

# Who can call herself a mother?

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Who can call herself a mother? Although this may seem to be a simple question and one to which there is a simple answer, in fact it is very often a complex question and one without a self-evident answer.

To say “I am a mother” is, for every woman, a profound life stage. Before she takes on this name, the word will always be heard with particular reference to the internalised image of her own mother and her sense of what a mother is. This will be based on her own experience of being mothered and also on the cultural meanings attached to motherhood and the position of women and motherhood generally in her society. But the image will always be of a duality, a mother and a baby. Therefore, in pregnancy, before there is a baby in the “outside world”, for her to begin to identify with this image of mother and to “know” she is becoming a mother, will be a deeply subjective process involving the imagination. It is this imagining of when and how she can call herself a mother that this paper will address.

Various definitions are given for the term mother. These include a female parent, a woman who has given birth to a child, or a woman who has been responsible for the upbringing of a child (a foster or adoptive mother for example). But all of these definitions assume that there is or was a baby that was given birth to.

I work in a Maternity Hospital. The very name of the institution implies motherhood or the process of becoming a mother. But there is, for any woman, a question of at what stage does she feel able to call herself or does she want to call herself a mother. Is she a mother only if she has delivered a live baby? And kept it? But what if she had a miscarriage? Or if there was only an empty sac? Or if she had a termination? Or a stillbirth? This is the question that I want to address here. To illustrate the complexity of the issues involved I will describe the experiences of women who I have seen in my clinical work and where possible I will use their words. But, of course, I have altered some of the details of the cases so as to preserve the anonymity and privacy of the women I have seen. However, the essential truths of their stories have been maintained.

Each woman will respond personally and differently to the experience of being pregnant. For many it is a great joy, for others a shock they will adjust to, and for others it may be unwanted and she may or may not continue with the pregnancy. There will be many factors which may influence her thoughts and feelings and reactions once she thinks that she is pregnant or even thinks that she may be pregnant. And immediately, her sense of, or her question about what it is or even who it is that is now growing inside of her will be profoundly important. This “maternal impression” will be a key factor in how she thinks of or imagines what it is that is happening inside of her body and then how she reacts to this.

Although this paper is titled: “who can call herself a mother?” it might equally be called: “When does an embryo or foetus become a baby for the woman and is it at that stage that she becomes a mother?”. This alternative title would of course immediately bring up the sort of issues that dominate the debates and conflicts which break out over the issue of abortion. But I want to get away from this polarising and objectifying debate and instead I want to focus on the subjective position of each woman from the moment that she does a pregnancy test and has a positive result. And for her, is it at that moment that she thinks, “I am now a mother because there is a baby growing inside of me”, or is it much later, and what if, at that time when subjectively she is pregnant, objectively she is no longer pregnant, or even maybe never was? What happens to her sense of motherhood then?

### **Pregnancy loss in the clinic**

Approximately one in five pregnancies end in miscarriage. In these circumstances there is often much focus on the objective findings such as the gestational stage of the pregnancy at the time of the miscarriage: was it early or late, was there a heart-beat, or was it an empty sac or was it a fully formed on a scan?

There is often less focus on the key subjective question for the woman who has had a miscarriage and this is: what is it that I have lost? Was it “just a pregnancy”, or was it a baby? Was it like a period, a heavy one, maybe it just felt like a clot, or was it a baby? And had she really thought about it, did she even see it, maybe hold it? And if it was a baby, then so many other issues and questions emerge. I will give some case examples to illustrate some of these points in more depth.

For some women of course the miscarriage is a great relief; for others it is more complicated even if “just a pregnancy”. One mother described feeling that the miscarriage was just a pregnancy but she caught “a big clot” as it passed, looked at it, and then flushed it down the toilet later but felt so guilty afterwards. For another, she said it was just a pregnancy but she caught it with her hand and then wondered what to do with it so she wrapped it in tin foil and put it in a match box and buried it in the garden but later, fearful of magpies or foxes, dug it up and put it in the fridge until her partner came home and both could decide. And it was some years later, when she was pregnant again, that she wondered for the first time whether it was actually “a baby always in the back of mind”. So the question of what she had delivered and the “respect” due to it suggests

that this was more than just “a clot” even if not a baby for her then. This question can be so important in how a woman will feel in a subsequent pregnancy and in how she will relate to the growing foetus and the baby afterwards.

A young woman was referred to my clinic when she was 23 weeks into her pregnancy because she was crying so much and she said it was for no reason and she knew she was feeling nothing for the baby even though it was a planned and much wanted pregnancy. She had reported to the midwife that this was her first pregnancy. But, in her conversation with me, she mentioned a previous miscarriage before twelve weeks that she never really thought about afterwards. But she did say she was dreaming nearly every night of a dead baby who was crying for her. Initially she strongly denied that it could have anything to do with the miscarriage, as it was just like a period, and it was gone, and she was not “spiritual in any way, in fact, I’m quite the opposite”. But after another dream, in which she saw a baby floating away from a spaceship into outer space, because “the cord was cut” and it was lost, she began to realise and feel that she had deeply denied her “so irrational and crazy feeling” that this had, in truth, been a baby for her and that she needed to hold onto it, remember it, and keep it safe in her heart. She knew that now as she was the only one who was ever connected to it. Therefore if she didn’t remember and love “the baby” then nobody would and it would be lost and drifting away in space forever. But she added, “I think I am now ready to become a mother”. It was still a feeling or belief that she was *not yet* a mother.

Yet for another woman, from the moment she discovered that she was pregnant she was ecstatic and was preparing for the baby and talking to it. When she started to bleed at 11 weeks and she had her scan she was told that there was an “empty sac”, there was no baby or heartbeat. When the midwife told her that the foetus had probably stopped growing after 6 weeks or so, she felt so lost and couldn’t understand or accept that so much “had just been an illusion”. Now she had to accept that she had been talking to a dead foetus or maybe a “nothing”. “Or was it ever real?”

Knowing, believing or feeling that the experience was “real” can be so challenging and complex and this is not just after a miscarriage; it can be equally so after a termination. Another desperately distressed woman, who had a termination, described so eloquently the struggle to know what it was that she had lost while still saying that she knew she “had ... maybe been a mother in some sort of way”. She was 42, it was a surprise, she was very late in even recognising that she was pregnant and it was to be her only pregnancy. She did not have her first scan until 16 weeks and then a diagnosis of anencephaly was made, an abnormality of brain development that is incompatible with life. She understood this as meaning that the foetus had no brain, almost no head. She so wanted it to be a baby but it was a “monstrous deformed struggling thing” to her, and like “an alien”. So she felt that she could not continue with the pregnancy because she felt so sick and invaded and also so distressed by her sense of the struggling “thing” that could not survive but was “clinging on hopelessly and desperately”. So, she had a termination. But this being Ireland, she had to travel to England to have this procedure. And afterwards, there was no “body” to bring home, no ashes even, just a sense of a loss of a

something and then nothing. She was someone who loved and worked with horses. She compared this experience to what she said had happened when her own favourite horse had to be put down. With her horse she knew what she had lost, she was there when she was put down, she had a special place for the ashes. She knew what it was to hold her horse's mane, ride her, care for her, sense her. With this "thing that she had delivered and which had been inside", she was lost. What was it? She had never seen it or held it and would not have wanted to. And at the end she asked: "On Mother's Day, do you think I can even allow myself to say I was ever a mother? And will I want to?"

### **Reflections on practice**

The word mother, for every woman, has deep echoes. The word will always be heard with particular reference to the internalised image of her own mother and her experience of being mothered. There will also be her experience and response to the cultural meanings attached to motherhood and the position of women and motherhood generally in her society. Therefore, to take on this role, to accept and recognise and identify with this image of mother and to "know" she is becoming or is a mother, will be deeply dependent upon her sense of her own self, her femininity, her body, and interiority. And it is this latter aspect which this paper is attempting to address. Because once she thinks or learns that she is pregnant, her sense of her own interiority will be deeply intermingled with how she feels and thinks about what is happening inside her and what it is that is growing there. How she comes to terms with this, or not, will hugely determine not just how she will feel and be during the pregnancy, but also how she is likely to be with the baby if it is born (or not), and how she will relate again to any future pregnancy or baby.

It even may go further than this. I have heard many mothers speak of a further transgenerational part to all of this as they described very deep and complex feelings in particular around their daughters' pregnancies where echoes of their own experiences are relived, retold and transmitted, and can often become deeply enmeshed in their daughter's own stories. I have also witnessed how often the experience of a woman in pregnancy often provokes her own mother to retell her stories and often relive some of her own traumas. This can be particularly true around issues of foetal losses such as miscarriages, stillbirths or terminations never before spoken of.

As the embryo grows and she learns that she is pregnant, there may be a whole series of issues, and stages to those issues, that she will need to realise or "make real". And then she will have to adjust or not, accept or not, and imagine. She may have difficulty in believing that she is pregnant, in knowing what this even means, in differentiating between fantasy and reality, between what is self and what is other about what is growing inside her. If she has been pregnant before then she may recognise the changes in her body at an early stage, or sometimes the changes in her senses, or not. It will be changes in her and her body not a feeling of another yet. But the fantasies may start, the projections of hope or fear or confusion onto the embryo, foetus, baby. Fantasies too about "Is it real?" "Will it live?" "When is it safe to start connecting to it?" A scan may reveal it as confirming something now separate but connected to her and she may or may not be ready yet or be able to yet comprehend that this is a baby.

It may be at this moment too that she is told of the empty sac, the absent heartbeat, the abnormality. Where is she, then, with all of these questions? What does she feel about it and about her body and what it has inside? What does she feel about what her body has done or why it has failed to be able to carry (has miscarried) the baby?

I will describe a final story here which poignantly illustrates how deep this question can be and how important it will be for some women to be able to feel and say that they are a mother even if there was no live baby.

Molar pregnancies may be particularly difficult for a woman to comprehend. These are pregnancies where the fertilised egg, in a “complete molar pregnancy” has only made a placenta, and there is and was no baby. These pregnancies feel like a normal pregnancy initially as the hormonal changes and body changes and symptoms of pregnancy are as normal and the pregnancy tests are normal. So she may well believe she is pregnant with all of the associated feelings and ideas and fantasies. But once a scan is done, the truth will be evident and the placental pieces may pass or may have to be removed or destroyed as very rarely they may become cancerous. So, for the woman who was pregnant and was happy with the fact, the loss will be very real. Many will be confused and distressed about what happened. What was it, this entity that she thought was a baby and is now told isn’t and wasn’t ever there and yet, she may still feel pregnant due to the hormone levels, while she is also told this may become cancerous.

A woman came to speak with me after a second molar pregnancy, and told me she would not be pregnant again as she was advised never to try again. She described her great joy and gratitude when she was told that on this second occasion the mole was “incomplete”, ie, there was a tiny piece of “baby” as well as the overgrown placenta. In the midst of her loss and sadness and physical ordeals she was able to say that “now I can say I am a mother”. Yes.

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