
FIRST-TIME MOTHERS: NARRATIVES OF WOMEN UNDER SOCIAL VULNERABILITY CONDITIONS¹

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ABSTRACT. Consistent with motherhood researches that emphasize the psychological transformations involved in the process of becoming a mother and the increase of Brazilian families living a precarious existence, according to the Sao Paulo Vulnerability Map, of the Metropolitan Research Center, we proposed to investigate psychoanalytically the affective-emotional meanings attributed to the experience of becoming a mother under social vulnerability conditions. Adopting the Interactive Narrative as a methodological procedure, we asked 17 women, among them, pregnant women and post-partum ones, who were living in a social shelter in Sao Paulo, to complete a fictional story that had been previously created by the researchers. The story concerned the distress of pregnant women. The narrative productions were considered psychoanalytically and interpretatively organized as fields of emotional-affective meanings that convey the participant's experience of motherhood. In this paper, we focus on the field "First-Time Mothers", regarding those participants' narratives that were produced around the experience of becoming a mother for the first time. The first-time mother is seen by this group as an insecure, anxious and scared mother at the beginning, but also as someone who is able of developing her own way of taking care of the baby as it grows, becoming more confident and mature. The participant's testimonies lead us to deconstruct prejudiced social conceptions about the adequate motherhood under social vulnerability conditions and to understand that child care can be provided, also in this situation, by means of family and social support, as well as when it is necessary psychological care, indicating the potentiality of preventive and therapeutic interventions.

Keywords: Motherhood; vulnerability; narratives

MÃE DE PRIMEIRA VIAGEM: NARRATIVAS DE MULHERES EM SITUAÇÃO DE VULNERABILIDADE SOCIAL

RESUMO. Considerando pesquisas recentes na área da maternidade que salientam as transformações psicológicas que acompanham o processo de transição para a maternidade e o aumento do número de famílias brasileiras em situação de precariedade social, de acordo com o Mapa de Vulnerabilidade de São Paulo, do Centro de Estudos da Metrópole, buscamos investigar os sentidos afetivo-emocionais atribuídos à experiência da maternidade em situação de vulnerabilidade social. Adotando a narrativa interativa como recurso metodológico, solicitamos a 17 mulheres, entre gestantes e puérperas, moradoras de um alojamento social na cidade de São Paulo, que completassem uma história fictícia, previamente elaborada pelas pesquisadoras, sobre as angústias de uma gestante. As produções narrativas foram psicanaliticamente consideradas e organizadas em campos de sentido afetivo-emocional que comunicam a experiência materna das participantes. Neste trabalho, focalizamos o campo da mãe de primeira viagem, que organiza as produções narrativas das participantes em torno da experiência de ser mãe pela primeira vez. A mãe de primeira viagem é vista por esse grupo de mulheres como insegura, ansiosa e medrosa, mas capaz de construir o seu próprio estilo de ser mãe à medida que cuida do filho, ganhando maturidade e autoconfiança. Os depoimentos das participantes nos convidam a desconstruir concepções sociais preconceituosas acerca das possibilidades de uma maternagem adequada em situação de vulnerabilidade social, e a compreender

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que o cuidado infantil pode ser viabilizado, também nessa condição, pelo suporte familiar, social e, quando necessário, psicológico, o que sugere a potencialidade de medidas preventivas e interventivas.

Palavras-chave: Maternidade; vulnerabilidade; narrativas

MADRE DEL PRIMER VIAJE: NARRATIVAS DE MUJERES EN SITUACIÓN SOCIAL DE VULNERABILIDAD

RESUMEN. En consideración a las investigaciones en el área de la maternidad que apuntan para las transformaciones psicológicas que participan en el proceso de convertirse en madre y el aumento del número de familias brasileñas en situación de precariedad social, según el Mapa de Vulnerabilidad de São Paulo, del Centro de Estudios Metropolitanos, hemos investigado psicoanalíticamente los sentidos afectivo-emocionales atribuidos a la experiencia de ser madre en la situación de vulnerabilidad social. Adoptando la Narrativa Interactiva como recurso metodológico, solicitamos a 17 mujeres, embarazadas y madres, que viven en un abrigo social en la ciudad de São Paulo, que completan una historia de ficción previamente preparada por las investigadoras. Las producciones narrativas fueron consideradas psicoanalíticamente y organizadas en campos de sentido afectivo-emocional que comunican la experiencia de maternidad de las participantes. En ese estudio se nuestra el foco es el campo “Madre primeriza”, que organiza la experiencia de ser madre por la primera vez. Para el grupo de participantes la nueva madre es insegura y llena de temores y preocupaciones, pero también ponen de relieve la posibilidad de cada mujer construir su propio estilo de ser madre a medida que cuida del hijo, ganando confianza y madurez. Los testimonios de las participantes nos invitan a deshacer concepciones sociales prejuiciosas sobre las posibilidades de una maternidad adecuada en situación de vulnerabilidad social y nos llevan a comprender que el cuidado infantil puede ser ofrecido en esa condición con el apoyo familiar y social, y cuando sea necesario, psicológico, lo que indica el potencial de las medidas preventivas y de intervención.

Palabras-clave: Maternidad; vulnerabilidad; narrativas

Introduction

When one tries to understand the transition process to maternity, it can be noticed that it is constituted uniquely to each woman, going beyond biological aspects to embrace the subjectivities and the social context in which they are produced (Aguiar, Silveira, & Dourado, 2011). We highlight the maternity as a construction process, disagreeing, however, with the concept of naturalization, which may lead to the idea of maternal instinct, rising social expectancies on the devoted and unconditional love of a mother who sacrifices for her child. It must be highlighted the fact that that idea construction seems to hinder the possibility to reflect and to accept the ambivalence that characterizes the transition process to maternity, denying, for example, mother's frustration and hostility feelings (Travassos-Rodriguez & Féres-Carneiro, 2013).

Having this evidence as a starting point, it can be noticed that the maternity field has been recognized scientifically; this fact is certified by the increase of recent academic production regarding maternal experience from that new point of view. There are studies aiming at the investigation of the necessity of emotional and social resources to cope with this transition period (Stellin, Monteiro, Albuquerque & Marques, 2011); there is also research on the importance of social support to regulate the stress during pregnancy (Rapoport & Piccinini, 2006); other studies also focus on the images constructed around pregnancy (Martins, 2010). Other researchers explore the way that the maternal experience is articulated with the ideological construction of this role (Choi, Henshaw, Baker, & Tree, 2004), or the process of maternity constitution (Marin, Gomes, Lopes & Piccinini, 2011), or how women have lived this experience for the first time in the last ten decades (Brunton, Wiggins, & Oakley, 2011; Camacho, Vargens, Progianti, & Spíndola, 2011).

Although the aims of the studies are different, they share the idea that pregnancy, delivery and puerperium constitute a transition period, characterized by physical, psychological and social changes that are usually accompanied by an intense affective experience (Marin, Gomes, Lopes, & Piccinini, 2011). This process is constituted differently to each woman, according to her own process of identification and articulation of the social roles as a woman, a wife and a mother (Badinter, 2011). Although the transition to maternity is marked by ambivalent feelings, the participants of the study carried

out by Strapasson and Nedel (2010) highlight that, frequently, women do not find space to share those feelings, fact that lead them to live those feelings in secret.

We have dedicated to comprehensive studies on the maternity experience, investigating the imaginary shared within different groups, such as women in social vulnerability (Aching, & Granato, 2016), obstetric nurses (Granato, Tachibana & Aiello-Vaisberg, 2011) and university students (Granato & Aiello-Vaisberg, 2013), all of them regarding the maternal role. Although the maternal conflicts investigated in those studies have evoked in the participants' plural affective-emotional meanings, their imaginative productions as a whole allowed the authors to conclude that the maternal figure is frequently associated to dedication and to unconditional love; it is almost her entire and exclusive responsibility to provide physical and emotional welfare to her children. Those evidences allow the reflection on the dissonance established between the idealized social discourse and the experience lived.

In this spectrum of growing scientific production on the transition to maternity, the different family configurations emerging recently, as well as the social context that feeds the practices of childcare, have been aspects more and more commonly considered for a critical comprehension of the phenomena. This way, we cannot ignore that the Brazilian context is characterized by multiple determinations that mold the social expectations, and, consequently, the parental behaviors. These are particularly developed according to the geographic area and the socio-economic level, among other variables, such as families that live under social vulnerability conditions.

The social vulnerability is not restricted to the economic factor, as Prati, Couto e Koller (2009) highlight, once it is established as a "multidimensional concept that refers to the conditions of individuals and groups in situation of fragility, which make them become exposed to risks and to significant levels of social disaggregation" (Ximenes, 2010, p.1 – free translation). However, the economic precarious situation has been the factor that most contributes to family disruption in Brazil (Gomes & Pereira, 2005). Our clinical experience, as well as studies on maternity in our country (Ferrari & Kaloustian, 1998; Fonseca, 2012; Freire, 2009), claim that the woman who becomes a mother under a social vulnerability situation comes from a single-parent family, which, only in its origin, is organized as a nuclear family. However, this family, which starts being supported only by the mother, continues to nurture an ideal of nuclear and patriarchal family (Ferrari & Kaloustian, 1998). Because of this, the paternal absence precipitates the movement of the children going out home and abandoning school, as they must work to help in family finances.

Facing the dual task of providing material resources and taking care of the children, the mother plays her role in a context permeated by fragility (Martin & Angelo, 1999). This configuration characterizes the original family context of the participants of this study, as well as the family context of the family that they are about to start. Those women, facing the absence of family support, needed to look for an institution that provides them social shelter during pregnancy, delivery and puerperium. Many of them are abandoned by their partners as soon as they are told about the pregnancy; this fact perpetuates the destitution, violence and precarious life cycle.

As a theoretical reference, we adopt the Winnicottian elaboration on the process of maternity constitution, due to the heuristic potential of concepts such as the one of 'primary maternal preoccupation' (Winnicott, 1956/2000) and of 'good-enough mother' (Winnicott, 1956/2000). The concept of primary maternal preoccupation refers to a mother's psychological condition that predisposes her to satisfy the basic necessities of her child, for she focuses her affective investments on the child almost exclusively, especially during the first developmental stages. On the other hand, the good-enough mother is the mother who offers the emotional environment necessary to the child development, based on her sensitiveness; this ability does not depend on her intellectual capacity or her learning of child-care techniques. Both concepts allow the proposal of a motherhood that depends more on dedication than on intellectual knowledge; it also alludes to a maternal bonding, which, for being only enough and not perfect, allows baby's satisfaction and frustration. If the mother is able to balance adequately the satisfaction and the frustration experiences, according to the baby's growing psychic skills, she will be throwing the basis for a healthy emotional development of her child.

This way, avoiding a naturalization of maternal care, trend that can be detected along Winnicottian works, we started to question ourselves on the limits and possibilities of women under precarious living situations to perform an adequate good-enough motherhood. Assuming that precarious living conditions

may be an obstacle for establishing an adequate good-enough motherhood, (Aching & Granato, 2016), the aim of this study is to investigate psychoanalytically the affective-emotional meanings attributed to the experience of becoming a mother by a group of pregnant women and women in puerperal period living under social vulnerability conditions.

Methodological strategies

This study is placed in the scope of qualitative research, with psychoanalytical inspiration, for it deals with the singular experience of women who are mothers in the particular context of social vulnerability. This research was authorized by the Research Ethics Committee of the Pontifical Catholic University of Campinas (Document n. 213.776). Seventeen women, sheltered in an institution located in São Paulo city, participated of the research. The institution offers social shelter to pregnant women and women in the puerperium who need financial conditions and family support to take care of themselves.

As a methodological resource, we showed the participants an open-ended Interactive Narrative (Granato, Corbett, & Aiello-Vaisberg, 2011). This type of text consists in a short fictional story that proposes a situation, a phenomenon or a conflict to be investigated. This story should be imaginatively completed by the participants to finish the story, giving a personal appropriation of it. In order to create it, we took into consideration our own clinical experience in maternity and in social vulnerability fields. We also considered the discussions carried out with the other members of our research group, searching for the adequacy of the story as a proposal that aims at investigating the participants' experience in maternity.

As an expressive procedure, the Interactive Narrative aims at a dialogical and ludic closeness towards the phenomenon investigated, allowing the participants to present themselves in a free and spontaneous way, while narrating a solution for the conflict that the story is organized upon (Granato & Aiello-Vaisberg, 2013). Therefore, we decided to focus on a maternal conflict that is not limited by a specific social context, in order to allow the associative production of the participants, and to avoid an emotional overload by representing the tragedies already lived daily. It resulted in the narration of a dream:

Cida had already been lying down for half an hour, but she had so many worries that it was hard to fall asleep. She imagined what the baby would be like, who the baby would look like and how she was going to take care of it, being alone. How would the birth be? Who would she tell when the labor pain started? She remembered the child's father, the passion they had experienced... Would he come back to meet his child? Among so many doubts, Cida fell asleep only to wake up in the middle of the night after having another nightmare! In the dream, she couldn't take care of her son. She could hear him crying from the cradle but couldn't get up from the bed. She tried, but her body wouldn't respond... With much effort, she dragged herself to the cradle, and when she was about to pick the baby up, the cradle turned over! Cida woke up terrified but was relieved when she noticed it had just been a dream. However, she still had a doubt: What kind of mother will I be?

One copy of the Interactive Narrative was given to each participant, so that they could read silently while they heard one of the researchers reading it out. After that, the participants were invited to create a continuation for the story, individually and by writing; it should be done on a blank sheet of paper provided by the researcher. The second phase of the procedure was the constitution of a Discussion Group, including the participants and one of the authors of this paper. In the group, they have the opportunity to think about the maternity in the specific context of social vulnerability.

It is important to highlight that, in order to mitigate a possible increase of the distress caused by the vulnerability condition itself, we decided to distribute the participants into three groups. It would allow us to deepen the psychoanalytical listening and offer the participants the necessary emotional support. However, there was not any discomfort during the procedure, which occurred in three different meetings lasting around 90 minutes each. The three meetings were registered in personal associative reports that

contain the implications of the meetings on the researcher, who is considered here as a co-producer of the research data.

The Interactive Narratives completed by the participants and the researcher's reports were gathered as the *corpus* of this study. After that, we dedicated to the interpretation of these data, based upon the Winnicottian psychoanalytical theory articulated with the triangulation with the narratives, the scientific literature read and the discussion of the interpretations proposed in our Research Group. According to Stake (2011), not only does the triangulation allow the confirmation and validation of the interpretations, but it also allows different points of view to rise within the interpretative movement itself, aiming at a deeper investigation of the phenomenon.

The affective-emotional meanings emerging from the analysis of the narrative material were interpretatively organized in meaning fields. We understand, together with Herrmann (2011), that the fields are a set of logical-emotional rules that support the human behavior, as a cultural, social and individual manifestation. Similar to the thematic categories, each field receives an emblematic symbol that communicates a certain experience lived, in our case, in the scope of maternity.

Because of the richness of the narrative material as for the meaning plurality attributed to the maternity experience, we focus, in this work, on the field of the "First-Time mother", due to its surprising character, for it challenged the initial intention to investigate the maternity experience in the specific context of social vulnerability. It is important to remark, then, that the fields that better supply the former aim will be dealt with in another study, respecting the methodological approach proposed here.

Results and discussion

Despite of our initial aim, as mentioned before, the condition of being a mother for the first time emerges from the narratives completed by the participants as well as from the Discussion Groups. This fact called our attention to that field, for the original Interactive Narrative did not mention the character's condition of being a mother for the first time; however, Cida was identified as a first-time mother by the participants. This conclusion led us to identify the field of first-time mothers as one of the organizers of the emotional meanings attributed to the experience narrated by the participants. To illustrate this field, we present the way that Vanda completed Cida's story:

An immature mother? Or an irresponsible one? Or, in time, I will learn how to take care of my first child? But then I fell asleep again. I had a dream with an angel, called Gabriel, and he said: mother, do not be afraid, above your family, above you, there is a great father who will give you strength to survive. She asked: Who? The angel replied: Jesus of Nazareth.

Not all the written productions point at the experience of being a mother for the first time. However, this subject was present at the Discussion Groups organized after the writing of the end of the Interactive Narrative. The participants identified the questions and uncertainties communicated by the story's protagonist as being characteristic of one who lives the experience of becoming a mother for the first time.

When you have other children, if there are worries, you look for solutions, for example, about the child's father. Cida is worried whether the father will come back or not, and it's that, she's going to have to be mother and father, but she has to work, take care of the child, of the house (Zilda).

These worries are of one who has a child for the first time, when you discover you're pregnant, you think I now have a big problem, where will I sleep, eat, live, and my mother, what will she think of it? (Maria).

The identification of the field First-Time Mother made us reflect on the implications of the researcher for the qualitative psychoanalytical research. We believe that the researchers participate actively of the

process of the research construction, as they “elaborate the narrative that is the starting point for the establishment of a dialogical investigative field” (Granato et al., 2011, p.83, free translation). It is a position that distances them from the positivist neutrality ideals; therefore, it implies that the researchers will use their own experiences, personal or professional ones, to build up a story that conveys a shared tragedy, and this fact expands its personal and collective repercussion.

The interactive narrative brings, from the very beginning, a field of affective-emotional meanings that questions the participants on their own personal emotional experience in relation to maternity. When they are invited to complete that story, each participant is urged to elaborate the plot given towards the end of it, according to their personal interpretation of the maternal drama (Granato et al., 2011, p. 83, free translation).

The emergence of the field First-Time Mother brought the surprising effect of denouncing the unconscious meanings that we added to the Interactive Narrative, opening a field of emotional experience that we had not even noticed to be present. At this point of the research, when we returned our attention to the procedure, we tried to identify the empirical elements that took part of that unconscious associative movement. We got to the conclusion that the authors used their own clinical experience with pregnant women and mothers under social vulnerability. Besides that, the fact that some of us had never been a mother when the study was carried out have also influenced on that movement. The eventual criticism on the limitation that this procedure could mean, focusing the participants’ attention to the experience of “first-time mothers” cannot be sustained, once only part of the participant’s narrative productions followed this trend. Moreover, we agree with Devereux (1967), in relation to the research objectivity in human sciences: it can only be assured by the recognition of the participation of the researcher’s subjectivity.

After this short reflection on the qualitative researcher, we return to the point of this study. Recent researches in the field of transition to maternity (Alves, Ferreira, Martins, Silva, Auwerter, & Zagonel, 2007; Cáceres-Manrique, Molina-Marín, & Ruiz-Rodríguez, 2014; Choi et al., 2004) indicate that this process is accompanied by feelings of uncertainty, anxiety and doubts. However, our clinical experience with pregnant women and mothers under situation of social vulnerability suggests that, before the conflicts in relation to the pregnancy or the maternity can emerge, the distress and insecurity related to the condition of unemployment, lack of housing, lack of family and social support, besides the use of drugs, must be considered an cared for in the scope of social and psychological assistance. This type of care allows, therefore, the possibility to live pregnancy and maternity from a place that is shared by different women in different contexts, without being restricted to the demands of the precarious living conditions that they live in.

As an example of the issues that start, then, to emerge regarding maternity as a shared experience, we have the conclusion of Bruna, when she affirms: *“it’s clear to me that Cida is a first-time mother”*, keeping such idea by the content of the questions that the character raises. From Bruna’s point of view, the new mother is “a fearful mother” or, according to Marcela, *“overprotective, so fearful of what the world can do to her child”*, presenting the insecurity as a basic feeling of this phase; this feeling can be increased by the condition of social vulnerability (Aching, & Granato, 2016).

The feelings pointed out by the participants converge to what authors like Brunton, et al. (2011) affirm in relation to the insecurity initially lived in relation to the delivery, due to the fear of feeling pain, and, after that, during the postpartum period, to the expectancy that they will be the person most responsible of taking care of the baby. Marin et al. (2011) corroborate these results concluding that in the case of mothers for the first time who are single, the insecurity regarding the future care of the baby seems to be aggravated by the absence of the father. This fact places them as the only responsible; it is in agreement with the recommendation of Alves et al. (2007) concerning the necessity of family and social support in the process of transition to maternity. Two narratives illustrate how it feels to gather personal and environmental resources in order to find a new place of the one who will supply the child’s necessities:

I’ll be a mother who, instead of thinking of the child’s father, will think of the baby, and remember that the one who needs me is the child, after all, he left me and I, then, decided that the child’s safety is what really matters and I will forget the doubts in time (Lara).

She found herself in despair, but it was a bad dream, when she woke up she was relieved in her heart and thanked God; she will be a good mother, and the mother's family can help her take care of the child, and she notices that she cannot lose her hope (Júlia).

Brunton et al. (2011) highlight the deception of mothers for the first time when the maternity does not occur instinctively, what makes them search for information in order to control the anxiety that accompanies the relationship mother-baby because of its unpredictability potential. However, the participants of our study reported that they preferred to talk to other mothers for advice. During the talks of a Discussion Group, we assumed that the presence of Luisa, who had recently given birth, could be mobilizing the theme concerning first-time mothers, when the participant herself admits having felt very insecure in the 15 first days after the birth of her daughter, feeling like crying every time that her baby cried for something that the mother was not able to recognize. Her way of dealing with the anxiety was asking for other mothers' help, especially in relation to the care actions that made her feel particularly insecure, such as cleaning her daughter's ears and providing her first baths. Cáceres-Manrique et al. (2014) confirm the idea that one of the biggest anxieties of the mothers for the first time is having a baby under her responsibility, claiming that the maternity is the biggest transformation that they have ever lived.

The inability to interpret the baby's needs is another factor that causes anxieties and feelings of guilt to first-time mothers. According to Brunton et al. (2011) this fact can be understood as a result of expectancies that the maternity is instinctive. Ana shares her experience, saying that, in her first pregnancy, she would feel "so lost" taking care of the baby; because of this, she followed all the pediatrician's recommendations, even though she did not agree completely with them. As she was advised to breastfeed the baby every three hours, she would do it, regardless of the baby's demand or of her own tiredness during the night. With her second child, Ana felt confident enough to feed the baby according to the child's demand and to her own possibilities.

The studies gathered by Brunton, et al. (2011) confirm the experience lived by Ana, arguing that as the mother takes care of her baby, she starts to feel sufficiently secure to question the technical knowledge and live the motherhood in a more authentic way, finding her own personal style of being a mother (Granato & Aiello-Vaisberg, 2013), considering a motherhood that is possible, i.e., not ideal. This attitude places the mother in a new condition, regarding expectancies that are more realistic, which relieves the frustration of not being able to follow unachievable social models. Besides that, we corroborate the idea that the maternity activity depends on the support that the mother has from her family or her community, and from the net of the social assistance, fact that can be observed in the routine of the maternity that happens in a precarious social context.

Another aspect to be highlighted in the participants' reports is the fact that, facing the insecurity, the "first-time mother" cannot have the proper support from the medical care team to alleviate her anxieties, once they are judged as being incapable of understanding a doctor's explanation or recommendation. Talita explains that not following a recommendation, such as offering the powdered milk that is adequate to the baby's needs after the weaning, and not industrialized cow's milk, is a fact that has more to do with financial limitations than with lack of cognitive skills. Talita's argument corroborates the Winnicottian notion of good-enough mother, based upon the lovable dedication ground, being away from the impersonal and dogmatic knowledge.

On the other hand, Rose told the group that it was only possible to access a social program to assure the milk necessary for the two first years of her son when she told the doctor that she was financially unable to buy the milk recommended for her child's healthy development. However, she recognizes that she needed to overcome the fear of being judged by the professional as a neglectful mother. Rose seems to mention the delicate issue of the double prejudice that can exist between doctors and patients, mainly when the socio-economic conditions of the former and the latter is so different, causing difficulties to the provision of attentive care to the context from which the request for help comes. Alves et al. (2007) recommend, in their study, that a change in the attitude of the health team can favor the transition to maternity, once the process is emotional, not chronological.

Our clinical experience corroborates both notions: first, the fact that the woman who is pregnant for the first time, and consequently, the first-time mother, can be extremely anxious; secondly, the fact that mothers who have already had children and first-time mothers can recall an internal reference developed

from a previous concrete experience. Curiously, Ana identifies her own anxiety as being the force to search the sensitiveness accuracy concerning the baby's demands, which probably returns as confidence. Winnicott (1949/2002) alludes to the survival of the mother's function, affirming that the mother:

commonly enters a phase from which she recovers in the first weeks and months that follow the baby birth, in which she is the baby and the baby is she... after all, she has been a baby, and she brings memories of being a baby... she remembers that someone took care of her, and those memories can either help her or disturb her in her own maternal experience (p. 4, free translation).

Having the mother had the adequate care or not when she was a baby, we can suppose that the social precarious situation may aggravate the scenario of emotional vulnerability of the first-time mother. Marin et al. (2011) and Cáceres-Manrique et al. (2014) suggest that the way of dealing with the intense feelings that accompany the pregnancy, delivery and puerperium have to do with the supporting net and the personal maternal resources, which highlights the extreme importance of actions of listening and of supporting the maternal function.

In their stories, the participants provide evidence on the suffering that stems from that overlap of vulnerabilities, the emotional and the social ones: *"alone, abandoned by the father, I would not know how to take care of this child by myself"*. And, as Alice states: *"Too insecure... organizing all those questions and having answers for them, you'll be a victorious mother, but you gotta have a lot of disposition and willpower"*. Or, yet, according to Rita, in the case of a more fortunate mother, from the emotional maturity and family support point of view: *"Cida, in despair, could calm down and conclude that she could be a good mother; after all, she was already worried about her baby, she could count on her mother's family and would not lose hope"*.

Maria brings another perspective when she explains that the mother's insecurity can be renewed every new pregnancy, regardless of the fact of being the first, the second or the third one— when a new mother-baby relationship is developed towards a harmonic situation for both. To confirm this assumption, we have Sueli's testimony, who was pregnant of her fourth child; she reports her own history to the group, saying that she was *"full of doubts and insecure"* in relation to the future baby as if she were a *"first-time mother"*. However, in Sueli's case, that new pregnancy seemed to have the purpose of recovering her maternal capacity, because she had lost the custody of her other three children because of her involvement with illegal drugs. We suppose, though, that the fact that those women are vulnerable, due to their precarious living conditions, increase the feelings of anxiety, and, consequently, the experience of feeling as a first-time mother, because of the abandonment sensation that they experience.

Brunton et al. (2011) recognize that women naturally isolates from others for the demands required in the care of a baby, as a preparatory psychological state for maternity, already mentioned by Winnicott (1956/2000) as the primary maternal preoccupation. In spite of that, the support received from women who are already mothers has worked as a guidance and comfort for women who are pregnant for the first time. Therefore, we are led to the conclusion that the social vulnerability condition requires an expanded clinic, according to the ideas of Granato and Aiello-Vaisberg (2011) and of Rapoport and Piccinini (2006), concerning the necessity of receiving the pregnant woman and the mother by the social supporting networks, as their families are equally vulnerable and needy of care, reason that frequently justifies their absence as a support to the pregnant woman.

Considering the reality of social precarious conditions of the women sheltered in the institution where we developed our study, we assumed that the anxieties that are usually reported by women in their first pregnancy would not appear, due to the worries about lack of housing and money, unemployment, family and/or partner abandonment, alcohol and other drugs abuse or even prostitution. Nevertheless, we can suppose that the period that those women spent in the institution provided a type of care that caused the emergence of the affective-emotional meanings concerning the transition process to maternity in the participants' narratives. Those meanings are seen as the expression of an experience that is shared in the culture, not only in the social vulnerability context. That experience refers to the difficulties of a first pregnancy and to the care necessary for a baby, as well as to the necessity of social and psychological assistance as the basis for the development of a healthy motherhood.

Moreover, we could suppose that, in the experience of those participants, the offer of a space to be heard and cared for favored their meeting with their own emotional world. Aching and Granato (2016) observed how women under social vulnerability conditions prioritized their children's needs, not considering their own feelings, avoiding to think of them. This way, the field First-Time Mother made us think that many of them may possibly be with their emotional maternity demands as if they were experiencing it for the first time, even not being so, when living the process of maternity transition in a context that offered emotional support.

Final considerations

The affective-emotional meaning field of the First-Time Mother suggests the sharing of anxieties that, in a certain way, seems not to depend on the socio-economic context where the maternity happens. The desire of being a good mother, the concern of fulfilling the child's needs, the fear of not being capable to interpret these needs, the struggle for the right to perform maternity authentically and autonomously were also observed in our participants, despite of their precarious living conditions. That finding could lead us to conclude that mothers who live in a vulnerable situation have all the conditions to perform a good-enough maternity, like any other woman.

However, when we consider the social vulnerability context, we can notice a huge variety of difficulties that women have performing maternity, due to their precarious living conditions. The environmental provision is highlighted as a fundamental factor for the emergence of a good-enough mother, paraphrasing Winnicott, besides the possibility to transform a daily life characterized by progressive impoverishment and abandonment. We also notice the necessity of a special handling with the pregnant women, due to the overlap of vulnerabilities, one referring to the affective-emotional sphere, and the other that exposes her to precarious social situations that threaten her human condition.

It is important to highlight that, because of the contemporaneous prevalence of technical knowledge, there is always a risk that the maternal child care turns into a source of distress and frustration to the mother (Vilhena et al, 2013). It happens whenever the health professional does not include the social and cultural condition of the patient in the recommendations prescribed. However, if the participants' narratives about the first-time mother evidence a potential for the construction of a particular style of being a mother (Granato & Aiello-Vaisberg, 2011), even challenging the ideals of our culture, it is also true that this creative potential needs a good-enough environment, providing for those women all the maternal necessities, so it can flourish.

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