

When a mother's love is not enough: A cross-cultural critical review of anxiety, attachment, maternal ambivalence, abandonment, and infanticide.

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Abstract

Motherhood narratives pervade all cultures and are almost universally divided into the *'good and perfect'* or the *'bad and ugly'* mother discourses. A mother's love is commonly thought of as an emotional investment between those who mother, and those who are mothered, and social expectations reinforce motherhood as being underpinned by an innate psychological bond. Historically comprising of nourishment, protection, and nurturing, in modernity a mother's love has evolved to encompass added meanings in view of the competing demands of personal, professional, and socio-political obligations. Consequently, with each new shape a mother's love assumes, its meaning becomes conceptually stretched and more fragile. Negotiating these demands, together with the intense societal scrutiny placed on modern mothers, renders the meaning of a mother's love ambiguous, and the traditional senses of motherhood increasingly difficult to achieve. Failure to bestow *'perfect'* motherhood can provoke a range of disordered constructions of love, and important consequences of the *'good mother'* discourse include increased maternal anxiety. This can manifest as maternal ambivalence and mother-infant attachment issues which, in turn, may contribute to profound, lifelong implications for maternal and child mental health. In severe cases of strained mother-child bonds, a varied degree of presentations may occur, including maternal abandonment, or in the most troubling instances of rupture between mother and infant: Infanticide. Reflecting on such problematic issues, we suggest ways to navigate distress to avoid these detrimental outcomes and aim to hold society accountable, so mothers are not solely responsible for their sustained psychological health and are supported to provide their infants with the love they require.

Keywords

Love – Motherhood – Anxiety – Attachment – Maternal Ambivalence – Abandonment – Infanticide – Maternal Mental Health – Psychological Health – The 'Ideal Feminine' – Women's Health.

Introduction

“The infant's life depends, to a very great extent, on the good will of others, but most especially, of course, that of the mother. Consequently, it has been the fate of mothers throughout history to appear in strange and distorted forms. They may appear as larger than life or as invisible; as all-powerful and destructive; or as helpless and angelic. Myths of the maternal instinct compete, historically, with myths of a universal infanticidal impulse.”

~Nancy Scheper-Hughes (1987)

The image of mother together with child is perhaps one of the most sacrosanct throughout history and across cultures. The relationship is one synonymous with adoration, cherishment, gentleness, kindness, nurture, warmth – one which is synonymous with *love*. However, the image of mother and infant has wider societal meaning. It is symbolic of the (re)productive potential of a people, and therefore can signify the guaranteed success of a nation state. Mother and infant together are both the aspiration and the reality of (re)productive state and to ensure continued progeny, the mother-infant relationship must be harmonious; with the mother providing the environment in which a baby first develops from gametes to foetus and also safe delivery of the infant. Once born, the mother is the primary caregiver responsible for the continued protection of their infant within the world, and also the primary source of nourishment to ensure survival into a healthy adulthood, where they themselves can begin their own (re)productive lifecourse.

This view, though perhaps dated in presentation, remains true in the societal discourse today. Despite increased emancipatory policies, particularly in the Western World, a woman's lifecourse is marked by specific events, which act as rite of passages to womanhood and femininity (Silverio, 2019). These ideologies are created, distributed, and enforced *within*, and *by*, a hegemonic, heteronormative, and phallogocentric society – where men dictate and can quickly change what the new and current ‘feminine ideal’ is to be; forcing women to adapt, conform, or be outcast and ostracised for going against the new and everchanging norm (de Beauvoir, 1949/2011; Pickard, 2018). However, motherhood is one factor which has consistently been presented as key to the very fabric of the ‘feminine ideal’ (Nicolson, 2001), with even modern evidence suggesting “*underlying discourses that women are expected ‘to marry’, ‘to carry’, ‘to bear’, and ‘to care’...*” (Silverio & Soulsby, 2019; p.9).

The societal and socio-psychological implications associated with not being a mother are complex (Keizer, Dykstra, & Jansen, 2008; Shapiro, 2014), culturally

mediated (Burkett, 2000; Silverio, 2018; Snitow, 1992; Tanturri & Mencarini, 2008), but usually negative (Park, 2002). To actively elect to not pursue motherhood has more severe implications for women in society (Letherby & Williams, 1999). It is often seen as taking a stand against womanhood and the ‘feminine ideal’, and therefore against the society (Morell, 1994). Often women who refuse to mother are seen to flout their societal (re)productive role and flagrantly disregard their duty to contribute to the next generation of their nation state (O’Brien, 1991), and therefore are often met with an “*organized response*” which in turn codifies childlessness as “*deviant*” (Blackstone & Stewart, 2012; p.722). The normative lifecourse which includes motherhood has been so ingrained into societies across the globe that even our social story-telling perpetuates the myths of the childless woman, where non-mothers are seen as villainous, vain, and vengeful (Gandolfo, 2005; King, 2015; Mangum, 1999), and therefore any so-called deviation is immediately questioned, assessed in-line with the present societal norm for the ‘feminine ideal’ and – wherever possible – quashed (Silverio, 2016). These responses are often tacit, but can lead to social exclusion (Carey et al., 2009), stigmatisation (Park, 2002), and othering (Ramsay & Letherby, 2006), which further strain the already cracked identities of these women who *do not*, *will not*, or *cannot* conform to the normative lifecourse.

To mother, therefore, is to conform to society’s desire for survival. To mother, therefore, is to show patriotism and adoration for one’s country and people. However, to mother is burdened with the expectation that one must also be invested in the notion of a (re)productive society and is therefore intrinsically required to be invested in one’s offspring. What is rarely explored in academic research, is what happens when this investment falters. Though we assume loving one’s child is the most natural and innate response, especially as human babies are born so vulnerable; the act of unconditional love can sometimes become a difficult performance and ultimately can result in some very unfortunate outcomes. This chapter proceeds as follows: First, we unpack conceptualisations of mothering, looking at the ‘*good and perfect*’, and the ‘*bad and ugly*’. We then proceed to review debates on anxiety, attachment, and maternal ambivalence, before moving on to consider what we deem are the more severely strained issues relating to mother-infant bonding – those of maternal abandonment and infanticide. In drawing the chapter to a close we suggest ways to negotiate these distressing ruptures between mother and infant, to avoid these unfavourable outcomes. We also question the role of society in propagating and proliferating such harmful discourses of what ‘*perfect*’ versus ‘*ugly*’ mothering is, in order to allow mothers to feel supported in sustaining good psychological health during difficult periods they may face with their infants, and ultimately to give them the resources to feel, and perform the unconditional love of a mother.

Constructing Motherhood

“One of the great things about being a new mother, especially of a first baby, is the amount of advice that pours in from all and sundry, people who have children themselves and others who have not. It starts in pregnancy and carries on at least until children are of school age. Perhaps this is why mothers tend to ‘compare the products’ and condition, the number of teeth, or whether it is sitting up or crawling yet, feeling that this kind of thing can show whether they are a good-enough mother.”

~Sheila Kitzinger (1978)

Child-rearing guides of the past have often assumed mothers, living in heterosexual, nuclear families, will have primary responsibility for childcare, which entails raising healthy, disciplined, well-balanced children (Marshall, 1991). Over the past forty years, a large body of work pertaining to mothering has been produced across several disciplines and theoretical fields. Recent feminist work in human and social sciences has explored the affective force and embodiment of motherhood (Clement & Waitt, 2017), intensive mothering ideologies (Hays, 1996; Parker & Morrow, 2017; Villalobos, 2014); and the notion of ‘becoming’ a mother (Holloway, Yamamoto, & Suzuki, 2016). Across the spectrum of mothering and motherhood, lies notions of the ‘good mother’ (see Lane, 2014), the ‘good-enough mother’ (see Pedersen, 2016), the ‘bad mother’ (see Kielty, 2008) and even, as we argue, the ‘ugly mother’ (see also Haliburn’s 2017 discussion of mother-child incest for instance).

The traditional mother ideology, written about Western human, health, and social sciences, often define a ‘good mother’ as full-time, at-home, white, middle-class, and entirely fulfilled through domestic aspiration (Boris, 1994; Hall & Hall, 1979; Johnston & Swanson, 2006; Kenny, 1978; Kinser, 2010). This no longer reflects contemporary understanding, but is more a reflection of the focus of academic research at the time. Further, it is argued that ‘good’ mothers should facilitate the provision of a ‘good’ childhood (Burman, 2008). Interwoven into debates on ‘good’ mothering is the idea of ‘intensive’ mothering. According to Hays (1996; p.122), intensive mothering is a “child-centred, expert-guided, emotionally absorbing, labour intensive, financially expensive” ideology in which mothers are primarily responsible for the nurture and development of the child, and in which children’s needs take precedence over the needs of their mothers. In other words, the mothering practices prioritise the needs of children through women’s self-sacrifice (Baraitser, 2009; Choi et al., 2005; Johnson, 2015; Kinser, 2010). Fur-

thermore, research has found some women to take a managerial approach to motherhood, through the hiring of tutors and scheduling in enrichment activities at great financial and time-resource cost, to ensure their children's future success (see Lareau, 2003). In some intensive mother-child relationships, mothers have further positioned children not only as substitute careers (Meeussen & van Laar, 2018), but also as substitute partners (see Villalobos, 2014). Whilst these forms of intensive mothering may provide ample opportunity to strain the mother-infant relationship, women who perform mothering of this kind, with a great deal of their own self-sacrifice, are deemed by society as positive role models in protecting and promoting their offspring to become the new generation of the (re)productive society.

On the contrary, mothers who do not, or are unable, to meet their children's needs are at risk of being labelled as '*deviant*' or '*bad*' mothers (Miller, 2007; Orton-Johnson, 2017), discourses which challenge what has been referred to as the unrealistic and unattainable constructions of how motherhood is portrayed in mainstream cultural narratives and societal discourse (Douglas & Michaels, 2005). In order to understand how the discourse of '*bad and ugly*' mothering is formulated, it is important to expose what constitutes and contributes to difficult mother-infant relationships, where more usually, literature has focused on what is required to be the '*good and perfect*' mother. In compiling this chapter, we address the psycho-social implications of maternal anxiety, attachment issues between mother and infant, maternal ambivalence, abandonment, and finally maternal infanticide. These issues, in isolation are enough to label mother's as '*not good-enough*' and even as '*bad and ugly*', however we discuss how these factors are intrinsically linked and the very worst outcome between mother and infant – that of a mother abandoning or murdering their child – can be reached after seemingly quite rapid escalation and with very little resistance when performed in the context of a society which scrutinises every aspect of being a woman and individuals' performances of motherhood.

Anxiety

“Many mothers are excessively anxious about the health and safety of their children... There is some evidence that severe postpartum anxiety has adverse effects on the child, with a high proportion of insecure and disorganised attachments.”

~Ian Brockington (2004)

Maternal anxiety is receiving greater research attention, having been largely neglected previously. Historically obscured by a focus on maternal depression, there is now evidence to suggest anxiety occurs more frequently (Brockington, 2004; Muzik et al., 2000; Paul et al., 2013; Wenzel et al., 2005) and independently of depression in the perinatal period (Matthey et al., 2003; Wenzel et al., 2005). Anxiety is an emotion elicited from an impending non-specific threat cue (Cisler et al., 2010), and has well documented adverse effects for both mother and infant (Glasheen, Richardson, & Fabio, 2010). When experienced in the context of pregnancy and postpartum motherhood, the form and content of anxiety tends to be maternal and infant focused. It is often centred around fear of birth (Cowan & Frodsham, 2015; Sheen & Slade, 2018); bearing a physically handicapped child (Guardino & Schetter, 2014; van den Bergh, 1990); or parenting competence or infant safety and welfare in the postpartum (Fallon et al., 2016). It is important to note here, the majority of sociological and psychological work concerning maternal anxiety has been conducted in Westernised contexts. Much of the literature, therefore, does not reflect socio-psychological implications *of*, and *for*, anxiety in the developing world, nor the global effects of anxiety on a mother's capacity to love.

Unlike other perinatal mood fluctuations, such as depression, which are largely maladaptive in nature (i.e. only producing negative effects on performance), anxiety can be adaptive (Matthey, 2016). According to the seminal psychological theory: The Yerkes-Dodson Law – performance increases with physiological or mental arousal (i.e. anxiety), but only up to a point (Teigen, 1994), whereby thereafter, or if repeated too frequently, it becomes ineffective or paralysing. In a childbearing context this obviously implicates performance or the ability to mother. Maternal anxiety at optimal levels therefore protects the mother and infant from threats to survival and sustained wellbeing (Matthey, 2016). To this end, anxiety can be seen as a necessary component of a mother's love, allowing mothers to remain vigilant to health in pregnancy, and respond to infant cues of distress in an appropriate, timely manner after birth. While researchers are still unable to predict which combinations of bio-psycho-social risk factors create the 'tipping point', perinatal anxiety is deemed problematic when it consumes a significant proportion of a woman's time, prevents her from fulfilling her mothering role, and interferes with self-care (Matthey, 2016). With increasing recognition of problematic anxiety both in research and societal discourse, it is important to consider how contemporary expectations of motherhood may exacerbate anxiety at an already vulnerable time in the woman's lifecourse.

A fundamental antecedent of anxiety is risk. Risk consciousness is a core feature of modern motherhood and 'good' mothers are seen as having a moral and social responsibility to manage, minimise, and eliminate risks to their children (Knaak, 2010; Lee, Macvarish, & Bristow, 2010). Despite this, women are also seen as requiring expert guidance in order to effectively manage risk (Hays, 1996; Knaak, 2010). This begins in pregnancy where messages about risks to foetal health and development are increasingly articulated to prospective parents by poli-

cy makers and healthcare professionals (Lee, Macvarish, & Bristow, 2010). These messages concern modifiable health behaviours such as diet, physical activity, and alcohol use, yet they are often inconsistent (Hoddinott et al., 2012), and there is a lack of robust scientific evidence to support them (Lowe & Lee, 2010). Some researchers have argued this encourages hyper-cautious behaviour among women with regard to the relationship between behaviour in pregnancy and foetal development (Lee, Macvarish, & Bristow, 2010) and leads to disproportionate perceptions of risk (Fisher, Hauck, & Fenwick, 2006; Furedi, 2002). The most prominent example of this lies in childbirth itself. As birth in Western societies becomes increasingly medicalised, the knowledge and competency of women regarding childbirth has declined (Fisher, Hauck, & Fenwick, 2006). The construction of childbirth as threatening means women have become distrustful of birth and more accepting of medical interventions (Johanson, Newburn, & Macfarlane, 2002). However, medical management of birth further decreases the control experienced by the birthing woman, creates a power imbalance between the woman and healthcare professionals, and creates numerous conditions under which fear and anxiety are generated (Fisher, Hauck, & Fenwick, 2006; Johanson, Newburn, & Macfarlane, 2002).

This climate of fear requiring hyper-vigilance and risk management thus becomes a key driver of anxiety which can push women to adopt a more intensive approach to motherhood in the postnatal period. After birth, women continue to be subject to public debate about how they feed their babies, talk to them, play with them or discipline them (Kitzinger, 1978; Knaak, 2006; Lee, 2007; Zimmerman et al., 2008). Furthermore, there is evidence women are disproportionately blamed for their children's actions, behaviours, health and well-being (Henderson, Harmon, & Newman, 2016). Thus, women are more prone to micro-manage all aspects of motherhood in an effort to protect the child from any possible adverse experiences, whilst simultaneously constantly striving to optimise their child's health and development. According to Furedi (2002), this '*hyper-parenting*' leads to obsessive anxiety over the health and safety of children, and ever-increasing reliance on expertise and advice (see Hays, 1996; Johnson, 2015), which undermine the ability to mother and perpetuate insecurities from mother to child. Although some scholars have critiqued the ideologies of '*intensive*' motherhood for coming from a place of privilege (see Baca Zinn 1990; Collins 1994), researchers have identified the omnipresent state of these maternal expectations across most populations (Henderson, Harmon, & Newman, 2016). Crucially, this means even those women without the resources to parent intensively, still bear the emotional consequences of this pervasive school of thought.

The consequences of these ideologies are far reaching across the motherhood lifecourse. Anxiety in pregnancy has been linked to low birth weight, difficult temperament, and emotional problems in the infant (Zelkowitz & Papageorgiou, 2012), whilst fear of childbirth may prevent or interfere with the progression of labour, increase perceptions of pain, and contribute to the rising medical intervention rate (Fisher, Hauck, & Fenwick, 2006). After birth, maternal anxiety can

force the well-intended and much desired reciprocal relationship with the infant to a point where it becomes just the opposite. Mothers with anxiety may have difficulty feeling closeness to their child, thus consistently implicating anxiety in the disruption of maternal sensitivity and bonding behaviours (Fallon et al., 2019; Mertesacker et al., 2004), and even more fundamental actions such as breastfeeding (Fallon et al., 2018). It is clear each of these factors are key tenets of a mother's love, which women with high anxiety in the ante-, peri-, and post-natal periods may struggle to perform.

Perhaps most problematic, there is consistent evidence to support the inter-generational transmission of anxiety. Twin studies have demonstrated the transmission of anxiety from parent to child arises because of an environmental association between parents and their children, independent of genetics (Eley et al., 2015). This is in-line with developmental theories of anxiety which posit children may 'learn' anxiety from their parents through a variety of pathways such as modelling, negative information transmission, and parental behaviours such as over-protection (Stassart, Dardenne, & Etienne, 2017). Given the established effects of child anxiety on health and development (Swan et al., 2018), it seems the desire to minimise risk, achieve parenting perfection, and comply with societal ideals, paradoxically results in poorer performance of what Western society values as acts of maternal love, and has the potential to cause poorer outcomes for children.

Attachment

“...young children, who for any reason are deprived of the continuous care and attention of a mother or mother-substitute, are not only temporarily disturbed by such deprivation, but may in some cases suffer long-term effects which persist.”

~John Bowlby & Colleagues (1956)

Attachment theory was formulated to represent a universally applicable account of the bond between mothers and infants based on evolutionary and ethological considerations (Bowlby, 1969). Central to the theory is an infant's reflexive biological need to bond to their mothers in a critical period following birth and the importance of maternal sensitivity to enable secure attachments. Maternal deprivation and ambivalence during this period may lead to dysfunctional infant development across all domains, both emotional, mental, and physical. Some of the main components of maternal sensitivity represent undeniably important aspects of caregiving and the transmission of love from mother to infant. Availability and

proximity are crucial to survival in that the infant is kept safe. Prompt responding is also conducive to infant wellbeing in that the infant will get fed when signalling hunger, protected when signalling fear, and cared for when signalling pain (Mesman, van Ijzendoorn, & Sagi-Schwartz, 2016). However, some researchers have argued traditional versions of attachment theory have shifted in emphasis to reflect contemporary ideologies of motherhood, chiming neatly with a social investment model (Thornton, 2011).

While Bowlby asserted a mother should be present and act responsively with her infant, the current emphasis is on a deliberated form of attachment parenting called intensive mothering (Gillies, Edwards, & Horsley, 2017). This parenting paradigm uses practices in line with tenets of attachment theory such as infant autonomy and security and include on-demand and extended breastfeeding, infant-led weaning, and co-sleeping, which are all seen as evolutionarily and bioculturally imperative (Faircloth, 2013). However, whilst on the surface it may appear to be a more loving form of parenting, thus highlighting these mothers as performing ‘good’ motherhood, the intensity of the relationship can quickly become toxic as mothers stifle infants’ innate drive for exploration and independence; use the bond as a coping mechanism for their own mental strife; or unnecessarily and inappropriately prolong physical aspects of attachment parenting – such as co-sleeping and breastfeeding – to satisfy their own deficit of intimacy. The role of ‘good’ mother begins to lapse here whereupon – certainly in Western society – these extended physical encounters are interrogated on the grounds of possible incestuous inclinations (Korbman de Shein & de la Vega Morales, 2006; Schmied & Lupton, 2001; Williams & Finkelhor, 1995) and the psychic and emotional health of both mother and infant are brought under scrutiny (Rath Jr. & Okum, 1995; Cortesi et al., 2008). Furthermore, this form of attachment parenting “*both assumes and reinforces the traditional gender-based division of labour*” (Arendell, 2000; p.1194), and idealises a parenting relationship in which mothers are “*totally responsive to an infant or child’s emotional needs*” (Dear-Healey 2011, p.392). In Western culture, this form of attachment parenting is resource exhaustive and feeds into what Hamilton (2018; p.33) calls yet another “*prescriptive doctrine*” women must follow to achieve ‘good’ motherhood.

Attachment has, over the decades, been used as a key marker for assessing love and affection bestowed from a mother unto her infant. Although an inappropriate indicator, those mother-infant dyads with ‘secure’ attachment are judged in society as the ultimate ‘good’ mothers, whilst those who display ‘avoidant’, ‘anxious’, or ‘fearful’ are seen to have failed the motherhood ideal. Modern thinking has shifted on attachment and attachment parenting and the concepts of attachment and love are slowly being disentangled for “*waiting a few minutes before intervening when crying or learning to fall asleep without parents tricking them by feeding or rocking allows for self-soothing*” (Wolke, 2019; p.1023) does not mean any less love is felt for the infant, but rather this act is allowing the infant to develop their emotional regulation and independence; which they will require later in life, in more complex and, arguably, less safe and secure situations.

Maternal Ambivalence

“Motherhood is tough. Women’s ambivalence towards their role and their babies is rarely acknowledged formally... There is little doubt and should be no surprises attached to the fact that this transition is likely to lead to mood and emotional lability.”

~Paula Nicolson (1999)

The link between anxiety, attachment issues and maternal ambivalence and split, or the co-existence of both maternal *love* and *hate*, is intricate, yet poignant. It is so, because the expectation for women is that should they have a baby, they will love them unconditionally and selflessly. However, those who are ambivalent to the role of motherhood or indeed, to their baby, are vilified (Murray & Finn, 2011). When levels of maternal distress rise as a result of the inner emotional stretch between polarities of *‘perfection’* and idealization and their opposites of *‘badness’* and denigration, mothers tend to collapse. Rozsika Parker (a British Psychoanalyst, writer, and a mother herself) explored the concept of maternal ambivalence in her seminal work *Torn in Two: The Experience of Maternal Ambivalence* (1995). In this text, she argues the seesaw of love and hate exists in so many women’s feelings towards their children. She introduced the big *‘unspeakables’* within the tightly constructed language of motherhood (Staneva & Wigginton, 2018), i.e. all those concepts we usually discursively *tip-toe* around, such as maternal *rage*, maternal *hate*, and maternal *disgust*. Not only is the relentless and unforgivable experience of the co-existence of both love *and* hate not readily accepted in society, it is hardly able to become accepted *within* and *by* the mother herself. Commenting in 2006 on her highly acclaimed, but (perceived as) controversial work, Parker shared the idea that she *“found it incredibly hard to weather being loved so much and blamed so intensely. As a mother of a small child you are endowed with the power to kiss everything better and then blamed bitterly when the pain is not cured.”*

Raphael-Leff, another practicing psychotherapist and academic within the field of maternal health, explores the healthy maternal ambivalence and its necessary function. She suggests painful maternal experiences of resentment, persecution, and hatred remain under-explored, particularly within the psycho-therapeutic evidence. In summary, it can be argued this exclusion or intellectual omission of discussing maternal ambivalence compels mothers to hide conflictual and shameful feelings from healthcare professionals – and from themselves – thus further ham-

pering a mother's ability to perform the 'good and perfect' mother role due to the manifesting inner psycho-emotional conflict.

Both Parker and Raphael-Leff offer an alternative and particularly useful interpretation of maternal ambivalence, namely as an *'unexpected gift'* of mothering, suggesting – as socially undesirable as it may well be – healthy maternal ambivalence is an inevitable feature of mothering, and a much needed one.

Much psycho-sociological and feminist-informed work has focussed on unpacking the denigration of the maternal (O'Reilly, 2004; 2008; 2012; Rich, 1995). Along with Parker's psychoanalytic work, these efforts all form part of the same ongoing mission *"to enable mothers to own the malice, the hostility, the exasperation, the fury and dislike they feel – maybe only for a fleeting moment – towards their own children. If a mother experiences fear and shame in the face of her anger, a cycle can get going in which hatred really does end up outweighing love. The mother feels a bad, unnatural mother, her shame mounts and soon the child is perceived as nothing more than a guilt-inducing, hateful persecutor."* and hence, for her, the absolutely *"crucial difference between bearable and unbearable ambivalence"*. (see Benn, 1995).

Only by acknowledging difficult feelings can a mother begin to perceive and experience – creatively – the real relationship she has with her child. Providing safe spaces, where sharing the *'unspeakables'* of *dislike* and *hate*, and hence converting them into mainstream *'speakables'* and valid characters in the maternal language, is a much-needed work for not only health professionals and academics, but also mainstream psychology, theory, and practice (see Nicolson, 1999; 2001). In doing so, it can be argued, these conversations can begin to change the pejorative societal discourses about *'failing'* mothers and *'not quite good-enough'* performances of motherhood, and thus change the perceptions of what the portrayals of motherhood may look like – from the *'good'* to the *'bad'*. When these portrayals become mainstream, we as a society can become more accepting of locating the cause of less desirable maternal actions to outside of the mother's direct control and realise it is down to society to help resolve the experience of maternal split, and not denigrate mothers for their experience of it.

Abandonment

"...it is part of a mother's relationship to her child to engage with that child's absolute corporeal uniqueness. It cannot be denied or avoided..."

~Gillian Rose (2003)

One of the key debates in the mothering and motherhood literature concerns abandonment. Literature on this topic is varied, including abortion (Abrams, 2015); surrogacy (Watson, 2016); denial of pregnancy and newborn abandonment (Lee et al., 2006); adoption at birth (Bonnet, 1993). The common thread amongst these types of abandonment, superficially, is that women who abandon their children are *'bad'*, even *'unnatural'*, going against Western culture's belief that women should love their children instinctively and selflessly. However, looking deeper into these different types of abandonment, the distinction between a *'good'* and *'bad'* mother becomes increasingly muddled.

To begin with abortion, which here we mean to be early in the gestation and elective, i.e. due to circumstances decided upon by and for the mother and not in relation to the foetus or foetal health. There has long been a stigma surrounding abortion, which to this day continues as it is seen as an abandonment of the motherhood role and thus the normative lifecourse of a woman. For some, the belief system surrounding abortion exists such that only a *'bad'* mother could reject their maternal role and abandon the life their child could have had (see Abrams, 2015). Aside from early elective abortion, the termination of a pregnancy due to foetal abnormality, has attracted some similar and some distinct social stigmatisation. Abrams (2015) notes how a pregnant woman choosing any form of termination of a pregnancy embodies the archetype of the *'bad'* mother by *'abandoning'* her unborn child. However, there are many reasons why women may terminate a pregnancy, and many do not relate to the apparently selfish desire a woman may have to live a childless life of untainted freedom. One such reason is medical, for instance if there is a genetic or structural anomaly, abnormality, or a non-viable foetus (Kersting et al., 2009). Here women are again viewed through two separate lenses – the first where they are constructed as *'good'* women who are only wanting to contribute healthy offspring to the (re)productive society, and secondly, as *'bad'* mothers who have abandoned their disabled offspring and failed to show the love of a mother to their foetus due to its propensity to be disabled. This second, more negative lens is often not felt as harshly by women as the narrative of a disabled foetus (and therefore future disabled offspring and disabled member of the (re)productive society) may work to recuperate a narrative of a *'good and moral'* mother for as McKinney (2019) reminds us; Western society often frames disabled lives as *unliveable, undesirable, and potentially, unlovable*.

Surrogacy is another area in which the *'good'* and the *'bad'* of motherhood discourses intertwine; for it can be questioned whether the *'good mother'* is the one who longs so much to have a child of her own, that she pays another woman to carry it or whether it is the *'bad mother'* who acts as the surrogate mother and who carries a child for nine months before abandoning it to a new mother who did not carry it. Considering surrogacy as *'womb rentals'* and *'baby-selling'*, Watson (2016) questions whether the act undermines the human dignity and rights of both the surrogate mother and the child. Concerns also exist relating to how the surrogate mother, considering the assumption of maternal desire for all women, will love and wish to keep the baby as her own. This has been played out in social sto-

ry telling across the Western world, with recent cases in the UK even granting a surrogate mother the right to keep the newborn (see Collins, 2011). The act of the surrogate mother keeping the baby arguably leads to involuntary abandonment of the prospect of motherhood for the infertile or non-carrying mother – whereby it is possible to accept both women showed unconditional love for the child with the prospective mother loving so much she asked for a surrogate to ensure the safe gestation of the infant, but the surrogate loving so much she could not abandon the infant after labour.

The topic of adoption is, too, a contested terrain in respect of notions of ‘good’ or ‘bad’ mothering (Lee et al. 2006). Whilst some discuss the ‘victimisation’ of a newborn child through association of unwanted motherhood, others maintain the choice of adoption is a “*unique maternal act*” characterised by protection, opportunity, and love (Bonnet, 1993; p.509). This perspective refutes use of the word abandonment, for this implies a denial of the positive motivations behind putting a child forward for adoption. Abbey (2013; p.XVIII) writing on the topic of ‘unbecoming mothers’ elucidates this point: “...*a mother without her children does not mean that the children are without their mother*”. This notion maintains that, most often, a mother’s actions to leave her child are informed by love, rather than personal pleasure. Here, the dichotomy of types of mother – those who are ‘bad’ and give their baby up for adoption, and those who are ‘good’ and adopt the ‘*abandoned*’ child is blurred, as for many women, giving a child up for adoption is an agonising decision which leaves them “*bereft and traumatized*” throughout their lives (Greenway, 2016; p.154).

Contrastingly, another form of perceived child abandonment is voluntary childlessness (see Bram, 1984; Shapiro, 2014). Voluntary childlessness is seen as flouting the social role a woman – certainly in Western society – should oblige, which is one of contributing to the (re)productive society. To not produce offspring is to abandon not only the role of ‘mother’, but to abandon the notion of being womanly, whilst simultaneously being a destructive citizen in the (re)productive cycle of the society. Though not as stigmatized as their counterparts who make an active choice to ‘*opt out*’ of motherhood, women who do not have children due to circumstance are equally subjected to societal scrutiny for not fulfilling the ‘feminine ideal’ and thus abandoning motherhood (Silverio & Soulsby, 2019). Debates centre on the alien nature of childless women, believing they do not possess the innate desire to love a child. Instead, these ‘*non-mothers*’ are characterised as longing freedom and liberation (Peterson, 2015). Research tells that women who declare themselves as voluntarily childless face disbelief, disregard, and even disgrace from others for their desires to be without children, all of which may have detrimental health and social outcomes to the ageing childless woman (Cwikel, Gramotnev, & Lee, 2006; Gillespie, 2000; Silverio & Soulsby, 2019). This is because women who choose voluntary childlessness are seen to go against the traditional construction of feminine identity which has long been synonymous with motherhood and mothering (Gillespie, 1999; Silverio, 2019). In more recent debates, Sappleton (2018) explores how women who are child-free by

choice discuss the joys of ‘*otherhood*’ as opposed to motherhood, whilst Smith (2018; p.137) conceptualises these women as “*feisty and free*”.

In contrast to the other forms of so-called ‘*abandonment*’, less often framed in this way within the literature is the death of a mother; which carries the trademark emotional bearings of loss and grief. When a child is ‘*abandoned*’ by their mother through no choice of her own – for instance a tragic accident or death from a terminal illness – the language surrounding the mother in social discourse and perpetuated by the media is often positively framed, for instance “*she loved her children unconditionally*” and “*she was a dotting mother*”. Interestingly, just like other types of abandonment, the death of a mother is not free from stigma. Cain and LaFreniere (2015) discuss how children affected by parental bereavement have experienced taunting about their loss. This provides further evidence for the construct of motherhood love being intrinsically linked to the role of women in society, which in turn is embedded within the notion of a (re)productive state. To abandon the role of motherhood signals a twofold statement: First that the woman is incapable of loving their offspring; and second they have slighted the societal feminine role. Together these are viewed as active, destructive acts taken by the (childless) woman against the (re)productive society.

Infanticide

“...the perpetrator of this act is often a victim too, and that recognition makes for a more paradoxical response. On the one hand is the image of a defenceless infant... On the other is the image of a mother, insane, isolated and imprisoned for a crime unthinkable to many.”

~Margaret G. Spinelli (2003)

Although rare, the most significant rupture in the mother-infant relationship is when the mother kills her child. This has been reported as an extreme version of maternal abandonment (Bloch, 1988), but what we would argue is better termed ‘*vexatious abandonment*’ as the abandonment is achieved by murder. The rates of infanticide are said to fluctuate around approximately two girls and three boys (aged between birth and seventeen years) per 100,000 of the population (Hatters Friedman & Resnick, 2007; Scott, 1973). For the purposes of this discussion, infanticide is being used as a blanket term to cover all infant murder caused by the parents, but can in fact be sub-categorized into neonaticide (where the infant is less than 24 hours old) and filicide (where the infant is between one and seventeen years old). As a parental act, infanticide has been described for centuries across

many different cultures and occurs in every socio-economic stratum around the world (McKee & Shea, 1998). Though complex, the law throughout the world is clear – infanticide is a crime, and one which can elicit emotions of sorrow, anger, and horror whilst arousing disappointment and a deep collective anguish from the (re)productive society in which the murder has taken place (Sieff, 2019; Spinelli, 2003). For this reason, when these acts occur, the societal view is often one positioning the mother as ‘crazy’, ‘insane’, or at the very least, ‘mentally disturbed’. Even though this may be common opinion amongst society, considering these acts exclusively as expressions of madness, does not necessarily mean these behaviours have been influenced by underlying mental illness, disorders, or disease. In fact, there are circumstances in which the family environment and associated familial dynamics become pathological, leading to the occurrence of physical violence, mental or emotional torment, and/or sexual abuse – each of which, in the most severe cases, have the propensity to predispose murder.

This crime of infanticide “*is a subject both compelling and repulsive*” as the victim is innocent, but the perpetrator may also be a victim (Spinelli, 2003; p.XV). Infanticide committed soon after birth is psychologically comparable to *in vivo* late-term abortion. Neonaticides are often committed by poor, relatively young, single, sometimes drug and/or alcohol dependent women who attempt to prevent an emotional bond forming between the killer/mother and the killed/infant (Klier et al., 2019). Denial of the pregnancy and of assuming the role of motherhood may have manifested early in gestation. These women often receive no antenatal or perinatal care, and by delivering the baby alone there is no-one available to prevent the killing of the neonate so soon after delivery. Frequently, this desire to prevent the formation of an emotional bond comes after a long period (through pregnancy) of the mother having feelings of alienation or hostility toward the as yet unborn child. These emotions manifest as the growing foetus is seen as an object feeding off a part of her body, a feeling which fails to be replaced by the development of a so-called ‘*maternal instinct*’. From a socio-psychological point of view, infanticide in the first year of life is different. In fact, the child in these instances is killed after the emotional bond and affective mother-infant relationship has developed. Usually, these cases are characterized by negative feelings towards the infant and/or struggles with this new life of co-existence.

Several investigators studying the reasons for infanticide have developed categories of the crime to aid in understanding the characteristics of this heterogeneous phenomenon. The first extensive reports of infanticidal parents were by Resnick (1969; 1970) reviewed numerous filicide and neonaticide case reports from the international literature and introduced the idea of five categories of reasoning behind infanticidal acts by parents: Altruistic, psychotic, accidental, spousal revenge, and un-wanted child. More recent research (see Brockington, 2017; Spinelli, 2004; Ussher, 2006) suggests the level of mothers and fathers committing infanticide is more equal today than previously, but that infanticidal women may also be driven by their clinical situation, or more iatrogenic sources of impulse to kill.

Often, parents who kill their children have diagnosed psychosis or major depression, with many reports of a high incidences of psychiatric symptomatology (Bourget & Bradford, 1990; Bourget, Grace, & Whitehurst, 2007; Resnick, 1969; 1970). In 1979, d'Orbán studied women who were admitted for psychiatric observation in the hospital ward of a prison for acts of infanticide. The findings suggested associations between maternal infanticide and the presence of certain stressors in the mother's life, such as being a survivor of domestic violence, early parental separation, and ongoing suicidality. In cases of neonaticide, d'Orbán confirmed an association with unmarried status and younger maternal age, though reported a lack of association with depression or psychosis.

Infanticidal mothers typically kill young children (of less than a year of age) and are as likely to kill boys as girls; most often using methods of beating or suffocation (Ussher, 2006). Hatters Friedman, Horowitz, and Resnick (2005; see also Hatters Friedman & Resnick, 2007) found maternal motives for filicide were predominantly altruistic (*'misguided love'*) or acutely psychotic (*'without rational motive'*), and that most mothers had experienced considerable developmental stressors, such as the death of their own mothers or incestuous abuse. Lack of social and marital support, economic difficulties, family stress, young maternal age, immaturity, and unrealistic expectations of motherhood have also been found to cause psychosocial stress. Studies from across the world (see Amon et al., 2019; Chandra, Venkatasubramanian, & Thomas, 2002; Klier et al., 2019; Razali, Fisher, & Kirkman, 2019) of severely mentally ill postpartum women have found infanticidal ideation and infanticidal behaviours are common. Infanticidal behaviour was associated with female gender of the infant, adverse maternal reaction to separation from the infant, and psychotic ideas relating to the infant.

Most researchers agree mental illness is an important mediating factor in infanticide and filicide. Opinion, however, is divided on the presence of profound mental illness in women who commit neonaticide. Some believe such women have no discernible mental disorders (e.g. Bloch, 1988; Bourget & Bradford, 1990), while others report a significant proportion with remarkable symptoms of mental illness (e.g. Hatters Friedman and colleagues, 2005; 2007; Resnick 1969; 1970). Infanticidal women do not fit a homogenous profile, though they have in common the act of killing their own offspring. As discussed above, the rupture between mother and infant is not always due to a lack of love for their infant, but rather a complex inter-woven situation whereby the mother may be simply unable to love the child she once carried and bore.

Conclusions

“Many mothers and infants are mutually gratified through their relationship, and many mothers enjoy taking care of their infants. Still, when we say that the mother-infant relationship has been exclusive, mutual, and special, this means different things from the child’s point of view than from the mother’s.”

~Nancy Chodorow (1978)

Throughout this chapter we have spoken about what happens when a mother’s love is not enough. By this we mean that the simple act of loving one’s child no longer fulfils the societal expectation of what maternal love should entail. We have spoken in detail about how the ‘*good and perfect*’ and the ‘*bad and ugly*’ mother discourses are constructed and about the pressure these discourses place on new mothers to conform, irrespective of mental or physical capability. For women, motherhood has become an act of raising the next generation of the (re)productive society – it is no longer agentic nor autonomous – it is an expectation of the ‘feminine ideal’ (see Guttman, 1983; Silverio, 2019). Women are increasingly maligned for not embracing the role of motherhood as *overtly* displaying love for the infant is now a mandatory requirement of modern motherhood.

The discussion above has focused in detail on anxiety – something which has long been neglected in the maternal health literature and hence a sizeable space has been afforded to it here. This may have seemed in contrast to the following two sections on attachment and maternal ambivalence, though the reasons for each of these being smaller differ. Attachment has been written about extensively over the past few decades – the argumentation is less debated, and the position now somewhat lacks criticality due to the comprehensive empirical investigations and philosophical theorisations – hence here it is afforded some, but not central importance. On the contrary, little has been written about maternal ambivalence, and so what is documented above is a summarised *précis* of the available literature. The final two sections – on abandonment and infanticide – are trickier concepts to debate critically, when attempting to remain sensitive. These two important factors are demonstrable of the very worst which can happen when the act of love between mother and child fails, and we have documented the research and theory to support our critical perspectives on both outcomes. Perhaps most notable might be what is missing from this chapter, rather than what is present. Those with a keen eye and familiar to the field of maternal health will certainly have observed the omission of maternal depression or what Ussher (2006; p.96) calls “*The curse of motherhood*”. Though depression in mothers has been noted as important for

both maternal and infant health, it has often clouded other, distinct maternal health issues (e.g. anxiety; psychoses) – thus here it has been excluded from the debate.

A mother's love has the potential to provide the best possible foundation for an infant's emotional, physical, psychological, and social development. However, as documented here above, the conditions under which a woman is having to *perform* the act of loving their infant can strain the mother-infant relationship to points of rupture. The concept of a mother's love for an infant has changed over time and has been stretched to new and distorted – sometimes unrecognizable – shapes and forms. From once being about protection, nourishment, and nurturance, a mother's love is still required to provide all those factors, plus more. Furthermore, the responsibility for making an infant the best possible form to join the (re)productive society falls almost exclusively on the mother, who may not have wanted to take on the maternal role; or is ambivalent or resentful towards their child because of it. As Nicolson (2001; p.180) states: "*The ultimate myth that motherhood is natural and desirable means that women take on its burden unconditionally.*" and in doing so women accept the must live through the 'paradox of sacrifice' and accept motherhood as "*woman's greatest achievement and the means to fulfilling her femininity*" and "*also the potential source of her emotional destruction.*" (Nicolson, 2001; p.107).

Women can of course reject the 'maternal role' and deny the 'feminine ideal' (Bartlett, 1995), but the pressure to conform in our modern-day (re)productive society is often overwhelmingly strong (Silverio, 2019). Therefore, when women do go on to have (unwanted) children resentment can manifest as regret (Donath, 2015), but perhaps more sadly, can actively demonstrate a struggle to love one's infant in the context of performing '*perfect*' motherhood (see Røseth et al., 2018). Where these struggles become too great, we see anxiety build to a point of being maladaptive, attachment between mother and infant become disordered, and a disengagement from the infant by the mother due to her ambivalence towards it and her role. In the worst of these scenarios, infants are abandoned or killed by their mothers, leaving the mother both a *victim* and a *villain* within her society, though we would argue also a *victim of* her society.

What we hoped to have achieved by drawing upon and distilling literature on the '*dark side of motherhood*' from the past century is show how the act of loving one's infant can so easily be stretched and deformed by the changing societal narratives about how a woman, and more importantly, how a mother should look and act. If we can request for any change to come from this chapter, it would be to hold society accountable for perpetuating the demand for a (re)productive society, and begin to repair the fragile, fractured, and fragmented identities of women who become mothers. In doing so, we must re-negotiate the role of motherhood by reducing the expectation of being '*good and perfect*' all the time, and openly discuss how motherhood can be '*bad and ugly*'. Ultimately, women should be free to navigate womanhood and motherhood as they please, whilst being afforded the support of their society to ensure and sustain good mental health and psychological wellbeing, whether they choose to *become* 'Mother', or not.

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Author Biographies

Sergio A. Silverio is an academic Psychologist who first trained in Psychological Sciences (Clinical & Health Psychology) at the University of Liverpool and later read for a Master's of Psychological and Psychiatric Anthropology at Brunel University London. He maintains a primary research interest in women's mental health over the lifecourse, in particular, assessing what contributes to poor mental health at key life transitions. Sergio has worked within various academic departments, notably as a Research Assistant in Qualitative Methods at the University College London's Elizabeth Garrett Anderson Institute for Women's Health where he is now an Honorary Research Fellow, and at the Department of Women & Children's Health at King's College London where he is now a Research Assistant in Qualitative Analysis of Women's Health. Most recently, he has been made an Honorary Fellow at the University of Liverpool's Department of Psychological Sciences, was elected as Fellow of the Royal Society for Public Health, and has won critical acclaim from The British Psychological Society for his early work on ageing femininity and never married older women's social networks. Having worked on various research projects on sensitive topics, Sergio has become an experienced interviewer and qualitative analyst, whilst also developing his theorisations on women's mental health and 'Female Psychology'. Sergio has an estab-

lished track-record of successful publications, conference presentations, and invited talks; and maintains a strong network of international collaborators. With these colleagues and others, he continues to formalise a body of research with the aim of improving women's mental health.

Catherine Wilkinson is a Senior Lecturer in Education based at the School of Education at Liverpool John Moores University. Catherine has a creative interdisciplinary background with a BA (Hons) in Fashion Brand Management, an MSc in Marketing Management, and a PhD in Environmental Sciences. She has a recognised research achievement in researching 'with' children, young people and their families via creative and/or participatory approaches, including mixed methods, ethnographic and field-based qualitative research. Catherine completed her PhD in Environmental Sciences at University of Liverpool, funded by an ESRC CASE award. Undertaking 18 months of ethnographic research, Catherine adopted a participatory mixed-methods approach to explore the ways in which young people use community radio as a platform to find and realise their voices, build stocks of social capital, and create their own communities and senses of self. Catherine previously explored the portrayal of mothering a child with complex health care needs, considering the competing identities of mother, nurse, carer and advocate that these mothers fulfil as part of their daily regimes in 'being mum'. This paper was presented at the American Association of Geographers annual meeting, New Orleans, 2018, where Catherine was awarded funding from the AAG Enrichment Fund for her attendance as a 'distinguished non-geographer'. Though researching on diverse topics including youth voice, disfigurement, and eyebrows, Catherine's research is united under the theme of identity. Catherine is committed to culturally credible means of disseminating research, including the creation of audio artefacts, poetry, comic strips, and YouTube videos.

Victoria Fallon is a Lecturer in the School of Psychology and an Associate Lecturer in the Appetite and Obesity Research Group in the Department of Psychological Sciences at the University of Liverpool. Her research interests concern perinatal mental health and early infant development, in particular, infant nutrition. Her PhD examined maternal anxiety and infant feeding from pregnancy to parenthood, from which she developed the Postpartum Specific Anxiety Scale [PSAS] – a validated, and reliable 51-item self-report tool designed to examine the frequency of anxieties specific to the postpartum period. Her research focus centres on maternal emotional distress and anxieties related to the women's newborn infants. This, along with her extensive use and teaching of research methods and statistics, in which she specialises in mixed methodologies and psychometrics, has seen Victoria publish in various international and impactful journals, and work together with colleagues in several countries. With these colleagues her most recent collaborative projects have been directed at formalising maternal mental health care and assessment across the Italian perinatal mental health sector, whilst co-founding the Families and Babies Laboratory at her home institution.

Alessandra Bramante is Psychologist, Cognitive Psychotherapist, and Clinical Criminologist. She has a PhD in Neuroscience, which focussed on the prevention of maternal neonaticide and filicide. With extensive research and clinical experience, she is a renowned expert in perinatal psychology and psychopathology. Alessandra currently works as a Consultant Psychologist at the Policentro Pediatrico, Milano [Paediatric Centre, Milan], routinely screening for postpartum depression and anxiety. Having worked clinically with mothers experiencing a wide range of mental illness including postpartum psychosis, obsessive compulsive disorder, and most anxiety, affective, attachment, and personality disorders, Alessandra was elected as the founding President of the Società Marcé Italiana per la Salute Mentale Perinatale [Italian Regional Group of The International Marcé Society for Perinatal Mental Health]. As part of Alessandra's ongoing and internationally reaching collaborations, she has authored numerous scientific publications on filicide, maternal suicide, and perinatal psychopathology.

Aleksandra A. Staneva has a PhD in maternal mental health. Through employing feminist, critical realist, and post-qualitative approaches, she is exploring experiences of depression and anxiety during pregnancy and early motherhood for women. Her research involves wellness, grassroots interventions, and the ethics of digital health. Aleksandra creates art, writes children's books, travels, and lives with her son and partner in beautiful Brisbane, Australia.