

# When the magic of motherhood is missing

By Naomi Shragai

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People often assume that childbirth involves a magical moment when the mother is suddenly filled with all the intuitive qualities and unconditional love necessary to create a perfect mother/baby bond.

Sadly, for many women this is not the case, and instead they may have disturbing and negative feelings toward this new being. This can leave a mother desperate and confused - which in turn can have consequences for their child.

Angie, 30, is a teacher from Oxford, who is married with two small sons aged two and three, and two stepsons aged 17 and 13. Her first pregnancy coincided with a time of great change and upheaval. She had just married, taken on two stepsons, moved house, and her husband had gone through a nasty divorce.

She became so physically ill and mentally unstable that she was in denial about her pregnancy - and could not bring herself to read about or even look at pictures of babies. She was overwhelmed and not ready to deal with the demands of an infant.

Angie was fortunate to be referred by her doctor to the Oxford Parent Infant Project (Oxpip), a charity that offers therapeutic help for parents who are struggling in their relationship with their babies, from pre-birth stages to the age of two. Last year Oxpip psychotherapists provided more than 2,000 appointments for more than 250 families across Oxfordshire.

Sue Gerhardt, who founded the charity 10 years ago, is also the author of *Why Love Matters* (Routledge), a book outlining how early relationships shape an infant's brain and nervous system.

She believes that people with early attachment disorders find it difficult to manage their emotional lives and frequently turn to addictions and anti-social behaviour, or develop mental health problems later in life. They may well end up in psychiatric care or prison, where treatment becomes much more difficult and costly, and also repeat the cycle of poor early interaction with their own offspring.

"Parents need to learn to convey an attitude that this baby is a person with feelings," says Gerhardt. "Many parents get caught up in the routine of feeding and changing nappies. It's not about giving the right amount of food . . . a baby has different states of mind and temperament and is brought into being through relationship, and you're actually affecting who they are as a person. That is really crucial."

She recounts one case of a father and his son of 10 months. The man had been in prison and diagnosed with borderline anti-social behaviour, and there was concern about whether he could build a safe relationship with his son.

"He was teasing the child, giving a tractor and then pulling it away. He would be nice and gentle and then say, 'Scare ya!', and then he'd laugh. We worked with him to help him see that he was actually frightening the child. He found therapy difficult. But he did begin to see his son as a person who had feelings and reactions and could be made anxious. In the end, he was no longer scaring the child, and he was able to put himself in the child's shoes."

Gerhardt describes a technique she calls "Watch, Wait, and Wonder", which is designed to help parents become more sensitive to their babies' needs. This involves helping parents to watch their child to understand what the infant is trying to tell them.

Babies have little more than their cries to express their upset, hunger or desire for closeness and parents from an emotionally damaged background may interpret these screams in an irrational way, thinking the baby is angry with them, criticising them, or even hostile towards them. Such parents's response may leave the baby feeling more distressed and insecure - and so the cycle goes on.

Oxpip faces a financial struggle, relying on donations, fundraising and some contract work for local authorities. Families are asked to make only a voluntary contribution towards their therapy, but this covers a very small percentage of the actual costs. Gerhardt hopes that the government will recognise how parents' interactions with their babies underpin so many of today's social problems.

Angie for one believes Oxpip "helped me get through the pregnancy, to face up to the fact that I was having a baby. Linda [her therapist] also helped me understand what the needs of a tiny baby were".

She needed Oxpip's help again with the second pregnancy, when the depression returned with a vengeance and Angie could not hold on to the good feelings she had developed towards her eldest son. "Ben almost became the enemy. I was terrified of him. He sensed that everything had gone awry and he got more upset and I just panicked about what to do with him.

"All the time I thought it best for Ben to go into care, but Linda, day by day, convinced me not to pursue that path. At the same time she made sure Ben was safe; she knew I wasn't sound enough to know if he was safe. I couldn't shop or cook, every meal was a nightmare, it was such a pressure. I lost any sense of mental normality. Changing nappies had become a big deal. I cried about the baby, I didn't want it, I wanted it adopted."

Linda, she says, accepted "that I couldn't stand having a baby, and I felt she really understood". Talking it through helped her to accept her feelings rather than act on them. So, by the time her baby, Alex, was born, Angie was able to bond with her children and find pleasure in mothering.

But she continued to need help.

"I always needed reassurance that I was doing it right. I would always ask Linda, she was very good at making me come out with the answers."

*Some names have been changed. [oxpip.org.uk](http://oxpip.org.uk)*

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