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SingHealth

Ghosts in the nursery in Singapore - how repressed memories shape familial relationships and influence mental health through generations

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Introduction

In the span of 60 years, Singapore has seen tremendous change and development as a society, establishing itself as a first world nation in terms of healthcare and quality of life, leading Asia on the United Nations Human Development Index. With the shift to westernized influence, families have had to grapple with intergenerational differences in perspectives of caregiving and interpersonal relationships. Although filial piety is a highly valued construct and forms an integral part of parent–child relations even in adulthood[1], in a culture influenced by a combination of interdependence-oriented Eastern values and independence-oriented Western values, there is often tension between valuing the exertion of parental authority and recognizing the merits of parenting approaches that prioritize children's sense of autonomy[2]. In the older generations that lived through the tumultuous years following the Japanese occupation, livelihood struggles would seep into family life, with children learning to be quiet, and not ask for their needs to be met lest it burden their parents more. When they then become parents themselves, the embodied trauma memories resurface and the awakened ghosts threaten the fabric of familial peace.

Aim

This study of two case stories aims to examine 1)how unresolved psychological conflicts shape caregiving, and influence maternal-child intergenerational relationships, and 2) how cultural influences interplay in the meaning of intergenerational trauma

Method

A narrative exploration of two patients' lived experience of how repressed conflicts from their motherhood resurface as they become grandmothers, and how perspectives have shifted across generations. This study is conducted following institutional ethical guidelines, with written informed consent for case studies.

Case study 1

Mdm L had hoped that at the age of 74years, she could be peacefully retired and enjoying her grandchildren. She had been receiving treatment for depression since her late forties', much of it related to the strain of coping with the shift to info-technology and computerisation as a teacher. Her depression resurfaced when she became a grandmother at the age of 60yrs, for repressed memories of her own motherhood struggle were triggered as tension arose over the care of her grandson. Her daughter-in-law's mother had visited from Hong Kong, and had high expectations of care arrangements, and Mdm L felt increasingly side-lined even in her own home as her son and his family were living with her. She kept quiet to maintain peace in the household, for she felt intensely the guilt and shame of how she had almost thrown her son and taken her own life when she had to return to work just two weeks after giving birth and was exhausted – back then, maternity leave was a luxury not guaranteed because of tight manpower in the school system. She had often wondered if her inability to give him a sibling, and to nurture well had led him to be somewhat self-centered, and unable to empathize with her suffering. After her husband passed away, she hoped that by allowing her son to take over her property, and rebuild the family home would somehow heal the hurts, and keep them close. Even as she dealt with the pain of her grief, her son kept a blind eye to her daughter-in-law and her mother's coldness toward her – she could no longer cook in the kitchen, and mostly spent time in her own room or in the garden with her plants. As she processed these painful memories and experiences in therapy, Mdm L learnt to forgive herself, and accept that she too had been traumatized by a system that lacked compassion for new mothers in teaching profession. She found peace in focusing on the relationships she had with her grandchildren, for she had helped in the caregiving as was common in an Asian multi-generational household, in fact more often it was her that attended to their needs, than the other grandmother who only visited twice yearly. She also came to accept her son for who he was, letting go of her longed for wish for his filial piety towards her, keeping mindful of her expectations.

Case study 2

Mdm E's longed for healing with her daughter, accepting the repeated cycle of emotional abuse and temporary reconciliation. She bore the burden for having been herself abusive toward her daughter when she struggled with postnatal depression, and now entering her old age at 65 years old, feared losing her granddaughter's love too. She had experienced much childhood adversities for her own parents had divorced, and her mother had remarried twice. Her first stepfather was kind but he passed away just after a year, and her second stepfather turned out to be abusive, molesting her a few times till she was 14 years-old. Her mother did not believe her, so she left home and got married early. But her first husband betrayed her, and left her soon when her daughter was just under 3 years-old. As a young single mother, she soon fell into depression and those early years with her child was tumultuous. She remembers with much guilt and shame how she had attempted suicide by jumping and taking an overdose, some of these episodes witnessed by her daughter. She sought help for depression when she was 46yrs-old, with hopes to repair the relationship with her daughter. They would have conflicts followed by cold war – her daughter told her of her memory of being chased around the house with a knife by Mdm E, and having her head dunked into a basin of water when she misbehaved as a teen – Mdm E herself remembered little of these. When her daughter became a mother herself, she became emotionally dysregulated, and would lash out with anger at Mdm E for perceived lack of support. Despite Mdm E helping to provide caregiving for her grandchildren regularly, and supporting childcare placement, her daughter remained cold and accusatory towards Mdm E. It would appear that her daughter had experienced complex trauma. Therapy involved holding Mdm E in her role as grandmother, as she learnt to live with her fear that her daughter might cut off contact with her grand-daughter, whom she loved particularly.

Discussion & Conclusion

The narratives illustrate themes of maternal sufferance, core separation sensitivity, shame and integrity versus despair.

The mother's representational world is shaped by her own past history, and the narrative coherence with which she makes sense of her experience[3]. Mdm L's representational world incorporated a distortion[3] of her son as beyond blame for her narrative was herself as the mother who had failed him, and the sense of shame[4] kept her in a position of quiet resignment even as she experienced maternal distress[5]. For Mdm E, the dominant theme of her narrative was that her own child had become too powerful, wielding a control over her life, and difficult to contain. Her retreat was to a position of despair[6], for she was fearful of losing her grand-daughter. Both mothers demonstrated separation sensitivity[7] – they desperately longed for repair of the longstanding rupture with their children, but their children belonged to a generation which did not endorse filial piety as significantly as they did.

The case studies provide understanding of the chasm between generations in viewing motherhood, enabling empathic validation of patients' lived experience, to support them in later years when familial relationships take precedence in needs. The ghosts of the nursery, the repressed memories, can haunt mother-infant relationship, repeating old cycles of neglect or fear[8] , whilst therapy brings to light these influences, thus helping to shift the narrative to strengthen angels in the nursery[9] for the family. The grandmothers stayed present for their grandchildren and became their angels, thus dispelling the power of ghosts through the generations.

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