to feed her daughter and the intricate and deeply challenging balance between her daughter's need to feed and Cam's need to feed her.	Trying to find balance physically.
14	It's like right before you start to cry and your chest feels tight, that's how it is, but its just on one side, just on the right side...It's like right below my first rib I guess, in between the first two.	When asked to reflect on the feeling she had in her chest during the focusing, Cam describes a specific location on the right side of her chest between the first and second ribs. She identifies this feeling as a familiar tightness or tension that she experiences immediately before she cries.	Felt Sense: Chest - Constriction right before you cry.
15	Me: What about in between? What about your throat? Because you mentioned that in here (pointing to written description) Cam: That didn't happen I think because when I start to cry, this happens (gestures to right side), I get tight here, and then like my throat kind of gets dry and you know, it's just that when I start to cry, all of this happens (pointing to right side).	I asked Cam to elaborate on her description where she talks about "a tightening in her throat" when she is "trying to deal with the conflicting emotions". Again, she recognizes the tightness or tension in her side and a dryness in her throat before she would start to cry. Cam connects the tight feeling in her side and her dryness of throat to emotional tearful expression.	Felt Sense: Throat - dry
16	Me: So it kind of moves up from here and then moves up into your throat? Cam: And then my eyes tear up. So, when I feel it in my throat and I don't want to cry, I swallow and I	When asked if these tears seem to have an origin in the tight feeling in her right chest, Cam responds that when she is trying not to cry, she uses her throat to swallow and try to push down her feelings.	Felt Sense: Throat - trying not cry, swallowing the tears.

	try pushing it back down.		
17	Me: Permission is a very big deal. Cam: Yeah, I'm finding that it really is for me... Me: Permission from others is significant and also permission from yourself, which is primary... Cam: And it's ok to feel that way. Me: More than OK. It's actually a way for you to teach yourself something. Cam: And to know that I really care.	When I asked Cam if she could give herself permission to select one element from the "swirl" to give her attention to, she responded that permission from both others and especially herself seems to be very important to her especially in allowing herself to acknowledge, experience, and understand her own feelings. Cam agreed that these feelings have a place in her life because they teach her how she is doing and they reassure her that she really does care deeply for her daughter.	Social Expectations, Expectations for mothers (?) : Permission from self and others to feel the things she does.
18	You have to try to sneakily put her down right when she falls asleep, which is so sad, because then when she wakes up and she finds that you're gone, what will she think? Where am I? I was so comfy and then they left me.	As an example of how much she deeply cares for her daughter, Cam describes trying to gently and quietly put her down for a nap and wondering if her daughter will feel a sense of sorrow or loss in being left when she wakes up and finds no one is there.	Wanting to create a blissful life for her daughter.
19	It good because she needs to know that even if I'm not physically there all the time, that I will come back. Me: Again and again and again. Moms return. Cam: Yes, and she will be ok by herself...But she needs to learn so that she can be her own person.	Yet, while Cam would like to her daughter to always experience her parent's loving presence with her, she also wants her to be able to experience her mother's consistent return to her. Cam wants her daughter to be able to know her own self-reliance and discover the delight of her own personhood and being-in-the-world as separate from her.	Wanting her daughter to trust her and herself that she will be taken care of.

20	<p>Me: do you think she had a similar experience of guilt that you had, similar to yours when she was starting out with you? Cam: Well, I'm the youngest of five...And she was able to stay at home and take care of me. And my mom loves playing with babies. Like, for me, I realize that if I actually did stay at home all the time and just take care of G, I would go crazy. But my mom loves to do that.</p>	<p>Cam imagines that her mother's experience of guilt with her was quite different than Cam's experience with G because Cam is the youngest of five children rather than a first-time mother. Cam also feels that being a stay-at-home mom as a preference is individual, which her own mother adores. Cam does not want to be a stay-at-home mom because she feels she would lose sight of herself in that role exclusively.</p>	<p>Needing to have your own life. Needing to be more than just a mother.</p>
21	<p>It really wasn't until like she would be hungry and I would be so tired in the first few weeks. And I was just so tired and my nipples were sore and I didn't want to feed her. That's when I was feeling exhausted. And I noticed that like, once I would be able to go to sleep. I mean, I was so tired at the end of the day, tired of feeding her, but then I could wake up and say, "A new day" and I would be happy to feed her, but by the end of the day, I would be sick of feeding her.</p>	<p>Cam remembers feeling a first sense of guilt in the beginning weeks after coming home from the hospital. During this time, particularly by the end of each day, Cam felt extreme fatigue and very sore nipples and felt a sense of reluctance to feed G. However, each morning Cam would feel ready and be glad to begin again.</p>	<p>Extreme physical exhaustion from breastfeeding.</p>



22	Well, I just had no idea how painful it is in the first two weeks and how difficult it is. Nobody tells you!...I mean I read books and books about pregnancy and labor,...people talk about latch and people talk about soreness, but that's about it. I mean, it's painful!...Breastfeeding is very hard. It's not the most natural thing in the world. I mean it is natural, but it doesn't just easily happen. We have to work at it.	Cam wishes that she would have had some idea or warning how challenging and difficult breastfeeding can be. Cam felt unprepared for this struggle from reading the pregnancy and parenting books and was surprised by how painful, how difficult, and how much work she found breastfeeding to be.	Culture: Books do not prepare you for the difficulties. Social expectations .
23	I think it would have been different if I weren't in school...Because I wanted to graduate on time.	In response to the question of what might have made the experience different for Cam, she responds that not being in school and trying to get through her senior exams and recitals to graduate on time would have made the experience different.	Not enough time to be the parent she wants to be.
24	if we were financially stable, and even if I had a part-time job, that I had been given permission to take six weeks off, I think it would have been very different.	Also, Cam's experience might have been different is she and her husband were financially stable or if Cam had been out of school and been able to take the standard maternity leave of six weeks off from a part-time job.	Financial insecurity influences guilt.
25	And it's a lifelong journey getting to know each other.	Cam feels a great sense of comfort in knowing that she has a lifetime to get to know her daughter and for her daughter to get to know her. Therefore, there is time to work together to find their balance.	Not done yet. Have a lifetime to learn from mistakes and learn what they need.

4. a. Xena's Protocol Data Analysis

No	Meaning Units	Psychological Descriptions	Theme
1	<p>Let me start off by saying that, having been raised Catholic (with Catholic guilt), I have since worked quite a bit to get away from feeling guilty. I'm sure I have only been partially successful, but I don't believe I have felt much guilt at all with regard to being a first-time mother.</p>	<p>To begin, Xena makes clear that she has grown up within a religious framework that understands guilt from a perspective of Original Sin. This form of guilt has many implications developmentally and each person and thus has a wide range of experiential ramifications. The common experience of guilt within this framework is not necessarily that one has done something wrong personally and thus feels guilt according to some sense of perceived wrongdoing, but rather a collective guilt that all humanity shares in choosing free will and, in so doing, an estrangement from God. Xena mentions this first in order to contextualize her experiences of guilt related to motherhood. She mentions this in order to highlight that guilt has been something that has been a theme in her life, but that she has experienced it negatively, and has resisted and tried to overcome it. That said, she is unsure if she has experienced guilt specifically related to being a new mother.</p>	<p>How one experiences guilt as a new mother is influenced by how one was raised to experience guilt in the church and by one's own parents.</p>
2	<p>What I feel more often is anxiety—especially with regard to the unpredictableness of an infant. This was especially the case when my son was a newborn and I never knew if he would sleep for 3 hours or 10 minutes...I would prioritize every second...hyper-aware/anxious that he</p>	<p>Xena understands her primary experiences as new mother to be related to strong feelings of worry or nervousness that stemmed from not being able to know what to expect in terms of her son's sleep schedule when he was a newborn. The experience of time for Xena was one of extreme watchfulness and nervousness as she attempted to complete her tasks and projects within her son's sporadic sleep cycles.</p>	<p>Fear of the unknown, the unpredictable with a newborn.</p>

	might start crying at any moment.		
3	That said, I can talk about two cases of guilt with regard to my son—one is more rational, and the other is completely irrational (to the point of being amusing).	Even while, her experience of anxiety early on in her son's life was the predominant feeling that Xena had, she does recall two particular instances of guilt relating to her son. One of these experiences she recalled as being fairly logical and the other almost humorously illogical.	
4	The first, more rational case arose around the situation of my son's naps. He was doing quite well—about 3 naps a day, for about 1 hour each...Then, suddenly, he started taking 25-30 minute naps, and still only about 3 a day.	Xena described a rapid shift in her son's sleep patterns from a schedule that she found predictable and conducive to getting things done to one where his sleep time was cut in half.	Sleeping and eating schedule changes.
5	I was going nuts! And this was exacerbated by the fact that I had just started the semester, returning to work ... I could barely open my email, and he would be awake again!	For Xena, so many aspects of her world changed in going back to work. Her son's naps allowed her the time to meet her obligations to her career. The interruption of these work times caused Xena to feel out of control and mentally scattered.	Time to meet obligations in the world.

6	<p>So I started trying all sorts of things to get him to sleep longer. One thing was simply to hold him in my arms while standing next to his crib, swaying and shushing, in the hopes that he would doze off again, or at least calm down enough to put him back in the crib for awhile. At times, though, he would cry and cry and cry, getting more and more frantic. But I wanted to be consistent, and I wanted those naps! So I kept at it a few more times.</p>	<p>Xena described feeling more and more insistent that her son stay on his previous nap schedule. She tried to remain constant in her efforts; rocking him by his crib and trying to get her son to relax and fall asleep, but it seemed to her during these times that he would become increasingly more distraught during these times.</p>	<p>Wanting to be predictable herself and set a schedule. Wanting to have her time to do her work.</p>
7	<p>And then I figured out that he was going through a growth spurt, and I had changed around his eating schedule—and he had been crying because he was really hungry. And I felt awful. Here I was, focusing so much on the nap that I was refusing to hear his call for food...</p>	<p>Xena then discovered that the shift in her son's sleep schedule had to do with a shift in his eating schedule due to a developmental growth factor, periods of time in a newborn's life when they physically grow at an exponential rate, requiring much more food. This awareness that her son had been hungry rather than stubborn, made Xena feel very bad because she had misunderstood what her son was needing.</p>	<p>Misunderstanding the nature of her child's cries.</p>

8	<p>Interestingly, once I had rearranged his eating schedule (and started him on solids), he still would cry and cry on occasion when I tried to get him to nap for a longer time. I would still feel guilty then, too (and so frustrated that the child would not just go to sleep, or just let me hold him by the crib!) ... But those times by the crib are some of the worst times he has cried ... So on the one hand, it felt like a battle of wills, but on the other hand, it was all about my desire for a nap from this little being who could barely communicate (except through crying)</p>	<p>Xena described a pattern of feeling guilty about her frustration over her son's abbreviated nap schedules even after she had sorted out his feeding schedule. The image of her standing next to the crib, locked in a conflict of wills, her desire to have him nap so that she could work and his desire to stay awake, with her son evoked a strong emotional response in both herself and her son. These times were by the crib were the most difficult emotionally for them both.</p>	<p>Conflict in needs</p>
10	<p>I think the guilt arose partly because I have a very happy, laid back baby—he never really cries much at all (even when he takes super-short naps). When he does, it is obvious what he needs, and I can take care of it right away...when I talked with other parents, my kid is a breeze!</p>	<p>Xena found her son's behavior to be exceptional and out of character because he was normally very serene and calm. Also, her ability to meet her son's needs had never been so challenging. In talking with other parents and social referencing, Xena found support that her son was indeed placid and happy.</p>	<p>Confidence in being able to care for her son's needs</p>

1 1	<p>Why would I keep doing this to him? I even felt guilty about being so intent on the naps, complaining about it, getting upset when he would wake up, yet again, after 25 minutes...Why did I need to focus on the one thing that was not working? ... I don't want to be one of those moms—or one of those people—who always focuses on the negative!</p>	<p>Here, Xena interrogates her own experience and wonders why, in particular, this napping schedule holds so much weight for her. She also asks herself what kind of mom and person she wants to be. Knowing how she does not want to respond helps guide her to be the kind of person she does.</p>	<p>What kind of mom do I want to be?</p>
1 2	<p>The other guilt is completely irrational ... Before my son was born, I was very worried about his having Down's Syndrome. I have worked with Down's children before, and although they are delightful kids, I know that they are an unbelievable amount of work—way more than a “normal” infant...I told a few people that if it had to be, I would prefer a physical to a mental disability...Then when my son was born, he was born with hypospadias...In any case, I felt guilty in this case as well, wondering if I had made this happen through what I was thinking.</p>	<p>Like many pregnant mothers who worry for the wellbeing of their unborn children, Xena's second example relates to a comment she had made about a hypothetical scenario that if she had to choose between a physical disability and psychological or mental one for her unborn child, she would choose a physical disability. Xena called this example "irrational" but nonetheless present because she does not identify as superstitious. When her son was born with hypospadias, an easily correctible birth defect where the urethra is on the underside, rather than in the end, of the penis (information taken from <a href="http://www.ncbi.nlm.nih.gov/pubmed/PMH0002265/">http://www.ncbi.nlm.nih.gov/pubmed/PMH0002265/</a>), it made her think back to her comment.</p>	<p>Superstitious.</p>
1 3	<p>Oddly, it <i>is</i> slightly my fault that he has this condition—it is much more common in children of older moms, and also more common when artificial insemination is</p>	<p>Xena describes the incidence factors that may have contributed to her son's condition which relate to the treatment of hormones such as progesterone or progestin during the invitro fertilization process.</p>	<p>Guilt for factors that are not within your control</p>

	used (as was the case with me).		
1 4	However, I don't feel guilty about those things, only about my comments ... Hmm, now that I think about it, if I am at fault for the hypospadias, then I also am at "fault" for having such a happy baby.	While Xena acknowledges that she did not directly cause her son's defect, she jokes that if she were to feel responsible for such things, she must also take responsibility for having such a content and satisfied baby.	Taking responsibility and credit

#### 4.b. Xena's Interview Data Analysis

No.	Meaning Unit	Psychological Description	Theme
1	There's several. When I was standing by the crib, not knowing why he was crying, I was like tight-lipped because I was trying to be consistent. I think I was probably clenching my teeth. I was probably very tight jawed. And I didn't remember that until you just did this, that yeah, the whole jaw line was tight. Just trying to keep rocking him and waiting for this sleep to come that wasn't coming.	During our focusing portion of the interview, Xena's attention is centered on two particular areas in her body related to her described memory of maternal guilt. First, chronologically in her memory, is the experience of standing by her son's crib, trying to rock him to sleep, with a clenched and tight jaw and lips. Xena is surprised to rediscover this physical feeling during our focusing because she had forgotten about this aspect of the memory.	Felt Sense: Tight jaw, clenched teeth, light lips

2	<p>And then there was a time when he was nursing, right after this, right after when I finally gave in, and he was sobbing and nursing at the same time because he was just so upset. And, I don't remember, I think I almost cried. And I felt it in my heart.</p>	<p>Second, chronologically in her memory, is the experience she had immediately following the tight lips and jaw, when she gave up trying to get her son to go back to sleep. Here, he was extremely upset and crying while also trying to nurse at the same time. Xena has trouble remembering fully this moment but believes that she too was close to tears. Her felt sense of this part of her memory is located in the area of her heart.</p>	<p>Felt Sense: Heart ache</p>
3	<p>The one associated with guilt is the heartache...I guess I felt guilty while he was crying.</p>	<p>Xena connects the feeling of ache or pain in her heart with the guilt she felt while her son was crying.</p>	
4	<p>The jaw setting one is more... trying to not to break down, a sort of setting your jaw and not giving in.</p>	<p>Xena connects her experience of tightness or fixing and clenching her jaw to a position of trying to hold her ground, not surrendering her position or desire for her son's nap. She also connects this feeling to one of firm resolve or "setting your jaw". This feeling centers on an entrenched position which is being pressured to change by the force of another will. The "setting your jaw" points to a position of resistance in an effort to "not break down" and "not give in" to the pressure of an opposing will.</p>	<p>Jaw - not giving in, setting one's will</p>



5	<p>Ache...It's almost like a yearning, if that makes sense. Cause it's a connection or something. It's like your heart is reaching out or tied up. Not tied up but like there's a tunnel, or like a connection between you and your child. Not a string. It's something that, um, like a flowing, you know, like an umbilical chord I guess. But broader. (tears)</p>	<p>During our focusing, Xena explores her felt sense of "ache" or dull pain in her heart, which most closely resembles a "yearning" or intense feeling of loss or lack of something. In this description, Xena seems to be working through a simultaneous experience of loss and lack and a "reaching out" for connection to her son. This pain or this "ache" feels like an active, flowing, and vital tie to her son, almost like an emotional "umbilical chord" which inspires an outpouring of warmth and compassion from her. In this moment in our focusing, Xena is moved to tears as she embraces the sensation in her heart again.</p>	<p>Heart ache - yearning, heart reaching out, like a tunnel or an umbilical chord</p>
6	<p>But I'd forgotten about it, so this made me remember how hardened my face was.</p>	<p>After completing the focusing portion of the interview, Xena again expressed surprise about how tight and severe her face felt to her. It was almost as though in focusing on this felt sense of this memory, she could see herself in reverse, as though she were able to look at an image of her prior self through the lens of the feeling of a "hardened" face.</p>	
7	<p>The heartache, I knew about, because I was thinking about places where guilt is as opposed to anxiety is. You know, anxiety is often in the pit of the stomach or for me, it's in the throat. And guilt was feeling like it was in the heart, but sometimes anxiety goes into the heart as well</p>	<p>Xena clearly remembered the feeling of dull pain or "ache" in her heart because in searching for a memory to write about, she was considering the differences between her bodily experience of anxiety and guilt. For Xena, anxiety or fear seem to be located in the bottom or "pit" of the stomach or, for her, particularly in her throat. Guilt always felt to her to be present in her heart. Yet, upon further reflection, Xena acknowledges that anxiety and fear can be experienced in the heart area as well particularly in cases of intense anxiety and panic.</p>	<p>Difference between felt sense of anxiety in the heart and heartache.</p>

8	<p>Me: Can I ask you if bringing your attention to it in this way, did it take a different shape or form or intensity? Xena: It felt more positive in a sense because it showed the connectedness... You know, so it's like if I weren't connected, I wouldn't have this ache. So then, that the ache is a good thing in a sense because it's one of many ways of feeling how close I am to my child. So it's actually really good...he and I have this almost visceral bond, which is actually really cool.</p>	<p>When asked if focusing changed her perception of her guilt experience, Xena replied that it had helped the guilt feel more "positive" or constructive and optimistic because it highlighted a strong link or "connection" between herself and her son. The "ache" came to represent more of a closeness and bodily expressed "visceral bond" with her child than a lack, regret, or absence of something with her child. Xena is very pleased by this realization and feels more positively towards her experience of feeling guilt.</p>	<p>Guilt felt more positive or constructive in it's connectedness or "visceral bond" and communication.</p>
9	<p>I think guilt was just one of the many permutations of what happens because of the bond, but doing this, reflecting on the guilt, made the bond really clear. It brought it out which was kind of nice.</p>	<p>Xena feels that guilt is one aspect or one presentation of a myriad of different expressions of the maternal-infant connection or "bond". The sense of real connection and communication between a mother and child on a bodily level evokes many different feelings and experiences where guilt is but one. Xena was pleased to feel the highlighting of her bond with her son through the exploration of this emotion.</p>	<p>Guilt is one side of the emotional bond.</p>
10	<p>Me: what does Catholic guilt mean to you? Xena: maybe this is just how I was raised, but it means, in a sense, being responsible for other people's emotions as well as your own. And so, when other people are sad, and this is also I think a female thing, when other people are</p>	<p>In Xena's description, she wrote about growing up with Catholic guilt and her subsequent avoidance of the feeling of guilt. When I asked her to elaborate on what this meant to her, she responded that guilt meant she was to blame or "at fault" for the emotional lives of other people, that she was somehow a direct cause of how people in her life were feeling. Xena also feels that this may represent a gender expectation for</p>	<p>Religious guilt and interpersonal guilt, being responsible for the emotional lives of other people.</p>

	sad, it's your fault. And so it's also your job to correct it.	women in general.	
11	Which my mom used to her advantage, you know, because it was a way to control...she would use her emotions as a way to keep me controlled which backfired once I hit the adolescent stage	Xena directly related this experience of guilt to her own relationship with her mother, where guilt felt like a means for "control" or manipulation by her mother. Xena expressed that this type of emotional manipulation produced the opposite result of control when Xena rebelled as an adolescent.	Divisive guilt or guilt as manipulation
12	she just couldn't understand me being a separate person, so for her, the connection was I think was, um, vital, in a very literal sense. I think it was vital for her own identity. And not just her identity but I also think her very sense of being and her sense of happiness and things like that.	From her perspective now as a mother herself, Xena understands her own mother's struggles to allow for Xena's individuation process or to let Xena form her own separate identity. Xena felt that her mother held onto the connection with her as a critical and irreplaceable measure of her own identity, well-being, and personhood.	The connection as identity

13	<p>I had no choice but to be the person I was becoming, so I chose it, but it was this horribly difficult choice because it had been set up, in a sense, you know. Choose yourself, destroy your mother or choose your mother, destroy yourself. So, in a sense, choosing myself, came with all of this guilt, right? Because my mom made it out to be like I was destroying her. So that's sort of why I'm like, guilt? Pshhhh. You know, because that was just horrible... It was a terrible experience. And so it took me a long time to sort of get passed that. (Wesley sighs) (talking to Wesley) You're not going to do anything like that. You can be whomever you want.</p>	<p>Xena's struggle to claim and choose her own identity as separate from her mother was both extremely painful and necessary for Xena to live her own life. She felt torn apart in the process of individuating and experienced a tremendous sense of guilt that her mother forced her into this ultimatum. Xena reflects that this experience was deeply traumatizing for her and took a great deal of time and emotional healing effort to recover from. Xena is holding Wesley all the time while she is talking about this and connects her learning from her past to offer Wesley an unconditional acceptance of who he wants to become.</p>	<p>The vestiges of guilt from childhood</p>
14	<p>I was a little bummed that I didn't get the natural childbirth but I would have been very, very upset if nursing wouldn't have worked out. So I've got nursing and nursing is just awesome!</p>	<p>Xena reflects that her birth experience was not everything that she had hoped but feels grateful that her nursing experience with Wesley has been quite easy and natural. She feels viscerally and intimately connected to her son in the breastfeeding experience and takes great delight in the embodiment of her bond with her son.</p>	<p>Breastfeeding has been great.</p>

5. a. Ann's Protocol Data Analysis

No.	Meaning Unit	Psychological Description	Theme
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1	This is not a big, dramatic guilt experience, but it's one that I remember particularly vividly, and one that seems connected to most of the sources of guilt in my motherhood experience.	Ann begins her description saying that her example does not seem startling or even out of the ordinary but that, for her, it seems to stand out clearly in her memory and seems to be emblematic of and tied to other origins of her feeling of maternal guilt.	One instance is vivid and clear and representative of all of the guilt experiences
2	It's a part-time position that requires about 25 hours a week. I don't have any childcare for my 12-month-old daughter P – she comes to work with me and toddles around my office ... I spend a lot of time feeling like I'm not doing either ministry or motherhood very well, since my attention is always divided.	Ann works part-time as a associate minister while she is caring for her daughter full-time. At these times when she is working, Ann feels that she is not able to give either her daughter or her tasks at the church enough of her attention and thus feels that she is doing neither thing to the standards that she would like.	Divided attention - Conflict
3	In February, I was feeling especially frustrated at work, and my grandmother offered to give me an early birthday present: some money to spend on a babysitter.	During a time when Ann was feeling particularly distressed and annoyed at work, her grandmother offered to give her some extra money to hire someone to watch her daughter at the church for three hours every week so that she can have uninterrupted time to work.	Gift of time
4	I love having the three hours a week to concentrate on work. The time feels very precious to me, so it is particularly galling when any of it is wasted.	Before beginning her example, Ann is clear that she finds this three-hour time frame to be very valuable and treasured to her for being able to exclusively focus her attention on work. This time is so valuable and rare for her that she is becomes extremely irritated to lose any of it.	Precious time

5	<p>This particular story took place in April, when P was eleven months old. It was a busy month at church as we were preparing for Holy Week and Easter, so I had a long to-do list for Friday afternoon. Before Bri arrived, I nursed P, so that I could have the full three hours of time uninterrupted.</p>	<p>The specific example that Ann describes is placed in the context of the busiest liturgical seasons of entire year in her work when her three-hour window was most needed and even more valuable than perhaps other times. In preparation for this time, Ann made sure to nurse her daughter to ensure that she would not need to be on hand to feed her while she was working.</p>	<p>Very busy and stressful work time - a lot of needs for this time</p>
6	<p>About 45 minutes later, I heard P crying ... Her efforts in the rocking chair were unsuccessful...Frustrated, I returned to the nursery and said I would feed her. I brought P back to my office and nursed her. Meanwhile, I read Facebook and stewed about not being able to do anything more productive – I’ve never been good at one-handed productivity.</p>	<p>After 45 minutes, Ann heard her daughter crying and nothing she or the babysitter tried to do was successful in getting her daughter to calm down. Feeling the constraints of her limited time, Ann tried to nurse her daughter again, hoping that she might fall asleep. In the mean time, Ann feels irritated and anxious thinking about all of the things she is not able to accomplish. Here, Ann mentions again that it is and has always been difficult to do certain things, like writing a sermon or her pastoral work, while also doing something else, like nursing her daughter or trying to calm her into sleep.</p>	<p>Focus on a nap - can't focus</p>
7	<p>In a brusque tone, I told Bri to put on the Ergo carrier and walk P up and down the hall until she would fall asleep. From my office, I could hear P yelling and yelling and yelling. I couldn't concentrate.</p>	<p>After losing so much time and feeling ineffective in accomplishing her work, Ann used an abrupt and curt tone in asking for the babysitter to walk around in the baby carrier with her daughter. Thus failed to calm down her daughter and Ann could still hear her crying so that she still could not focus on her work.</p>	<p>Feeling frustrated, curt and abrupt with other - out of character</p>

8	<p>Already, most of my precious three hours had passed, and I'd hardly accomplished anything. I felt so angry – at myself, at Bri, at P – for this waste of time and money.</p>	<p>The loss of the "precious time" and opportunity to accomplish her work leaves Ann feeling frustrated and deeply annoyed with herself, the babysitter, and her daughter for the loss of time and money. Ann still has work to do and no uninterrupted time to do it in.</p>	<p>Loss of what I need - irritation and frustration</p>
9	<p>When 4:30 arrived, I returned to the nursery and took the crying baby from Bri. Suddenly, I had an idea. I reached inside her (cloth) diaper. It was sopping wet. Immediately, I was overwhelmed by guilt. P hates wet diapers: they always make her cry, and they keep her from falling asleep. This whole time, I realized, her diaper had been wet, and I hadn't done anything about it.</p>	<p>After feeling so powerless to accomplish either her work or calming her daughter, Ann discovers that the problem all along was a wet diaper, a problem that could have been easily remedied. This realization startled Ann and made her feel inundated by feelings of guilt.</p>	<p>Missed the problem - overwhelming guilt</p>

10	<p>And all of those cries that had annoyed me so much? They were her attempt to communicate with me. She was trying to tell me what was wrong, and I ignored her. She had been uncomfortable and in distress, and I'd been too wrapped up in my own work to take care of her. At a time in her life when she is forming her understandings of how the world works and whom she can trust, I had inadvertently taught her that I will not respond to her when she needs me.</p>	<p>Ann here describes the nature of her guilt, the shape and texture of what it means to her that she could not understand her child's cries in the moments when her desire for uninterrupted time and single minded focus felt more pressing to her. She worries that her child will question or mistrust her ability to express her needs to her. Ann feels guilty that her own needs came first in this situation.</p>	<p>Misunderstanding the nature of child's cries - wanting her to be able to trust her needs will be cared for and she will be listened to.</p>
11	<p>Meanwhile, I also felt guilty about how impatiently I'd treated Bri, who has been such a great babysitter. And I was embarrassed about what kind of mother I looked like, maybe especially in comparison to my friend who recommended Bri, who is a really calm and unflappable mother who makes it look easy.</p>	<p>What you imagine other people think of you as a mother has a great deal of influence in how you experience yourself. In these moments, Ann expresses regret over her expressed irritation with her babysitter and what her babysitter might think of her as a mother, especially in comparison to her friend, who is another mother who Ann perceives to be calm and confident in her mothering. Ann feels guilt but also feels a sense of awkwardness, shame, and self-consciousness about "what kind of" mother she looked like. In this place of embarrassment, it is difficult not to see yourself as a "type" or a "kind" of mother, as someone who is inadequate in some way. Social comparisons in experiences of great vulnerability magnify one's sense of self-consciousness.</p>	<p>Guilt about how I acted - Social comparison to other mother</p>



12	So there you go: the new-mother learning curve, work-family balance, money and childcare, the impossible quest to be the perfect mother, all summed up in one story about a wet diaper!	Ann summarizes her story with great humor and brevity while also acknowledging the shared experience of new motherhood, a constant struggle to find balance between the practical and emotional needs of the world and of family and the strong desire we have as women to want to be able to be flawless and absolute best that we can be for our children.	Struggle for balance
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5. b. Ann's Interview Data Analysis

No.	Meaning Unit	Psychological Description	Theme
1	It was a very like a gut focused guilt... a sort of classic sinking feeling. It's all right here (points to her stomach) and heavy, heavy...	During the focusing part of our interview, Ann remembered the feel of guilt being located in her stomach or her "gut", or a feeling of "heavy" or being weighed down in her abdominal region. Ann remembered the feeling being rather typical or "classic" in the sense of a "sinking" or drop in her stomach. She uses the past tense in the focusing session because she is remembering the feeling rather than experiencing it in the moment.	Felt Sense: Heavy gut, stomach, sinking feeling

2	<p>I don't know if this is memory focused or if this is just like, I don't know, a bad night's sleep last night, but the tension I'm feeling is all very shoulder and neck... I usually tend to carry more tension in my back, like that's where the stress feels for me, um, so I'm wondering if maybe now that it's removed from that immediate moment, that its getting stored where stressful stuff always gets stored.</p>	<p>The primary felt sense that Ann does experience in our focusing portion of the interview is a muscular tightness or "tension" in her neck, shoulders, and her back. She comments that she typically feels stress in her back and that she also may have slept poorly the night before. She mentions that the feeling of the memory of guilt feels more distant or removed for her now in the moment of our interview and that she may carry a general tension in her back related to overall stress in her life.</p>	<p>Felt Sense: tension in shoulder and neck and back - away from the immediate moment hard to focus on the memory</p>
3	<p>I tend to be a very sort of non-embodied person. I am far more sort of cerebral. I tend to hardly pay any attention to what's going on other than the most basic functional level, you know?</p>	<p>Ann mentions that, overall, she tends to perceive the world on more of a thinking rather than a feeling level. The focusing portion of our interview was not particularly enlightening or helpful to Ann in that sense. The felt sense of the memory was not evoked fully perhaps because it was awkward for us to begin the interview from such a vulnerable place and in part because Ann was not used to reflecting on her bodily felt experience beyond a "functional level" such hunger, fatigue, needing to go to the bathroom etc.</p>	<p>More of a thinking rather than feeling orientation</p>

4	<p>Me: when you look back on it now, what do you make of it? Ann: Because I think I have mostly forgiven myself for this one day ... (laughs) but the part about divided attention and trying to balance the work and being a Mom ... I've spent a lot of time thinking that I have not doing either thing the way that I would want to. And that's been really hard and it's also lasted a lot longer.</p>	<p>Reflecting on the experience of guilt that she wrote about, Ann jokingly says that she forgives herself and is not dwelling excessively on this one incidence. However, Ann has spent much more time trying to cope with the problem that gave rise to this incident; the struggle to negotiate and find a "balance" of her attention being a mother and a Pastor. Ann has thought a great deal about not performing in either role to the degree she wants to. The weight of this guilt is enduring and very difficult to cope with.</p>	<p>Forgiveness and not dwelling but not being able to find balance - divided attention</p>
5	<p>And I feel the loss of that time so strongly, even though it's such a small amount of time. I've gotten accustomed to having time, just to be able to think in complete thoughts and to be creative in a way that you can't be creative when you're distracted.</p>	<p>Ann's babysitter left to go on her honeymoon, so Ann was left without her three-hour time frame to do focused work at her church. Ann felt and greatly missed even this brief amount of time to be able to be undivided and think, work, and create without interruption or distraction.</p>	<p>Time to think, work, and create without being distracted - call of self</p>

6	<p>I've always been kind of an overachiever, perfectionist type...so then its hard to have this major, major thing that makes it really hard to do my job as well as I would want to. Um, and then its like you are taking on at the same time this other whole huge thing that you have no experience for at all that you also suddenly want to do as well as possible. And you know, you have no real sort of training going in or anything, no internship (laughs), no, you're just sort of put in there.</p>	<p>Ann sees herself as having very high, if not optimal, standards for her own work and strives to always go beyond ordinary expectations in all her endeavors. This single-minded focus on excellence has been especially challenging now that she has two jobs, pastor and mother, which she wants to do to the very best of her ability. Ann jokes that there is only on the job training for motherhood, which has felt like an abrupt or "sudden" shift in her life that she could not be thoroughly prepared for.</p>	<p>Perfectionist - standards for doing things - how I want to do things - feeling unprepared</p>
7	<p>And also the pump was such a pain. So I never did that. So basically for her entire life up to this point, I've just been with her. I've never left her longer than a couple of hours because what if she has to eat, what if she's starving.</p>	<p>Ann never really liked trying to use the pump and chose to breastfeed her daughter exclusively for the first year of her life. This decision has made it necessary for Ann to be with or near her daughter so that she can feed her regularly. From birth, Ann has never been away her daughter for longer than a few hours at a time.</p>	<p>Physical necessity of connection - breastfeeding</p>
8	<p>And I look at her and I'm like, I made that.</p>	<p>Ann feels a sense of accomplishment and pride in the fact that she has been her daughter's nourishment and responsible for her daughter's health and growth.</p>	<p>Pride in her effort</p>

9	<p>Our bodies are surprisingly functional...but I had a really awesome, like drug-free, empowering birth experience and I would never have thought that I could have done that...And then breastfeeding as gone really well.</p>	<p>Ann is pleasantly astonished by how practical, useful, and specially designed for utility our bodies are in general, but especially with regard to her own experiences with a personally rewarding and very positive birth and a very smooth and easy breastfeeding process.</p>	<p>Amazing bodies</p>
10	<p>part of the story is that I feel guilty for resenting my daughter, you know, for feeling like she's keeping me from doing this other stuff that I want to do. And the enormous, enormous change in every aspect of your day-to-day life. I mean I think that the very mixed feelings about that which is also a source of guilt.</p>	<p>The guilt that Ann describes is, in part, catalyzed by a resentment or bitter indignation of her daughter calling her attention away from her work which she wants to give her full effort to. Ann again points to the vast amount of change that takes place for a mother in every aspect of daily living. She speculates that the feelings of maternal ambivalence regarding these changes are another origin of the guilt.</p>	<p>guilt for feeling resentful</p>

11	<p>cultural expectations are so funny. Because you know, you hear about all these moms who are like, oh, I'm going to have flashcards and all organic food and whatever, you know. And you don't want to be like that. And you don't want to be super neglectful and awful either. And so there's this, whatever, there's this what being a perfect mom looks like is probably really different for different people depending where on the sort of spectrum of engagement that you think is ideal. But wherever you are on that spectrum, your not going to actually obtain it.</p>	<p>In considering the various cultural paradigms of optimal motherhood, Ann thinks of a large range or continuum of parenting between neglectful to exorbitant environmental richness. Ann considers these so called "ideals" or optimal models of parenting to be highly subjective. She is certain that no matter what a mother's ideal is, she will ultimately be unable to achieve her own standards of perfection.</p>	Cultural expectations
12	<p>oh I know I can't do this perfectly, like there's no way, I'll just have to let that go. But then, when you are in the moment, its very high stakes, like you're looking at this sort of blank slate, new life. And it does matter very much what you do.</p>	<p>Theoretically, in the abstract, Ann acknowledges that she will not be able to achieve her own ideal standards of perfection. Yet, in the moment of living out her desires and dreams for her daughter, Ann feels the weight and the enormity of the responsibility for this new burgeoning life.</p>	Desire for unrealistic perfection

13	<p>But to me, the idea of original sin is actually really helpful. Because it basically says that you are going to mess stuff up. Stuff is going to get messed up. And like, even my beautiful awesome daughter is going to like mess stuff up. There are ways that she is going to not turn out well but that is not her fault, its just part of being a person.</p>	<p>Ann's finds a sense of comfort in her theological orientation, and in particular, the concept of "original sin" or the innate, inherited, and unavoidable failure of human existence to obtain perfection. Ann's comfort in this idea stems from a belief that both she and her daughter will grow up to make mistakes, no matter how much they might not want to. Yet, these mistakes ultimately belong to basic fallibility of the human condition in general.</p>	No way to be perfect
14	<p>Like your life just has these constraints on it or your relationships do or your finances do. You know, I would love to be like raising people on some kind of like, every other week we would live on a bucolic farm or in the midst of a bustling city with lots of cultural attractions...but you know, we don't get all those choices. Like we can just do what we can.</p>	<p>Ann considers the various limitations that we face in life to achieving our dreams for the perfect world for us and for our children, such as our relationships with others and our finite financial resources. Her own dream for her daughter would bring together the health of organic country living with the diversity and cultural resources of urban cities. Here again, Ann reasons why we cannot obtain perfection as mortals and we must make the most of the things we do have.</p>	What is perfection?
15	<p>my mother died when I was in college and my father died a month before P was born. Um, so whether it's directly connected to anything or not, those are like major, major contextual things for me.</p>	<p>When I asked Ann if she thought her mother ever experienced guilt, she told me that her mother died while she was still in college and her father died only a month before her daughter was born. Ann said that this is a very important part of her context but does not know precisely how that has impacted her own experiences with guilt.</p>	Orphaned

16	<p>I wish very, very much that I could talk to my mom about her experience of motherhood...And no one is alive who remembers when I got my teeth. Um, you know, I have both of my grandmothers, but it's not a grandmother's job to keep track of those things, that's the sort of thing a mom remembers.</p>	<p>Ann is grieving very much for her parents and her mother in particular now that she is a mother herself. Ann is missing a sense of her own context and connection to the stories of her life because she cannot ask her mother or father about her childhood. Her grandmothers are still alive but Ann acknowledges that some of the things she would like to know could only be remembered by her mother. In this sense, from her own point of view as a mother, she sees a mother's role as one who keeps memory.</p>	<p>Missing her mom and her memory of her</p>
17	<p>But there is one entry, the journal stops when I am still an infant, like I think I just started to roll over or something, so I'm very, very young, and she says, "I have a baby, Ann, and she is so beautiful la, la, la, ...and she takes so much of my time."</p>	<p>Ann remembered finding an old journal of her mother's that described only a few of her experiences as a new mother before she stopped writing. In this last journal entry, Ann remembers clearly the last line after the description of her beautiful daughter saying "and she takes so much of my time." This journal is very precious to Ann because it connects her own and her mother's experiences while it also leaves Ann wanting more of her mother.</p>	<p>Time-mom's memory of her</p>
18	<p>And I also know just from what kind of person my dad was, my dad was not nearly as much of a co-parent as my husband is. So my mom would have been doing even more of the work than I am.</p>	<p>Ann can compare her own situation to her mother's in thinking out how involved as a parent her own father was in her life. Ann's husband is much more of an active parent than her father was to her, so she imagines that her own mother had much more of the parenting responsibilities than she does.</p>	<p>Co-parent - who does the work</p>



19	<p>I think I have had a difficult year spiritually since losing my dad. Um, it was very, very sudden and unexpected and he was young...</p>	<p>In reflecting back on the past year as a new mother, Ann says that it has been a very challenging year for her spiritually or at the level of her soul. Her father's death was a real shock to her especially so close to giving birth to her daughter. Ann has been so busy taking care of her daughter that she has not had the time to fully grieve for her father.</p>	Grief
20	<p>I've often felt like I am not, not just since P was born, but with the combination of P and losing my dad, like I have been surprised that I am not always the person that I had hoped that I was. Like I'm not necessarily doing things as well as I could.</p>	<p>Ann has felt surprised by a sense of estrangement from herself since her father died and her daughter was born. It is clear that Ann expects and wants more from herself but finds it difficult to identify with herself over the last year.</p>	Don't recognize myself - not doing very well sometimes
21	<p>when the invitation to breathe deeply has been something that has frightened me enormously because I don't want to get to what's there, you know. Like it's a lot easier to, like, stay on the surface and deal with the twenty things, rather than trying to even think about what might be under the surface...But I actually really feel ok. And I'm thinking that maybe I should let myself kind of get down in there again.</p>	<p>At the end of our interview, Ann admits that the clearing a space portion of our focusing at the beginning made her feel very afraid and anxious because she was uncertain about what she might discover on some deeper levels of her awareness. Ann mentions that she has been coping primarily by keeping busy and thinking only about manageable tasks rather than approaching some of her feelings that may be related to her faith and her grief. In the end, Ann seems to find some confidence that she can approach some of her spiritual questions.</p>	Coping

## **Appendix D: Participant Feedback**

Appendix D presents the participant feedback, in their own words, which were received after each participant read their individual write-ups of the themes gathered from their written protocols and our interviews together. These were given to me through email, phone conversation, and in-person conversation. Appendix D also presents a brief summary of the topics and themes we explored in the focus group, where two of the participants were able to attend. The focus group explored the topic of maternal guilt more fully as a community of mothers and allowed for a less formal conversation about our experiences with guilt as well as a discussion about how we, as new parents could have used or benefited from having this information before our children were born.

### ***Meg's response:***

“I enjoyed reading your interpretation and analysis. You very accurately expressed my feelings on every matter that we discussed. The actual interview was my favorite part of the whole experience. You made me feel very comfortable and I felt that I was able to express my true feelings with you very easily. I felt almost rejuvenated after our interview. You made me think about things that I never gave too much thought but that felt so good to release my thoughts on. I enjoyed reliving the experience through your words. Thanks for letting me be a part of this, I had a great time.”

### ***Beth's response:***

“I was extremely impressed with the composition of my story. You pinpointed my exact thoughts and feelings. It was different to ‘read’ the story that I had told so many times to family, friends, preachers, and counselors. It made me feel proud that I was able to communicate to you my experiences about an emotionally and physically exhausting time in my life. I will admit that I hesitated to read it at first. I was afraid that my anxiety or panic would flash before me again. However, quite the opposite happened. I felt confident and relieved. I learned to control my anxiety and not focus on guilt and "what ifs" in life. Hopefully this makes sense to you. Thank you for your help and interest in me and my experience.”

### ***Cam's response:***

Written Recollection:

- It was different experiencing it than reflecting on it now (after much time passed)---when I was experiencing it, I just felt like it was a part of life that I had to accept and get through. Now, I see what you mean about truly having these feelings of guilt to deal with as a new mother.

- The balance that is eventually found is also evolved as the child's needs evolve as they grow. Two year olds are "easier" in that they will play quietly by themselves sometimes, if you're in the same room, but you can still work on your own things. But, they require more consistent discipline—which can be tiring if they're misbehaving!

- I purposefully ended on a hopeful note. It's easier to take it one thing at a time at the beginning of a new day when I'm less tired.

#### Focusing Component:

- At first I didn't see the real value of the focusing component. It was difficult for me to go inside myself without feeling like I was over-exaggerating my thoughts/feelings/problems. It's true for me, when I think too much, my head starts to hurt a little—not in a headache way—more like it's starting to "spin."

- When trying to recall the focusing, the physical feelings were easily recalled and returned. It's amazing how connected your physicality is to your psyche and emotions.

- For me, in the conflict of wanting to be "in control" with "my perfect plan," an element of faith can help by believing in a bigger and better plan for our lives that isn't controlled by us. And, in trusting that these difficult things are really gifts that help us grow and make us who we are.

- We have to realize we can have what we want, but there is a balance to be found and we may have to sacrifice some things we want. However, we will want to make these sacrifices because our priorities have shifted to our children. We want our priorities to shift this way because we care about and love our children, so the sacrifices really won't be so difficult.

- I think I got dizzy because I was concentrating so hard on understanding my inner-self. Usually people don't focus as much and dig as deep. It was difficult for me. In the write-up you mention that I said my overwhelmed-ness increased if I thought about it too much—one reason why I probably avoided digging so deep.

- It's amazing and true that it actually affected me physically—something I wouldn't have given credit to before really focusing on my emotions. I never usually associated my emotions with a physical location, but when I asked myself to recognize them, they were in an actual place.

- Did I find balance when I was done with school? Over the summer, yes, although sometimes I wished I was doing more for myself, but I was happy to have more time with G. It's a constantly shifting balance—especially in my line of work because

sometimes there are just more performances (end of the semester) or some weeks there are just more funerals. Summers are always slow for me work-wise. Now, I don't think it's healthy to think 'once this happens it will be better' because I have the choice about how much work I accept (gigs/funerals, etc.) which means I can make my goal happen now instead of continuously hoping it will get better after a self-imposed change or time passes. Although, school is definitely an added stress (maybe an exception to that rule).

- The focusing did help me to give myself permission to feel the way I did, it's alright, and it's normal and natural! Everyone has to find the balance for themselves in their own situation. It's true many people don't want to acknowledge their feelings... for fear of what? Abandonment? Dislike from others? But, they are a natural part of our life and can teach us a lot about ourselves and the kind of people we want to be.

- I never thought I would feel so guilty because I never had the same kind of responsibility toward another human being. Allowing myself to accept that motherhood really was different from what I expected was important for me too.

General Conversation:

- It took a long time for my milk to even out, and that made me sore. My nipples took longer than I thought to build a callous and comfort sucking had to have a limit. However, it's amazing how easy breastfeeding became once I got through those first difficult months—which perhaps were made more difficult by my irregular feeding schedule (half pumping /half feeding) and my exhaustion from long days. But, by the time she was 6 months, it was easy, enjoyable, not painful, and a time of intimacy with my baby.

I didn't remember many of these things until reading what you had written about them. How easily they become forgotten! And how a person doesn't remember how they made it through the difficult time or even how difficult the time actually was.

It was interesting to me the way you broke up the sections of our meeting (the headers in italics). It seems as though the italics could be general themes of a discussion with any new mother, and I think they show a clear progression. It really shows the conflict between sacrifice/love and duty to self, leading to a sense of guilt, and how that is resolved through permission to have, and acceptance of, those feelings.

I very much found all of the conclusions you came to be very true—and better organized and structured as cause and effect than anything I had ever thought. I'm honored to have been able to participate in your study, and believe it will be helpful for other mothers to give themselves permission for their feelings and telling them it's okay and natural to feel the way they do. I hope that these extra reflections on the write up are helpful and make sense.

*Xena's response:*

I really enjoyed reading it, and I appreciated your insights and your ability to report our meeting so accurately.

I have a few thoughts in response:

First, I wanted to tell you that I have often thought about the event that we discussed, when Wesley was hungry and I didn't realize it, and I would think about how we had worked through it. But when I read it as you reproduced it, it brought tears to my eyes again. Your rendering of our discussion brought back all of the emotions...

The other thing that I noticed was that I was resisting your description of a tension between myself and my son, as well as a "conflict of wills." I didn't want to think of our relationship that way. But I realize that my resistance is not because the notion of tension is not accurate; rather, it is a resistance because this tension is true, but I don't like it for some reason (either I don't like the tension, or I don't like to acknowledge that there is any tension). Amusingly enough, I am now the mother of a two-year-old, and I will happily admit that we have daily tension and struggle of wills!! That goes with his being a two-year-old, and he is doing what he is supposed to do (and I'm doing what I'm supposed to do, which is provide a firm structure where he knows what is allowed and what is not allowed). So I'm not so sure why I'm resisting the notion of a tension between the infant Wesley and me. I haven't figured that out, but I thought I'd share that with you, since you were asking about what "resonated"--and this seemed to be a resonance that I didn't really like. (One answer might bring us back to my relationship with my mother, who often strove to have everything perfect. That meant that she would deny that there was any tension between herself and me, if she could--or tension in the family at all. So I may have brought some of that into my own mothering...)

A small detail: In your section on the written component, you have one heading entitled "Fear of the unknown or the unpredictable." I don't think fear accurately describes what I felt, since I wasn't really afraid of anything. Rather, it was the anxiety that is related to stress--I always had a whole list of things I needed to take care of, and I never knew if or when I would get to them. In addition, not being able to understand Wesley's cries, or not knowing what he would want next, was not something that I was actually afraid of, rather, it stressed me out. Otherwise, the section itself is accurate: That period of perpetual unpredictability was a time when I felt constantly "wound up tight," never knowing what would happen next.

A side issue: Shortly before you came out here, there was an incident at the Pittsburgh zoo: A single mother with a two-year-old accidentally lost hold of him as he looked from the fence into the cage of a pack of wild dogs. He was killed (by the dogs). I was wondering if your group discussed that event when you met? It hit me especially hard--and I never actually saw the news reports. I only heard about it from others. But the story is so horrific for me, since my situation is so similar (single mom with two-year-old). How many times have I made a mistake and Wesley slipped and fell, or I let him do something I thought he should not, and then he got hurt? I feel her pain and her guilt.

A final thought: I am wondering whether guilt is not also a natural side-effect for mothers in today's world--whether or not the mother is working. The expectations of moms to be exceptional at mothering as well as everything else leads automatically to tension. And for those moms whose different expectations conflict (such as needing to work and needing to take care of the child/children), whenever we make a choice, we tend to feel guilty about the choice we did NOT make. I have heard this from more than one mother in the past couple of years.

But I see myself rendering guilt once again as a negative thing. What I valued most from our talk was the recognition that guilt can actually be a reflection of something very positive. That would mean that guilt itself is also somewhat positive. :) I need to remember that!

*Ann's response:*<sup>28</sup>

“As I was reading over what you had written about it, and I think some of the rational that you describe was pretty much spot on, you know, I’m like totally not an embodied person. ... Last time, there was just stuff I didn’t want to be thinking about, whereas this time, I don’t have anything that I’m really afraid of accessing at this point. And so that’s nice. I mean, I think I really was in a time in my life last time when I didn’t want to take deep breaths because I didn’t want to get at the stuff there.”

“There have been hardly any days in the last two and half years of my life when I haven’t been tired. And that line between relaxation and sleepiness is something that I was really aware of, you know, because I very much wanted to relax but being invited to relax felt like maybe its nap time.

“I think when you asked us to encounter that memory and kind of visualize it, the image that I was thinking of was a scar, like something that has healed over totally. That it’s still there, you still remember that incident but its not ... it doesn’t cause any real pain, you know, it has just been resolved.”

“If you are used to being successful as person. Motherhood becomes a wild card that you aren’t going to be able to control. It requires so many different types of skills that you aren’t going to be able to be good at all of them. And it is so physically taxing. So if you are basing your self-worth on your competence, then parenting is going to completely knock that.”

*Makin's response:*<sup>29</sup>

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<sup>28</sup> Ann did not have time to email with a response, but she did attend the focus group discussion. Some of her transcribed responses to the write up and to from the discussion are recorded here.

<sup>29</sup> Makin’s response was also transcribed from a conversation we had after we read the write up out loud together.

“Everything sounded just as we talked about like it was just out of my own head. That was exactly how it felt. And the not being able to forgive myself or having trouble doing so is certainly right on the money.”

“I think it is like you said, it’s multifaceted. It’s so much more than just the moment that you are looking to forgive yourself for. It’s yesterday and tomorrow and it’s all these things. You know, if it was just the moment, you could do it. But whether or not you know that doesn’t matter. You are going to fail again tomorrow, because we just fail every day, I mean that’s just how it is, or if you are just looking back on your past that you haven’t reconciled, maybe that has a lot to do with it as well.”

“I know when we were talking, just because it popped into my head, my nieces and nephews, they are kids that are just sort of a disaster. I don’t want [my sons] to grow up as complete disasters, having no respect for anyone or anything. You try to combat that but then you find yourself trying to push too hard and then there’s more guilt. And then you ask, why am I pushing this kid so hard? Maybe I should be pushing him to be better rather than pushing him not to be worse. I just don’t want them to be disrespectful and all of these other things that I see with other kids.”

“The heart place is where it all stems from and where it all settles in. You need the mind to think about it but it’s deeper than that. It’s feeling, not thought.”

“Kids are easy to connect with, especially when they are sad. All they want is to be picked up and hugged. I just had to get there. How do I get there? It depends on how you’re feeling too. Sometimes you allow, and other times, you intervene. I just talked to them like adults. I tell them the truth and be honest with them.”

“It’s crazy to sit here and think about how intertwined everything really is. How my childhood would influence what is happening now. Makes it so important to figure these things out. Figure out why it made you feel that way and how to be ok with it, so you can move on with your life and move on with the rest of your family and friend’s lives. It’s a lot of work.”

“I remember seeing his face. I remember thinking about this and it wasn’t a flash memory and then it was gone. You helped me to let that stay within me so I could reflect on that. Otherwise I could have just went about my day and weeks and months and not really thought about that ever again. Its not that I see his sad face, I think I just more or less see the moment that happened and remembered that that was a time of sadness and a time of coming together and forgiveness. It was good because now I have that to think about.”

Claire: “It can be so hard for men in particular to talk about. There’s a real stigma for men about talking about their feelings.”

Makin: “It’s a needed thing. There’s all of this guilt happening and people aren’t talking about it. Even women, in the mother’s of multiples support groups, the women aren’t going to be like, “these are all of my failures and I want you guys to listen to them and help me through them,” because they don’t know who you are. I’m sure some do and some don’t. But they are not going to get this much depth as in this stuff and then feed the good information to anyone who needs it so they can understand, not just, “oh yeah, I have that with my kids too,” that’s just the usual thing. When I tell someone that guilt is the worst thing and I go to bed feeling guilty, these moms are just blown away. It’s just not something we hear about or talk about. But to get something like this out there, it’s a big deal.”

***Focus Group Conversation:***

On November 17<sup>th</sup> 2012, Cam, Ann, my dissertation director, Dr. Eva Simms, and I had brunch and an informal conversation together about first-time motherhood, parenting in general, guilt related to parenting, and how we could have used the information that we know now when we were first starting out. I opened our conversation with a brief focusing exercise similar to the one we used in the interviews. The following is an abbreviated list of the topics we discussed.

- We tend to forget the acuteness of our experiences of guilt from the beginning just as we tend to forget our memories overall. Cam said, “It’s just amazing to me how quickly the memory kind of fades and how difficult it was at the time.”
- We tend to find more balance and perspective as we continue to grow as mothers and parents. Ann said, “I think there’s an element of self-forgiveness. You start to see things in perspective later.” Cam agreed and believes that faith and “trust that its part of a bigger plan” also is important in helping balancing her needs with her daughter’s needs.



- Cam and Ann wondered about the experiences of mothers from different socioeconomic structures and how they might experience guilt.
- Ann mentioned that we understand more how resilient children are as they grow, but when they are so young and new, they seem so fragile. As they get older, she said, “you realize that it’s harder to mess them up than you thought at the start.” Dr. Simms added that we are often “surprised by our children, that they are their own and not just ours.”
- Cam talked about feeling more trust in her daughter and her safety the older she becomes. She said, “as we build our relationship and I recognize her as her own person, it builds a level of trust.”
- We discussed the importance of being able to have more language to communicate with our children as they grow as well. Both Ann and Cam talked about how their daughters were able to express an emotional recognition and relatedness to them as people now too.
- We explored briefly the influence of cultural images of motherhood, social comparisons and social referencing in how we understand ourselves and our children, and how we express these values and expectations to our children.
- Each of us felt grateful to have supportive, active, and very involved partners who offer their own gifts and styles of parenting. This discussion lead into topics of “bread-winning,” parenting styles of discipline and consistency, multi-tasking, and divisions of labor. In thinking about single

parents, the question was asked how guilt might be experienced differently for single moms.

- Both Ann and Cam expressed the need to have support systems and open forums for new mothers and new parents to normalize some of their intense emotional experiences when they are just beginning. It was suggested that Pediatrician's offices have follow up check-ins, not just for the well baby check-ups, but for the mothers as well. Also, online blogs, parenting mentors, and having deep connections and relationships to other parents to create community and "safety nets" for us and for our children. Cam said, "we need to create the village." Dr. Simms mentioned that our children are not just our own, "this is your child too, a human child, it belongs to all of us, and in a certain way, I shouldn't be doing this alone."

## Appendix E: Transcribed Interviews

### 1. Meg: Interview #1

Claire and Meg - March 11, 2011

Claire: What I would like you to do first to get started is find the most comfortable position.

Meg: Yeah, I'm good.

Claire: OK, so, you can either have me read the description that you wrote or you read it out loud. And after we read it, we'll go through it and see how this memory sets up in your body, sort of, how we live in language and how language bubbles up from the felt experience. Hopefully this can be helpful in understanding your experience more fully. Along with this, I will teach you a relaxation technique that may help in going to sleep at night. There is no monetary compensation. But there will be some baked goods. (laughing).

Meg: That will work (laughs).

Claire: So, what I will do is de-identify your name, so this will be confidential. You can even give me an acronym that makes sense to you. At the end of the study, all tapes and identifying materials will be destroyed, or I can even give it to you to keep if you'd like to have it. Also, I will make sure that if anything comes up for you during or after this interview, I will be available to help you. At the end of the study, there will also be a focus group for participants to talk about their experience with each other. At that point, we will be unable to insure confidentiality but it might be a good thing to share your experience with other moms at that point. If that all sounds OK to you, I will ask you to sign here. Here is your copy.

Meg: Yeah. OK. (Meg signs form)

Claire: Would you like to read this?

Meg: Yeah, I'll read this.

Meg reads her statements. (see Appendix A1)

Meg: (Laughs) Wow, that's pretty good.

Claire: Absolutely good. Thank you for reading it out loud. OK, so let's get as comfortable as you can. The position you body wants to be in. Then take a few deep breaths, close your eyes. Let the breath fill you up. Let every exhale bring a little more stress and tension out. Focus right now on breathing in, allowing the air to fill very tips of your capillaries, then breath out. You could imagine that the air maybe has the colors, like pink on the way in and purple on the way out or another color, just so you can visualize deep breathing, deep centering and cleansing breaths. Gradually, as you allow this breath to bring you deeper into your body, just start with the very tips of your toes; bring your attention and awareness into your big toes; just kind of doing a scan of your body starting with the toes and kind of moving up your feet to the balls up through your leg bones behind your knee caps moving up your legs, through your hips, your pelvic region behind your belly button around your back, your spinal column, your rib cage and all the way up through your sternum, your chest around your arm joints, down through your arms, biceps, triceps, through your elbows, forearms, through your hands all the way down through your hands, then

moving your attention back up from your hands to your upper arms, moving through the shoulders, scanning back through your neck, back of the neck, where hairline is; wrapping around underneath your chin; your face, your lips, the bridge under your nose, nose, your eyes, behind your eyes, behind your ears, up through your temples, forehead; then moving all the way up and out through the very top of your head.

Just allow your attention to gently and briefly scan your whole body and just notice what is there. Come back and bring your focus back into your body. Come back into the description you just read. Hold that in mind. About the feeling that you had that you wrote about and just read aloud. And see if you can locate that feeling in your body, how it feels overall. Is there a certain part of your body where it takes up residence and where it kind of lives. And if there are other thoughts that come to mind, just imagine gently moving them aside, saying I see that you are there, I'll come back to you later. And try to come back to the memory you just wrote about. Take your time. There is a sensation or feeling that you had about feeling a strong sense of guilt related to being a Mom. If there is a place in your body that you can locate where there is an image or a word or a phrase that seems to come close to describing it... you can tell me out loud or hold onto it for yourself. If there is an image or a word or a phrase that seems to fit with the feeling of this memory you have had, try out, speak it, either in your mind or out loud, to see if that fits, if there is a resonance to it.

Silence as Meg responds to Claire's suggestions. (seconds)

For what comes, I'd like you to imagine greeting every feeling that you have in your body in a very friendly way; greeting the feeling itself, touching it and being gentle with it. Greeting it saying I see that you are there, and you can even thank it for showing it to you. If there is an overall feeling; a word or phrase or image that goes with it; ask what it is about this feeling that makes it so .... This. Is there something that comes?

Meg: It's like prickly, like it hurts, you know?

Claire: Prickly...?

Meg: Yeah.

Claire: It is unpleasant? Be aware of where that prickly feeling is in your body.

Meg: stomach, I feel it in my stomach

Claire: Take the whole prickly feeling, and you don't need to necessarily go inside of it, but just, outside, surround that prickly feeling with your attention. Just imagine greeting it if you could, saying: "I see that you are there." And I want you to take that whole feeling, that whole felt sense of this prickly feeling, and say, What makes it so prickly, so unpleasant, see what comes?

Meg: It's not supposed to be there, it's not supposed to feel like that.

Claire: It doesn't feel like it should feel that way, but it does.

Meg: Mmhmm.

Meg: Like a virus inside of me. But at the same time I feel like I know it's good, like it's ok to feel like that.

Claire: It's prickly but its...

Meg: Controlled almost

Claire: Controlled, its contained somehow in your stomach.

Meg: Mmhmm.

Claire: Can you bring your attention to that place, that prickly overall feeling that's there and greet it. Can you imagine wrapping your attention around that feeling and say to it, "thank you for showing yourself to me." "I see that you are there and I appreciate you showing yourself to me and I'll return to you. Can you imagine asking it if it's ok for you to return to it again? (Long silence) When you're ready, I want you to imagine gradually leaving this area, saying you will come back to it, and begin bringing your attention back into the room, gradually get adjusted to being here again in this way. Meg opens her eyes and smiles and laughs.

Claire: (laughs) It's different.

Meg: It is different. (laughs) And I'm tired.

Claire: I know. It's sometimes easy to go to sleep in there.

Meg: Uh, yeah.

Claire: It's a pretty big deal.

Meg: It is yeah, for sure.

Claire: How was that?

Meg: Good ...scary, kind of. But, I think I never really took the time to acknowledge, to get a real feeling, you know. I experienced the guilt, and at the moment, it's painful, very painful, um, you know, but, like I said, it's controlled, so I know it will go away, but, at the moment, it's painful, but I never took the time to put a word to it or realize exactly where it was coming from. Just, I think, to push it aside and say, it's ok, it will heal later, you know. And it always does, and so I'm never scared of that. But to acknowledge that its there, and has a feeling, and has a place inside of you, is very different. And I think I feel as if I have more control over it now by actually feeling that is does have a place and feeling, and you can control it.

Claire: A location in your body.

Meg: Oh yeah, definitely, for sure, I can definitely feel it like right here (touches her stomach) my actual stomach. But if I had to put a picture to it, I guess, it would be almost like thorns sticking out everywhere, you know. It hurts but its not overwhelming to me now.

Claire: It's familiar.

Meg: Yes exactly, definitely, very familiar. I feel it in different degrees too because now that my son's almost two, I recognize it more I think, whereas when he was younger I didn't know to handle it and so, the feeling would bring actual tears, like pain. Until you know how to control and the pain won't be here forever.

Claire: To know that its changing, it's familiar, but it's, I don't know, is it less prickly?

Meg: Um, yeah, I can almost say that there's less pain. Less pain with it now like the level is almost like ... when my son was younger, it was much higher, whereas now it's a little bit lower. But I think if I had another child, I could go right back to that same place. But I think that's part of growing with your child too. That's why there's such a mother's intuition is because you are connected on level with them, like, even if, you feel a mother's guilt when sometimes babies cry for no reason. They're not hungry, they're just maybe over-stimulated, they just want you to leave them alone. But the feeling that I have when he's crying makes me very anxious, and worried, and I don't know what's wrong, he can't tell me. I think when they are younger, you go from this big expansion of this unknown, almost enemy, that you can't control and that's what freaks you out. But as they get older and you are able to realize, like OK, I'm the mom, I have the complete

mother's intuition, I know what my child wants even though he can't tell me, I know him. And I know all he has to do is put his hand on me, and I'll know, OK, he wants his sippy cup, you know, I'm in his mind too.

Claire: Right

Meg: It's odd to think that ... but I think it makes me appreciate my own mother more because I can't remember when I was two, but I think maybe I can remember events in my life here and there when I was four, but before that forget it. And I think that period of time is when you are bonding so much, from the time you are a baby to the time when you are about four or five, you are bonding so much that it's really your own level. That's why I tell people all the time, even girls I work with that have children, you really have no idea a mother's love until it really happens. And even when you are pregnant, like you love your child, but after they are born, and seeing them, and touching them, and comforting them, it's completely different. So the way it makes me appreciate my own mother is I think about how she did this with me. So she must feel this way about me and even more and I think I can take that love back to my mom and say, you know, I actually appreciate you more than I thought I did because I never knew what it was like. And although I always knew that I wanted kids and I loved kids, I had a little bit of a mom experience with my sister growing up, but she's my world, you know. But when it's your own child, there's something very different about that. I feel like now this guilt feeling actually has a proper place. As I said, it's become this big unknown because, you know, when you are new mom and you have no idea, there's no book that just tells you what to do. (laughs)

Claire: (laughs) Yeah, ok, there's going to be this prickly thing in your stomach...

Meg: (laughs) Yeah, totally. But I feel like it's become this big unknown that causes you even to not sleep well at night. I talk about this all the time, you know, a mother's ears... you can always hear a child. Like last night, I forgot to put the monitor on, but I woke up and I heard him even though both of our doors are closed. So, it's been contained from this big unknown to something a little smaller and I think it will always be there. And even as he grows older, the teenage years or an adult, it might expand a bit more and I'll have to take back and push it back down a little bit more, and I'm sure it will be a rollercoaster. But like I said in my paper, it's the happiness, I feel proud of myself, I feel this unconditional love from such a little human being, just kind of overwhelms that by far. So I am always going back to this feeling of happiness rather than dwelling on that guilt. It's definitely there, but I can kind of fight it off almost with the joy that my child brings to me.

Claire: That is so powerful.

Meg: Yeah, so. Yeah, so it feels a little different than just guilt.

Claire: From hearing you talk, it does not seem that it is an exclusive feeling, like guilt is not something that just lives all by itself. It's like so interconnected with all the joy and happiness and unconditional love.

Meg: It is ...and that's what's so crazy. I don't think I ever really put it in perspective like that before, where it's connected. It comes with this joy, this happiness, and it also does come with sometimes sadness and heartbreak. But it's something that is in every aspect, even in my marriage I see it. Although it feels a little different with my child, you know, but I've experienced the same thing with my marriage too, with my work, with any

sort of stress that goes along with normal life. But definitely, definitely connected, for sure.

Claire: It's such a richness to the emotional life and you've added this new layer of who you are. So do you feel like these emotions kind of teach you something?

Meg: Oh, for sure. I feel like, you know how they say, the older you get, the wiser you are, well I feel like maybe it's a play off the emotions working off of each other. Why are you so wise? Because you've experienced and you know the good and the bad, almost like a yin and the yang, a little bit of good with a little bit of bad. But I feel like what makes you wise is learning how to contain and control, and to make sure, in the end, the happiness weighs more than the guilt. And maybe that's why some people have problems because they don't know how to make the guilt smaller than the happiness. So, I definitely feel like that helps you grow as a mother, as a wife, as a person.

Claire: So when you think about this place in your stomach ... this prickly place ... when we were focusing, I got an image of one of those prickly seeds that falls down from the trees.

Meg: Yeah, definitely, exactly, yeah.

Claire: But this prickly thing, you know, if we were to go into it, there is a seed that ...

Meg: I feel like it has to stem from something. You know, its not coming from nowhere, there's definitely an underlying seed. And it's kind of how I pictured it, sort of, maybe more oval-like than such a ball, like how you picture your stomach, like how it comes down and opens up a little bit, so that its always filling up like almost all of it, like this anemone I guess. But I feel like the seed is small but that the thorns and the pain that that causes is much bigger. Which is also why you can take care of the physical pain, you can take an Advil or something and it masks the pain until it can go away. So I feel like I can almost cut the thorns off and deal with it that way, I mean, there always going to come back, but I feel like the seed is small. There are not too many bad things that are making it. So but the guilt feeling is there, but its more temporary because the seed isn't so big.

Claire: You also notice the changing shapes, and taking on different textures and maybe not as acute.

Meg: Right, oh definitely. I can tell it a lot. I think it depends on what category it is.

(laughs) If it is having to do with being a mom or it's having to do with being a wife or just being a friend, each of them has their own shape. Maybe my marriage it goes from being really huge to really small in just a matter of seconds, (laughs) depending on my mood that day. But if it has to do with being a Mom, now it feels more controlled. But being a mother is different from being a wife because being a mom, you're more in control because your child depends on you, whereas being a wife, you're not in complete control, and you really need to have fifty/fifty control. I've never tried this, driving a car with my hand and my husband's hand, we would crash, and that's not good (laughs). But when I'm with my child I have both hands on the wheel. I am guiding him where to go. But in my marriage, it's different because my husband and I both have to work together, so there's definitely even a difference between that and having a child, but with a child, it's a different kind of reward whenever you know, I'm just going to form this little ball into exactly what I want you to be and you're going to be perfect because you're mine and you are perfect. (laughs) So, you know, it takes two people to build a marriage, but I think, you know, a mother's love and a mother's intuition is built on your own. The

reward is when you see your child buffered in you and being with you, but you have total control.

Claire: That's what you said, that if I was not there, this little guy would not make it. I got the sense that when I read that, you were talking about the emotional. So, you know, because there's different ways to live, you can be ok, you can make due, but there's something very life sustaining and emotionally sustaining about what you as a mother are able to provide that connects him to the world of love.

Meg: Right, right. And you know, I feel like every child has a mother, even if they didn't give birth to that child, even if they adopted them. There's a woman I work with and her daughter was adopted from China, and the love I can see between them is sometimes greater than the love I see even between a biological mother and child. And I would love to adopt one day. And her daughter asked her, "why did you have me, why didn't you give birth to me?" and she said, "well because God picked these other people to give birth to you and then God gave you to me." But you know, I think there is a special bond between being pregnant and giving birth and having that experience, but it doesn't necessarily alter in the child's mind into thinking or knowing who really loves them and who God intended to be their true parents. I feel like it's totally possible even if it's not biological because I've seen children of biological parents that aren't nearly as close or as loving as they could be.

Claire: So being a parent is so much more. There is something very embodied about carrying and bearing a child, but I am imagining that even if this was an adopted child or a foster child, you might still have this same physical feeling.

Meg: Yes, definitely. I just think its about whatever soul that is intended for you to be the parent of. But you are totally connected to them either way, but I can totally understand that even if I didn't give birth to my child and I adopted him, I would have the same feelings.

Claire: Can I ask you... you said that the feeling, it was familiar. Is it familiar to you with other maternal relationships, like you with your sister?

Meg: Well, I feel, I guess, there would be times when my sister was younger, maybe about six, and she was totally like "you're not my mom! And I don't need to listen to you!" because I would be babysitting her and then she would like kick me and punch me, and I would feel just awful. I remember one time specifically I felt like sick to my stomach for a week over it. My sister was probably like six and I was like 13 or something. And my dad got her this crazy telescope for her birthday and we were outside looking at the moon, she wanted to look at the moon. So I said OK, we got outside and it's nighttime, and I was trying to set it up, and as I was setting it up and trying to find the moon, and she wanted to look at it so bad, and I couldn't explain to her, "just wait a minute, I'm focusing it." But she had no patience whatsoever, she got so mad because she couldn't wait for me to just focus on the moon, that she kicked me and said "Fine, I don't want to do it anymore," and stomped off. And she didn't even get to see the moon. I felt so, so, so guilty that she didn't get to do what she wanted to do because she didn't have patience and she didn't understand that how to just give me a minute. She was so mad that she went upstairs into the back bedroom and she was crying when she left. I remember hearing something (tape cuts out as Meg was telling me that her little sister got stuck in the back bedroom after this and she felt horrible and guilty about the whole incident)



Other side of tape – Approximately 10 minutes of interruption in interview

Segue: But my little sister was older then and she could tell me what was wrong when she called down and we were able to talk about it. But it's different with an infant who cannot tell you what he is feeling.

Meg: But I can't say "what's bothering you?, and what's making you sad?, and how can mommy help?" And it was worse when he was younger because all he could do was cry. But now, you know, it still is hard, but now with my mother's intuition, I have a good feel that I know exactly what he needs, exactly what he's talking about.

Claire: What is very interesting to me is when your child moves into language, you have a different capacity, but a lot of what we sit with in this focusing kind of stuff is preverbal, so a lot of our relationship as moms to our preverbal children is on such a feeling level.

Meg: Oh definitely.

Claire: And so as they move into language, we often do to. We have more of a capacity of identifying what we have going on in our bodies because there is so much of that nonverbal stuff going on. We are able to express so much just in a gesture or a glance or a look. When you were sitting here, you had these really interesting hand gestures, which I thought was really powerful because you were moving with something. There was definitely a flow to it.

Meg: Oh, for sure. Well, I use my hands a lot, so I communicate a lot with my hands. So even if I feel I am communicating with my body, I'm still using my hands and I feel like, when I'm relaxing, you know, how you explaining to me, I'm expressing my feelings, I'm just letting it out, letting it out... (motions with hands from her chest out in front of her).

Claire: That's it, that's the gesture.

(Both laugh) (Pause)

Claire: One of the things that I kind of got a sense of in reading your description is that, right at that moment, there is temporariness and fleetingness to all of these experiences. It seemed to jump out that you were saying, "this right now." And that there is something about a lot of what you know already that this is on the way to something else.

Meg: Right, exactly.

Claire: And so even as temporary as childhood is, itself. So you know that when we have language, or when we have a different ability to move through emotions, that it will change. And that's a very powerful stance, being able to know that you as a mom, but also your son, are on the way. That's really cool that you tapped into that, "this right now."

Meg: Right.

Claire: My prickly thing is on the way to something else. (laughs) It's so cool. The other thing that stood out for me was, "his mother will never leave him." It's so beautiful. One of the things I felt very strongly about when I had Logan was that I would never be alone again. And that there is no separation in love. And that is a very powerful thing.

Meg: Right, yeah. And I meant that also as, even if I'm not physically with him or there, I'm still always going to be there because I love him, you know, and the love is inseparable.

Claire: Yes, the physical, and I suggest even death.

Meg: Right, exactly, I still feel like I will always be there, you know, so.

Claire: That's the ultimate part of it, but let me ask you about that because that was a very big deal for me too. For me, I was never scared, I was never truly was afraid before I had a son.

Meg: Yeah.

Claire: Before he came, I could have died a thousand times, probably acted like that too, but then, not so much.

Meg: Yeah, exactly right, you know, I feel like I can't let anything happen to me because if something happens to me, then no one would be able to do the job I can with my son, nobody, not even his father. That's just how it is. I often feel like if something were to happen, who would do this for him? Who would know the little sayings I have for him? Or who would know the touch I have for him. I notice a lot that, him being a child, when he sleeps with me, he constantly has to touch me, he has to be all over me. My husband gets mad, "why do you let him do that? you're teaching him to be selfish." I want him to be more comfortable, and if he's more comfortable than I am because I have get uncomfortable because all he wants to do is to touch me, it's ok. And a lot of times he'll fall asleep touching my face. He's always touching my face. You know, I still give him a bottle before he goes to bed, because I like to rock him and to look at him, and he'll drink his bottle with one hand and then he'll touch my face with the other hand.

Claire: Beautiful.

Meg: Just touching my face and my chest and my hands. I feel like he is getting not just a physically visual view of me, but this ... um ... like even if his eyes were closed or even if he was blind, he would be able to touch my face and know that it was me because that's what he does, he touches me. He has this internal memory of exactly how I feel. And I remember doing that with my mom and my dad when I was little, constantly wanting to touch my mom's face, and her cheeks, and her nose. And I didn't really realize, until I had my own son, why, now that I'm bringing back all these memories of me touching their faces constantly, and now that my son does it to me, I'm like, well, that's what it is. And I could probably touch my mom's face with my eyes closed and know exactly who she was. Even though she's older, I think it's just like the placement of the eyes and the nose and the mouth. That's something that he does for me, and so I don't care that he has to sleep right on top of me and I can barely breathe. (laughs) He always has to have a leg on me, and I feel like he's making sure, "mom, are you there? If you're there, I'm ok, but don't move." This morning even, I woke up on my own at quarter after ten and was like "oh, crap, he's still sleeping, if I move, he's going to wake up."

Claire: He's so tuned into your physical presence.

Meg: Exactly, yes. And I will slide out under and put the pillow where my body was, so his legs are still in the air. And so this morning, I actually did sneak out of the bed.

Claire: That's adorable.

Meg: But I peak in and I see him tossing and turning, and he knows, mom's not there, uh oh. So he tries his hardest and pries his eyes open. And he sits up and he sees me and, I'm getting dressed at the end of the bed, and he crawls to the end of the bed. Well, he calls me Imah, because my husband speaks Hebrew, so Imah is Mom in Hebrew. He says, "Ma, Imah," like where you going, what are you doing? C'mon let's get back in

bed, I'm trying to sleep. (laughs) But then he wants to play, you know, so there's no use in that. So I feel like it's the physical and the touching, that closeness you feel ... so no wonder you feel guilty if he's crying.

Claire: If you're not physically right there.

Meg: Right, exactly, like I feel like I always need to be touching him. It was cute, I was sick last week, and he was just starting to feel sick. He just cuddled on the couch with me all day, just layed there and watched TV with me, watch movies with me ...

Claire: Just that closeness...

Meg: Yeah, just as long as he was touching me, having his hand on my face, you know, so I was like, ok, that's fine with me. But now that he's getting older, I'm like, "oh boy." I'm going to be so upset the day that he doesn't want to snuggle with me and lay with me, but you know, it it's kind of weird if he were like 16 and still doing that. (laughs) But I feel like when I'm rocking him to sleep at night and he's drinking his bottle, you know, if I 72 and he was 50, I would still rock you to sleep if I could. You know, I don't even care. The thing is I'm your mom. And so, it doesn't matter if you have grey hair, I will still sit and rock you and tell you everything is going to be fine.

Claire: The rocking changes shape but it also stays with you. And so this is part of the whole "I will never leave him," because that doesn't matter how old you are. You are always his mom.

Meg: Right exactly.

Claire: It's just beautiful. ... I am so proud of you. You know so much. You are 23, right?

Meg: 24

Claire: 24?! OK! Your birthday is in July?

Meg: Yes, July, I'll be 25. I was 22 when the baby was born. I found out on my 22<sup>nd</sup> birthday that I was pregnant.

Claire: Do you think your mom knew what you were going through a little better?

Meg: Oh yeah, definitely. Actually, it's kind of weird, my mom had me when she was 22, and I was her surprise too, so was my son. We were kind of in the same boat. Only it was a little bit more scary for me I think because my husband and I were only dating, and we had only really been dating for like four months before I found out I was pregnant. But it didn't matter. I always knew that I wanted to be a mom and, to be honest with you, it was the first time I took a pregnancy test and I saw two lines and I thought, ok, well that must mean negative. (laughs) So, I did it out of the garbage and I'm looking at it thinking, please tell me its negative, I'm freaking out here. But as soon as I saw that that it was positive, I actually got really happy.

Claire: That was first response.

Meg: It was my first response. I actually smiled and was like ecstatic inside. I always thought that since my mom had me when she was 22, that was the perfect age. She was still young enough, and when I was in High School and stuff, she was fun. And I always thought, well, I want that for my child, so when I'm 22, I'm going to have a child. But then, I got to 22, I was like, well, I'm a baby, I can't be having no kids. My plane completely changed and I'll have my first child when I'm 28. So, right after I turn 22, well, ok you're pregnant, so... But my husband and I were only just dating and, you know, he didn't believe me that I was pregnant.

Claire: He didn't believe you?

Meg: Well, I was on birth control. So I quit taking my birth control a couple of days early, so I would get my period, because it was my birthday weekend, and I wanted to go out and have fun and not worry about anything. So I quit taking it and, for a week, I kept getting crampy. I was like, I'm getting my period, but where is it? So there was a pregnant girl at work, and I was like, "I can't be pregnant because I'm having cramps, I'm totally getting my period." And they looked at me and said, "Oh no, you can still feel crampy and be pregnant." And that's when I knew. I already knew. So I took the test, and that night, we were going out to celebrate. So, my husband was working that night at the time. So, I was picking him up from work that night and we were going out. So, I didn't want to spring it on him then. Well, I didn't tell him that night. I told all my friends. So the next day, I pretended that I didn't know and said, you know, I still haven't gotten my period, maybe we should pick up a test. And he said, "oh, you're fine, but if that makes you feel better." So, "Oh you know, let's stop at Burger King." So, I'm like "Please, c'mon, ok, so I'm going to test now," knowing that it's going to be positive, and he's there eating a burger and I'm like, "ok, do you want to come in with me and see." He's like, "no." So, I go in, and I'm like, "ok, its' positive." And he just stopped. You know, I had known him for about six months but we had only been dating for about four. Ever since we very first started dating, we would be out in public. And he was older, he was 28 and I was 21. He would see children playing or people with babies or whatever, and he'd say to me, "I need one of those." He was so ready for a family and child. And it just happened so conveniently almost. And so, after I found out, he said "you can do what you want and I'll support you," you know, if I wanted to have an abortion or something. But I'm kind of against that, I feel like, you know, if you think you're adult enough to put yourself in that situation to have a baby, then you need to be adult enough to deal with it if were to ever happen. So that's how I totally look at it. So, I was ready and willing.

Claire: It sounds like you really both were.

Meg: Oh yeah, so I told him, and I hated to say it like that but I said, "if you're here or not, I'm going to have a baby, and you are more than welcome to come and join us." And that's all that he wanted, he was ecstatic, he was so excited. So, its almost been like great since the beginning. I always knew I wanted to be a mom, but then when it actually happened, you're like "ok, where's my book, I don't know what to do." Now, my mom, when she got pregnant with me, she and my dad had been together for about five years. And then she got pregnant when she was 22, and she was a little nervous. I talked to her about it when I was pregnant. She said, when her and her friend went downtown and they gave her a test, and told her that for sure you are pregnant. I think she had a small inkling, like, "I can't deal with this, I don't want the baby." And then she said after she went to the clinic, and you know, if you go to have an abortion, they always try to talk you out it first, then they advised her and everything, and so she decided after that, I'm going to have a baby. She told me how she went home after that and told her mom, and my grandma was like, "oh, you need to get married. What are you doing? You need to get married." And I don't feel like you really need to be married. Because why do you have children? Because you love each other. It's not necessarily because you have to. Even my husband, I waited until after the baby was born because I said to him, "If we're still together after I done being pregnant, we'll be together forever" because I was crazy. (laughs) My hormones were up and down and my head's spinning, so I was really kind of

crazy when I was pregnant. And you have to quit smoking and you can't drink, it was awful. (laughs) So we waited until after he was born, and we got married, and I'm not even really sure we would be married now, but since he's from Israel and we had all the paperwork we needed to do, which is totally fine with me. I'm up for being married. I didn't have a wedding or anything. We just woke up one Monday morning, "wanna get married," "yeah," "let's go." And that's what we did. And it was perfect because it was just me, him and the baby. And the baby was like a month old and the witness guy was holding his bottle. (laughs) And that's fine with me. So, I feel like the connection with my mom is that, well, my parents split up after I was born when I was a small baby. I think that is another part of a relationship that once you have a child, it changes the relationship so much that, it's really another test to see if we can really make it together. I feel like it is, like I said, when two people are trying to take the steering wheel, it's really hard. Working that out is hard on its own. And I just feel like my parents just weren't meant to do that together. To be honest with you, so I've never known my parents together, but I can't imagine growing up any other way. I looked forward to every weekend, going to my dad's house, and before he met Ashley's mom, and it was just me and him, it was fabulous. And I feel like I have a greater bond with my dad because of that. We had those few years to just always be together, me and him. You know, out of all the friends, I was the first child. I'm the oldest out of everybody. He was only 25, so he was still doing his concerts and camping. And remember, I just went along with him. Claire: I remember well.

Meg: And I remember that as such a positive part of my childhood. I remember everyone watching me, paying attention, making sure I didn't get into trouble. And then, when Amanda was born, I was a year and a half old, so I can always remember her. And it was the same thing with her. Her dad was still young, so it was just me and her, and I just remember us running around together. She's like my earliest childhood friend that I have a memory with. And we were constantly camping, and it was just awesome.

Claire: I know, I remember you so well.

Meg: And even if I had to sleep in the back seat of the car and drive home. I was totally ok with that. But, you know, with my mom, it was a little more structured. (laughs) I was at my dad's on the weekend and that's probably when she would go out, so all week at home, we were at home. So I couldn't imagine it any other way. Like when my mom got remarried and my dad got married, so now I have like four families, this is great! Tons of Christmas gifts! So I know her experience was much different. And I really, truly love Adam with all my heart, and I really picture us being old together. It makes me very excited to know that, like me and Adam just had this conversation the other night, that ever seeing our parents together. He did see his parents together but they fought so much that almost all of his memories of them being together is negative. And he said that one time, his mom had wanted to divorce his dad for a very long time, and it got really bad, and so their neighbors, their friends kind of gathered them up and kind of helped remind each other of why they fell in love in the first place. And so it was this period of time, and this always makes me cry, he says that he specifically remembers, after the neighbors talked with them, actually for about four days, they were like really loving, you know how parents really should be. He said the joy he felt from seeing that was just unimaginable. He said he just felt so happy that his parents were getting along. And I feel bad, I feel guilty for him almost because it was short lived. So then his parents

separated. So we talk about when we play with Nate, and were all dancing in a circle or we are all hugging together, or we are all playing a game together or drawing together, making sure that my child has these memories of his parents that love each other. I don't want him to have any memory of his parents hating each other. And I totally understand that, in my case, for my parents, to get along and to love each other in a sense, they had to be apart. But the love I felt from each of them separately was great. I couldn't imagine it any other way. I don't think I would ever, in my head, go back and say, "if it could happen again, could my parents be together?" No, because I liked it the way it was, and I grew up fantastic. Like I can't imagine a better childhood.

Claire: But it really says a lot about you too, because you really took the essence of what was good in your life. And not everybody would have.

Meg: Oh, I totally agree. Right.

Claire: You were able to shape it, take what you needed. The stuff you didn't appreciate or that was not the best, you were like "alright, well, what are you going to do?" That says a lot about your spirit and your heart and your capacity to hold pretty much all of it. Because you have a tremendous sophistication emotionally, that is kind unique among most 45 and 50 year olds that I know. And you are your own person and you also have a spirit that is larger than the average bear.

Meg: Yeah, and I feel like everyone experiences what shapes who they are as they're growing up. But I don't know where I get this from, but I feel like I have the ability to have the patience, and to take the good with the bad, and you learn from the bad. One big mile stone I think in my life was when I broke up with my ex-boyfriend, my first love. I remember for a year being so upset, you know we were together for two years. Ok, so when you can stop and see perspective, so what's done is done. How do I grown from that? How do I separate myself from the bad to the good? What can I take from it that is good and leave behind the bad? So, I remember specifically, my mom said to me, which made me feel a lot better, "although you are sad right now and everything is awful, you will be happy again, this doesn't last forever." So, again, back with the prickly guilt, awful feeling that you feel, thinking like I'm a horrible person because how could this person that I love, not love me back? She said to me, "even though you are feeling bad right now, one day you will be happy again. And it will come again, you just have to wait for it." I remember taking that and thinking, "ok, so what did I learn from this relationship?" I learned exactly what I didn't want. (laughs).

Claire: Exactly.

Meg: And that's fabulous because I would have totally settled for less on him. I totally settled for less. I never stood my ground or really was able to tell him how I really felt about the situations. And for the sake of saving from a fight, I would let him win. Well, that's not the way to go. So, now, I feel like this has carried over. So, I've taken the negative that I've felt and I pushed the negative aside and pulled out the positive and have applied to it to my current relationship with my husband. And so now, I'm definitely a fighter. (laughs) So if I feel like you are wrong, you know, you have to pick and choose your fights, and that's why I think women are smarter than men. That's how women keep their own way with their husband because you pick and choose your fights. You know, I'm not going to fight about which laundry detergent we buy. If you want to win that one, you may certainly do that. But, there was a situation not too long ago where my husband was kind of depressed, and we had just closed our business and

everything, and so he went to the Casino and forgot to pick my son up from my mom's house. And I had to leave a meeting at work early to go pick my son up. Well, ok, I'm in the right here, and you are totally in the wrong. And for that you are going to feel the wrath of Meg. (laughs) So, I don't get angry, I don't get mad, I'm quite passive until you really do something you deserve that was wrong. The situation with my ex-boyfriend, I probably let that more go, whereas with my husband, no, I'm standing my ground ... Overall, the big picture, if you can't handle that, then bye. (laughs) You know, that's just it, that's how it has to be. We both have to make compromises and actually, with that attitude, I think that makes my husband want me more. Like, she's such a strong woman I just want her. It actually helps, you know. There are situations that are opposite too, where he has the higher ground and I'm kind of like, looking at him with the puppy eyes, please don't be mad at me. (laughs) In those situations you grow, but from my past experience, I learned how to take the good from the bad and generate that into something that I can make ever greater. So, for sure, having patience and courage to stand my own ground has made me just a stronger person. So you take those experiences and you move ahead. I actually get a lot of people say to me, even when I was in High School, "you know, you are actually very wise beyond your years." Well, to me, thank you very much for telling me that and I totally appreciated it, but it really goes back to my parents. Why am I like that? Why do I do the things I do? Why do I think the things I think? The perfect blend of my mom and my dad together, raising me, has molded me into who I am today. And so I take that back to my son. Ok, so how do I want my son to be? I want him to be a millionaire, very famous, everything good. If it doesn't turn out that way, well I'm ok with that, but as long I know that the morals he has inside, that I've been able to shape them exactly how I want and exactly to make him a good person eventually. I feel like that all stems from back to your parents. I see the responsibility and the job that my parents had and how they did it with me. And now I'm taking all of that and putting it towards my child. So, it really goes back to being a parent and how you really raise your children, and care for them and love them, and it all comes together in the end. So, these situations I have with my relationships with my husband, my ex-boyfriend, whatever, and even with my friends, situations with my friends and stuff like that, have all stemmed from how I grew up.

Claire: It's interesting when you get to be a parent yourself and you add this layer, you are drawing upon all of that in a very immediate way. So it's kind of like crystallizing for you all at once. And you didn't even know you had these resources until you are called upon and then you find yourself saying these things. And you're like, "oh, that sounds really good." So you have all these experiences that are kind of cellular within you, in your body, in your gut, you know, doing the gut feeling. And being able to draw upon all of that, it's maybe these resources you didn't even know you had until you are in the moment and you're doing it, and articulating it right now, just beautifully. This is awesome.

Meg: You know, I've never really been able to put it in words before, you know, because everything that I'm saying is coming from experiences but, really, when in any normal sit down conversation are you talking about this exact type of situation.

Claire: Never. I mean, you are scooping out the meat of everything that matters right now. I just want to make sure to do solid justice by you. I mean there is such a beauty and richness here. And you're right, you are ... age is just a number baby. I mean

you've got a soul as ancient as those hills right there. I mean you're the Ohio. What you've been able to do with your soul richness here, is offer that to your son, to your husband, to your sister, to your father and mother. You honor them in your existence by the things you've taken in and the things you've also left. It's so powerful.

Meg: Right, yeah, it feels good. (laughs)

Claire: I'll figure out a way to represent you even a little bit, not anywhere close to what you do, what you give.

Meg: Well, you know, when it's you, it's different, so trying to put that on paper is a little different, so I totally get it. Yeah, I totally understand.

Claire: Well, I will give this to you after we are done.

## **2. Beth: Interview #2**

Claire and Beth - March 15, 2011

Claire: I think it is recording. So let me give you what you gave me. (OK) And to answer your question, why don't you read what's here and then I'm guessing that there will be more there than what you have words for now. We'll try to find some more words together.

Beth reads her paper. (See Appendix A2)

Claire: How was that reading it?

Beth: You know, it does make me have a little choke in my throat, like I could probably make myself come back to those feelings that I had. In the meantime, when I was going through this, they had put me on Zoloft and Prozac and stuff, which I didn't think was working for the longest time, but I think after a while, it did help me with not being too emotional.

Claire: It sounds like it was truly terrifying.

Beth: Yeah, you know ... I couldn't even, if I had a patient in a wheelchair, someone with MS or had someone out, I couldn't even look at them because I felt guilty, even after my diagnosis wasn't even that. Then I felt the guilt, well, how come they have it? Why them? I felt bad for them. So yeah, you know, I never pictured myself like that.

Claire: Well, I appreciate what you've done is evoke the memory again and evoke the part of you that was there and that's not easy to do. I really appreciate your courage in doing that. I want you to know that what you have done, from a trauma situation, and I will explain what I mean by trauma, is you were able to transcend something very, very frightening and that says a lot about you. So, what I'd like to do is, maybe just take what you've just read and the evoked memory of that and then focus on it a little about where it's setting up in your body now. And you mentioned your throat, just because you were speaking it, so that makes sense. So let's see if there are other places in your body as well as that, where it kind of sets up.

Beth: I think I already kind of know, one, is that I do get the chest pains. You know, I notice myself whenever I get anxious now, I get this pain right in here (touches chest by her heart) like indigestion or acid reflux. Whenever I was waking up, I mean, I



couldn't move it hurt so bad. The doctors kept wanting, they didn't say it was anxiety at first. It wasn't until later, until after the rest. And I really didn't think it was either. I automatically went to, being that I had a dramatic birth experience, you know, well, if that could happen, I must be having a heart attack. I must be having something else that's going completely wrong. But, when I think of it now, I can talk myself kind of out of it, and I can feel myself get that intense pain a little bit, and be like o.k., it's just that, just relax, it will go away, it's nothing... this is just your feeling a little nervous or anxious, and it usually subsides.

Claire: Well, maybe I can help add another layer to your arsenal of tools to deal with it. So what I'd like you to do now is find the most comfortable spot that your body wants to be in. If that chair is not comfortable, we can find something else... so get as comfortable as you can. So just close your eyes just start out by taking some really deep breaths, just allowing the breath to fill your lungs and feel the expansion of your ribs as the breath comes in ... and as you exhale, have it be a really full and deep exhale. Let each breath that you bring in, have it go a little bit deeper, breathing in and filling up your lungs to the very tips of your capillaries. And each exhale, allowing each exhale to bring you a little bit deeper into your body and take out a little more tension, a little more anxiety. Have the exhale bring out something, carry out something that needs to be let go of. (Pause) One thing you could do is even imagine that the air has a color to it, maybe a blue color on the way in, and maybe a purple color on the way out. (Pause) Feel the air cycle all the way through your lungs, and breathing out brings you into a more relaxed, more centered, more balanced place in your body. Gradually, what I would like you to do, is bring your attention, in kind of like a scanning kind of way, just an evenly hovering attention, I'd like you to just scan your body, just staring with the tips of your toes, bringing your attention in through your toes, and wrapping around your feet, the tops and the bottoms, into your heels, and your ankles, moving up into your calves, behind your knee caps, through the tops of your knees and underneath. Then bringing you attention into your upper legs and your thighs, bringing it up all the way through your hips, wrapping around through your belly, your spinal column, your sternum, your rib cage, moving all the way up through your chest, through your collar bones, your shoulders, your shoulder joints, and then wrapping around down through your biceps and your triceps in both arms, and your elbows, and your elbow pits, through your forearms down through your wrists and your hands, the tops and the palms, all the way out through your fingertips. Then moving back up through your hands again, bringing your attention up through your arms again, all the way up to your shoulder joints and your collar bones, your shoulders, and then up through your throat, the base of your neck, the back of your neck, underneath your ears, your chin, your jaw bone, and through your lips and your cheeks, and the area between your upper lip and your nose, through your ears, all the way up through your temples, your eyes, behind your eyes, moving up through your eyebrows, your forehead, and then moving up and out through the top of your head. Imagine bringing your attention all the way up and out, as a kind of a complete scan of your body. And now, bringing your attention into all of the different places that your body has been through but also what's living there now. What areas of your body are just there, and what areas does your attention return to intuitively, and especially after reading the memory you had about when you were first starting out in

being a new mom, and feeling guilt related to being a mom. Bring that memory that you just read about back into your attention, bring that into your body and feeling if and where that memory lives in your body now. Maybe it's multiple places, many different places. Feeling guilty about not being able to nurse or not really enjoying nursing or feeling guilty about having to go back to work, and really being glad about being able to go back to work. Or feeling like you missed out on time because you were worried or you were scared. Think about all those memories and all those feelings that you had, try to locate in your body some place where that feeling lives now. Think about and focus on if there's a thought or a phrase or an image or word that seems to kind of come close to describing that whole area where that memory might live in your body. I want you to think about where that might live now and surround that whole area with your attention. And be very gentle with it, gently greet that area and thank it for showing itself to you. Without necessarily needing to go into it, but just surrounding the area with your attention. Being very gentle with that area in your body, I'd like you to see if there is a word or phrase or image that comes close to describing that area in your body, that seems to fit the overall feeling of that area. (Pause) Every feeling that you have right now, I want you to imagine being very gentle with it, greeting every feeling or sensation, and imagine saying to that whole feeling "Thank you for showing yourself to me, I see that you are there." No more or less. Just, "Thank you for being there and for showing yourself to me." And if there is a certain type of word, or phrase, or image that seems to fit this feeling that you have, I want you to imagine just checking in with your body and asking "what makes this overall feeling so this...?" Just kind of taking a questioning stance towards it. You mentioned in your chest and your throat... there was a tension or if you have a word or a phrase or an image that seems to fit for it... if you want to indicate that to me, that would be fine.

Beth: There's a sharp ... (Pause)

Claire: There's a sharp feeling? In your chest, do you have an area?

Beth: (Pause) Not right now...

Claire: Ok. So there's a sharp feeling, it's something that feels quite acute? Can you imagine surrounding the whole area with your attention and very gently, thanking that whole overall feeling for showing itself to you. (Pause) Beth, if there are other things that come to mind during this, just imagine gently moving them to the side. Just really taking a very gentle stance with your own bodily feelings that come, or any thoughts that come as well. So, it's a way of being friendly with yourself, just being really gentle. What I'd like you to do if you feel ready, is take that overall feeling, the place that you've surrounded with your attention, and imagine just touching it gently, saying "I see that you are there, and I'll come back to you later." And ask it if its ok to come back to it later. (Pause) Then gradually, when you are ready, just move your attention back up through your body and out through the top of your head, like what we did at the very beginning, and then gradually come back into the room, and then open your eyes when you are ready. (Pause)

Claire: How was that?

Beth: That was good. It was very relaxing. I sometimes forget to breathe. So it's nice to be told to breath. (laughs) It's relaxing.

Claire: I'm guessing that there were a lot of different thoughts that you were having. And one of the things I forgot to tell you was that, part of the setting aside process, is first a focusing thing where you scan your body and then notice what's there. But also, the other part, is when we have thoughts that jump in, in the middle, there is a way of saying, oh, ok, like just thoughts that kind of come in, like what do I need to get at the store? Or just thoughts that kind of come in. So when these thoughts come, there is a way of saying "Ha, I see that you are there," and then imagine putting you in a box, maybe a see-through box, something that I can shelve for the time being, but you can see into it and know that it's there. It's like maybe a mental laundry list, or a mental inventory, where you have certain thoughts that demand your attention right away. And so, you notice them and gently move them to the side. And I guess that's the key word, the gentle piece. So it's taking your attention and moving it into your body but being very gentle with that, so that you can approach certain things that are usually off limits. Like when you feel something sharp, you don't want to touch it. So this is a way to kind of approach it, but gently touch it and say "I know that you are there. I see and feel you there. I will come back to you." And there is a way that it has to shift and change into something else when you bring your attention into it. I don't know if you experienced any of that?

Beth: I know that our minds are very powerful and when you can get focused, you know, I don't do that enough on my own. So having you walk me through it is very helpful because it does help me relax and focus on my body. And I need to do yoga, so that I can learn to breathe and relax and not let things build up so that I feel that sharpness and tightness in my chest. So, just going through that with you, I felt, not emotional, but calm. It's very calming. I could have fallen asleep.

Claire: A lot of people tell me that. (laughs) Just in regular conversations.

Beth: (laughs) Yeah, I was like, do I have to open my eyes? But, you know, I need to learn to do these things so that I can, you know, I know now that what I have experienced, even though I have some answers, I think it's something that I'll have the rest of my life to deal with and I don't want to have to take any kind of medicine to deal with it. I want to control my thoughts and feelings with my mind.

Claire: Or just address them when they come. You know, I think just being able to have a method of approaching them is important. And I think that's a key word, approach.

Because we often want to flee. But what happens usually, if you have something that you don't address, if there is a fear, or if there is some sort of anxious place, if you turn your back on it, it gets bigger behind your back. So, if you can turn towards it, it has a way of making it less monstrous.

Beth: I agree. And I think that's the way I tend to deal with things, is verbally, talking about it. I think that's how I got myself through what I went through, was just being able to talk about it to anybody. Sometimes that help would me. It was funny because sometimes when I was going through a lot of my anxiety and I would want to talk to people and sometimes I got the answers I wanted and it would help me. But every now and then, I would talk to the wrong person and it would backfire on me and it would get me more anxious, and then I would feel like why did I even bring anything up because that was not what I was looking for.

Claire: Yes, absolutely, and this may be a good way to know what it is that you are needing. So then maybe have a better way of asking for it. Tell me about this place here ... (indicates chest over heart) did you go back to that overall feeling?

Beth: Yeah, um, I, uh, that's always, like I had said earlier, where I feel my anxiety or my emotion and my stress. Reading, I did feel it in my throat, like that getting choked up feeling, and I probably felt that in a sense, you know, that's always that first when you want to cry, or when you are trying to hold something back. You feel that. And I felt it a little reading. But when we were talking, I felt calm, so I didn't feel the pain or what I would normally fear of feeling. If that came out right?

Claire: Sure, absolutely.

Beth: And I know when I was going through my anxiety with the numbness many people were telling me my numbness was a sign of anxiety. And I couldn't kind of grasp that because that doesn't make sense to me. Or why is this physical pain coming from a mental standpoint? Like why does my chest hurt or why is this happening just because I'm anxious. And I could feel the tenseness in my muscles and it made sense after someone explained it to me, when you're nervous or anxious or when you are feeling these feelings, you're whole body stiffens and causes crazy feelings, you know.

Claire: It's your sympathetic nervous system. Fight or flight, you know, we have that for a very good reason. That's survival.

Beth: I understand medicine and I understand that there are a lot of things that are unknown. But I guess the fear of the unknown, when I was going through my guilt and anxiety and panic attacks, I just wanted answers. I didn't want someone to just say, this is just because. Like I needed to know why my arms were numb, why my chest was hurting. I needed it to have a reason.

Claire: Why did you think that your arms went numb?

Beth: What I didn't have a chance to mention was in September of 2007, before O was conceived, I had fallen down my sister's steps accidentally. She has wooden steps and if they get a little bit of dust on them from the basement, and I had flip flops on, and I had run down the steps to get a pop and, of course, took all thirteen steps out. You know, I was bruised everywhere. And I didn't have any immediate, other than just pain of bruising, I didn't have any immediate symptoms. I found out I was pregnant with O not even a couple of months later. Then, in January while I was pregnant during my second trimester, my arm got stuck, it got kinked up. I couldn't actually open it and I couldn't lift it. I had a chiropractor that I had seen and I went to him. He had told me that something was wrong with my neck causing my arm to kink up. So I thought nothing of it. So he worked on me. I knew I couldn't take any medicine and I didn't want to. And he was the most conservative in prescribing medication because I didn't even want to take Tylenol for the pain. He, being a chiropractor, he was more natural, so that was great because I was pregnant and I didn't want to take anything, and there wasn't anything safe to take. So, he worked with me and got my arm functioning again. This was at least three months after I had fallen down the steps. And I didn't even think about having fallen down the steps because I didn't have that feeling. And this arm had kind of gone numb at first. This is the arm that got kinked up. Well, no big deal, he got it working all through out the rest of my pregnancy, it was fine. And then after I had O, then I had the emergency C-section, it was literally like a week or two later that this arm went numb. And I didn't think anything of it because I was still was relating it back to, oh it was this arm that was all relating to falling down the steps, that was definitely the problem. But then whenever that patient of mine put that in my head, she didn't even realize what she had done. You know, and I felt bad because I couldn't even see her again because it just brought back

too many horrible feelings. But, I automatically, completely lost the control to negotiate that it was still coming from the herniated discs. To me, you know, I was sure it was MS. I knew for sure that that was it, because this is what had happened to her, this is what her symptoms were, because it was in her chest and her arms and having a baby. So that was it. So I couldn't even rationalize until I had the MRI, that I could diagnose that I didn't have that. My sister also suffers from rheumatoid arthritis very bad and she's young so that was another thing that crossed my mind. You know, I felt bad that she had it. But she was actually pregnant during the same time, and during her pregnancy she couldn't be on any of her rheumatoid medicine, and her rheumatoid got very out of control and they were saying how the pregnancy had brought it to that. So that's also what was there in the back of my head, saying well, oh my sister has this and that makes sense.

Claire: And that pregnancy changes you.

Beth: It changes your body. So I just automatically assumed that it was bringing out some autoimmune problem that was underlying it in my life that I didn't know about.

Claire: Well, I have some thoughts for you and I don't know of any of this will be helpful to you, but I want to share them with you, and I also want to ask you what these may mean. Because you said a number of times that you really thought you were dying. I mean you really felt that. And I know what panic attacks are and whenever you do have those, you feel like you are dying. That is actually the experience of dying, where you feel this is it, I am not going to last for one more minute, I am dying right now. And it is very real. Anyone who tells you that something is just psychosomatic, is completely missing the point, and doing you a gross injustice. So don't allow others to tell you, oh this is just this, and don't allow yourself to you that because that minimizes the actual experience of it. And the reason why I do that work that I do, and the reason I have a body focusing piece in here, is because it acknowledges the reality bodily experience. That pregnancy is a bodily experience. Why would you have an experience of dying, and just to add another layer to it ... I'm wondering if there was a part of you that kind of was dying, and that has to do with maybe, and I don't know, try this on, that in adding a new part of who you are, that really did die. So you're a mom and had a death to the life of who you were before and it kind of feels like that. And that's a very real thing, even though we can talk about it metaphorically.

Beth: Right. Well, it's funny because O was a surprise. I was actually on birth control. So, that was a shock just finding out that I was pregnant because I had no idea, we weren't trying. Not that I had said I never want to have children. But the timing, you know, I was married, it was fine. It was not like it was ... I thought we were going to wait a couple of years. So it was a surprise. I felt guilty ... so here's the other thing, um, my sister that has rheumatoid arthritis, we're very close, she's my best friend, and she was told that she couldn't have children. She had to have major surgery at 18 because her appendix erupted and the surgeon took out half her appendix, so she developed peritonitis, so that major surgery had caused a lot of damage to her whole body and her intestines, and her fallopian tubes were blocked, and just all these problems and they told her she probably couldn't have any children. And she is seven years older than me but she had been trying. They told her she could still try but they couldn't guarantee that she could and she probably needed in vitro, and if it was possible, she would have to do that. So when I found out that I was pregnant on accident, and my sister had been trying, and I was even on birth control, that was the hardest thing I ever had to tell her, because I

didn't want to seem upset that I was pregnant, and then on the other side, I didn't want to seem so excited that I was pregnant. Because I was afraid, and my sister is the type of person, she would never, you know, she was excited for me. But to me that was very, very hard for me even at first to deal with because I wanted her to be pregnant, I wished that situation was her and not me, and she had been trying, she was ready, she's my older sister, she should have done this first. But with a lot of prayer, it was just amazing, within two weeks after I found out I was pregnant, she found out she was pregnant.

(laughs)

Claire: (laughs) Wow, it sounds like you really loosened up something in the universe.

Beth: I know. My family was literally in shock because she was supposed to spend \$10,000 on invitro within the next year because she wasn't getting pregnant. And it just happened. Even the way she told my parents, she said, "what do you think about two babies this summer?" because obviously I had already told them and I was due in the summer. They were like, "Beth is having twins?" Like they didn't even think she was pregnant, it was automatically like I was having two babies. So it was a miracle but that was something in the beginning of my pregnancy that really did hurt, a struggle that I had to go through because I felt guilty for being pregnant.

Claire: And also she had a long time to get used to the idea, because she really wanted it. But you had nine months. And that's not that much time, I mean its enough to grow a child, but talking about changing your whole identity and your life and your whole world because it changes everything.

Beth: And I think, a lot of times when you find out you are pregnant, it is a miracle and it's a wonderful thing and everyone congratulates you, but no one really warns you ... but sometimes in a positive way. You know, everyone's like "Oh, you're having a baby, you're having a baby. It's so great, it's so great!" But it's also terrifying and it's the stress on the marriage. My husband he's just wonderful, but I don't think he knew what to do sometimes. You know, because I was wreck. I would cry all the time. I couldn't even drive home from work without thinking about it. And it wasn't even that I thought I would die tomorrow, I was thinking even 10 years. I thought, "I don't know how long I have to live." You would think I would want to take it in reverse and enjoy this time that I had, but no, I wanted to go home, get O ready for bed, get myself ready, and just sleep. And it's just weird because that's not who I was, you know.

Claire: Well, you know, you are talking about a death or sorts. And you are also talking about a death that is different. Before you have a child, if you do die, it's your death.

But when you have a child, it's no longer just your death.

Beth: Right, you're thinking of them and what their lives will be like, and what you'll miss out on. You know, I had so many "What ifs?, that, no wonder, that's all I could do was "What if this? What if that?" I mean, people just want you to stop and are like, "just live every day like it is." (laughs) "Don't sit there and worry about what I did." I just couldn't help it.

Claire: You were going through a lot of changes and trying to figure out what that means.

Beth: Which I'm sure, you know, the hormonal imbalance and all that too played a part.

Claire: Yes, absolutely.

Beth: And it's funny, because when you read the "What to Expect When You're Expecting" books, you know, you do tend to skip the parts that are a little negative or scary. You know, you read the good things or things you need to know about proper

childcare and stuff. But I didn't know, when I had my syndrome, I didn't read that until after I had it.

Claire: Why would you?

Beth: You know, exactly.

Claire: You know, some moms do plan on C sections, but some really, for the most part, you're not thinking that's how its going to go down. Or also, what happens when it really, really hurts when you are trying to breastfeed? Or you're milk won't let down? Or they don't know how to latch on? And so all of those things that help you feel ok as a mom ... you know, is it ok to sleep in the same bed? You know, we have all these shoulds that exist especially for moms. You know, in particular for moms, a world of judgment and a world of expectation.

Beth: Even just preparing, you know, when you register, you think you need everything in the store. You think, well if I don't get that, is that bad? The I would like have to tell myself, "OK, how did people do it a hundred years ago? They didn't have all this fancy stuff. Do I really need this? But all my other friends or the other moms have it, so maybe I do need it." You know, I kind of felt overwhelmed in the sense of the pressures of having, you know, a perfect nursery, or a perfect wardrobe, just the safest car seat, everything.

Claire: So how in the midst of all those things, how do you learn how to trust yourself? How do you learn to locate in your body these feelings and what are these feelings trying to teach you about how you're related to your kid and how is your kid is related to you because when you have a small child, and they are doing all this stuff and they are looking for your face, it's really hard to know necessarily what all the answers are but you know intuitively how to look for their face. And they know how to look for yours. We do have those things but it really hard not to question and doubt yourself in the middle of all that stuff. And to look to other moms and also other folks in your life to ask "How do you go about this? How do you do this?"

Beth: And then some people just make it look so easy, you know. It's like, "I have one kid and I feel overwhelmed, you have like four, and you seem like you have everything together."

Claire: One is a lot. One is a lot. I have one. Definitely you can feel guilty about not having more sometimes but I also know that we're good. Maybe at some point. But still, whatever it is that you decide that you need to do, learning how to trust yourself is essential. Let me just ask you again, how does it feel now? I know we are talking in a different way about this, but if you kind of think back on the feeling in your chest, where is that now?

Beth: I'm not sure. I mean, I feel ok, I guess. I don't know. (laughs)

Claire: What I'd like to give you today for sure, if not later too, because I can definitely follow up with you later, and would like to, and I also have more questions for you if that's ok, but how do you take that overall feeling in your chest, that tightness when you feel guilt, or when you feel anything, when you feel anxiety, when you feel all of those things that are very familiar to you, how do you go back to them and touch them gently with your attention? Not just ignore them but learn how to approach them, and really let yourself have it. And then also, if you do, to acknowledge it gently and day "I see that you're there. I know that this is here and I want to be able to go inside it more fully." So

really turning towards it. That's how you learn how to trust yourself. Instead of feeling like you need to have control over it, being able to go back to it, returning to it.

Beth: Right.

Claire: Do you need a break or anything? Do you need to go to the bathroom?

Beth: Actually, I do need to go to the bathroom. Part of me, when you said that, "where are you feeling it?" I was like, in my bladder. (laughs) I'm fine. I wanted to see what time it was too. I don't want to keep you too much longer. I just want to call my mother-in-law real quick to check on O. (leaves the room and then comes back)

Claire: Let me ask you a couple of questions. I wrote down some additional things. How old are you now?

Beth: I'm 27.

Claire: And O is 21/2, almost 3. And when did you remember that you experienced this guilt, it was probably really early on, right?

Beth: Yeah, I would probably say the first week because it started with nursing. It really did just feel overly demanding. You know, I wasn't comfortable with it in public. I'm not a very shy person but that was just something that I didn't like and want to do when I was out. So I felt when I did go anywhere, it was like I needed to be home every two hours so that he could eat, I could nurse or I could pump.

Claire: So you felt confined to the house?

Beth: Yeah

Claire: I understand. You know, to have a physical reaction to not just your own child but any child that cries. You know,

I used to work in a Women's Center when I was nursing my child and moms would come in with their babies all the time, or just children, and I would hear them cry and feel my milk let down. But, it sounds as if you felt this really early on when you found out with your sister. So that was like two weeks in or even sooner.

Beth: And that felt better with her also having a baby and her finding out she was pregnant, that was like a huge relief. Because I didn't have to feel guilty now about being pregnant.

Claire: It was something you could go through together.

Beth: Yeah, it was great and it was fun and I would never have pictured ten years ago, because she's seven years older than me, I would have never thought we would have our kids at the same time. You know, I would have thought her kids would have been a lot older. And now its just wonderful because O and my niece are like brother and sister, they do everything together, we do everything together, so it makes it really fun.

Claire: You have a really good community and you can support each other through all of this, so that really helps, and it also says a lot about where you draw courage from. So that's really good. Um, this question may sound ... I think I know the answer to this but I guess no one ever talked to you about feeling guilt about being a mom. Like other mothers?

Beth: Not really, I mean my immediate family. My mom didn't feel guilt but she suffers from anxiety and depression, so she could relate to that feeling that I was having. So, as far as when she was mom, she was a stay-at-home mom her whole life, so I don't know if she could quite understand completely. You know, she understood my anxiety part, but I don't think she understood why I was having it. My sister, she's just the type of person who is very positive, always the cup is half full, doesn't dwell. I've maybe seen her cry a



hand full of times. You can tell when she's maybe a little bit upset, but she is the complete opposite when it comes to emotions as far as me and her go. She doesn't let anything get her down. I mean, I'm more worried about her arthritis than she is. (laughs)

Claire: She's an insatiable optimist, how maddening! (laughs)

Beth: Yes, she is, yes! (laughs) Crazy, I know, I must have got all the anxiety and worry and she didn't in the family.

Claire: Here's the thing that I know for sure, and believe me, I do know this because I became a psychologist. That the ways that we do struggle really do matter, and they deepen our experience. They allow to access things and a certain degree of empathy and compassion, not only for ourselves, but for other people that really is necessary in order for the world to continue. And that's a very important thing to know about yourself, so that you can continue to draw upon that, but also for your kid. When O gets hurt, he knows that you will be able to help him because you will have gone through your own things. We don't necessarily need to shelter them from the fact the life is really hard sometimes. But you'll be able to really understand it because you will have gone through your own stuff. So I don't know if that helps mitigate some of these things, but to know that there's some meaning to it. And that it all can be on the way to something. So, I hope that's helpful.

Beth: Yes, right.

Claire: Do you think your own mom experienced guilt when you were a baby? Or your sister?

Beth: Like I said, I don't think, as far as having a child, she felt guilt. I think she maybe had guilt for other things. And that's a whole other thing. That's another session ... (laughs) Her guilt would be different in the sense, she got sick a lot with blood clots, which is another reason why I think everything is inherited and I think I'm going to get it too. So she spent a lot of her time, maybe not when I was an infant, but when I was in elementary school, in the hospital. So her guilt would be more that she was sick a lot, but not as much about feeling guilty about being a new mom. But I guess it is similar because she missed out, and how I felt that I missed out. So I guess, if you really think about it, everything really does go together.

Claire: It makes your process that much more understandable because you have your own way of trying to understand. I mean, who do you look towards when you become a mom? Your own mom. That makes sense. You had a lot of experiences of having a sick mom.

Beth: And I didn't want that for my son.

Claire: But it would be very natural when you are first staring out to move in that direction. And especially, and I said this before, when you had a trauma with your birth and your labor.

Beth: And I'm a planner. I had it my head that I was going to go to the hospital all dressed up. And I left out of my story, its kind of funny, when we were in our cabin in West Virginia, the water there has a sulfur smell with the well, and it stinks really bad. The doctor had told me to take a warm bath, so I'm taking a warm bath in this egg-smelling, nasty water, and that's how I had to go to the hospital. And my mother-in-law, who is just great, she dressed me, because I couldn't even do that, so I didn't even know what she put on me. So nothing went the way I had thought it would. I laugh about that part now. But being in the hospital, I kind of went (sniff, sniff) and I said "Keith, you

stink” but he said, “no, babe, it’s you.” Nice. Here I am thinking I’m going to go all nice and dressed up, hair done, make up done and I was anything but that. So just from being there, I felt so gross. (laughs) It’s kind of funny.

Claire: (laughs) And I think if you can find a way to laugh about some of those things.

Beth: And I do ... now. Even then, I laughed, I mean, go figure. Here I am thinking I was going to roll in all dressed up and nice and definitely wasn’t. And even with him being born, I was upset because the baby room wasn’t finished. You think I even used that baby room once? No, it was just storage for all his clothes and all his stuff because he was in the bassinet right next to me for three months, so it wasn’t like I had to have that baby room done, but in my mind, you know, I wanted it done, so since he was a month early, I wasn’t ... I was still thinking everything needed to be in order. I wanted to bring the baby home and I wanted everything to be perfect. So that kind of drove me a little crazy I guess (laughs).

Claire: Do you think it would have been different if you had had a girl?

Beth: No, I don’t. My niece, she actually ... O was a very good baby in the sense of his personality, I mean, he slept through the night, no colic. And, it’s funny you say that because both my nieces, one had colic, and my other niece, my sister-in-law’s daughter, she had colic. And my sister’s little girl, she was, I guess, clingy. Maybe if I had a little girl and she was like that, it could have got more intense because at least O was a very easy new-born, if you want to say. I don’t know, maybe my little girl... It’s hard to say.

Claire: But just thinking about if maybe there is a gender difference in terms of our experience.

Beth: Yeah, I don’t know.

Claire: I mean, that’s maybe a lifelong question, because we have to understand what it’s like to have a baby girl or a baby boy, if there might be something different. But certainly it was good because you were going through so much to have a relatively placid child. So you would not have to be stressed about that in addition. If you have a really fussy baby, or not easily settled, not easily soothed, then you have a lot, and a lot of that is temperament too, sometimes it’s gas, sometimes colic. But you also have a lot of stuff going on with your own feelings and trying to adjust to that. So I’m glad that you had a possible way to relate to him differently while you were going through a terrifying transformation for yourself.

Beth: Yeah, I’m very, very fortunate for that. I’m paying for it now because, you know, terrible twos, no (laughs).

Claire: (laughs) I don’t believe that for a second.

Beth: No, he’s all boy, he likes to play and go outside and get dirty. He’s a boy.

Claire: Well, the one thing I wanted to be sure of, and I’ll let you go and walk you out, I just wanted to make sure that when you leave here today, that you don’t have anything that feels unsettled for you. When I said trauma, I meant it. Which means what happened to you, was an experience in birth and labor that made things extremely difficult for you and I wish you had had a different experience. But also being to go back to those things and being able to process them and being able to forgive yourself, forgive them, and be able to move past it. It sometimes takes a little while to think about, you were fine in many ways until you got to that place. Your labor and birth was traumatic and the influence of that on the next three months was huge. If you’d been allowed to have a normal delivery and if you’d been able to go through, if the universe had allowed for that,

I don't mean the doctors, I mean whatever fates that be. But really recognizing the influence of starting out in that way, and how that shaped the rest of the experiences afterwards. Not to say that you weren't in a tremendous amount of pain because you were, tremendous pain, fear, and panic attacks are very real. Its not just in your mind. Its your whole body, your whole being. You are, in fact, pressed up against the limits of what you can take because you really feel like you are going to die. So, I want to make sure that in talking about this today, its not bringing something else back up for you but also make sure that you know I am a phone call away and I'm not leaving you hanging. If anything comes up or anything occurs to you that you want to add or just talk about, I'm here. I want you to leave from this experience feeling like this is stuff that you can hold and you can use in a larger project of just dealing with your own emotional life. And knowing how to approach things that are just very difficult and very painful, like you already have, but where you do have some control. Not just happening to you. Maybe just giving you a copy of this to help you get to sleep at night. (laughs)

Beth: I don't have any trouble sleeping now. (laughs)

Claire: Thank you so much for doing this with me. I'm going to call you next week.

Beth: You're welcome.

### 3. Cam: Interview #3

Claire and Cam – March 18, 2011

Claire: Do you have any questions about it before we get started? Um, I also just wanted to see first off before I describe the process from here, for today, is just see how this was for you, writing this. How was it? How did it feel?

Cam: Well, it took me a long time to decide what and how I would talk about a memory because a lot of times its just kind of a passing thing for me. Where I'll just be doing something and taking care of her and thinking of something else I should be doing and then I feel guilty and I just, I have to figure out what I am going to do. You know? And so there wasn't, there's not a lot of one event things. And so, I finally thought, well, you know, I thought of this time when it was at night. And, of course, at night, that's when you are going to bed and when everything is swirling around in your head.

Claire: Exactly.

Cam: So that seems good, and so, once I decided that's what I needed to talk about, it was pretty easy to recall the memory and to think about it. But then, it's like, you have to start thinking about everything all over again.

Claire: So when you think about it again, does it feel like its going over the same thing in the same way? Or does it feel like it moves you forward a little bit?

Cam: Um, even though it is the same thing, I still think it's moving forward because it's either not as strong of a reaction, or I feel like I have justified something to myself. Like it's ok to have done that or come to grips with how things have to balance. Even though it's the same thoughts, it's still moving forward because I've come to grips, every time something happens, I become ok with how things worked out or balancing having to take care of the baby and doing other things, then I become ok with trying to balance it.

Claire: Yes, yes, so somehow the thoughts bring you into a better state of balance because its like a reminder of what it is you are sitting with and holding, what you want, who you want to be for your child.

Cam: Well its like the more I think about it and go over it, the more I can decide that its ok if sometimes I can't be there for her.

Claire: So it's a process of giving yourself permission.

Cam: Yeah.

Claire: And the guilt feeling like a reminder of something you need to deal with.

Cam: Yeah.

Claire: Ok.

Cam: Because there are so many things I want to be able to do for her. And then I think how it's impossible for me to do them, you know? If I were just completely paying attention to her 100% of the time and making her completely comfortable, I wouldn't be able to get anything done. And then, I started to think about the consequences of what that would do to her. Like, if she expects that all the time for the rest of her life, it wouldn't be positive for her either. So that also helps me kind of deal with it.

Claire: Yes, yes, and this is important because its got a whole way of you telling yourself, but what I'd like to do today, I mean, the thinking is very important and thoughts are very important, but it is one piece of us. We have the emotional life that kind of moves through us and reminds us of all sorts of things and its very embodied. So, how I'd like to see if I can be helpful to you is, in being able to find out and move into this bodily experience in a different way. And be able to see how it takes shape, how it sets up in your body. What your emotional life is particularly trying to teach you about. Because I think that its there for a reason and its not necessarily, just anything. So that's the art of the research technique that I was telling you about that is called Focusing Technique. So, the first part is to evoke some of the feelings that you wrote about. And have you read it or have me read it, whichever feels better to you, and then be able to, I'll take you trough this process, these steps. It's part relaxation and its part, the opposite of meditation, but moving into a focused bodily awareness. It's trying to reclaim a sense of your felt sense in your body. And then, after that, we'll talk about what comes up for you there. If that seems ok.

Cam: Yeah, can I sit on the floor?

Claire: You can sit anywhere you want to.

Cam: I like sitting on the floor. I think just beside this table.

Claire: I think I'd like to sit on the floor with you because I don't want to be up here. And I like sitting on the floor anyway.

Cam: Yeah, me too.

Claire: Ok, so wherever it is on the floor and I'll just ask you to close your eyes and get as comfortable as possible. So to start out, would you like to read?

Cam: Yeah, I can read it. (reads description out loud) (see Appendix A3)

Claire: O.K., so what I'd like you to do now is find the most comfortable spot that you can and close your eyes. Right now, for just a few minutes, what I'd like to do is just focus on your breathing, filling your lungs, and breathing out. Having each breath bring you a little further into your body. Having your attention filter all the way in through

your lungs, filling up all the way to very tips of the capillaries of your lungs and then breathing out. Having each inhale bring your awareness a little bit deeper into your body and having each exhale take a little more tension, a little more anxiety, a little more something out of you that needs to be let go of. You can even imagine that the breath that you breath in has a different color on the way in, like purple or blue on the way in as it fills up your lungs and circles around, each exhale takes a different color, like a pink or a red, and it changes color and shape as it fills your lungs, and then as your breath out, it takes a little more tension or frustration or something away from you and brings you a little bit more into a relaxed state. Gradually, as you just focus a little more on your breathing and how that feels in filling up your lungs, if there's thoughts that kind of come to mind that are moving in the way of that focusing on the breath, I want you to imagine just gently greeting each of those thoughts and imagine putting them in a transparent box that you can out on a shelf for now, just gradually moving them to the side and saying "I see that you here and I'll come back to you later." Just gently moving them aside and keeping that in mind for the whole process right now if there's thoughts that come and that are not immediately needing to be addressed right now, just imagine putting them in a transparent box or surrounding them in a bubble or something that you can see through to know what's there, but gently and carefully moving them to the side, letting them know that you see that they're there and that you'll come back to them later. Coming back into your breath and your breathing, I want you to gradually, as we move into this next place, imagine taking a mental scan, a just sort of noticing, a bringing your awareness into your body in general and moving away from just the lungs, but kind of imagine bringing your attention into the very tips of your toes. And then gradually moving your attention up through the balls of your feet, your heels, your archways, to the tops of your feet, to your ankles, taking a mental scan, just kind of scanning your body, bringing your awareness into it and noticing what's there and then moving on into your calves, up through the tops of your calves, your calf muscles, behind your knees, your knee caps, around through your upper legs, the muscles there, and the tops of your legs, moving all the way up through your sit bones, your pelvic region, wrapping around through your hip cavities, your uterus, moving up to behind your belly button, your stomach, your spinal column, up through your diaphragm, behind your rib cage, wrapping all the way around through your spine, moving up your back, and then wrapping around through your sternum, behind your rib cage, your internal organs, your lungs, your diaphragm, your heart beating, and moving up through your collar bone, your shoulders, your shoulder joints, down through your biceps and your triceps of your arms, your elbows, your elbow pits, your forearms and your wrists, all the way out through your hands and your finger tips. Gradually moving back up through your arms, your hands, your wrists, your forearms, your upper arms, up through your shoulders, to your shoulder blades, and wrapping all the way around through your shoulder blades through the base of your neck, where your neck meets your head, where your skull connects there to your spinal column. Then bringing your attention all the way up through your chin, your jaw bone, your lips, your cheeks, your ears, the place below your nose and your upper lip, the tip of your nose, behind your eyes, your eye lids, your eye brows, your forehead, and then bring your attention all the way up through your hair and the very top of your head, up and out. Just the mental scan, noticing what's there. Then gradually what I'd like you to do, is, given the experience that your just read about, being in the

laundry mat, holding your daughter close to you, loving her and wanting so much for her, but also feeling this sense of guilt sometimes. I want you to move your attention back in through your body, and see if there's a place in your body where that feeling, that sensation, and that felt sense of the experience of guilt kind of sits and sets up in your body, where it feels like it's the most prominent. I want you to bring your attention to that area and not go inside of it, but just kind of bring your attention to surround it, around the very outsides of that place where that feeling of guilt sets up or is situated or where it lives in your body. What I'd like you to do is just surround that area with your attention and see if there's a word or a phrase or an image that seems to come from that place, that feeling, that felt sense of that area. If there is a word or a phrase or an image that seems to bubble up from that place, that feeling, that felt sense, you can share that with me now or just silently keep it to yourself and check in with that area, imagine saying it to that area. (pause) Cam is there a place where that is taking shape in your body right now?

Cam: It's either here (points to her head) or sometimes right here (points to her chest).

Claire: In your head and your chest.

Cam: Mmhm. (nods)

Claire: OK, so there's two places where you have strong felt sense of that. So if you have a word or a phrase or some sort of image that seems to come close to describing how that felt sense feels in your body. And you can choose one of the places. One place either in your head or your chest that feels like it has priority right now, that needs to be addressed more.

Cam: It's like black swirling and just being tight, and like it can't be contained and I can't comprehend it because it's swirling.

Claire: So there's a black swirling that can't be contained or can't be held, and that's in your chest or your head, or both?

Cam: In my head.

Claire: In your head.

Cam: My chest is just this tight sadness.

Claire: It feels tight and sad in your chest and kind of black swirling uncontainable quality in your head.

Cam: Yeah.

Claire: OK, so when you bring your attention into those areas, I want you to start out just with your head, I want you to imagine saying to that area in your head right now, "What is it about this whole thing, that it makes so black and swirling, and uncontainable right now?" And just listen for what comes in that place when you ask that question.

Cam: It's not what I want and I can't control what I want.

Claire: OK, so it's something that you don't want and because you can't control that right now. Does that seem right? Is that what comes?

Cam: The guilt is something that I want to happen and it can't and that's why I feel guilty.

Claire: You want to be able to experience it right now, you want to be able to have it but you can't right now.

Cam: Mmhmm.

Claire: So when you move into your chest area, where there's this sadness, just check in with the overall quality, the overall feeling in your chest right now, if there's a specific

area where you feel it more strongly, a tightness, a sadness, I want you to check in with that whole overall area without necessarily needing to go inside of it, and ask “What makes this whole feeling so tense and sad?”

Cam: Because its angry that I can’t have what I want.

Claire: So there’s an anger there about not being able to have what you want which is a chance to feel the things you do. OK. Cam, could you imagine right now, taking that overall sense, the feeling in both your head and your chest, and imagine just touching it lightly with your attention and saying “thank you for showing yourself to me.” Imagine gently thanking both of those feelings that are there, and thanking them for showing themselves to you. And ask if it is ok for you to return to it later. And just in a really friendly way towards these two places in your body that are showing themselves to you right now, just imagine saying “thank you for showing yourself to me and I’ll come back to you.” See if it’s ok to come back. How is your head?

Cam: Swirly.

Claire: Swirly, yeah. I was worried about you.

Cam: Yeah, I couldn’t hold it up.

Claire: There is a lot going on right now. It’s hard to get a hold of all of that. Did it feel ok to do this?

Cam: It almost made me dizzy.

Claire: Yes, have you felt dizzy before in thinking about all this stuff?

Cam: Well, it’s too many thoughts to think about. I just had to shut it away. And think about something that I can think about.

Claire: Yeah, what happens when you shut it away?

Cam: I have to decide to think about something else because I can’t deal with that and that I’ll figure out what to do about it later. Or I try to ask God or somebody to figure it out for me because I can’t do it.

Claire: Right, wonderful, that’s a great form a prayer. Um, is your head ok now that you’ve opened your eyes? Do you feel a little better? Have some more banana bread and some more fizzy drink.

Cam: It’s amazing to me how much being able to see stabilizes me.

Claire: Very much, very much. Well, what you did just now was not an easy thing. Did it feel ok to do it?

Cam: It’s hard to find those places.

Claire: It seemed like you got somewhere though, that you approached something. Did it feel like that to you?

Cam: Mmhmm.

Claire: Not entirely pleasant places.

Cam: Usually when I have to go to those places its ok, its ok.

Claire: Yeah, it really is ok. What you’ve done is you’ve given yourself permission again.

Cam: Then I have to convince myself that it really is ok and I’m not just telling myself that it’s ok.

Claire: You just did do that in a visceral way.

Cam: Yeah. Thanks for these.

Claire: (laughs) More, here more. And speaking of more... if we were to go into a full session with this, what we would do is try to find out more it can bring. What we did just

now is go around the outside of it, and gently touch it. So that's just being aware of what's there. If we were to do a full focusing session, it would be going into this place a little bit more and seeing if it can change shape and if it wants to give way to more. Do you know what I mean?

Cam: Seems scary.

Claire: It is a little scary, so that's why we didn't do it this time, and I didn't tell you about that part, but we have our eyes open now, but we can also think about time and if you get to the place where say, for instance, you are having trouble going to sleep, because of all the things on your mind, and you have this black swirling place, and also that what you've just taught yourself is that there is something that needs to be attended to, that you want to attend to. And we can call it guilt or we can call it a tremendous love for your child and wanting the time to just focus on her and give to her, because that's how you started out and how you finished. That's a very important thing. How we start and finish things really matters. Whether it's this, but also this connection between your heart and your mind and what you want for yourself and for your daughter.

Cam: Mmhmm.

Claire: Can you tell me a little bit more about what you found there? I have some things I can share with you.

Cam: Well, it just seems like the longer I stay there, the bigger it gets. It comes out of, it's a little place, and it swirls. And I tell it, its ok, but when I try to think about it more, then it gets bigger, and I just don't like going to that place.

Claire: I understand, yeah, thank you for sharing it with me. Does it help to talk to me about it?

Cam: It helps to understand it more. When I can understand something, then I'm ok.

Claire: So this is about integrating the heart and the mind and the body, and the spirit. You know, these are all parts of what it's asking you to do. Remember we talked about a few weeks ago, how something gets bigger behind your back, and if you turn your back to it, sometimes it feels bigger. But this time, you had an experience where it felt like in facing it, it got bigger.

Cam: Mmhmm

Claire: And I'm guessing part of that is because you don't have the time right now.

Cam: (laughs) Maybe.

Claire: I wonder if it would feel so big if you did have time?

Cam: I don't know. Well, I just, you know, once I'm done with school, I'll be able to take care of her.

Claire: Yeah. Just like your heart or your chest and your mind are connected, so too, it seems to me, that this feeling of guilt, is what connects you to her. Does that make sense?

Cam: Well, I hope I'm connected to her with more than just that.

Claire: Well, the guilt is bigger than that because it's something you feel, it's love. Because it seems like that is what you are writing about here.

Cam: Yeah, wanting to take care of her. She makes me happy. (laughs)

Claire: (laughs) She does. She is very much with you. And especially right now.

Cam: What was so nice about going down to see my family was that I didn't have to do anything but take care of her. You know, and be at the family events and everything, but I was the one to take care of her and she was always with me. And I could feed her when



she wanted to be fed, and it was easy. But when we were at home, she gets fussy at certain times and then I can't do things, it's hard for me to practice.

Claire: Mmhmm. Tell me about the feeding part it.

Cam: Well, she likes to eat in small sessions. Like it will be one big session but she'll take a break in the middle, so it takes longer. She's completely inefficient. She can't just like go and eat and be done. She'll eat and then maybe she'll take a burping break, and then she'll want to play and then she'll still be hungry. And then, so like an hour later, then she decides she can go back to sleep or something. You know? But it had been difficult for me because I was overproducing and so she would like be inundated whenever she tried to eat, and so she would like cough and start to cry, so I had to put her on top of me and lie on my back to feed her, and she would also have to burp more then because of it. But I think that finally my body is starting to even out the supply, so it's been easier just recently.

Claire: What a relief!

Cam: I haven't been leaking all over at night.

Claire: That's a great idea with gravity.

Cam: Yeah, I read that. Like make her suck it up instead of having it fall all over her. But its really, it seems to be finally evening out and like I don't leak as much at night, and you know, you hate waking up and your shirt's wet and then I have to take off my shirt and my shoulders are cold.

Claire: Yeah, and you're sticky and you've got stuff all over... (laughs) yeah, totally. What a different way to redefine yourself when you have milk coming out all the time and you have a milky life basically. Just have a milk based life.

Cam: (laughs) Yeah.

Claire: And you are so tied to this new bodily process, you know, that's...

Cam: And every time you let down, you can feel it, you know. And you think, oh, she must be hungry or I hope she's hungry soon, or ...

Claire: You have this physical need that you didn't have before, which is tied to her, and you have negotiate these two separate things and that's really powerful.

Cam: It's the adjusting part.

Claire: Yeah, yeah. So when you focus on your body and you have your milk let down, you know, and you have all those very intricate biological processes that are tied to it, it's also an emotional process too. Where you have needs and so does she. And you are tuned into each other and deeply connected. But you also have to be able to negotiate timing and be able to say what's good for you and even, right now being away from her, if you had just the two of you to be able to have infinite amounts of time, you could work it out. But you also said that it was painful, you know, that it hurts sometimes.

Cam: After she's just attached to me for so long because she likes to comfort suck. And I want to be able to do that for her and it helps her not cry and it makes her feel comfortable, and I could do that but after she's been feeding already and she kind of like nibbles and then I don't like that feeling.

Claire: And that's ok.

Cam: (sighs) yeah. So then, she's gotten better when she starts to do that, she closes her eyes and she gets tired and then I can just come out of her mouth and she'll stay asleep now, if I wait long enough. If I tried taking it out, right after she closes her eyes, then she'll wake up again, and then we have to start all over. I worry about doing that too

because sometimes she just wants to comfort suck, but she's getting milk, then she'll spit up.

Claire: Right. So it's still trickling down there. Yeah, no, these are major concerns, yeah. So it's a beautiful kind of ebb and flow, literally, where you have this dance that you are doing together and you are trying to negotiate what your emotional life is speaking to you about what you want for her, and you want her to feel the bliss of drifting off into that place of deep contentment, but you also want to be able to feel the comfort for yourself, feel the satisfaction of being the mom you want to be for her. And also attending to your own needs, and you do, you have needs, like no, don't, that hurts. And so, we can't do it this way anymore or I have to say "Ow," and they're like "what you mean ow?." (laughs) Isn't it part of the process too for the whole life of your child? I have a fat lip from Logan and he's nine, just because he's getting to be bigger than me soon, very soon.

Cam: (laughs) Wow!

Claire: It is Wow! And he knows that it hurts me, and he didn't mean to, it was an accident, but it's also, you know, he's big. So, we grow as our children grow. We learn from them, they teach us, and we teach them. So that's a constant ebb and flow too in terms of learning. I want to kind of come back to this feeling, and I know it difficult to talk about and approach but, did it change shape at all for you when, you know, your head part got bigger and it felt dizzy. What about this place here (pointing to chest)?

Cam: Um, I could find it in the beginning but I couldn't find it at the end. It's like right before you start to cry and your chest feels tight, that's how it is, but it's just on one side, just on the right side.

Claire: On the right side. Was there a specific area that you felt there?

Cam: It's here. (points to right side) It's like right below my first rib I guess, in between the first two. I can feel it (laughs).

Claire: So there's actually a location. A tightness right before you're going to cry?

Cam: Yeah, but...I couldn't find it again at the end.

Claire: What about in between? What about your throat? Because you mentioned that in here (pointing to written description)

Cam: That didn't happen I think because when I start to cry, this happens (gestures to right side), I get tight here, and then like my throat kind of gets dry and you know, it's just that when I start to cry, all of this happens (pointing to right side).

Claire: So it kind of moves up from here and then moves up into your throat...?

Cam: And then my eyes tear up. So, when I feel it in my throat and I don't want to cry, I swallow and I try pushing it back down.

Claire: Right, right. So does that feel kind of where this reservoir is, right here (pointing to right side) a little bit that informing all of it.

Cam: Yeah, but I could let go of that one.

Claire: But the part that you'd really like to get a handle on is this one (pointing to head), where you were holding this area, and it would be good to be able to sort out a little bit where things belong. And so, I wonder if you go back to that place, especially as you are trying to go to sleep, when you are being surrounded by all sorts of things, and it will be better once you have time certainly, but to be able to go into these places and address them and say "ok, one thing from the swirl" and then sorting them into these mental boxes. And it's a way to kind of inventory and acknowledge what's there.

Cam: Yeah, I could do that.

Claire: And just to give yourself permission again to go to sleep. Permission is a very big deal.

Cam: Yeah, I'm finding that it really is for me. Just deciding to go down for the funeral, at first, we had been thinking I wanted us all to go, but when it became apparent that we could really only afford if I went and I'd have to leave M there... Well, the last family event I went to, I had to go without him too. So it's like, I'm always at these family events and he's not there and my family doesn't know him very well. And I hate that! And its like they only know me but they don't know all of me because he's not there. And he gives me support. I had to fly with her by myself. So it wasn't until... well, I had decided I just wasn't going to go. Well then, the next day, when I was still looking at flights and trying to find a way, he said, maybe you should go without me because this is actually more important than I thought it was to you. So, once I had his permission, then I was like, well, ok, I could go without you. Permission, yeah, its really...

Claire: Permission from others is significant and also permission from yourself, which is primary.

Cam: yeah.

Claire: And the permission you are talking about now in many ways is permission for this to be there (points to right side), permission for that to be there (points to head), permission for all of it, making room, just as you bear a child, you bear all of the emotional parts that go with it. You bear them by giving permission. "I see that you're there. Thank you for showing yourself to me, and I don't have time right now but I will return to you later, because I see that you're there and I see that you are important and I know I'm important and these feelings are important as well." And just the act of saying that sometimes, it really allows us to feel like, oh, I'm not just ignoring it or trying to get rid of it or dismissing it as bad mojo or something.

Cam: And it's ok to feel that way.

Claire: More than OK. It's actually a way for you to teach yourself something.

Cam: And to know that I really care.

Claire: You really care. And one person said that it's really about a mother's intuition, which is really a different way to see that. Its something that bubbles up from within you and its about just that connection, that intuition, that's really like, oh, I really have this strong feeling for a reason.

Cam: Yeah, and what's funny, when you don't have kids, you can't imagine it at all. And you don't think it would be that strong. Like I didn't think I would be gushy about her, but I am (laughs).

Claire: You love your baby and you're a good momma. Yeah, it's very important. And gushy is relative, right? Of course you're gushy! (laughs)

Cam: (laughs) That's funny, she's relative.

Claire: And that's what allows us all to live, that's how we survive, because we get gushy for our kids.

Cam: But just imagine if we didn't, then we'd just become impatient when they cry and just not deal with it. Just, it would be bad.

Claire: We wouldn't be able to teach them to have an emotional life of their own, you know, or that their emotions matter too.

Cam: Yeah.

Claire: Is there anything else that came up in this process that you want to mention or talk about? I know it was a bit different...

Cam: No, I just have to, you know, when I go to that place, I can just think of a little of it at a time instead of all of it at a time. And then, it's ok that you are there and it's ok that I feel that way. And this is why it's ok. You know, I have to go to school, and I have to teach her that I can't be there all the time, and she'll be ok with it and, yeah.

Claire: And also, one of the things that you really came to, especially over the last few weeks, is that there are others who will care for her and do a good job. It won't be the same.

Cam: Well, yeah, I've had to really convince myself that they can do a good job taking care of her too. You know.

Claire: It's not the same. It's not the same as a momma in the first few months, you are absolutely right, but it also is, from a bottle, I know a lot of times they say that the bottle will confuse them and they will forget to latch onto a breast if you give them a bottle. But there is also something about creating community for her.

Cam: That's a wonderful way to think about it.

Claire: And she's doing that on her own because she's magic right now, she's completely a magical being. I mean, she could be an elf. (laughs) She's got her baby magic that she's working on everybody. They hold her, and she casts a spell, right.

Cam: Yeah, my husband has been very helpful in taking care of her and my parents will come back next week. They've been gone this week.

Claire: I bet that's been hard too and good.

Cam: Well, yeah, it's mostly hard because M really needs to find a job.

Claire: That must be so stressful.

Cam: And I worry about that and it's been something that he and I have difficulty talking about because he feels like I am being negative and derogatory. And it makes him not motivated instead of encouraging, when I just need some sort of reassurance from him but he doesn't talk to me about it.

Claire: Oh my goodness, that is so stressful.

Cam: And so we are just working through that and when my parents come, he'll have more time but when he's watching her during the day, I know it's hard to get things done when you are watching her. You have to try to sneakily put her down right when she falls asleep, which is so sad, because then when she wakes up and she finds that you're gone, what will she think? Where am I? I was so comfy and then they left me.

Claire: And then she'll cry out and you'll come find her.

Cam: Yes. (laughs)

Claire: (laughs) You're like Yes, but that's not good enough.

Cam: It's good because she needs to know that even if I'm not physically there all the time, that I will come back.

Claire: Again and again and again. Moms return.

Cam: Yes, and she will be ok by herself.

Claire: Yeah, and that she has the resources to do something with that. She can't go for days or hours, maybe even 30 seconds. But, you know, she can have a world and start to cultivate, as you move along with it, an internal life of her own.

Cam: Yeah, and that helps me be ok with it because she needs to learn too. And I'm not just telling her that she needs to learn because she has to deal with it. But she needs to learn so that she can be her own person.

Claire: Yes, that's very important and she'll find the way to do something about that. And to be able to tap into resources she didn't even know that she had just like you are right now, resources that you didn't know that you had and be able to draw upon those for strength. For the first few months of a child's life, you want everything to be immediate. And I think there is something very important about the desire for immediacy that speaks of how much we love them, and how much they mean to us. To say, I want you to have immediacy. I want you have everything as instantly as possible. I want perfection for you; such is the extent of my love for you.

Cam: Yeah.

Claire: And always will be. Those bonds don't fade or diminish as time goes on, they grow stronger.

Cam: Oh, that sounds like a big thing to take with you. (laughs)

Claire: (laughs) It is. And that's a swirly black mess in and of itself. (laughs) But it changes shape, you know, when they have more resilience, more resources to draw upon because they have more capacities. Just think about when she is able to tell you in language what it is that she needs. I'm really hungry... OK, I'll make you something to eat, and she'll understand that and she'll be fine. (laughs) As opposed to now, where its something's wrong! You have to decipher all these things that it could be. And then they go through a growth spurt and they change and that's going to happen a lot...

Cam: She went through her first growth spurt a week before my oral exam when I was studying. Somebody should have told me not to schedule it for her fourth week of life. That third week... because she was eating all the time and I had my books in front of me and I was feeding her. Oh, my goodness.

Claire: (laughs) Well, let me just ask you a few more questions and then I'll let you go. I know you have a lot going on. I really appreciate you postponing things a little bit for me today.

Cam: That's fine.

Claire: Thank you so much for doing all of this with me. I think we talked about it, but in thinking about your mom, do you think she had a similar experience of guilt that you had, similar to yours when she was starting out with you?

Cam: Well, I'm the youngest of five, so she had some experience, but I was different because it had been three years since my older sister was born, she's three years older than me. And she was able to stay at home and take care of me. And my mom loves playing with babies. Like, for me, I realize that if I actually did stay at home all the time and just take care of G, I would go crazy. But my mom loves to do that. And I see it when she comes to take care of G. She would just stop everything and be ridiculous with her and talk to her.

Claire: That's wonderful. But also not you.

Cam: Yeah, no, but I think somehow it must have been difficult for her because she had to take care of the other kids. And, you know, sure she still had things to do. So, yeah, it's difficult for everybody. It must be in different ways.

Claire: Yes, yes, I think it is difficult and each child is different. I'm sure every one of your siblings and you are very different.

Cam: Yes, we are (laughs)

Claire: So it takes time to get to know each child and you fall in love with your children in different ways.

Cam: And it's a lifelong journey getting to know each other. I think of how it will be for G because she is the oldest, because she'll have siblings, so she's the oldest and the first and what does that mean for her?

(Pause in discussion)

Claire: How old are you right now?

Cam: 23

Claire: And G is?

Cam: She's two and half months old.

Claire: I think we talked a little bit about your birth experience, so we don't need to go into that again, but would you characterize your birth experience as fairly ok or traumatic?

Cam: It wasn't traumatic at all. I think the back labor was unexpected but it was really...I think it was a good birth. I think it was the most textbook thing, you know. And everything went fine, there were no complications, I had a very quick recovery. The worst thing about it was that nobody told me how hard breastfeeding is for the first two or three weeks. I was upset about that.

Claire: Yeah, like I could have used that information. (laughs)

Cam: Yeah, thanks, nobody told me that! (laughs)

Claire: And you had a completely natural childbirth, right?

Cam: I did. I just had local anesthetic right before she came out. It was not through an IV, no oral, no anything. It was just a shot right before she came out.

Claire: Yeah, yeah, that helps, fairly difficult. And you told me that your water didn't break until right before G was born.

Cam: Right, I was completely dilated and I was at plus or minus 5 or whatever it is that they measure you by and she was ready to come out and I was ready to push and my water hadn't broken and the doctor just came in and put his finger there and said, "give me push." And I did and it just...

Claire: The floodgates opened.

Cam: Yes, and then I felt great! I was like; I could do this for another few hours! (laughs)

Claire: That's a lot of pressure, a lot of fluids. Yeah, I had the same thing. (laughs)

Cam: Could have happened a little sooner, but I think it helped her head to stay nice and round so she didn't have a cone shape.

Claire: Just out of curiosity, you said your first experience of guilt related to being a mom, you said it was when you were first carrying her or...?

Cam: No, I was just more tired, but I had given myself permission to not do things because I was pregnant. And so I was OK. It really wasn't until like she would be hungry and I would be so tired in the first few weeks. And I was just so tired and my nipples were sore and I didn't want to feed her. That's when I was feeling exhausted. And I noticed that like, once I would be able to go to sleep. I mean, I was so tired at the end of the day, tired of feeding her, but then I could wake up and say, "A new day" and I would be happy to feed her, but by the end of the day, I would be sick of feeding her.

Claire: And just your own fatigue level and your own stress, your own emotions, yeah, it makes sense. And that feels ok to you now, right?

Cam: Yes, well, I think that having my milk supply even out, and having gotten used to breastfeeding, I really wish someone would have told me about those first few weeks! I could have prepared myself, I could have known.

Claire: No one came from La Leche League or anything?

Cam: Well, I just had no idea how painful it is in the first two weeks and how difficult it is. Nobody tells you! They just say, oh breastfeeding, it's the best thing to do. I mean maybe they don't tell you because they don't want you to not try it. But I would have done it anyway, I just needed to know.

Claire: You just needed the information.

Cam: Yes, please, I mean I don't think anybody intentionally kept it from me, but it was not highlighted. I mean I read books and books about pregnancy and labor, and they tell you all these things to prepare yourself for delivering a child and then they, you know, people talk about latch and people talk about soreness, but that's about it. I mean, it's painful!

Claire: That's not very descriptive.

Cam: No, it's not!

Claire: So now you should write about it.

Cam: I'm telling everybody that asks me. Here's what they don't tell you. (laughs)

Claire: (laughs) Exactly, that's important information.

Cam: It's like the best kept secret of having a baby.

Claire: It's that it's really hard, it is.

Cam: Breastfeeding is very hard! It's not the most natural thing in the world! I mean it is natural, but it doesn't just easily happen. We have to work at it.

Claire: The things that are really hard, like engorgement and leaking all over the place, the not pretty stuff, the smelling like milk and having a milk life. (Pause) Do you think it would have been different for you, or this experience of guilt, had you had a boy instead of a girl?

Cam: No, I think it would have been different if I weren't in school.

Claire: That's it. (laughs) Unequivocally. Just if you weren't so busy. It's hard enough as it is.

Cam: Even if I was part time working. I could have taken six weeks of maternity leave, but I didn't even do that. I started going back to school in the third week, which is once a week for like an hour. But already it was building and I still hadn't done my oral exam, I had to prepare for that.

Claire: Yes.

Cam: I mean I was definitely starting to get antsy by the end of like a week and half actually. Of like feeling like I had all these things to do but, you know, if we were financially stable, and even if I had a part-time job, that I had been given permission to take six weeks off, I think it would have been very different.

Claire: Yes. Which is even for mommas who are in the work force, they get six weeks, and that's not very much time.

Cam: No it's really not actually.

Claire: But as a student, you didn't even have that. You had to get right back into it.

Cam: Because I wanted to graduate on time. I could have postponed my graduation. And done another semester next semester. But how ridiculous would that have been? I'm so ready to be done.

Claire: Four weeks, right? Four or five weeks, something like that?

Cam: Left of school?

Claire: Yes.

Cam: Well, like four to six weeks. Gosh, I can't think about it. I have too much stuff to do. (laughs)

Claire: Yeah, sorry, I feel anxious just talking about it right now with you (laughs). I really appreciate your time. I'm going to let you go so you can get back. I can feel the pull of the world.

Cam: I think when I go to bed I can take some of these pieces and put them where they need to go.

Claire: Just facing them and being able to say, "I see you, I see that you're here." Gently. Friendly. Permission. Those three words. Gently, friendly, permission.

Cam: OK.

Claire: Thank you so much.

#### **4. Xena: Interview #4**

Claire and Xena – April 2011

Claire: So, what I'd like you to do, is if you'd like me to read this, I can, or I can ask you to read it out loud to evoke what you wrote about.

Xena: How bout you read it?

Claire: O.K. (reads description, see Appendix A4)

Xena: Yeah, you know, if I'm going to blame myself for the bad stuff, I can also blame myself for the good stuff as well. (laughs)

Claire: (laughs) Absolutely!

Xena: And I sort of thought about too, what kind of environment would it be in there if I'm always stressed out and miserable. I mean I was already stressed because I was working a lot. But I didn't want to also be stressed and making myself miserable by, you know, thinking, well I can't eat that because it might be processed meat and all the laws. Like, if I'm hungry, and I want something, I'm going to eat it, and we're just going to have to deal. So I went to Subway all the while going, I know it's processed meat, but it's right there and I'm really hungry. And those pickles, I had a pickle thing for little while there too, especially on the turkey sandwich. I was like, this is the best sandwich I have ever had in my entire life.

Claire: A little bit of mayo...yes!

Xena: Yeah, I was like lots of pickles, more pickles, keep em' coming! (laughs) And the funny thing was I wasn't even showing yet. If I was showing, it would have been so stereotypical.

Claire: Yeah, like put some ice cream on there.

Xena: Yeah, can I have a tub of ice cream? I never craved the two of them together, that's a myth I think.

Claire: Yeah, that is pretty bizarre. But the salt for sure...

Xena: My sister had the same thing. When I craved pickles, I was also craving sour kraut and artichoke hearts, so it was the brine thing. I'm not sure, the brine or the vinegar or



something that that. Because the cravings all happened at right at the same time, right before I started craving the turkey sandwiches with the pickles, I was craving reubens. Claire: Could have been a lot worse.

...

Claire: Well, I was just thinking about all of stuff when we're talking about the body and we're talking about what it's like to hold him within you but also to hold him outside of you. And that's a very embodied experience. So, what I'd like to do is walk you through what I know how to do, so holding this in mind a little bit, all the things we've talked about. Just get as comfortable as you can. And I might close my eyes too. Just start out by taking some really deep breaths. And I like to imagine that when I breath in the air circulates through the very base of my lungs, into the capillaries, and every exhale takes a little more tension away from me. It's like it's breathing it out. It takes some sort of tension or care or concern in the exhale is breathing it out. (Pause) Sometimes it's helpful to even imagine, as we refocus on the breathing, that the air you are breathing in has color, a certain color on the way in to your lungs and then maybe a different color on the way out. (Pause) And as you are coming into you breathing and your body and into your relaxed state, if there's thoughts that come up about thing you need to do or thoughts that insist on being addressed, I want you to imagine greeting them gently and moving the thoughts, if they will go, aside, maybe saying to them, "I see that you are there and I'm going to come back to you later." And imagine just gently asking them to move aside. You can even imagine putting them into a transparent bubble or transparent box, just to the side, where you can see inside of it and know that they're there, not ignoring, but gently putting them aside for now. And then gradually what I would like you to do is start to come into an awareness of your whole body. And we're going to start with your toes. Bring your awareness into your big toes, and all the side toes and the pinky toes. How that feels in your slippers. And gradually kind of scanning your body all the way up, just noticing what's there. Bringing it around the archways of your feet, the tops of your feet, your heels, your ankles, around your calves and the bones that hold all of that, the structural parts, your knees, knee caps, knee pit's, your upper legs, your muscles, your bones, your tendons, your sit bones, your bum, moving through your hips and your pelvis, around your belly button, your spinal column, your stomach, your diaphragm, all of your internal organs, your lungs certainly, your heart, underneath your ribcage, your sternum, around through your back, your armpit's, through your shoulders, down through your upper arms, your biceps, your elbows, elbow pit's, your forearms, down through your wrists, then through each individual finger. Then bring your attention back in through your hands and move all the way up through your arms again, wrapping around through your chest, notice again what is going on with your chest, behind your breasts, with your breasts, your heart, your lungs, up through your shoulders, your neck, the place where your head meets your spinal column, the front and the back, your throat, moving up through your jaw bone, your chin, your ears, the base of your scalp, your lips, cheeks, nose, the space between the lips and the nose, your temples, behind your eyes, your eyelids, eyebrows, your forehead and then moving all the way up through your hairline and the very top of your head and out. Taking a gentle noticing and scan of what's there for your body. Now, what I'd like you to do it bring your attention back into your body and from the memory that you described and what we have been talking about of feeling a sense of guilt related to being a mom. Bring your attention back into your body,

thinking about where that is situated in your body. When you think about standing by the crib. Bring your awareness into the overall sense and feeling of that, the overall felt sense of that, and without going into it fully, just kind of surround it with your awareness. Find a place in your body where that seems to be situated. Bring your attention to that place and surround it and if you can indicate to me if there is a thought or word or a phrase or an image that seems to accompany it, that seems to go with it, an overall feeling.

Xena: There's several. When I was standing by the crib, not knowing why he was crying, I was like tight lipped because I was trying to be consistent. I think I was probably clenching my teeth. I was probably very tight jawed. And I didn't remember that until you just did this, that yeah, the whole jaw line was tight. Just trying to keep rocking him and waiting for this sleep to come that wasn't coming. And then there was a time when he was nursing, right after this, right after when I finally gave in, and he was sobbing and nursing at the same time because he was just so upset. And, I don't remember, I think I almost cried. And I felt it in my heart.

Claire: In your heart and in the place that's with your jaw set or clenched. Can you pick one of those places, one of those feelings to kind of surround with your attention right now. If it feels ok?

Xena: Yeah, um, I don't know which one to pick. The one associated with guilt is the heart ache. The jaw setting one is more... I guess I felt guilty while he was crying. It was more like a... trying to not to break down, a sort of setting your jaw and not giving in.

Claire: Hmm, resolve.

Xena: Yeah, yeah, and sort of sticking with it.

Claire: And the heartache place and, not necessarily going inside of it, but I want you to imagine surrounding that place with your attention, with your awareness. And I want you to gently thank that place for showing itself to you, saying "I see that you are there." And I want you to kind of, while you are bringing your attention to that place, see if there is maybe a word or a phrase or an image that seems to come close to the overall feeling that's there.

Xena: Ache.

Claire: Ache.

Xena: It's almost like a yearning, if that makes sense.

Claire: Yearning.

Xena: Cause it's a connection or something. It's like your heart is reaching out or tied up. Not tied up but like there's a tunnel, or like a connection between you and your child. Not a string. It's something that, um, like a flowing, you know, like an umbilical chord I guess. But broader. (tears)

Claire: It is a connection.

Xena: I'm fine. Yeah, it is.

Claire: Before we leave that place, just surround it, like with this gesture (hands in a circle at the heart). I want you to imagine saying to it "thank you for showing yourself to me. And if it's ok, return to you again later." This part of you is important. And you are glad to know that it's there and you want to come back to it later. And ask if that's ok. (stirring in the baby's room)

Xena: Somebody's awake.

Claire: Do you get a yes there? Was that ok?

Xena: Is there more?

Claire: There is more but we don't have to do it right now. In the technique, there's a way to kind of go through and, for this, it's not like that, but it's some thing that I can kind of take you through if you ever want to go into it further. Did you know that that was there?

Xena: The heartache I did. But the funny thing is the jaw line, I didn't. You know, I remember when we were going through it, when we were doing this process, I suddenly feeling like, wow, I remember having my lips tight and I remember thinking like I could almost see my face at the time, like that I was probably looking like one of those women on the prairie, where they never smile in the pictures, you know what I mean?

Claire: Stern.

Xena: Stern. And I remember thinking, I have that face right now. But I'd forgotten about it, so this made me remember how hardened my face was. The heartache, I knew about, because I was thinking about places where guilt is as opposed to anxiety is. You know, anxiety is often in the pit of the stomach or for me, it's in the throat. And guilt was feeling like it was in the heart, but sometimes anxiety goes into the heart as well. So, I was thinking about that and the heartache was something that I had thought about already and had been aware of.

Claire: Can I ask you if bringing your attention to it in this way, did it take a different shape or form or intensity?

Xena: Um, It felt more positive in a sense because it showed the connectedness. You know, so the ache was from the connectedness. You know, so it's like if I weren't connected, I wouldn't have this ache. So then, that the ache is a good thing in a sense because it's one of many ways of feeling how close I am to my child. So it's actually really good.

Claire: Yes, it's so powerful.

Xena: Yeah, I was like wow, you know, he and I have this almost visceral bond, which is actually really cool. (laughs)

Claire: Very cool. And you can call that intuition, you can call that any number of things. But you can also imagine that you have a immediate sense.

Xena: And I wouldn't call that connection guilt. I think guilt was just one of the many permutations of what happens because of the bond, but doing this, reflecting on the guilt, made the bond really clear. It brought it out which was kind of nice.

Claire: Yes. It's a different way to see it as a heartache, as part of something that's alive and real and very much a part of you but also part of a connection.

Xena: Yeah, yeah.

Claire: Yeah, so thank you so much.

Xena: No problem.

Claire: I want to tell you that this is what a lot of moms are finding.

Xena: Really? I was wanting to know, what are you finding?

Claire: Anything from right there in the heart to the throat, also jaw, not the same way, you know, it's all different. Spikey things, like those seeds that have spikes in them, things like that. It's hard to approach.

Xena: Huh, yeah.

Claire: But there's something about that there is a seed, there is something inside of it. And there's something in what you are finding too, that there's something that's not

pleasant, not really unpleasant, but it's something there. So what is it teaching us? What does the feeling teach us about? And I think you just got it, it's that we are connected.

Xena: I was going to share this with Eva and I tell you too. It's more about the body. There was a time when I was nursing him and my wrist was hurting, but also he had been biting me, so my breast was hurting and he was nursing on this side and there was this certain point and I was feeling a pain and I didn't know if it was my wrist or my breast. And I thought from a physiological point of view that makes no sense, because your wrist and your breast are completely different. Right? There's no connection between them whatsoever. But from a phenomenological point of view, it made sense because, even from a phenomenological point of view, it doesn't make sense because they are not connected. But then I realized they were connected by his head, so much that I couldn't tell the difference between my wrist and my breast because this was all one space (motions to the circle of nursing, arm, elbow, wrist, to breast). And I was like, oh, I have to tell Eva about this. (laughs) It's so Merleau-Ponty. But it was very real. I really couldn't tell which part of my body was hurting. And you know, I wasn't in severe pain, this was sort of an ache. But I didn't know what to shift to ease the pain. Should I move my arm? But I realized it was because his body connected my body parts to each other. It was really sort of wild.

Claire: It's really true isn't it?

Xena: Yeah, I'm sure I'm going to use that example in some paper at some point.

Claire: Well, the inter-subjective parts are really ...

Xena: Yeah, but it shows it's not inter-subjective as in subject / subject. It's sort of like a blending.

(Pause while Xena checks on something)

Claire: Let me just ask you some things... I just wanted to make sure I understood... I have gone to Catholic schools my whole life. I went to the Jesuit's, the Holy Ghost, the Spiritans, you know, but what does Catholic guilt mean to you?

Xena: Oh, uh, it means, and maybe this is just how I was raised, but it means, in a sense, being responsible for other people's emotions as well as your own. And so, when other people are sad, and this is also I think a female thing, when other people are sad, it's your fault. And so it's also your job to correct it. But, you know, if someone is unhappy, you're the cause as it were. Which my mom used to her advantage, you know, because it was a way to control.

Claire: Divisive?

Xena: Yeah, so, you know, if I made her unhappy, then I had to adjust my behavior. Or she would use her emotions as a way to keep me controlled which backfired once I hit the adolescent stage, which was actually, sort of, post actually adolescence. I was just later than most people. Well, it started for me when I was about 16 as opposed to most people at about 13 or 14. Yeah, but I got many reactions happened starting around then, so ...

Claire: If you strike me down, I will become more powerful... Obiwan.

Xena: No, I turned it on myself and against her. I got an eating disorder but that ended up being a way of taking control for myself. Controlling myself for myself but also controlling what she was trying to give me, which was food, right? Yeah, so it was sort of this control thing. Yeah, I've thought a lot about eating disorders. I'm sure we talked about it the Philosophy of the Body class. Yeah, so that's what happened. I mean, I didn't sit down and say, let me develop an eating disorder... It just sort of happened and it was a

way of just wanting to grow up and thin was in, right? So it was a way of becoming an adult, which is actually, ironically, it keeps your body from developing. But it was my way of becoming an adult, which was to control my own food. Fortunately, I was old enough, and it was not bad enough, that it didn't stay with me, you know. Like now, actually, working in restaurants made me overcome it more than almost anything else because I was surrounded by deliciousness.

Claire: Good food.

Xena: Yeah, like healthy food and I was running, like as a waitress, and so I could eat anything I wanted to and not gain weight. And so, all of sudden, I developed this new relationship with food and just a total appreciation of new worlds of food that were being opened up to me.

Claire: Yeah, I used to live with chefs and was like, oh my God, this is awesome!

Xena: Yeah, right, this is pure pleasure and guilt free too because I was running for 8 hours and I needed food. So fortunately I managed to get past it because I know some people are stuck with it for their whole lives. So...

Claire: Well, it's related to your mom, and I wanted to ask you about, do you think your mom knows this familiarity? Is she still alive?

Xena: She has Alzheimer's. So...

Claire: So she doesn't remember. (Baby cries)

Xena: She was actually a very good mom until teenage years. She was very good with children.

Claire: Just the breaking away part.

Xena: Yeah, she just couldn't understand me being a separate person, so for her, the connection was I think was, um, vital, in a very literal sense. I think it was vital for her own identity. And not just her identity but I also think her very sense of being and her sense of happiness and things like that. And she had outside things that she did. Like she taught Lamaze and she had activities and friends and stuff like that. But I think it was so vital that she just didn't know... I think she really thought of us as the same person, you know.

Claire: I wonder of that connection piece that you're talking about, especially with the separation, a different kind of separation, in adolescence was very difficult.

Xena: For me?

Claire: For her.

Xena: Oh for her, yeah. I'm sure it was very difficult for her. She did everything she could to keep me from separating from her. And still, even in my 20s, she was trying to get me to move back home. (laughs) You know, I was like, this doesn't make sense. You know, but for her, it made sense. Let me take care of him (goes to get Wesley).

(Wesley joins us and we play with him and talk about schools)

Claire: How old is Wesley?

Xena: Seven and a half months.

Claire: And may I ask the ridiculous question of how old you are?

Xena: 43, almost 44. I'll be 44 in a few weeks.

Claire: Well, happy birthday!

Xena: So yeah, it was funny because when I went to fertility clinic, the doctor sat me down and gave me what I know to be her schpeel. The over 40, you know, my chances were one in ten and she didn't want to waste my money. One in ten, if everything was

working. If there were problems then even worse statistics. And I should think carefully about this and am I sure I want to do this. And I ignored her. I mean, I didn't ignore her, I took it seriously but I didn't think long because I had been thinking for over a year about whether I wanted to do it. And I said that's fine, I've set aside some money, and I have a certain amount that I'm going to spend and if it doesn't work, then I will decide what to do next. And I'm still open for adoption but I want to give this a try. I have to give this a try. So she's like, fine, ok. Four tries. It took four tries and that was it. Basically, that is the statistic for a twenty something. One in four is a statistic for a twenty something when it's all totally working. My body was basically like, we want to do it, let's do this thing, we've been waiting. And actually, he arrived on try number four, but two other tries I actually was temporarily pregnant. So I had a chemical pregnancy and I also had a miscarriage, but those are positive signs in the fertility world. It means everything is working, you just have to hit the right numbers, the right connection. And so that connection happened on try number four.

Claire: You hit the jackpot! You are the jackpot (to Wesley)! He's so beautiful!

Xena: He really is. (talk about hair color and names, the Muppets, and toys for a little bit and play with Wesley)

Claire: I was just asking about ... one of the things I'm trying to understand is, um, how all of that, you know, we've got the "Here's the guilt trip and here's the brochure and here are all of the travel points and destinations on the guilt trip." (laughs)

Xena: (laughs) Yeah, I want a different brochure, thank you, completely different destination, put me on a different plane. You make the guilt trip look nice, but I think I want this one over here. (laughs)

Claire: (laughs) Well, I guess I'm just wondering sometimes how we know it. How it comes to us from our own moms or from others. When we first experienced it and how we work through it, how it changes as we grow. It certainly, you know, you said in your twenties, she as trying to get you to come home. You know, you spend this time with this really insistent connection from early on. It's very powerful and then we have it for the rest of our lives. We try to figure out how to negotiate that connection. And so, this is one part of it. This is the early parts of it, I guess, you start chronologically. I'm not sure. But I'm just trying to see what else is there.

Xena: Well, I know that some of those buttons are still in there. Because you know, my roommate whom I've known for a couple of years said something like, "you're not the same as when I first met you." You know he was mad at me for whatever, for not doing what he wanted me to do, so he used that as an accusation and it bothered me. You know, I was really upset. And I thought I should not have been upset about what I know to be a manipulative comment. And usually he's just saying whatever. But why is this one bugging me. And I realized, that's what my mom used to say to me when I started standing my own ground as a teenager. And it was like "you've changed, you've changed, you're not the Xena I used to know." And it was an accusatory thing. And meanwhile, I was simply becoming my own person, you know. And so, true, I wasn't the same person that she knew. But at the same time, you know, she was using it as a way to try to control me. But it was extremely effective, right? It really cut deep because it was implying, you know, I'm not sure I can love you anymore or something like that. I mean, she would not ever say anything like that, but there was an implicit, I don't know who you are, I loved that person who you were, kind of thing.

Claire: And a conditionality to it so you have to be this way.

Xena: You have to be the person you used to be. So I realized that I've still got that in me a little bit, someone who says something like, what do you mean, you've changed. And that I had to, I had no choice but to be the person I was becoming, so I chose it, but it was this horribly difficult choice because it had been set up, in a sense, you know. Choose yourself, destroy your mother or choose your mother, destroy yourself. So, in a sense, choosing myself, came with all of this guilt, right? Because my mom made it out to be like I was destroying her. So that's sort of why I'm like, guilt? Pshhhh. You know, because that was just horrible. It was just awful. It was a terrible experience. And so it took me a long time to sort of get passed that. (Wesley sighs) (talking to Wesley) You're not going to do anything like that. You can be whoever you want. There are only a few rules. I don't want you to be a boxer, cause I want you to keep your brain.

Claire: Ok, no football.

Xena: Yeah, football is getting pretty close to being on the off list. Yeah, boxing has been off but football is getting pretty close. You can do martial arts, soccer. (Wesley laughs, talks to us and blows raspberries and we tickle him)

Claire: I am so happy for you. Can I just ask you real quick if your birth experience was OK?

Xena: It was everything that I did not expect or plan. (laughs) Basically, you can make a birth plan but it's not going to be followed. So the plan was do it all naturally, right; the whole thing natural from beginning to end, as much as possible. And I had three friends who were going to come with me and so I had them over for brunch and I talked them through the stages of labor. You know, what to anticipate for me at each stage and you know, how to support me as I was asking for it naturally. So, like four days later, I went into labor. Like seriously, I went into labor at exactly 38 weeks. So he was full term and there were no issues there, but I was expecting him to come late, right?

Claire: He came right on time.

Xena: Well, he was supposed to be at week 40, they expect week 40, but he came at 38. But 38 is when they know he's full-term. And so I go in, and first of all, they say that early labor is supposed to be mild contractions very far apart. Well, I had mild contractions very fast, like very quick. And I was like ok, I had a doctors appointment anyway that day at Magee, and so I just said, ok I'll go to my regular doctors appointment and tell them I'm having early contractions and have them take a look and see what I'm supposed to do. I hadn't even packed my bag yet. So, in the morning, I'm packing my bag with these little contractions and everything like that, go to the doctors appointment, I'm already almost 5 cm.

Claire: Oh my gosh.

Xena: So they checked me in, it's like morning, like 10:30 in the morning, and everyone expects me to go, like we'll be moving you to recovery by dinner time, is like what I think everyone was thinking. Well, two hours later, not much has happened. Basically, it's supposed to be an hour a centimeter after that. It was taking me at least two hours a centimeter. And then I hit transition, and transition is supposed to be an hour or two, I was there for three hours. At that point, I was finally like, I think I need a little something to take the edge off, because this is a little much for me, three hours of the heavy contractions. So, the doctor said, ok I can give you some narcotics and that will last about an hour or so, so I said ok I'll take that. So the hour went by and first of all,

that barely took the edge off. So I was like, this is barely enough. And then the hour flew by and all of a sudden, I'm feeling contractions again, and I'm like, I can't do this. And the doctor said I was at 9 centimeters and had been for a little while. Doctor comes up to me, and I didn't know I could still ask, I thought it was too late, she says to me, "you know, you can still have an epidural, I'm not trying to pressure you, if you don't want it, it's ok, but I'm thinking it might relax you and you might get to the 10<sup>th</sup> centimeter a little bit faster." And I was like Yes, Please! (laughs) I would like it now! Bring it on, bring it on. So then they give me the epidural and was like Oh, Thank God and I was so happy, I'm texting people, all of sudden now all I'm feeling is this pressure. This is the best, I'm texting, I'm watching TV, I chatting. My friends now, now it's like midnight, right, and my friends are exhausted. At like three in the morning, I still hadn't felt the pressure to push, right, cause the doctor said, anytime now you'll feel the pressure to push. So I went like four or five hours at ten, but I didn't feel much so it was ok, but at 10. No pressure to push, so finally the doctor says, ok, you're just going to have to start pushing. So I did one push and she felt and was like, ok, so he moved, this is good. And I pushed for three hours and he never moved from that spot that he moved to on the first push. It turns out, he was face forward, which they call sunny side up, I don't remember the term, but he face is forward as opposed to a crown and the face forward makes them 30% broader. So he just stuck. So after the second hour of pushing, I asked the nurse, what happens if we do another hour of this and nothing happens? And she said, well, that's when we start talking about a C-section. At that point, I had been like opposed to epidurals, opposed to C-section, at that point, I was like, yeah, I think we're going to be doing a C-section. So when the third hour passed and nothing happened, the doctor comes in and says I think we're going to do a C-section, I was like just give me the papers to sign. (laughs)

Claire: Oh my gosh, totally. Please.

Xena: Just give me the C-section. So like everything I didn't want. I had like four births in one. I told somebody that, they talk about all the variety of things a woman might go through in labor, and I did all of them. I did the narcotics, I did the epidural, I did the C-section, I did almost natural, I did all of transition by myself or a good portion of it. So he finally came out, it was like 24 hours after labor first started.

Claire: Wow.

Xena: And the funny thing was, I didn't know he was going to be a boy but I had a feeling, so they were like, It's a boy!, and I was like I knew it! And then they showed him to me and I knew his name was Wesley as soon as I saw him. Wesley was my first choice but I was giving myself the option, like I could go with option number 2 which was K, or I could just say, he doesn't look like any of these names and I'll just have to decide and he'll be baby boy Xena until I figure it out. And then I saw him and I was like oh, you are definitely Wesley. So right there in the hospital, I was like that's him. I liked his cry even. I know your cry, I can handle his cry, it's not one of those scary cries that bugs you. (laughs)

Claire: (laughs) Ow, like why does that pierce my soul?

Xena: (laughs) He was just crying, and I was like I can handle that cry. So that was the childbirth thing, was the antithesis of everything I was planning or expecting, but, as a friend of mine pointed out, I had also been planning on nursing and nursing went without an issue at all.



Claire: You had no trouble.

Xena: No trouble at all. And so I was like, if I had to choose between labor the way I wanted and nursing the way I wanted, I would have chosen nursing, because nursing just lasts.

Claire: That's it. You have that connection.

Xena: Yeah, I would have been so devastated if nursing wouldn't have worked, if for some reason he never latched or if he needed to be bottle fed or something, I couldn't ... So it was like, I was a little bummed that I didn't get the natural childbirth but I would have been very, very upset if nursing wouldn't have worked out. So I've got nursing and nursing is just awesome!

Claire: It's just awesome. He's just a solid lad.

Xena: He is very solid, I think he's going to be big. He was already 7 lbs 13 oz at week 38. If he had gone to week 40, he would have been almost 9 lbs. Then he would never have come out.

Claire: No, no. I've heard about that where folks have had ten lb babies.

Xena: I can't even imagine.

Claire: I can't either.

Xena: The funny thing is that even now, when he's sleeping, he tips his head back and kind of arches his back, and I think that was kind of the position he was in, in me, like with his head down, face forward. And when he's sleeping, he goes like that, or when I pick him up from sleeping, he'll immediately just tilt his head back and curl up his legs which I'm sure was the position he was in.

Claire: That is so interesting, that he had a chosen place.

Xena: Well, he was just in that position, I think it feels like default position to him. Except your right side up instead of upside down.

Claire: Or maybe it's the inverse in the...

Xena: Or yeah, I guess when you're lying down. Of course you can't really tell what it feels like...

Claire: I know it sounds strange but I'm just so, so proud of you. You guys are pretty awesome.

Xena: Oh, thank you. Yeah, he's a pretty cool kid.

Claire: And you are a good momma.

Xena: Oh thank you, he makes it easy. (Wesley bites Xena's chin)

Claire: Is he starting to get any teeth?

Xena: Oh, he's got four already.

Claire: Oh my gosh.

Xena: Yeah, he's been teething since February, well probably before. He popped his first tooth in February. He's got four and I think he's got more coming because he woke up last night at four in the morning and was pretty inconsolable and immediately put my finger right there, so I'm wondering if the molars are coming already. I don't know of they come this early, but... for some reason he's got...he's a tooth kid.

Claire: Some kids get a full rack, you know.

Xena: Pretty quickly, so he might be working on the molars because we've been pretty good about sleeping through the night, I mean, we just got there, it's been pretty natural, so to wake up at four in the morning and not go to sleep until almost six, and I had to nurse him to get him to go back to sleep which...that was...

Claire: Is he biting you?

Xena: Well, he's been biting and drooling since December, so it's kind of hard to tell when he's teething or not... but what I noticed was when I put him to see if he would fall asleep and when I gave him this toy that my sister said worked on one of her kids when her molars were coming in, it this little thing that looks like Sputnik, it's got all of these little protrusions on it, little soft gummy protrusions, and I watched him through the crack and he would look at it and be quiet, and then he's put it in his mouth and immediately start to cry. And I was like, you're biting down and it hurts and so you must be teething, and then he would take it out and he would look at it quietly, put it in his mouth and start to cry. So yeah, I think we're teething. And I think the chew toy isn't helping right now because I think it's probably too sensitive.

Claire: Do you have some cold stuff?

Xena: Yeah, I do. (more talk about teething and kissing)

Claire: It's just a wondrous experience. There is so much going on.

Xena: So exciting. It's just so neat to see someone be so excited about a wind chime.

## **5. Ann: Interview #5**

Claire and Ann – June 2011

Claire: So what I'd like to do is either I can read your description or you can read it out loud to kind of evoke it back into where we are now. And then we'll go through the relaxation process.

Ann: Ok, maybe you can read, that sounds fine.

Claire: Ok. All right. (reads description, see Appendix A5)

Claire: So, I want you to just get as comfortable as you can get right now. Just get as comfortable as you can get where you are. Find the position that your body can be in and can get situated for a little while. What I'd like you to do is take a few really deep breaths. In through you nose and breathing out through your mouth. Having each breath go a little bit deeper and each exhale, exhale a little bit more fully. Have the breath fill up your lungs. You can imagine that the breath on the inhale has your favorite color on the way in and then changes shade or tone or hue on the way out, as it cycles all the way down through your lungs. And then, as you breath out, it takes a little more tension, a little more stress, a little more something that needs to be let go of away from you, changing color on the way out. And the breath on the way in, fills you up completely, and allows you to gather something of tension and stress that needs to be let go of, so that it can be exhaled on the way out, changing color and shape, and bringing you a little bit deeper into a sense of peace and calm and awareness of what's living in your body. And as we go through the rest of this process, you can always return to this breathing and let that restore you and restore your attention to this gentle ebb and flow, this in and out with the breath in your lungs. And as other thoughts kind of migrate through, just allow them to pass long like water, allow them to be gentle currents, just noticing them as they pass, acknowledging that you see them, and you'll come back to them later. Just beginning the first part of this process, which is clearing a space to bring your attention deeper into your body. The second part of this is to take a brief scan of how your body is doing overall right now. What's living there? And we're just going to take a brief scan,

bringing your attention in through your big toes and all the little toes, then moving up through your archways, your heels, your Achilles tendon, your ankles, through your calves, and your legs, your knees, your upper legs, just noticing what's there in your pelvis, in your bum, in the base of your spine, moving up through your internal organs, your uterus, your stomach, your intestines, your diaphragm, your waist, underneath your rib cage, your heart, your lungs, around through your back, underneath your arm pits, your sternum, your breasts, moving up through your collar bone, your shoulders, down your arms, your forearms, your biceps, triceps, elbows, and out through your wrists, your fingers, your thumb, and all of your fingers to the very tips, then gradually moving back up through your arms, into your shoulders, down into your neck, and then moving up through your throat, your wind pipe, your spinal column where it meets the base of your head, and then through the back of your skull, your jaw line, your chin, your lips and cheeks, your nose, ears, behind your eyes, your eye lids and eye brows, your forehead and moving your attention all the way up through your hairline and out the very top of your head. Just noticing what's there, gentle, friendly, noticing of how your body feels overall. What kind of sensations are there, what kinds of feelings are living right now in your body... And now for the third step of this process, I'd like to ask you to recall the memory you wrote about and that we just read out loud of feeling a sense of guilt about something related to being a mom and about your daughter. Recall that back and just notice how and where that memory lives in your body.... (Long pause) Thinking about what you wrote and how the guilt feels in your body. Where that comes from – if there's a thought or a word, a phrase or an image that seems to get close to describing that place, that overall feeling – if you could share that with me... if that would be ok.... or we can hold it silently...

Ann: I know that when it... that first moments... like when I first realized that she had a wet diaper...and the whole, like everything sort of came together. Um. It was a very like a gut focused guilt... a sort of classic sinking feeling. It's all right here (points to her stomach) and heavy, heavy...

Claire: In your stomach?

Ann: Maybe even a little lower even and yeah, ... but in recalling the memory and I don't know if this is memory focused or if this is just like, I don't know, a bad night's sleep last night, but the tension I'm feeling is all very shoulder and neck...

Claire: And where you are sitting right now...

Ann: Yeah, yeah, so I don't know. I wonder if there's a part of it that, um, I usually tend to carry more tension in my back, like that's where the stress feels for me, um, so I'm wondering if maybe now that it's removed from that immediate moment, that its getting stored where stressful stuff always gets stored. (laughs)

Claire: Well, the back and the shoulders in particular, I mean, there's a reason why we call it shouldering.

Ann: Yeah, yeah, sure.

Claire: I mean that holds so much for us... but, yeah, that's interesting that it would move from something here to something can really hold it differently. And then you may also be very uncomfortable sitting where you are too. (laughs)

Ann: (laughs) Yeah, I 'm wondering if it's, um, I mean I can kind of recapture it just sort of imaginatively those first moments of how that felt, um, but I'm thinking that maybe

like as I have thought more about this and have maybe drawn the connections to some of the wider bigger things, that it's gotten sort of filed with general back pain.

Claire: No, it's true. The description, you know, the feeling. What I'm trying to find is the connection between these places in the body where memory and emotion is housed, and also how we would move through that in a way that's, especially in the moment, we would be able to say, Oh, that's what that is. But being able to acknowledge why that's living. But the technique itself may be something that may be helpful to you later on, whether it's clearing the space. There's those three parts: there's clearing the space but also, as you scan your body, like noticing what's living there and what's doing it at any time. Sometimes that's helpful if you're having a major "ow" moment. Sometimes it's just good to unpack it.

Ann: It is and I tend to be a very sort of non-embodied person. I am far more sort of cerebral. I tend to hardly pay any attention to what's going on other than the most basic functional level, you know? So it's probably a very good thing for me to try to pay more attention to... (laughs).

Claire: It is very difficult though. I know the feeling. I've had many times in my life that I have been removed from what's happening in my body. I guess the reason that motherhood and parenting is such so embodying. It's interesting that you're feeding, you know, a lot of those connections are about feeding. You know, so having a belly hit right in the breadbasket here, it's just hard. When we talk about our experience, where does it come from? What part of the body do we speak from? But I know about the cerebral thing. I'm the same way definitely. But I also know that when you think about what you wrote about, there are so many things in here, there are so many different levels, I mean you talked about trying to be this mom, when you look back on it now, what do you make of it?

Ann: I guess it's good to think about which parts of it I still feel guilty about. Because I think I have mostly forgiven myself for this one day ... (laughs) I think I am still (and I think it may be a little overly dramatic to say that I am teaching her major life lessons and not caring about her) but the part about divided attention and trying to balance the work and being a Mom and, especially trying to do that with Greg in school and me not making any money at all. And so not being able to pay for child care, which I suppose frees me from the kind of guilt of people have who put their kids in childcare full time, but also I've spent a lot of time thinking that I have not doing either thing the way that I would want to. And that's been really hard and it's also lasted a lot longer. We were thinking originally that Greg was going to defend in December and so we've had a lot more months of trying to do the balancing than I had anticipated at first.

Claire: And that's disappointing when it goes on and on.

Ann: Yeah, yeah, it's been hard. And I feel like I didn't maybe handle it from the beginning like I would have if I would have known I was going to be here for longer, because those first couple of months I came back after my maternity leave, I wasn't really as fully present at work as I think I would have been if I had realized I was going to be there all year long. So that's still really troubling. I feel like, Bri, um, Bri actually just got married last weekend, and so I missed this past Friday and I am missing this coming Friday of having her come. And I feel the loss of that time so strongly, even though it's such a small amount of time. I've gotten accustomed to having time, just to be able to

think in complete thoughts and to be creative in a way that you can't be creative when you're distracted.

Claire: Yeah, yeah. So, what do you think that means though? I mean, what's you guess about it in terms of, you know, definitely having uninterrupted thoughts but also being able to do some things to the extent that you want to do them, and then another part of it, do you think it has to do with something about you in terms of your own identity?

Ann: Yeah, probably. I mean I think that I've always been kind of an overachiever, perfectionist type. And that's especially been true, like very, very true when I was in school, and then I think work kind of supplanted school and I was going to be as good at work as I could possibly be and so then its hard to have this major, major thing that makes it really hard to do my job as well as I would want to. Um, and then its like you are taking on at the same time this other whole huge thing that you have no experience for at all that you also suddenly want to do as well as possible. And you know, you have no real sort of training going in or anything, no internship (laughs), no, you're just sort of put in there.

Claire: (laughs) I know, yeah, its true. It's astonishing! I don't know how to do a thing!

Ann: I remember at the hospital, I asked the nurse, are you going to come in when its time for me to nurse the baby (laughs) and she's like, no, that's up to you, you decide when to nurse and I had just never done this before... (laughs)

Claire: (laughs) Yeah, like there has to be some sort of tutorial or something.

Ann: That first night in the hospital, I actually set my alarm for like every two and half hours so that I would get up and feed her. (laughs)

Claire: Oh wow, so you woke yourself up.

Ann: Yeah, because I was just so afraid that, yeah... um, feeding the baby has been sort of fraught for me, I mean, I've actually had a really positive breast feeding experience in a lot of ways but I always felt really conscious of all the ways it could have gone wrong, like any minute I could get mastitis or something. And I was never really any good at pumping, which is another thing that could make it really complicated. I never finessed with pumping or anything. Um, and partly that's because the very first time I tried it, I worked at it for like 45 minutes and I got this beautiful little bottle of like 4 ounces, and then, like as I was getting up to put the milk in the refrigerator, I spilled the whole bottle of milk all over the place, and then P started crying and I didn't have enough left to feed her. And so it was horrible, this thing where I wasn't able to feed the baby. And so, ever since after that, I couldn't figure out when I should pump because I was so afraid of like her not getting what she needed when she actually wanted to eat and when should I do this. And also the pump was such a pain. So I never did that. So basically for her entire life up to this point, I've just been with her. I've never left her longer than a couple of hours because what if she has to eat, what if she's starving. (laughs)

Claire: Right, gotcha, is she with someone right now? (laughs)

Ann: No Greg is with her. (laughs)

Claire: Yeah, like, where, where? I need to know where she is (laughs).

Ann: No Greg is with her, he was turning in a draft this month so he was a little bit freer. No, so he's with her. (laughs)

Claire: But the feeding experience is so ... I mean, that's what connects you. Plus, we have these boobs our whole lives since adolescence and it's like, they are for something.

Ann: Yeah, exactly, our bodies are surprisingly functional. And it's a funny body experience because I've never really experienced my body as being, like my body in and of itself, as being particularly proficient at things. Like, I'm not athletic at all. I'm terrible at simple things like yoga. And so it's been interesting. Like I had a fabulous, I mean people talk about empowering birth experiences and you want to roll your eyes, but I had a really awesome, like drug-free, empowering birth experience and I would never have thought that I could have done that.

Claire: That's great!

Ann: And then breastfeeding as gone really well. It really is something, I mean, there's a wonderful poem... There's a blog called the Velveteen Rabbi which is written by this young woman who is a rabbi. And it's great and she's poet too. And she wrote a poem about giving her child her first taste of solid food after they'd been exclusively nursing this boy his whole life. And she writes, "I made every ounce of exuberant you." And I had that same feeling. Like looking at P, because I did nurse exclusively for the whole six months like you're supposed to. And there she is, and she's you know, big, like 16 or 17 pounds. And I look at her and I'm like, I made that.

Claire: Right, literally, just poured yourself into her.

Ann: Right, exactly. And like totally worth it. So, mothering has been a really a funny body thing. Not like the sort of typical body experience for me at all.

Claire: It's been really, really, important for you to experience not just how it has a utility, your body has usefulness. But it's a vehicle for connecting you to this being and bringing shape and life. And those cues that you have... and that makes sense to me that, you didn't want to have anything that stands in between that. So, sometimes I think about this guilt that we feel is a lesson to ourselves, like how do we understand ... because it comes from our great love of our children. Because if we didn't have that, we might be like, eh, whatever, your fine (laughs).

Ann: Yeah, it's funny though, you say that because at the same time, I think there's a certain amount of guilt that you have, like I certainly feel guilty for, I mean, part of the story is that I feel guilty for resenting my daughter, you know, for feeling like she's keeping me from doing this other stuff that I want to do. And the enormous, enormous change in every aspect of your day to day life. I mean I think that the very mixed feelings about that which is also a source of guilt.

Claire: Absolutely, because what is the expectation, right? The expectation for all of it and this is the cultural backdrop and just our own, what we want for them, is just that we have the most expansive of feelings. And that is only things good.

Ann: Right, and you know, cultural expectations are so funny. Because you know, you hear about all these moms who are like, oh, I'm going to have flashcards and all organic food and whatever, you know. And you don't want to be like that. And you don't want to be super neglectful and awful either. And so there's this, whatever, there's this what being a perfect mom looks like is probably really different for different people depending where on the sort of spectrum of engagement that you think is ideal. But wherever you are on that spectrum, your not going to actually obtain it. (laughs)

Claire: That's a really good point though, maybe having an idea somewhere on the spectrum what you feel ok with. Because you've had these really great experiences. Birth didn't flatten you and breastfeeding went really well, still going well. And you have these wonderful moments that have taught you a lot. But then you know that there are

also times, where you are called to other things, especially during Holy Week for heaven's sake, the most stressful week in the liturgical calendar. Those are times when of course your going to feel really pulled. And is it OK? You know? I mean, you say, yeah, its ok. But then how do you really allow that.

Ann: Yeah, right, I mean it is one thing to sort of say to yourself, like oh I know I can't do this perfectly, like there's no way, I'll just have to let that go. But then, when you are in the moment, its very high stakes, like you're looking at this sort of blank slate, new life. And it does matter very much what you do. Um, you know, I think that theologically, um, I don't know if you know much about the UCC, I'm from a very progressive protestant denomination. And most people in my congregation would probably say that this whole like original sin thing is totally not helpful, it's antiquated, were far passed that. But to me, the idea of original sin is actually really helpful. Because it basically says that you are going to mess stuff up. Stuff is going to get messed up. And like, even my beautiful awesome daughter is going to like mess stuff up. There are ways that she is going to not turn out well but that is not her fault, its just part of being a person. And I think like the whole idea of like Augustine and the whole transmission of original sin through their parents having sex, and la, la, la... well, yes, so my daughter is messed up because my husband and I are messed up. And we are messed up because our parents are messed up. (laughs) So all you can aim for, ultimately, is trying to mitigate the effects of your ...

Claire: (laughs) I see your point though, it's letting you off this giant hook.

Ann: And she is, like it's really interesting to see how she is both takes things from us and is really different from us even at this early, early moment.

Claire There is that poem, "Your children are not your children." It's really hard to acknowledge that we have this investment. You know, its like we do the best we can but there's still a "mine" but not "mine." What I think is interesting is what you've been talking about is, all along, is what you hope for her, what you want for her. What you think she deserves which is the very best. And knowing, even while we are all going to screw it up, and she's going to screw it up, and everyone's been screwing it up since the beginning of time, but there's also this incredible sense that we deserve only the best. And the disparity in between is really hard to contend with sometimes and maybe where the guilt lives.

Ann: Yeah, definitely, um, yes. Even from the first moments of a baby's life, you are making choices about what kinds of, like what their environment is like and how your interactions with them are and how your interactions with your partner are, you know they're observing all of those things. And you know that al those choices do matter. But its totally possible for you to make what you think are your number one, best choices are all the time. Like your life just has these constraints on it or your relationships do or your finances do. You know, I would love to be like raising people on some kind of like, every other week we would live on a bucolic farm or in the midst of a bustling city with lots of cultural attractions. And Greg and I would never fight, and you know, my parents would still be alive, and you know all these things would happen, but you know, we don't get all those choices. Like we can just do what we can.

Claire: You do the best that you can but those desires that you have, I think its important to notice that you want all of that. That's huge even if you can hardly get going on a

Saturday morning because you're exhausted. (laughs) And sometimes it's enough just to be able to watch a movie together, you know?

Ann: (laughs) Yeah, it's so true.

Claire: So how do you take care of yourself, take care of your family, your husband, and daughter? And then also, I hear, take care of the legacy. I want to ask you about the feeling that you had that you wrote about, do you think that was familiar? Do you think your mom ever felt that?

Ann: You know, I realize that I probably should have put in here like, a major psychological fact for anyone whose doing this to me, which was that my mother died when I was in college and my father died a month before P was born. Um, so whether it's directly connected to anything or not, those are like major, major contextual things for me.

Claire: Yes.

Ann: I wish very, very much that I could talk to my mom about her experience of motherhood. Doing this without her around is really funny. People ask simple things like when you get your teeth? And no one is alive who remembers when I got my teeth. Um, you know, I have both of my grandmothers, but it's not a grandmother's job to keep track of those things, that's the sort of thing a mom remembers. Or maybe my Dad would remember. But I wish very much that I could talk to my mom. All I know about my mom's experience of early motherhood, is one journal entry from a very sporadically kept journal that she had, um, that I read when I was quite young, middle school maybe, probably high school age, um, you know, sneaking around in a drawer. I found this red ink, full of shame, because, you know, she was talking about how she was not getting along with my Dad, like right after they were married, so I'm like a teenager, like Oh my God, my parents entire marriage is a sham. And then of course I get married and I realize that's just actually how it goes and the only time you ever right in your diary like this is when it's not going well and all the times it is going well, you don't bother writing (laughs). But there is one entry, the journal stops when I am still an infant, like I think I just started to roll over or something, so I'm very, very young, and she says, "I have a baby, Ann, and she is so beautiful la, la, la, ...and she takes so much of my time." And so I just have like that one little glimmer of what my mom's perceptions of this were. And I also know just from what kind of person my dad was, my dad was not nearly as much of a co-parent as my husband is. So my mom would have been doing even more of the work than I am. Because I'm lucky that Greg is just awesome. But, so, I have that one little bit.

Claire: Yes, that's precious.

Ann: Yeah, and I have talked to my grandmothers too. I wonder if it's like more helpful to have that tiny insight about my mom than to have my grandparents, sort of through fifty five years or so of rosy recollections of what it was like to be a new parent. (laughs)

Claire (laughs) "You were wonderful! You were as cute as a speckled pup!"

Ann: Yeah, especially my dad's mom because she was remembering his babyhood through like parental grief, so she was like "Marky never cried, he was perfect." So (laughs)...

Claire: (laughs) Wow, that is a lot. Yeah, That makes sense now... I wonder though, just thinking for you about, like these hits that you get in your body, whether it's your stomach



or whether its your shoulders or neck, sometimes when your holding onto it, if you remember too where your mom was.

Ann: Yeah, you know I love this idea that you are born with all of your eggs and so part of P was once in my mom. You know, like when I was pregnant I really liked that idea. You know that she...

Claire: That's beautiful. Is your name Ann?

Ann: Yeah.

Claire: That's my sister's name.

Ann: Yeah, there's a whole bunch of us running around.

Claire: Um, having a theological perspective on lots of these things, do you think that helps a little bit in terms of ...

Ann: Um, yes and no, I mean, I think I have had a difficult year spiritually since losing my dad. Um, it was very, very sudden and unexpected and he was young.

Claire: I'm so sorry.

Ann: And there was that sense that this was something that was not supposed to happen to me again. I mean, you know, you only lose one parent...

Claire: Especially when you have a wee one.

Ann: Yeah, and so there was a lot of, there was just a feeling of disconnection and a feeling of alienation, which isn't helped by the fact that then I was, for me a lot of my being in community is really important to my sense of spiritual well being. And so I'm home for three months by myself on maternity leave and then I go into worship and, when I get back to church, it's just like my job. And, like during a worship service, I bring the kids downstairs and do the little stories with them, so I haven't felt like I've had a lot of chance to reconnect. Um, but I think, there's the two levels, like, is the theological perspective really helpful to me, sort of, on paper? Yes, absolutely. Do I feel the theological level on a day-to-day basis? Sometimes but not always.

Claire: Ok, yea, definitely, that makes sense.

Ann: So, there have been times, like in the immediate aftermath of my dad's death, I really felt like that was extremely important to me. I mean, gosh, I was like hugely pregnant, and waddling up to NH for the funeral, like eight months pregnant. Oh gosh, so, that was really good then. But then since then, my family is kind of messed up, I have this crazy younger sister who has been diagnosed bi-polar and who is executor of the estate, which is sort of a mess.

Claire: So many complications

Ann: Yeah, so there's been a lot of drama.

Claire: Ok, it's never like simple, I want to grieve, thank you.

Ann: Losing my Dad has, and especially losing my dad and becoming a parent at the same time, um, has brought out a lot of a sense of, I mean, incompetence is a really harsh word, but like I've always been a kind of person who accomplishes things and gotten things done and done them well, and other people's standards. Um, in losing my dad, I didn't write all the thank you notes I should have done. I didn't take care of all the paper work that the lawyer needed. I had this baby and you know, time just goes on and on. And like, you know, there a line on the psalms about how days pass away like smoke or like whole weeks pass and you don't even know what happened this week. So, there's been a lot of, like, I've often felt like I am not, not just since P was born, but with the combination of P and losing my dad, like I have been surprised that I am not always the

person that I had hoped that I was. Like I'm not necessarily doing things as well as I could. And that feeling is a little bit better with the passage of some time, um, but I think to some extent that would be a motherhood experience I'd have anyway. But it's like underlined.

Claire: Yeah, well, I have a strong sense that you are present in the moment. But to have the time to do the reflection that would be needed. And maybe to do it to the degree that you would like at some point. It will take a different kind of mustering, you know, because it been really about milk and about a couple of naps. (laughs)

Ann: (laughs) Right, and singing the goodnight P song thirty-five times, yeah.

Claire: And doing this action (sways body back and forth) Being present is very important in as much as possible when there's moments when your are truly able to attend to what's there. That's what the focusing can help a little bit too if you wanted to do that breathing when needed to be present where you are right now, whether that's a transition from work to P or P to work. Or just, you know, trying to go to sleep yourself. So many thoughts... There's thoughts that come flying in, you know, shopping list for tomorrow, I have to call those people, and seeing that these thoughts are there and gently putting them aside in a the clear box on that shelf right there. A visualization sometimes helps with so much going on. But allowing you to be present but I don't get the sense that this is much of a problem for you right now.

Ann: I think it's been, when the invitation to breathe deeply has been something that has frightened me enormously because I don't want to get to what's there, you know. Like it's a lot easier to, like, stay on the surface and deal with the twenty things, rather than trying to even think about what might be under the surface. But I think that with the year that's has gone by, with the really surprising amount of healing that I feel like I've experienced since my dad died, which I was not expecting to. I was totally expecting to come back and be totally messed up by this and have to come back and work really hard. But I actually really feel ok. And I'm thinking that maybe I should let myself kind of get down in there again.

Claire: Just ease into it and also to know that not everything has to happen all at once, just little pieces. You know, even the big stuff you can be like, I gently see that you are here, this is a very big piece, the idea is that you can ask these places once you see them, and you stagger your breathing once you see them and acknowledge. The approach, you know, the idea that things get bigger when our backs are turned than they seem a lot more big. But the idea of gentle approach, friendly approach, rather than the harsh "I did not give you permission to be there." So, taking it easy on yourself, you know. I don't have any other questions. Do you have any questions for me?

Ann: Um, I don't think so. I'll be very interested to read what you write. Very much.

Claire: I really appreciate you talking with me. If you need anything... I can call you next week and just check in to see if you had any other additional thoughts.

Ann: Sure, that sounds good.

Claire: Otherwise, you can call me in the mean time, if something occurs to you, um, I just wanted to say. There's a mystique about coming to talk to a therapist under any conditions, but if there is ever a time where you just need to have conversation with somebody if you just want somebody to walk with you as you explore some of that stuff.

Ann: All right. I hope that was vaguely useful.

Claire: Extraordinarily useful! Thank you so much.

## 6. Makin: Interview #6

Claire and Makin – May 26, 2011

Claire: The first part of it is just a body focusing technique, so find the place where your body kind of wants to be situated on the couch. And then I'm going to ask you to close your eyes and I'll walk you through this complete body scan. And, given just what you told me from today about your feelings about when you raise your voice and when you had a situation with Al, and so we'll go into that place, but first we're going to go through a relaxation technique.

So, first what I'd like you to do is take several very, very deep breaths. Breathing in through your nose, filling up your lungs, and then breathing out as deeply and as fully as you can. Every breath you take, just letting the air fill up your lungs a little bit more, and little bit more fully. And every exhale, having the exhale take a little more tension, a little more stress, a little more something that needs to be let go of away from you. You can imagine maybe that the air has color. That its purple on the way in, filling up your lungs and moving all the way down through your lungs. And then maybe blue on the exhale, so that it's a circle, a cycle. Purple or some color that's deep and cleansing and radiant on the way in. And then something that changes shape or color on the way out. And that each exhale takes a little more something away from you that needs to be let go of ... a thought, or a tension, just allowing yourself to breath it out, let the breath carry it away from you. As thoughts come to mind, I want you to imagine just gently greeting the thoughts, saying I see that you are there, and asking them gently to move to the side for now, maybe putting them on a shelf someplace in a see-through container or a bubble, so that your attention can continue to come back into your body and into this breathing. And each thought that comes, greeting it gently and moving it aside, saying "I'll come back to you later." Just noticing that its there and asking it gently to move to the side.

And as you do this, I want you to continue to come back into this breath, filling up your lungs, and then letting go on the way out. Gradually, what I'd like you to do, when you are ready, is bring your attention into your whole body. We're going to start at the tips of your toes and your big toe and all of the little toes. We're going to take a scan and just notice how things feel, just overall. And as we go through this, just noticing, see as we pass through if there's a thought or a word or a phrase or an image that kind of comes to mind as we go through, and just notice, nothing more. So, starting at the tips of your toes, around your feet, around through your arches and your heels, the tops of your feet and your ankles, your calves, the muscles and the bones and the skin moving up through your calves, the top of your legs, your knees, your knee pits, your upper thighs, your pelvis, your bum, the base of your spinal column, your stomach, all the way up through your spine, kind of noticing front and back, behind your belly button, your stomach and your liver and your sternum, your diaphragm, underneath your rib cage, moving up through your ribs, your heart beating, your lungs, your sternum, your shoulders, shoulder blades around the back, collar bone, around through your shoulders, the shoulder joints, down through your biceps, your elbows, your elbow pits, your forearms, wrists, palms of your hands, backs of your hands, and out through your finger tips, your thumb. Then

moving your attention back up through your arms, the same cycle. Bringing your attention up through your forearms, your upper arms, your shoulders, and then your neck, the front where your throat is, your larynx, and then back your spine meets the base of your skull, and then wrapping around through your jaw line, your chin, and then under your lips and your cheeks, your ears, back through your nose, behind your eyes, eyelids, the bridge where your nose meet your forehead, your eyebrows, your forehead, all the way through your hairline and then up and out through the very top of your head. Just a complete body scan from your toes to the very top of your head, a gentle noticing of what's there.

Then gradually, as you kind of recall the events of the day, a few moments with Al today, if you could go into that memory, that feeling that you had from earlier on today. Just notice gently where in your body that lives, the feeling that came with it, the overall sense of that. Just gently noticing where that memory lives, where it takes shape in your body. And if there's one or two places where that feeling, that felt sense of that memory sets up in your body, maybe just imagine surrounding that place or those places with your attention, and gently greeting the feeling, friendly greeting that feeling, bringing your attention into it, and saying I see that you are there, thank you for showing yourself to me. Without going inside of it, just kind of imagine surrounding it with your attention and just gently noticing if there's a thought or a phrase or an image that seems to kind of come close to holding that whole overall sense for you. If there's something that comes, just imagine gently greeting it, and saying thank you for showing yourself to me and asking if its ok for you to come back to that feeling at a different time, asking if its ok for you to leave it there for now and come back to it at a different time.

Or if there is a place that wants to be seen right now and if you want to share that with me...

Makin: I can put it away or I can share it as well...

Claire: Why don't you tell me what comes for you if that feels alright?

Makin: I guess the thing I see is his face after I yelled at him and him being scared and just wondering what he did for me to raise my voice so loud. He's scared, his eyes are all welling up with tears, and he just doesn't understand. He wants me to hold him and love him and I'm distant because I'm upset.

Claire: Makin can you notice where in your body that image of his face comes to you.

Makin: I guess it's in my heart.

Claire: Ok, so in your heart there's a feeling. Is there an overall quality to that feeling in that image that you have there?

Makin: A bad feeling, a feeling of shame.

Claire: Something that feels bad, it feels somehow shameful. I want you to imagine checking those words with that feeling in your heart, and seeing if there are some other words that might come, if that fits, do those words fit?

Makin: I just feel hurt. I feel hurt for him. I feel hurt for myself.

Claire: Ok, I want you to stay with it if its ok and imagine going back to that place in your heart that hurts, that feels the hurt for him and for you, and without going too deeply

into it, ask this feeling of hurt, what it makes it feel so hurtful or bad? What is it that makes it so this, so hurting...?

Makin: It just hurts that I could make him feel that way, over something insignificant. It hurts that I can't control my temper, that it just leaks out of me sometimes.

Claire: It's something about causing it to feel that way or making it to feel that way. Bringing your attention back to that place, I want you to ask it, what does this hurt feeling need from you? What is it asking for? What does it require of you?

Makin: It requires me to forgive myself for it. I guess I feel like I've already apologized to Al... and even though I was distant with him for a moment, it was just a moment, and I had to ask his forgiveness for acting like that, it makes me want to find a reason why I acted like that and find a way not to. I guess I just don't want to act like that ever.

Claire: So when you look into that feeling in your heart and you ask it if that's what it needs from you, it needs forgiveness, does that seem to fit?

Kids come home and we have to abruptly end the conversation.

Claire: I'm so sorry Makin.

Makin: That's alright.

**Appendix F: Consent Form**



**DUQUESNE UNIVERSITY**

600 FORBES AVENUE ♦ PITTSBURGH, PA 15282

**CONSENT TO PARTICIPATE IN A RESEARCH STUDY**

- TITLE:** Maternal Guilt: An Existential Phenomenological Study of the Early Experiences Of First-Time Mothers
- INVESTIGATOR:** Eva Simms, Ph.D.  
Psychology Department  
(412) 396-6515
- CO-RESEARCHER:** Claire LeBeau, M.A.  
222 Alder Drive, Pittsburgh, PA 15202  
(206) 579-4793
- SOURCE OF SUPPORT:** This study is being performed as partial fulfillment of the requirements for the doctoral degree in Clinical Psychology at Duquesne University.
- PURPOSE:** The purpose of this research project is to better understand how first-time mothers of infant children experience guilt related to being a mother. Specifically, this research seeks to investigate how and where in her body a mother experiences guilt

related to being a mother and how she understands this bodily feeling for herself.

**YOUR PARTICIPATION:**

You will be asked to describe in a one and half page written account a memory you have had of feeling a sense of guilt related to being a mother. In addition, you will be asked to allow me to interview you where you will first focus on the bodily feeling of the memory you have written about. The interviews will be audio and video-taped and transcribed. Also, if you desire, upon the completion of the study, you may participate with the other mothers involved in the study in a short round-table discussion so that you can share with the group some of your experiences of participating in the study and of your experiences with feeling guilt related to being a mother.

These are the only requests that will be made of you.

**RISKS AND BENEFITS:**

Participation in this study should not provide any more foreseeable risks or dangers than is associated with everyday living. However, if a participant does become upset by recalling her experiences, a member of the Duquesne University Psychology Clinic will be available during and immediately following the interviews for psychological support and will be able to provide a list of referrals to local counselors. Participants will make a significant contribution to the knowledge base of the field of Psychology, and may benefit from reflecting on their own experiences.

**COMPENSATION:**

Participants will not be compensated nor will participation entail any monetary costs by participants.

**CONFIDENTIALITY:**

All material identifying you or anyone you talk about will be de-identified and never appear on any research instruments or in the data analysis. All transcriptions will be de-identified and the audio and video tapes will be destroyed immediately following transcription. All written materials and consent forms will be stored in a locked file in the researcher's home.

**RIGHT TO WITHDRAW:**

You are under no obligation to participate in this study. You are free to withdraw your consent to participate and to withdraw your data at any time you wish.

**SUMMARY OF RESULTS:**

A summary of the results of this research will be supplied to you, at no cost, upon request.

**VOLUNTARY CONSENT:**

I have read the above statements and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason. On these terms, I certify that I am willing to participate in this research project.

I understand that should I have any further questions about my participation in this study, I can call Dr. Eva Simms, the Principal Investigator, (412-396-6515), and Dr. Paul Richer, Chair of the Duquesne University Institutional Review Board (412-396-6326).

I have also been invited to call Claire LeBeau, M.A., the co-researcher, (206-579-4793), at any time if I have any questions about this research.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_

Date

\_\_\_\_\_  
Researcher's Signature

\_\_\_\_\_

Date



## Appendix G: Recruitment Flyers

### First I.R.B. Approved Flyer:

#### Research Study on Maternal Guilt

Are you a first-time mother of an infant (birth to 2 year old) child? Have you ever experienced a sense of guilt related to being a mother? Would you be willing to write about a specific memory of an experience you have had and would you be willing to come to Duquesne University to talk about your experience?

What it involves:

- ☞ A 1 to 1 1/2 page written description of a memory of an experience you have had feeling guilt related to being a first-time mother.
- ☞ An hour and half of your time in an interview with the co-researcher at Duquesne University

PLEASE NOTE:

There is no monetary compensation for your participation. You may withdraw your participation at any time with or without notice. You are in no way obligated to complete the study once you have agreed to participate.

If you are interested in participating or have any questions, please call

**Claire LeBeau, M.A.**  
Doctoral Candidate  
Duquesne University  
Clinical Psychology Program

Faculty Advisor: Dr. Eva Simms, Duquesne University

Second I.R.B. Approved Flyer:

*Would you like help in working through your feelings of guilt as a new mom? Would you like to co-research this topic with an experienced counselor and mother?*

*Are you a first-time mother of an infant (birth to 2 year old) child? Have you ever experienced a sense of guilt related to being a mother?*

**What it involves:**

- ☞ A 1 to 1 1/2 page written description of a memory of an experience you have had feeling guilt related to being a first-time mother.
- ☞ An hour and half of your time in an interview with the co-researcher at Duquesne University

**Potential Benefits:**

As a co-researcher in this topic, you would potentially be able to clarify your own experience in feeling a sense of guilt related to being a mother and be in touch with your own expertise as a mother. You could also learn a technique for moving through intense emotional experiences in a different way. Upon completion of the study, you could also participate with the other participants to talk about your experience. Your participation could also help contribute to the field of psychology's general body of literature that could potentially be helpful to other mothers who struggle with similar concerns. Also, because these things are often difficult to talk about, this researcher would provide home-baked goodies to sweeten the experience (as well as offer recipes as requested).

**PLEASE NOTE:**

There is no monetary compensation for your participation. You may withdraw your participation at any time with or without notice. You are in no way obligated to complete the study once you have agreed to participate.

If you are interested in participating or have any questions, please call

**Claire LeBeau, M.A.**

Doctoral Candidate, Duquesne University

Clinical Psychology Program

Faculty Advisor: Dr. Eva Simms, Duquesne University