



FEATURE ARTICLE

Experiences of motherhood when suffering from mental illness: A hermeneutic study

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ABSTRACT: *Being a mother is inseparable from women's existential life. Mothers with mental illness struggle with conflicting and distressing feelings related to motherhood. They seldom obtain the necessary support to increase their control over the determinants of their role as a mother, thus their opportunity of improving their own and their children's mental health is weakened. The aim of this study was to explore the experiences of being a mother with mental illness. The research question was: How can mothers' experiences of motherhood when suffering from mental illness be understood? The understanding emerged through a hermeneutical interpretation of the empirical material on four different levels of abstraction. The inductive–deductive approach, inspired by the philosophy of Gadamer, was used. The mothers' experiences were understood in their way of struggling to become good enough mothers, managing to become the mother they longed to be, being present in the caring relationship with their child, as well as being recognized as a mother and living openly and honestly in relationships with others. Addressing the existential needs of motherhood is important for their improvement and recovery, as well as for promoting their children's mental health and well-being.*

KEY WORDS: *experience, hermeneutic, mental illness, motherhood, mother.*

INTRODUCTION

This study focuses on mothers with mental illness and their existential experiences of motherhood. Being a mother is inseparably connected to women's existential life, and is both desired and expected. According to May (1958), existence refers to human beings' coming into being, their consciousness about themselves, and their endeavour to understand this becoming, not as an artefact, but as a fundamental structure of human existence. Existence is the manifestation of what is inherently human, and is connected to human dignity and fundamental human rights in mental health care (Beauchamp

& Childress 2001). Existential needs stem from the search for purpose and meaning in life (Frankl 2007; May 1975; Tillich 1952); to overcome anxiety, guilt, and despair (Kierkegaard 1959); and the need for relationships with others (Erdner *et al.* 2009; Nilsson 2004). According to the World Health Organization (2000), it is important to focus on these women's experiences in order to understand the barriers they face in their attempts to gain control over the determinants of their own and their children's mental health. There is a gap in the research field concerning the lived experiences, existential concerns, and needs of mothers with mental illness (Blegen *et al.* 2010; World Health Organization 2000). Dignity, meaning, cohesion, and connectedness in society enable women to increase their control over the determinants of their role as a mother, thereby placing them in a position to improve their own and their children's mental health.

Being a mother is an essential incentive to recover from illness or remain well (Diaz-Caneja & Johnson 2004;

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Savvidou *et al.* 2003), and children are considered a resource with whom they want to have a meaningful relationship (Montgomery *et al.* 2006; Schen 2005). There is strong evidence that mothers with mental illness struggle with conflicting and distressing feelings, due to dual demands related to motherhood and the challenges of living with mental illness (Abrams & Curran 2009; Rørtveit *et al.* 2010).

Mothers in the study by Thomas and Kalucy (2003) reported lack of motivation, apathy, and inability to plan and carry out everyday tasks, while low-income mothers in Abrams and Curran's (2009) study reported being overwhelmed by their stressful life conditions. In a study conducted by Venkataraman and Ackerson (2008), the mothers reported their symptoms of mental illness in the form of depression, manic phases, and mood swings as significant. Damant *et al.* (2010) revealed that mothers experienced shortcomings in their mothering, due to their use of verbal and physical violence against their children. Their sense of 'failing' impoverished their view of themselves as a mother. Feelings of shame and guilt were the consequences of their actions and behaviour towards their children. Guilt and shame are known to have intrapersonal and interpersonal implications in the life of a mother suffering from eating disorders (Rørtveit *et al.* 2009; 2010).

Pregnancy and the postpartum period are a vulnerable phase, due to the risk of the onset of mental illness, and the increased risk of relapse (Mowbray *et al.* 2005; Munk-Olsen *et al.* 2006). In Robertson and Lyons' (2003) study on mothers with puerperal psychosis, the mothers experienced loss and grief, followed by feelings of guilt. The illness blocked their experiences of normal feelings, thus they failed to become involved in motherhood in the first months of their child's life.

Mothers with mental illness are at higher risk of being separated from their children, due to loss of custody or hospital admission (Dipple *et al.* 2002; Lagan *et al.* 2009). Separation caused loss and grief, exacerbated the mental illness, and the mothers seldom had the support required to prove that they were good enough mothers (Diaz-Caneja & Johnson 2004). They found it difficult to prove their competence when faced with high standards of parenting (Lagan *et al.* 2009), and feared being considered not good enough mothers (Rørtveit *et al.* 2010; Savvidou *et al.* 2003). Understanding the mothers' existential experiences is extremely valuable for mental health care, in general, and for the mental health nurse, in particular, especially in the creation of a caring relationship that addresses the existential needs of the mother and her children.

AIM

The aim was to explore the experiences of being a mother with a mental illness. The research question was: how can mothers' experiences of motherhood when suffering from mental illness be understood?

METHODOLOGICAL APPROACH

A qualitative exploratory design was employed (Burns & Grove 2009). The hermeneutic approach was inspired by the philosophy of Gadamer (2006), who stated that hermeneutics does not provide specific guidelines for the acquisition of new knowledge. Instead, it is a position; a way of 'being-in-the-world', a concept of understanding, in which self-understanding facilitates understanding of the human being, and can therefore be viewed as an existential and ontological philosophy. Hermeneutic understanding is considered a philosophy that guides interpretations, in addition to being affected by the researchers' values, pre-understandings, and prejudices (Gadamer 2006). The researchers had a pre-understanding of the sensitive issues associated with being a mother who suffers from mental illness. Their pre-understanding was based on theoretical, experiential, and practical knowledge gained from their professional experience as researchers, as well as from parenting, and their clinical practice as mental health nurses.

Ethical considerations

The research was performed in accordance with the Northern Nurses' Federation's (2003) ethical guidelines and the World Medical Association's (2008) Declaration of Helsinki. The Regional Committee for Medical Research Ethics of South Norway (no. S-05334) and the Norwegian Social Science Data Services (no. 13430) approved the study.

Research on life experiences of vulnerable and marginalized people is deemed sensitive, as it can put the participants' well-being at risk (Liamputtong 2007). Narratives about their life experiences might contain aspects of their own behaviour and feelings that they never disclosed before, thus the ethical element of the study involves the balance between obtaining information and the necessity of protecting the participants' integrity.

Oral and written information about the study and its purpose was provided, and informed consent was obtained from all participants. Recognizable personal characteristics have been changed in the text to make identification of the interviewees impossible.

Participants

Inclusion criteria were Norwegian-speaking mothers with mental illness, registered in the Psychiatric Special Health Care Service in the southern part of Norway, and with children aged between 0 and 18 years. In addition, they should have their own personal therapist, who could judge their ability to consent to participation in the study. Exclusion criteria were mothers with mental illness, who had been committed and were actively psychotic during the previous 6 months, or suicidal, suffering from severe depression, and/or under the influence of alcohol or drugs at the time of the interview.

The participants ($n = 5$) were recruited from a psychiatric clinic. Seven mothers were asked to participate in the study by a nurse in a psychiatric unit, and five agreed to be interviewed. The mothers' ages ranged from 34 to 41 years, and all had been diagnosed with depression, anxiety, personality disorder, and eating disorders. Together, they had a total of nine children, ranging in age from 5 to 14 years. Four mothers were living alone with their children, and one was living with a partner.

Data collection

At the mothers' own request, the interviews took place in a room at the clinic, and were carried out as dialogues with minimal interruption, except when it seemed necessary to confirm their experiences and reactions. One open-ended question was used: 'Can you please tell me about your experiences of being a mother and having mental health problems?' The mothers were encouraged to narrate freely about their experiences. Probing questions were only posed when the interviewer wanted the interviewees to elaborate on their story, or had difficulty understanding the narrative. The interviews, which lasted 60–80 min, were audio-taped and transcribed verbatim by the first author. Each interview resulted in approximately 18 pages of text.

Interpretation of the data

An inductive–deductive approach, inspired by the philosophy of Gadamer (2006), was used. The interpretation was made on four different levels of interpretation and abstraction, as described by Ödman (1997; 2007). The 'inductive' steps are closely related to the empirical material, and provide a description of the mothers' experiences of their realities, thus involving the 'rational' level. The mothers were asked to relate their experiences of being a mother and having a mental illness, that is, their narratives. The inductive step is completed with an empirical description and abstraction, based on the

interpretation of the mothers' narratives, that is, the 'contextual' level.

The 'deductive' step involves existential assumptions based on previous interpretation and abstraction, that is, the 'existential' level, and contains ontological assumptions about the human being's universal and unchangeable conditions, that is, the 'ontological' level (Bettelheim 1988; Tillich 1952), at which the meaning of the mothers' ontological experiences emerged.

The interpretation process involves the following three steps:

1. The text as a whole was read several times in order to grasp its essential meaning. An open and dialectical approach enables receptiveness to letting the text speak. Significant meanings were marked, and the interpretation process gradually led to the identification of the themes: (i) the mothers' inner dialogue; and (ii) the mothers' interpersonal dialogue.
2. On the contextual level, the generated themes were related to the meaning of the whole. Sections and sentences containing expressions of the mothers' relationship to their existential reality emerged, and were marked, while emerging themes on the existential level were formed and described.
3. The interpretation entered a dialectical movement between the text, the previous themes, the chosen theories, and the researcher's pre-understanding. This process generated a universal theme, that is, the ontological level, aimed at facilitating understanding of the existential experiences of the mothers' life world.

Methodological considerations

The findings must be considered based on hermeneutic criteria, that is, the harmony of the parts that constitute the whole, reasonableness, inner coherence, and recognizability (Burns & Grove 2009; Ödman 2007). The sample was small, but provided rich data. The presentation of the research process is transparent and reflects the participants' quotations on different levels, but they have been decontextualized and put into dialogue with existential–ontological theory, which might increase coherence and reduce bias (Ödman 1997; 2004). The different nuances and levels of understanding cannot be considered complete, merely more or less significant. The interpretation represents a multiplicity of possibilities, and the recognizability depends on the reader's own horizon and interpretation (Debesay *et al.* 2008). The strength of the study is the researchers' collaboration in the process of interpreting issues based on theoretical,

TABLE 1: *Dialectical movements in the interpretation of the experiences of mothers with mental illness on different levels: Rational, contextual, existential, and ontological*

Ontological level	To be 'enclosed' in one's own mind and 'prevented' from being part of a common interpersonal relationship, and the possibility of being a 'good enough mother'.		
Existential level	The struggle to manage to be the mother one wants to be.		The struggle 'to be present' in the caring relationship with the child, and 'to be recognized' as a mother.
Contextual level	The mothers' inner dialogue moved between the 'detrimental forces' of the mental illness, and the 'demands' placed on them by their 'children's needs' of them.		The mothers' interpersonal dialogue moved between the need 'to be recognized', and fear of the unpredictable consequences of being 'open and honest'.
Rational level/ interviews	Have I really been a good enough mother? Have I harmed my children as a consequence of my mental illness?	Worst of all was the combination of a constant guilty conscience and the fear of harming the children, at the same time as the children gave me the motivation to struggle against my mental illness.	I felt like a degraded human being, of less value than others. Actually, I felt that I did not have the right to live. I should be glad that I was given the opportunity to attend the meeting and explain myself, but I do not agree with that at all.
			I had a very guilty conscience, because in one way, I was not present, and in another, I was there, but I cannot remember anything about it.

experiential, and practical knowledge gained from their professional experience as mental health nurses and researchers (Table 1).

FINDINGS

The interpretation revealed that the mothers' suffering was characterized by an inner and interpersonal dialogue, in which they struggled with issues, such as handling demands, fear of openness and being honest, and not receiving recognition as a mother.

Interpretation of the mothers' inner dialogue: Contextual level

The mothers reported the 'detrimental forces' of the mental illness, which depleted their energy and took up their attention. The struggle was experienced as 'demanding', and dominated their everyday lives. They struggled with thoughts about disappearing, and their wish to do so, as well as the possibility of committing suicide, but their 'children's needs' for them as mothers were experienced as a powerful motivation to continue the struggle:

Many times I have thought of ending it all, but my daughter keeps me going; she needs me, and it helps me.

They wanted to control their lives, but felt as if they were drifting, due to destructive inner forces and a sense of powerlessness. They were uncertain about how to manage the mental illness, and how to conduct themselves and act in situations with their children. The mothers were

preoccupied with demonstrating that they could care for their children, but were uncertain whether they did it in the right or wrong way. They felt that they had to behave as if they could manage, and simultaneously struggled to obtain help and support, primarily in order to protect their children's mental health. When they failed to describe their needs in a way that others could understand, they blamed themselves for not being clever enough:

I have thought a great deal about obtaining more help, but it is difficult to be heard, and at the same time, I think that I have not been good at making it clear that I need help.

In treatment situations, they were obliged to prioritize their mental illness, instead of the children's needs for proximity, attachment, and good mental health. They tried to balance their own emotional difficulties, needs, and the demands of the treatment, such as hospitalization and medication, against the children's needs in each specific situation.

Interpretation of the mothers' interpersonal dialogue: Contextual level

The mothers' interpersonal dialogue moved between the need for being 'recognized' as mothers, and uncertainty about the unpredictable consequences of being 'open and honest'.

The mothers reported situations where they had confided their problems to friends and family, and gained the

impression of not being taken seriously. They needed help and 'recognition', but experienced rejection and being left to their own devices. The consequence of others' reactions was that they could not speak openly and honestly about themselves, but had to appear self-sufficient and confident. Their minds were occupied by feelings of helplessness and giving up, but they had to appear the opposite. It was difficult to ask for help when they were viewed as healthy and resourceful:

It is very difficult to muster courage to tell the truth about my problems and be met by 'you know, everybody has problems, ups and downs; you have to pull yourself together!'

In their contacts with health professionals, the mothers were not asked about their opinions, and when making their opinions known, they felt that it was not considered important. Some mothers had court judgments made against them, where the characteristics of their mental illness were presented as an indication of their failure as a mother. Thus, they masked their problems, and exerted themselves to do the right things in order to avoid criticism from others.

Interpretation of the mothers' experiences of being a mother with a mental illness: Existential level

At this level, the mothers' experiences were interpreted as expressions of their existential situation in their struggle with the mental illness. The interpretation created meaning, and revealed distinctive existential hallmarks; struggling to manage to be the mother 'one wants to be', and struggling 'to be present' in the caring relationship with the child and being 'recognized' as a mother.

The mothers' inner dialogue moved between living or dying, having faith in their wishes and desires as a mother, and doubting these possibilities, as well as between despair and hope:

It is a very deep sense of despair, grief, and powerlessness; it's the worst thing that can happen to a parent. I would rather break a leg or something. It's like living all alone in the darkness and trying not to drag my child down into that darkness.

The detrimental forces of the mental illness involve suffering, due to anxiety, despair, and grief. The mothers' struggle between life and death, and suffering and joy, occupied their minds and left them feeling emotionally drained. Their minds became a battlefield between being there for the sake of the children and not perishing due to the power of the mental illness. The despair, sense of

emptiness, and powerlessness indicate the threat of being disempowered by the darkness and the fear of not being able to protect their children.

Living with mental illness means being forced to realize their limitations as mothers, and consequently, their potential as mothers, is relinquished. Their existential freedom to be the mother they want to be and which they long for is threatened, making their lives unbearable and meaningless. The release could be withdrawal from the world, either by renunciation or death. The mothers' struggle concerned their courage, which was described as a strong will in standing their ground and fighting their emotional difficulties. The children's need for them as mothers gave them the hope and courage to fight against the mental illness; at the same time, they experienced the pain as preventing them from being attentive and affirmative. Mothering does not only comprise actions in order to survive, but aims to ensure that mother and child understand each other and the world they inhabit. The caring relationship creates the conditions necessary for the mother and child to develop. When the mothers do not manage to participate in a spontaneous and empathic understanding of their child, it is almost as if they violate their inner nature of doing well. The guilty feeling gave rise to the sense of being incomplete and a failure as a mother. This feeling is not derived from cultural prohibitions or mores, or the failure to fulfil moral duties and obligations, but is rooted in ability and capacity. The guilt expresses the women's inner condition of being separated from their potential as a mother. They had pushed or been forced to push their minds into an internal exile, and struggled with feelings of weakness and incompleteness, as expressed by the following quotation:

I know that my children miss out on something, yes; because I am the person I am, I feel it is my fault.

The mothers' struggle 'to be present' concerned their strong wish to be free of their masks, to live in harmony with their inner self, and obtain 'recognition' and support for the person they really are. When the mothers were not allowed to be themselves, in accordance with their inner nature, they related to themselves and the world by focusing on doing the right things:

I am afraid of doing things wrong. I have to give them healthy food, do the right things. Nobody should be able to say that I'm doing something wrong. I am very afraid to be told that I am not good enough.

Appearing to achieve became the essential condition for the 'recognition' they craved; at the same time, it masked their unique and spontaneous personality. The

feeling of being acknowledged became confused with the praise for the achievements, but they at least maintained some contact with others.

The caring relationship, the source from which the mother and child gained joy and strength, was transformed into a test bed for how the mothers ought to act. The experiences of the inner and external demands of being clever and 'doing the right thing' gave rise to anxiety and uneasiness. The anxiety was connected to whether the mothers succeeded in meeting external demands, and did not concern how to be with the child, how to conduct themselves according to their inner selves, and simultaneously help the child to develop his/her own personality:

I am to blame for his problems. I was not present for him.
I am afraid I was not what I should have been. It is not good enough in terms of what children should have.

The mothers' experience of being in the interpersonal dialogue was the feeling of not being sufficiently worthy as a mother. Pretending to be healthy and self-sufficient forced them to express themselves in ways that were not connected to their true feelings and needs. The mothers had to succumb to those in their surroundings who could not bear to witness their emotional pain. They lacked the strength to resist the pressure, and were forced to renounce their own suffering, self-affirmation, and realization:

I can't manage to squirm and beg for help, even if I want to scream: 'help me!' The scream just won't come out.

Not being entitled to their own experiences and opinions gave rise to the feeling of being left out and a sense of emptiness. Without an opportunity to act in accordance with their personality and prerequisites, they had to escape into their own minds in order to survive. The experience of unattainable expectations and standards gave rise to the feeling of being incomplete, as if something was wrong with their intrinsic selves, thus something to be ashamed of. The existential shame was not only related to their inappropriate acts, but to their lives as mothers, under the scrutiny of others, which confirmed their own sense of not being good enough mothers.

Comprehensive understanding supported by the different levels of abstraction: Ontological level

During the interpretation of the contextual and existential meaning of the mothers' experiences, the existential theory of Tillich (1952), and the theory of how to be a good enough parent, as outlined by Bettelheim (1988), were chosen to expand the understanding. Tillich's (1952) theory explores the concept of courage as an existential-

ontological feature of the human being that is universal and unchangeable. The courage to be involves daring to affirm one's inner self, irrespective of all threat. The threat is expressed by means of three forms of anxiety: the existential experiences of fate and death, emptiness and meaninglessness, and guilt and condemnation. Existential anxiety cannot be eliminated, but turning it into courage gives us an opportunity to be ourselves, in accordance with our wishes and abilities. The courage to be is self-affirmation, which implies the affirmation of one's true self in order to be oneself, thus we are all responsible for what we make of ourselves. At the same time, the individual self is only a self because it is part of the world to which we belong, and from which we are separated. The courage to be one self includes daring to participate in a common world, where we obtain acceptance and recognition to make us free and confident in experiencing our own abilities.

Bettelheim's (1988) theory concerns how to create a good and intimate caring relationship with the child in a spirit of spontaneity and true feelings. The theory elucidates the importance of parents' awareness of their own inner experiences, attitudes, and behaviour, as well as trusting their inner feelings and thoughts in order to understand the child from her/his point of view. Bettelheim elucidates the importance of parents' openness and honesty in their self-exploration as a way to create an empathic milieu, where the child can achieve an identity that permits him/her to cope with life in an authentic way. Bettelheim describes the caring relationship as a source of strength and pleasure, where parents and children have an opportunity to create an empathic and supportive attitude that is conducive to the child's development.

To be 'enclosed' in one's own mind and 'prevented' from being part of a common interpersonal relationship, and the possibilities of being a good enough mother

The interpretation on the ontological level can be understood as the meaning of the mother's experiences of 'being enclosed' in her own mind, 'prevented' from being part of a common interpersonal dialogue, and not having the opportunity to be a 'good enough mother' (Bettelheim 1988). Caring for the child is not only a behaviour, a feeling, or a state; it is the spirit in which the care is provided. The caring relationship is not only an issue of survival, but an inner desire to courageously make oneself a mother who enables her child to realize his/her innermost being. Being a good enough mother means acting with love and responsibility for the child, where it is necessary to have the courage to recognize the situation,

insight into what could have been, and courage to act as it should be (Bettelheim 1988). The demands of motherhood require the courage to surrender some, or even all, security for the sake of another person, who is as a part of herself; the child.

According to Tillich (1952, pp. 90–96), strength of mind is courage. In an existential sense, it means being one self, as well as living openly and honestly in relationships with others. Courage is the affirmation of one's inner self; it is the inner strength that defeats whatever threatens existence, despite tended to prevent the self from affirming itself (Tillich 1952, p. 32). The human being deals with his/her existential anxiety by turning the consciousness to courage, because the alternative is despair and hopelessness (Tillich 1952, pp. 1–2, 32–40).

In the mothers' attempts to free themselves from their emotional pain, they engaged in a battle between existence, existential pain, and victory over the suffering. Lacking faith and trust in another person on whom they could project themselves, they felt 'enclosed' in their own minds, and questioned the significance of their lives. Questioning the meaning of one's own life is fundamental to human life, especially when life is filled with anxiety, despair, and neglect (Tillich 1952, pp. 46–51). The mothers' sense of emptiness indicated the threat of meaninglessness, and made them question the justification for their own lives. In escaping the emotional pain, they had to obliterate themselves, either by renunciation or by death. The question of meaning concerns ontological anxiety. Anxiety about meaninglessness also involves a possible loss of a more fundamental meaning, a significant value that makes sense of all that is meaningful; life itself, which is reflected in the child (Tillich 1952, pp. 46–51). The child's presence and existence require the mother to perform her unique motherhood, which recognizes the destiny of another human being as more central than one's own. If the despair was a fear of an unpleasant destiny or physical death, suicide would be a means of escape, but by facing up to life's responsibility, the mothers confront their situation, and the suffering offers a chance to attain the highest value in their lives; being a good enough mother for the sake of the child's self-realization.

The experiences of uncertainty and despair reflect the power of mental illness in the mothers' self-preservation and vitality. Their inner world is vague; consequently, their relation to themselves, the children, and others become diffuse. For some reason, they are forced to create a gap between the suffering and their own being, and live in the tension between what really exists and what should be (Bettelheim 1988; Tillich 1952). Having a

mental illness distanced them from their innermost being, and the experiences of not encountering trust and confirmation made it difficult to reach their inner abilities. The mothers felt that they were alone in their existence, 'prevented' from participating in a dialogue where they could share their loneliness in a way that compensated for the pain of being prevented.

Experiences of external demands forced the mothers to believe that the struggle towards a comprehension of their own and their child's existential state of being was unnecessary (Bettelheim 1988, pp. 15–45). They more or less voluntarily built a wall around themselves for protection. By accepting the ensuing impoverishment, they escaped from the emotional pain, but the unique characteristic of being a good enough mother was lost, and consequently, so were the child's possibilities of self-realization. They lived in the tension between the anxieties of not being a good enough mother, and the fear of realizing that they were not the mother they wanted to be.

The mothers' self-awareness of their failure to be present in the intimacy with the child gave rise to feelings of guilt. Caring for the child is a fundamental virtue at the core of the human being. Awareness of themselves as the responsible individual in the caring relationship resulted in the anxiety surfacing or emerging as a reminder of their free will (their existential free will) to be the mother they wanted to be. They chose or were forced to choose to block out their conscious from their inner potential, and thus also the courage to affirm themselves (Tillich 1952). There was a struggle between the mothers' genuine concern for the child's self-realization and well-being, as well as awareness of their lived realities and unused potential as mothers. The feelings of guilt were not only related to their existential responsibility, but also to creating a form of parenting that endeavoured to develop an emotional and empathic understanding of the child's problems and situation (Bettelheim 1988, pp. 46–55, 88–98). The pleasure the mother derives in the process and procedure of feeding, clothing, and playing with and guiding her child(ren) is of great importance. The mother intuitively knows that she has to put herself in the child's place in order to understand how he/she feels (Bettelheim 1988). The experience of being unable to evoke genuine resonances in herself, from which her understanding of the child's situation is created, gave rise to feelings of guilt. The mother's genuine resonance is decisive for the creation of a motherhood that allows the child the experience of having the opportunity to become him/herself (Bettelheim 1988, pp. 33–98). When the pleasure and enjoyment are negatively affected by the mental illness,

the mothers had to put their own needs first, thus betraying both themselves and their children. The immediate feeling of being unable to deal with the threatening emotions, and of not being able to understand the child in an empathic and emotional way, gave rise to an uneasy conscience, guilt, and shame. The guilt was not due to failure to carry out their duties, but a consequence of their awareness of their responsibility to be a good enough mother (Tillich 1952). They were forced to block out this awareness, while at the same time, being aware of what had happened. The shame was an emotional judgment of being in the world as a mother who can choose or refrain from choosing what is best for her child's self-realization.

The anxiety, guilt, and despair expressed the mothers' existential pain in the struggle to reach their source of strength; the courage to be the mother they longed to be. The mothers' yearning implied a struggle to muster their courage to develop their true possibilities of motherhood, and live openly and honestly in the caring relationship with their child and others. The existential needs of motherhood must be taken into consideration in order to improve and promote the mothers' and their children's mental health and well-being.

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