

# **THROUGH THE DEPTHS AND HEIGHTS OF DARKNESS; MOTHERS AS PATIENTS IN PSYCHIATRIC CARE**

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## **Introduction**

This study attempts to deepen the understanding of health and suffering as experienced by patients who are mothers struggling with mental illness, and is a part of a larger research project. A mother's relationship with her children is of vital importance for her experience of health and suffering. Women see themselves through their children and regard the child as an important part of themselves; hence, motherhood cannot be excluded from their experiences of health and suffering [1-3]. A recent study illuminated mothers' struggle to reach their inner source of strength in order to become the mother they longed to be [2]. In interview studies [4, 5], mothers narrated about their struggle between the demands associated with mental illness and the responsibility for their children. The suffering caused by the illness was experienced as a power to which they felt forced to surrender. Mothers who suffered from eating disorders experienced guilt and shame related to motherhood [6, 7], while in a study by Montgomery [4], mothers described their mental illness as a struggle to maintain their maternal identity. They balanced between the vulnerability caused by the suffering and their strengths as mothers, making great efforts to camouflage their suffering. A study on women's experiences of suffering connected to borderline personality disorders revealed that they longed for reconciliation [8]. They searched for meaning in life in order to create a genuine sense of self. When mothers had to relinquish their responsibility for mothering they considered that they had failed as a mother [4, 8, 9].

A study on mothers with postnatal depression indicated that they became overwhelmed by and disillusioned with motherhood, leading to anguish and despair when the difference between expectations and reality became too great [10]. Despite the burden of suffering and challenges in everyday life, mothers described their experiences of mothering as personal growth, which indicates that they can be both burdened and strengthened by their motherhood [11]. Previous research has revealed that the struggle between health and suffering promotes

zest for life and personal growth [12-15]. Other studies have found that despite a range of practical and emotional difficulties, motherhood involved extremely positive experiences, which provide a purpose as well as fulfilment and meaning in life [5, 16]. There is a large amount of research on mothers during the perinatal period [17, 18], but not as much on mothers who struggle with health and suffering due to mental illness. ‘Mother and child’ is a traditional image of love and care between human beings, embodying existential and ontological hallmarks of vulnerability and responsibility [1, 2, 19, 20], hence the mothers’ experiences of health and suffering might reveal an underlying pattern of meaning beyond the obvious and visible [21-23].

Serious physical illness is often visible and its consequences for motherhood are quite obvious, while mental illness tends to be silent and invisible. Both can threaten life itself, confronting human beings with suffering in which they question their own existence and the meaning of life. This study strives to contribute to the knowledge of caring science and mental health care by means of a profound understanding of the patients’ existential world when being a mother in receipt of psychiatric care, with focus on inner processes such as health and suffering.

## **Theoretical perspective**

This study is grounded in the humanistic tradition of caring science [24-27]. The theoretical perspective embodies an understanding of the human being’s coming into being through the processes of health and suffering, therefore encompassing the existential underpinnings of the empirical data [26-28].

### *Health and suffering*

Health implies the experience of wholeness, where the body, soul and spirit are inseparable [25, 27]. Health is a movement between the actual and potential in the human being’s

creative becoming, where the direction is determined by the person's needs and desires. It is also a becoming that strives towards the realisation of one's potential as well as a deeper wholeness and holiness. Health only becomes wholeness when combined with suffering; hence, suffering is an inseparable part of a person's life, natural growth and development [25, 26]. *Health* and *suffering* belong to the fundamental life conditions [27]. They are mutual and constitute the substance of the struggle between good and evil. Health and suffering are viewed as more than the absence or presence of illness and include movements among the three dimensions of doing, being and becoming [26, 27]. In the dimension of doing, human beings are unfamiliar with their suffering and try to explain it away. In the dimension of being, they seek balance and harmony, while the dimension of becoming involves striving to reconcile oneself. There are three different forms of suffering in care; i) suffering related to illness and treatment, ii) suffering related to the caring situation, and iii) suffering related to one's own life. Suffering can also be seen as a struggle between life and death, as well as good and evil, hence a battle to achieve inner freedom, i.e. the inner source of health [27].

## **Aim**

The aim was to deepen the understanding of health and suffering as experienced by patients in psychiatric care who are mothers.

The research question was 'What are patients' experiences of health and suffering in psychiatric care when being a mother?'

## **Methodological approach**

This study is rooted in philosophical hermeneutics as outlined by Gadamer [23] with an inductive-deductive-abductive approach [29]. Caring science concerns the suffering human being's health and life as a whole, which requires a methodology that embraces and expands

these dimensions [24]. The hermeneutic approach makes it possible to understand the human being's existential conditions as a basis for comprehending her experiences. Philosophical hermeneutics creates possibilities for understanding the human being's fundamental life conditions in both health and suffering [30-32]. In Gadamer's hermeneutical philosophy, interpretation and understanding are ontological with a linguistic character that makes it possible to reveal ideas and interpretation that go beyond what is immediately given. Philosophical hermeneutics represent an attitude that differs from techniques and rigid research procedures. It is in language and text that the human being constitutes her/himself, her/his origin and belonging, where the understanding of each individual evokes general ontological obligations [22, 23, 33]. The hermeneutic interpretation process includes induction, deduction and abduction [29, 32].

### *Ethical considerations*

The research was performed in accordance with Ethical Guidelines for Nursing Research in the Nordic countries [34], The National Advisory Board on Research Ethics in Finland [35], and The Declaration of Helsinki [36]. The Regional Committee for Medical Research Ethics, South Norway (No. 2009/124), and the Norwegian Social Science Data Services (No. 18667) approved the study. The participants received oral and written information about the study, its aim, voluntary nature and that they could withdraw at any time without consequences for their care. Written informed consent was obtained from all participants, and steps were taken to disguise their identities by removing recognizable personal characteristics from the text. The *caritas* motive of love and charity, respect and reverence for human holiness and dignity took precedence over ontology in every aspect of the study [23, 37].

### *Participants*

Inclusion criteria were ability to speak and understand the Norwegian language, registered with the Psychiatric Special Health Care Service in southern Norway and mother of children aged between 0 and 18 years. Each woman had her own therapist, who assessed her ability to consent to participate in the study. Exclusion criteria were involuntarily committed, actively psychotic during the previous six months and being suicidal or under the influence of alcohol or drugs at the time of the interview. The participants (N=10) were outpatients recruited from a psychiatric polyclinic unit. All therapists on the unit received information about the study, after which they verbally informed the patients and distributed the written information from the researcher. If the patients were interested in participating, the researcher contacted them and made an appointment for the interview. Their ages ranged from 28 to 53 years and the majority were cohabiting. Their diagnoses were depression, anxiety, bipolar disorder and ADHD, and they were receiving both individual and group therapy at the time of the interview. In total they had 24 children ranging in age from 8 months to 26 years.

### *Data collection*

The interview took place either in the participant's home or in an office at the clinic, depending on her wishes. The opening question was: "Can you please tell me about your experiences of being a mother and receiving health care?"

The interviews were based on a guide comprising open-ended questions on the following themes; experiences of motherhood, experiences of receiving help from health care professionals and experiences related to the women's future prospects in life. They were encouraged to narrate freely, and probing questions were posed when the interviewer wanted them to elaborate on their story or had difficulty understanding the narrative. All interviews

were conducted by the first author (N.E.B), lasted between 60 and 90 minutes, were audio taped and transcribed verbatim.

### *Interpretation of the data*

Interpretation of the data was made on different levels of abstraction described as rational, contextual, and existential inspired by Ödman [33, 38], and abduction on ontological level inspired by Råholm [29]. *Induction* originates in the researcher's pre-understanding, previous research and the empirical data. The latter provide a description of the participants' lived experiences, i.e., the *rational* level [33, 38]. At the *rational* level, the audio tapes of the interviews were listened to and transcribed verbatim, resulting in approximately 482 pages of text. A naïve understanding of the content emerged through an open and receptive reading of the text. The inductive phase concluded with an empirical description and abstraction based on the interpretation of the mothers' narratives, i.e., the *contextual* level.

In caring science, *deduction* has its point of departure in the chosen theory of health and suffering and comprises existential assumptions based on previous interpretation and abstraction, i.e., the *existential* level [33, 38]. The existential meaning in the form of common hallmarks emerged by means of an open dialogue with the interview text.

Abduction starts with the empirical data as well in the researcher's pre-understanding, and previous research is the source from which the assumptions of a deeper and concealed substance emerged; i.e. the interpretation at the ontological level [29, 32]. A hypothesis was arrived at through dialectical movements between the researcher's theoretical pre-understanding, reading and re-reading of the interview text, previous interpretation and research, and the theoretical perspective. The research process alternated between the empirical data and theory, whereby both were reinterpreted in the light of each other [32, 39]. The theory of guilt as outlined by Buber [40] was chosen in order to introduce new patterns both on the theoretical level and in the reality of caring [29, 39].

The first author was guided by reflective discussions with all authors throughout the interpretation process, while the third author made an independent interpretation. The first author was responsible for the research idea, interview and interpretation.

The outcome of the interpretation process is presented below on four different levels; rational, contextual, existential and ontological.

Please insert Table 1 about here.

## **Results of the interpretation on the contextual level**

### *The mothers' bodily and emotional obstacles in everyday life with the children*

The mothers' experiences of health and suffering moved between being caught in bodily and emotional suffering and a strong wish to overcome the difficulties caused by it. The bodily experiences involved feelings of being ill and exhausted, while the emotional ones concerned anxiety and uneasiness at being unable to be present for their children.

All the time I kept thinking I'm ill, but I must not be ill for my children's sake, their daddy has done everything for them, but I would still like to be there for my children, but it was not physically possible because I was confined to bed for a long time ...

It was difficult for the mothers to be with other people, while at the same time they were unable to manage everyday tasks without help. They found it difficult to continue their job and education but felt an intense desire to manage the anxiety and suffering in order to resume participation in everyday life.



The most important thing for me is taking care of my children, being allowed to get up and be there for them, help them with their homework. When I was unable to do so I felt inadequate, it was a defeat.

Being unable to meet the expectations placed on them in everyday life and their inner demand was experienced as failure. Life became restricted, dominated by anxiety and uneasiness. In their strong desire to cope with their suffering, the mothers tried to find a reason as to why they had been afflicted with anxiety and how to get rid of the pain.

### *The fear of not getting on in life and being a good enough mother*

The mothers' sense of responsibility became visible in their experiences of being unable to meet the demands placed on them by their children's needs. Their bodily and emotional suffering was not limited to feelings of being weak and unwell, but also included anxiety about whether it reflected their true nature and character as mothers.

That's what's at the bottom of it all; I feel bad and weak when I'm unable to get on in life. I struggle with my guilty conscience; I should have done better, because I know I did not do my best and that gives me a guilty conscience.

Anxiety and uneasiness prevented them from being the mother they wanted to be and led to a guilty conscience. The mothers considered their inner strength insufficient, which led to uncertainty about whether or not they were good enough mothers. This uncertainty was not only connected to particular situations, but also to the impression that they could have acted differently.

## **Results of the interpretation on the existential level**

*The struggle between the darkness of suffering and their inner source of strength as mothers*

The mothers lived in a vulnerable tension between body, soul and spirit. Suffering implies distress and an existential struggle that manifests itself in bodily and emotional pain. The mothers' existential needs were expressed through their physical exhaustion, which made such needs more understandable and easier to explain. The invisible darkness of suffering was expressed through the body, albeit silently without words.

.. then I noticed the depression physically, or that I was in a terrible darkness that I experienced as neither positive nor negative but rather as a lack of love, happiness and care. The darkness was in some way physical, it's difficult to describe ....

Experiencing themselves as weak and ill had a negative effect on their sense of wholeness of body, soul and spirit. The experiences affected each other and their impact went beyond the actual situations. The mothers turned inward and asked 'Why is it like this?' Reflecting on the question 'why' was a means of self-affirmation that reduced the distressing feeling. Finding words and explanations was an attempt to reconstitute balance and strength in life.

I was very depressed, but did not know why. Not knowing why was the worst aspect; I tried constantly to find out why it was like that – I'm doing fine, so why am I depressed? I never spoke to anyone about my problems, which eventually emerged as massive stress, so I went home in order to eat in a healthy way and go into training and all those things that I used to do, try to get back on my feet again.

The mothers' search for an explanation can be understood as a way of trying to discover their inner source of strength in order to get back on their feet again, alleviate the suffering and regain health. Simultaneously it can be understood as a movement away from their inner darkness by searching for explanations outside themselves. Being subject to definitions and judgment, even when self-inflicted, constitutes a threat to the wholeness of body, soul and spirit. Acknowledging such judgment means being untrue to oneself. The mothers attempted to escape from the darkness by isolating themselves. Consequently, their freedom to define themselves in accordance with their true inner values became reduced. Having the desire but being too weak to search for an answer and inability to trust in their own conclusions gave rise to conflicting emotions that can be difficult to understand and even more difficult to express in words.

Conflicting emotions monopolised their inner world, while at the same time the mothers had a vague idea about their chance of getting on in life and be good enough mothers. The unfamiliar in themselves was both known and unknown, obvious and vague as well as expressed through a guilty conscience of not living up to their inner picture of a mother.

I want to be on the same team as my children, be a mother they can trust and a fixed point in their lives. Yes, I have a mental image of the kind of mother I want to be, but I never dare live up to it.

The human being has an image of her/himself as she really is as well as of how she would like to be. The mothers' experiences of living in the tension between conflicting emotions can be understood as being in health, striving to improve their present situation by achieving the opportunities they sense in their innermost being. Searching for answers outside of themselves suppressed not only their guilty conscience but also the irrevocable call from their inner self.

Ignoring this call might bring relief in the short term, but restricts their inner freedom and prevents them from living according to their inner desires. The sense of weakness and failure gives rise to suffering but can also offer an opportunity to live up to their inner view of themselves.

I did not want to wake up, as I wanted my children to have a mother who functioned in the same way as before. It was a major defeat that I was unable to function for my children. They were always in my thoughts and I felt as if I was going crazy.

By withdrawing from other people, the mothers protected themselves from their own emotions. This can be understood as a necessary step for enduring the inner darkness, but it also placed their inner self in the shade, including their possibilities to assume responsibility. Withdrawal provided an immediate feeling of peace and relief from anxiety and a guilty conscience, thus contributing to keeping their world intact. However, the peace was followed by an unpleasant feeling of being unable to cope with the threat of having to change. This doubt sapped their inner strength and affected trust in their own reason.

*The struggle between suffering failure as a mother and the inner desire to be a good mother*

Body, soul and spirit are inseparable from one's fundamental existence as a caring human being where, in the natural order of things, children take precedence. The mothers' sense of being unable to give such priority gave rise to a feeling of having a flawed character as a mother. In their mind's eye, the mothers could see the as yet unattainable possibilities, which made them fear that they would be unable to achieve their potential of being the mother they longed to be. Turning away from one's innermost desire is a form of mental and spiritual

shelter necessary to recover one's strength. However, in so doing one becomes narrow-minded and estranged from oneself, giving rise to a guilty conscience about being unable to take responsibility for becoming in health.

I hoped something would happen that I could just disappear or depart from this life.

All the time I believed that I was so stupid and bad that I had no value anymore.

The mothers' guilty conscience did not occur as a result of doing wrong, but was due to not making good use of their abilities and living up to their inner ideals of the mothers they wanted to be. Not living up to these ideals implied renouncing their responsibility as a mother and human being. The mothers did not only fear losing legal custody of their children, but were equally anxious about not being able to fulfil the duty of being a responsible mother. In the darkness, the mothers sensed their inner responsibility and questioned the justification for their lives.

The movement in health involved the feeling of being genuinely present in their own life in such a way that health can be created in accordance with inner values. The anxiety weakened their sense of authenticity and gave rise to questions about their place in the world.

I'm not bitter despite what I have been through; it has been fascinating to experience the depths and heights that exist in one's emotional life, especially such depths. Yes, it was incredible and I feel much stronger and richer as a person after it, but I don't want to go through it again.

The above quotation makes clear how the mother suffered in the darkness. The struggle in the labyrinths of the mind raises the question of the meaning of life and demands heart-searching

in order to set the mother free to discover her innermost 'I'. Walking into the unknown territory within herself brings her closer to becoming in health as a whole human being and a good enough mother.

## **Results of the interpretation on the ontological level**

*Being a patient in health and suffering involved a struggle between responsibility and guilt, daring to do good deeds and recognizing one's limitations*

The following hypothesis was derived from the empirical material, naïve interpretation and understanding of the mothers' experiences: *Being a mother in health and suffering in psychiatric care is a struggle between daring to be there for the child and recognizing one's own limitations, hence between responsibility and guilt.*

The mothers' relationship to their inner world and their children contains the human being's essence in the form of a relationship between the internal and external world [26, 27]. The essence of caring is based on the natural relationship between mother and child, thus it views the human being as an entity of body, soul and spirit [41, 42].

Every human being is in a reflective relationship with others where the sum of the relationships constitutes her life as a member of a community [40, 43]. In this fundamentally human arrangement, love and inner freedom are prerequisites for the realisation of herself as a mother, where freedom is the desire to be oneself through the relationship with the child [44].

The relationship between mother and child is both asymmetrical and mutual and reflects the human condition where the mother is responsible for the realisation of herself in such a way that both she and her child experience genuine existential participation [20, 40].

Freedom and love exist, ready for the mother to use in order to find the direction in her life and carry out the daily tasks required by the children's need for her. When this human

arrangement is forfeited, neglected or offended, existential guilt emerges [27, 40]. The conditions are laid down, while the performance is selected and chosen by the mothers. A guilty conscience is a sign, not only of what has been done, but also of what one has failed to do. The ontological guilt appears as a guilty conscience and as an insight into or knowledge of what kind of life she has lived with her children [7, 27, 40]. Insight is the mother's realisation of her failure to come into existence. It is not only a feeling or a sum of feelings, but a knowledge of the immanence in the human being caused by her/his unique ability to distinguish herself from her participation in the world [40]. The authentic feeling of guilt is of a personal nature and cannot be expressed in universal laws and rules, although it might feel like a relief when transformed into a need for something outside one's inner self [26, 27]. A guilty conscience has its origin in the mothers' lived experiences of the relationship with their children. Ontological guilt is neither banished nor suppressed, but dodged and concealed by the guilty conscience and anxiety for its yet unknown consequences [40]. Anxiety and a guilty conscience appeared as a silent voice from the mothers' inner self where health and suffering meet. The meeting is the source of the ontological guilt and responsibility, which the mother conjured up when viewing down into her own darkness [40, 44]. In suffering the human being senses her/his life's limitations where not only the experiences of her entity are threatened, but also the freedom to participate in the creation of her own life [45].

The mothers' guilty conscience can be understood as the silent voice that emerges in their experiences of the bodily and emotional darkness, a call from their inner self to preserve the child's individuality and distinctive characteristic, hence dignity [40]. The call from their inner self became stronger and more unpleasant the more the mother withdrew from the world. According to Buber [40], the origin of suffering is kept out of sight as long as the human being chooses to hide it. The mothers had a guilty conscience, but no insight into its nature and meaning for themselves and their children's lives. The mothers made great efforts

to disperse the darkness by making themselves free to choose their own way in life. In this approach, suffering as a path to health is understandable, where resistance becomes a power [45]. According to Gadamer [46], resistance is the power required for gaining wisdom about oneself, because the power is in a relationship with itself. At this point, the human being is in a movement from captivity in anxiety to where the possibilities in viewing his unknown 'self' lie. [40]. It might be in dark withdrawal that the mother's coming into existence in health is manifested by a search for her "inner self" [47]. Withdrawal from the children and others might be a flight from her inner self, but can also be a discovery that the darkness of her world offers a possibility to go on living [40, 45]. The mothers stand before an encounter with their inner self, where the longing for and doubt about their inner self struggle side by side. The doubt is based in the mother's flight from her inner self and might cause unbearable suffering if she does not receive confirmation from a concrete or abstract other. The becoming in suffering is dependent on someone who sees and understands the doubt and withdrawal as powerful movements at health's disposal [43]. The effort involved originates in the human being's longing for achieving her possibilities, encountering her inner picture of herself and creating herself in accordance with it [47]. In the deep confrontation with oneself, the human being enters into ontological guilt where she can start the heart-searching of her own darkness [40, 48]. Nilsson [49] refers to the feeling of anxiety as a form of loneliness in which the human being is in confrontation with her inner self. Koskinen [48] revealed how the human being who listens to her inner self discovers guilt as a relieving power. The instant at which the human being recognizes herself as guilty is outside both dialogue and monologue [40]. In this situation, the human being is in a total bodily and spiritual experience of herself. The mother's withdrawal into the darkness might be seen as a flight, but can also mean a lonely, bodily and spiritual experience. According to Buber [40], this is an insight or knowledge, an event of conscience where the challenges of the freedom and love reach the human being. The



one who is guilty and experiences a guilty conscience is one and the same person. At this decisive moment, when the darkness is at its very worst and the suffering seems unbearable, she is under the impression of being at a turning point. Awareness of this fact allows her to illuminate the inner darkness that had been concealed by the guilty conscience and anxiety. This new awareness provides the mother with an opportunity to restore the relationship with herself and her children.

### *Conclusion*

The mothers' experiences of health and suffering were interpreted as a struggle between guilt and responsibility in relation to their children. In the light of the theory of caring science [25-27], the conscience becomes visible as the bearer of the human being's inner ethos of love and compassion, from which the life-giving power of health emerges. Conscience is the road from ontological guilt to responsibility that leads the human being to what is true, beautiful and good in life.

The knowledge that guilt constitutes the core of responsibility may help the mothers to achieve their utmost desire; i.e. a restoration of their relationship with the child. Awareness of ontological guilt as an ethical condition may allow them to fulfil themselves. A caritative caring relationship [20, 50] should be characterized by sensitivity to the mothers' existential situation as responsible for their children as well as recognition of the silent expression of guilt in suffering.

### *Methodological considerations*

There are three quality criteria in hermeneutic interpretation: awareness of one's pre-understanding, the theoretical perspective and the study's inner logical reasoning [23, 51].

This study is both influenced and guided by the researcher's pre-understanding, which is

regarded as a prerequisite for interpretation and understanding. An ongoing dialogue with supervisors and research colleagues provided opportunities for reflection and self-reflection in order to make the pre-understanding visible. The methodological approach highlighted the mothers' experiences of health and suffering in psychiatric care. The philosophical hermeneutic approach seems applicable as it made the mothers' experiences visible on the ontological level by being understood in relation to caring science theory and deepened by means of philosophical theory [25-27, 40]. In the abduction phase, the interpretation process was decontextualized and placed in a dialogue with existential-ontological theory in order to deepen the understanding and reduce bias [40]. The reciprocity of philosophical hermeneutics and the theoretical foundation of caring science may strengthen the inner logic of this study. The hermeneutical fusion of horizons, i.e. the researcher's pre-understanding, the interviews and theory, is illuminated by illustrating the findings with quotations from the interviews and supporting the interpretation with results from other research in the caring science field. However, the interpretation cannot be considered complete, merely more or less reasonable in relation to the evidence provided [51].

### **Authors' contributions**

The first author conducted and transcribed the interviews, interpreted the data and wrote the manuscript. The second and third authors contributed to the interpretation of the data, discussion of the findings and their implications, and were involved in all stages of the research process as well as the writing and final agreement on the manuscript.

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