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TRAJECTORY EXPERIENCE OF MOTHERHOOD

Abstract. Motherhood, which includes the process of becoming and being a mother, is understood as an institution or as personal experience, and both these perspectives are interdependent. The institution of motherhood, which is necessary for the functioning of societies, shapes women's living conditions, influences their choices, frames desirable behaviours, gives the highest priority to the social role of the mother, and limits women's identity to a single dimension. The experience of women-mothers is juxtaposed with the idea of sacrificing oneself for the good of another human being. The stories of motherhood analysed for the purpose of this article were published on the fanpage *Żałuję rodzicielstwa [I regret parenthood]* and clearly indicate that being a mother can be a trajectory experience associated with overpowering suffering. Women's experiences were inscribed in the subsequent phases of a trajectory process identified by F. Schütze and G. Reimann, and the reflection on those experiences leads, among other things, to the conclusion that both mothers who have undertaken biographical work on their own experiences, as well as those who have not done so, most often organise their further life with the trajectory in the background, without fundamentally changing their personal situation.

Keywords: motherhood, auto/biographical experience, trajectory, work on trajectory experience.

1. Motherhood as a social role and experience

Motherhood is a concept that should be analysed in the biological, socio-cultural, psychological, pedagogical or legal context (Karwowska 2007: 38). It can be defined as the attribute or a state of being a mother, but also the process of becoming a mother, including the time taken to prepare for the new role¹, the period of pregnancy, labour, childcare and the education of the child (Lesińska-Sawicka

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¹ Preparation for the role of a mother may include the process of shaping maternal attitudes in the course of socialisation and upbringing. The observed patterns of behaviour of women-mothers build ideas about motherhood, provide information about the range of duties, shape skills (e.g. baby care) and indicate ways of fulfilling this social role. Preparation for the role of a mother can also entail preventive reproductive health or medical procedures when a woman plans to have children or opts for assisted procreation.

2008: 29). The term “mother” is used to refer to a woman who is a parent – one that has given birth to a child and is bringing the child up. The two conditions formulated above (giving birth and raising a child) do not always appear together, which is why the term “mother” is complemented with the adjectives: “biological”, “adoptive” and “surrogate”, indicating the formal and legal relationship with the child.

Motherhood can be seen both as an individual experience of a woman and as a social institution (Rich 1976). These two perspectives are closely intertwined. Due to biological predispositions, as well as skills shaped in the course of socialisation, motherhood is a natural state for women, and one that is positively valued in society and, therefore, all women are subject to the obligation to assume this role, i.e. the “imperative of motherhood” (Budrowska 2000: 14). The naturalisation of women² strengthens the claim that motherhood is their essential biological and social role (Gawlina 2003: 34), a task, a vocation or even an obligation that entails sacrificing oneself for the child and the family; it also determines and restricts the space of women’s activity to the private sphere (whether temporarily or permanently). The need to have children and the innate ability to care for children is explained by invoking the maternal instinct (cf. Budrowska 2000: 18 et seq.), while the strong emotional bond with the child, the responsibility for and care of the child, as well as the service to another human being, is explained by invoking maternal love (cf. Badinter 1998). Despite the fact that the image of women-mothers and motherhood has changed over the centuries (Bartkowiak 2015), social awareness and public discourse are dominated by narratives that affirm motherhood, thus reinforcing and reproducing certain stereotypes that arise directly from the ideal vision of motherhood and the model of a “good mother”. They primarily show the positive aspects of the motherhood experience; accompanied by happiness, a sense of personal fulfilment and satisfaction with caring for the child, whose smile rewards all the worries and compensates for the effort. Being a mother makes the life of a woman more meaningful, while taking up new activities changes the values that guide actions and priorities in life. As soon as a mother takes on this new role, she gives up her old lifestyle without regret, focusing entirely on the child’s needs. On the basis of the universal, rarely questioned truths outlined above, women construct an image of themselves as mothers, and then compare their own experiences with it. The experiences of women-mothers correspond with the behavioural patterns expected by society to varying degrees. Therefore, narratives built on the basis of women’s personal experience are more diverse and reveal many faces of motherhood: from those that are close to the idealised model (cf. Bębas, Adamczyk-Bębas 2011), to those

² The naturalisation of women consists in biologising their existence, and spreading the belief that their participation in society is determined by the laws of nature and dependent on biological factors.

where fulfilment, joy, love, pride and enthusiasm are mixed with fatigue, bitterness, helplessness and fear (cf. Budrowska 2000; Bartosz 2002), right through to experiences dominated by negative feelings, aversion to the child and an overpowering longing for the old life, now irrevocably lost (cf. Rich 1976; Donath 2017). In the case of the latter experiences, women-mothers rarely decide to make a sincere confession³ because, in their own eyes and in the eyes of society, they do not fit into the existing norm, and their inadequate adaptation to the new role is most often explained by a lack of maturity and responsibility, selfishness or, in extreme cases, mental health disorders, such as depression or psychosis (Fejfer-Szpytko, Włodarczyk, Trąbińska-Haduch 2016). The way those women describe how they deal with daily difficulties, their own feelings, the new identity and social expectations has the characteristics of a trajectory experience and will be further analysed as such.

2. Research material

Public discourse, especially that embedded in online space, encourages women to share their difficult experiences related to motherhood. Few mothers bravely discuss their own experiences by revealing their names, while many more women share their experience in this sphere anonymously. One such online space is the public group entitled *Żałuję rodzicielstwa* [I regret parenthood]⁴, founded on 3 November 2018 on social media, following the example of *I Regret Having Children*, created on 9 July 2012. This website publishes anonymous stories submitted primarily by women (to date only one story by a man has been published), both mothers and childless women, who share difficult experiences, thoughts and feelings related to parenthood. In addition to posts (anonymous stories, questions, opinions and messages from readers, as well as information from the group's administrators) and related comments, the website also publishes news and articles on the subject. It should be noted that while the authors of the stories posted on the website remain anonymous, people commenting on posts must take into account that their voice might be recognised by people who know them. Nevertheless, many people express their happiness and gratitude to the website administrators for creating a space to talk about this difficult issue that tends to be tabooed.

Women who share their stories and recall the difficult aspects of their own lives are driven by various motivations (Oleś 2008: 39–41). They stress the need to share the lessons of their own experience with others (usually as a warning),

³ One exception included the narratives of women whose difficult motherhood is socially recognised and, as such, they are granted the right to experience the related suffering, e.g. in situations of children with a disability (Lindyberg 2012), underage mothers (Skowrońska-Pućka 2016) or single mothers (Lachowska 1999).

⁴ <https://www.facebook.com/ZalujeRodzicielstwa/> (accessed 25.02.2019).

stress their point of view on a selected issue (e.g. social expectations related to motherhood), want to share their experiences to relieve the mental burden, they seek attention, support or advice, they want to summarise a certain stage in their life or understand past events. Some women see the series of events in their lives as unique, others find a community of experiences by identifying with others in the same socio-cultural context. They reflect on the importance of their principles and values for the course of life, justify their decisions and actions by referring to their own needs or other people's expectations, they name their own feelings, or try to redefine themselves.

In the period from 4 November 2018 (the publication of the first story on the website by the administrators) to 25 February 2019 (the completion of this text), a total of 55 auto/biographical stories from women were published on *I regret parenthood*. Of these, 19 stories were written by childless women, who argued why they did not want to become mothers. Given the diversity of the research material and considering there is a certain community of experience among women-mothers, this text only analyses posts that contained anonymous stories of mothers about their own experience of motherhood. Therefore, 36 out of the 55 stories were finally subjected to analysis. Moreover, it should be noted that the website administrator expresses the reservation that some stories had to be "edited in order to be publishable" because "people often do not write legibly when overpowered by emotions". The difficulty with expressing one's thoughts precisely and presenting the events in an orderly manner may be caused by the strong emotions and suffering that stems from difficult experiences (Rokuszevska-Pawełek 1996: 82; Kaźmierska 1999: 22–23). However, it is not known which stories were changed and how much, whether only small edits were made to improve the legibility of the message or whether the content was interpreted in a certain way. Since the published stories are not free of errors, one can assume that the administrators did not proofread the texts. Based on this assumption, one can, with some caution, treat the analysed posts as auto/biographical material focused on a specific topic (Helling 1990: 16), which reflects difficult, sometimes traumatic experiences connected with motherhood. Moreover, it should be noted that the research material is not free from defects. The stories vary in length (from about 100 to 750 words) and in their degree of detail, the narrative motifs do not always prevail over argumentative and descriptive ones, and the lack of a broader context (fragmented statements) makes it difficult to identify the relationships between significant events in women's lives or to reconstruct the arrangement and relations between process structures or to present the course of individual trajectories. Due to the aforementioned imperfections of the research material, the analytical procedure proposed by Fritz Schütze for autobiographical interviews cannot be fully implemented, as it is difficult, for example, to create the women's biographical profiles. On the other hand, however, the identified weaknesses of the material do not invalidate its cognitive value. The published stories were written voluntarily

and spontaneously, they are emotional and represent an extremely valuable (and, more importantly, non-isolated) voice of women in the discourse on motherhood, which is far from affirmative since it oscillates between ambivalent and negative attitudes. What is common to all stories is that women emphasise their negative feelings about assuming the social role of a mother, about references to an idealised model of motherhood and social expectations. This, when compared with individual experience, leads to disappointment and suffering. The aforementioned stories were created for imaginary audiences and contain strands of events to which women-mothers assign a certain meaning. The socio-cultural context of the created stories is important, as it constitutes their interpretative framework; one can also notice changes in the way of explaining reality over time, as new experiences emerge (Horsdal 2004: 12).

While not all stories contain demographic data, it can be assumed that the range of the authors' ages is 20–55 years. These women usually have one or two children or, less commonly, several children of different ages (the youngest one was almost one year old, the oldest were adults who had already started their own families); they live with the father of the child/ children, another partner or remain single; they live both in cities and in the countryside. Although the women differ in age, number of children, marital status, social status or place of residence, they all focus on describing their own motherhood from the perspective of significant events, trying to understand their experiences, decisions made, changes experienced, as well as their current situation. In the majority of posts, mothers express regret about being a parent, and only a handful have come to terms with the existing, irreversible situation. Motherhood is described in terms of constant hardships, struggle (primarily with oneself, but sometimes also with the child), giving up one's previous life, negatively perceived changes, and slim chances for a positive change in the situation that could provide some welcome relief.

The regret about being a mother occurs at different moments in women's lives and relates to all stages of motherhood (from pregnancy, through baby care, to raising a schoolchild or a teenager, up to the relationship with an adult child). Moreover, the regret is expressed in relation to the narrating woman's current experiences, ongoing or recent events, and it also covers a longer time perspective, serving as a kind of summary assessment of the role that the women have played for many years. The time elapsed between the difficult events and the moment of narrating can be significant from the perspective of reflecting on the experience and, thus, working on the trajectory.

The analysis of auto/biographical stories focused on the experience of motherhood reveals that the dominant form of the women-mothers' activity is to experience subsequent events and to endure the hardships of the current state of affairs. The categorical nature of the situation, the lack of prospect for change and the sense of responsibility entail suffering, which leads to a sense of helplessness and prevents women from taking intentional action. Women-mothers write about the

physical and mental aspects of their suffering. They invoke events associated with pain and unpleasant bodily sensations, as well as difficult emotions associated with things such as regret, sadness or a sense of injustice. When talking about their motherhood, they use terms such as trauma, traumatic experience, nightmare, or misery; they describe it as the most difficult period in their lives, as punishment, imprisonment, burden, a sense of being overwhelmed, a mental breakdown, a sense of discouragement; they think about escaping, leaving everything behind, or committing suicide; or they look for something to help them survive. The presentation of maternal experiences in this way indicates that they take the form of a trajectory (Rokuszevska-Pawełek 2002: 47–49).

3. The trajectory character of maternity experience

The concept of the trajectory framework was developed in research on patients and their companions in the context of health care structures (Corbin, Strauss 1991), and then this category was extended beyond the medical context and described by Fritz Schütze (Schütze 1997: 25–27) as a biographical phenomenon associated with a particular type of experience. This complex, sequential process is characterised by a gradual limitation of the possibility to undertake the planned actions due to external forces, independent of human will (events, circumstances). This causes a growing sense of a lack of agency and control over one's life, the sense that the situation is unpredictable, and that the everyday routine is disorganised, which in turn causes suffering, and also leads to the transformation of identity (Rokuszevska-Pawełek 2002: 71).

The analysed maternity-related experiences describe the difficult, sometimes traumatic experiences of women between the moment of conception and pregnancy to the adulthood of their own children. The women stress the effort involved in becoming and being a mother, the daily effort of struggling with reality and overcoming numerous obstacles; they reflect on the relationship with their child(ren) and others (partner, family, generalised others), and on the work on their own beliefs, their attitude towards the new role and identity. Due to the diversity of the research material, it is impossible to present complete individual trajectories and to compare them, which means that it will not be possible to create a specific model presenting the experiences of all the mothers on the basis of the collected data. However, it turns out that some events or periods of motherhood are difficult for many women and are repeated in individual experiences. A combination of unfavourable circumstances in the life of mothers, difficulties in relations with other people (mostly with the child, but also with the partner and family members), the permanence of the situation and the pressure of social expectations mean that nearly any troublesome and persistent condition can become a source of suffering.

The mother's relationship with her child changes as the child grows and develops, as do the tasks she faces. The successive stages of motherhood, reconstructed from women's stories, show that suffering might be experienced at any time (regardless of the child's age). At the same time, the stories show that the appearance of a trajectory potential in a specific phase of motherhood is related to the development of the trajectory process in subsequent phases because its effect is not inhibited or eliminated (e.g. by other people's support with child care).

The first trajectory reconstructed by women in the context of their motherhood was the conception of an unwanted child and the awareness of becoming pregnant, which resulted from the partner's failure or planned action, his actions involving pressure, blackmail or deception.

I was on the pill. There was a time when I had a slight cold and I took other medicines, too. My gynaecologist alerted me that those medicines could affect my contraception and told me to take extra precautions. But how can you influence a man who wants to have kids, how can you make him take extra precautions? He will start finding excuses right away (...) And, above all, he'll see this an opportunity. Yeah, I'm just saying it out loud. He saw this as an opportunity to impregnate me. I know how it sounds (19).

The pregnancy period generated many negative emotions and associated tears. The unwanted child was an intruder in the personal space or personified the changes that would take place in women's lives. Mothers-to-be realised the irreversibility of their situation and found it difficult to accept their condition and themselves in a new role. In the case of planned children, the pregnancy itself was traumatic, as well as accompanying complications, and the mother's concerns about her own health and life and that of her unborn baby.

I got pregnant when I was 19. I got up the duff with my boyfriend. I gave birth when I was 20. I didn't want that baby. Throughout the whole pregnancy I wanted to get rid of what I was carrying inside me (5).

I got pregnant. I can't remember the pregnancy period. People are surprised when I say this. But that's true. A black hole in my mind 'cause this was a traumatic experience for me. I cried every single day (19).

During pregnancy, women may experience anxiety related to the image of labour. During their stay in hospital, women experience a medical intervention into their bodies, and are often not informed about what is happening to them, which is why they do not understand the perinatal procedures. They feel helpless, completely dependent on others, and thus not in control. The unpredictability of the situation, powerful emotions, hours of pain and other physiological symptoms, as well as potential complications, the threat to health and life were a source of traumas. It was also difficult for them to meet their newborn baby when the mother did not feel a bond or any positive emotions about the newborn.

The pregnancy was quite tough, my labour was terrible, very long, there was a threat to my life and that of my baby, but luckily everything ended well, but after the birth we stayed in hospital for quite a long time because of health complications (19).

When my baby was born, I didn't feel anything. There is so much talk that you're going to love the baby once you give birth to it. Yeah, right. I didn't feel anything, I was just glad that the nightmarish labour was over. I was in labour for 12 hours. Seriously, I thought I was going to die (6).

During pregnancy or just after labour, mothers learned about the sex of their baby, thus being confronted with their previous ideas and desires. The fact of having a daughter or son in the context of their specific desired family model led to non-acceptance of the existing situation. Likewise, women expecting their first child, or those who already had children of one sex, may have felt disappointed. Having no dream child, an heir of talents, a continuator of passions, caused disappointment, deep sadness and even rejection of the baby.

I never liked children and never wanted any. But at one point I had a great partner, a stable job and I was almost 40. And I thought this was the moment when I really had to make up my mind. But I was no longer sure. Nobody talked me into it, it was my own idea that it would be nice to have a daughter that I could share my values with, I could show her my hobby (dancing). But I gave birth to a son. And I don't feel anything (8).

Returning home with a baby entailed many changes in the mothers' lives, and those changes did not always affect the babies' fathers to the same extent. The women's physical and social space narrowed down, and their priorities and plans for the future changed. They spent all their time with the baby, who required constant attention, as well as repeated feeding and nursing routines. Mothers intuitively learned to interpret the infant's signals, and that determined their daily routines. The baby attracted all the attention of the surrounding people and its needs pushed women's desires to the background, sometimes preventing them from taking care of their own health, which was not yet back to normal after childbirth, or which deteriorated as a result of the excessive strain on the body. The 24-hour childcare became more strenuous during prolonged periods when the baby cried or screamed or whenever health problems occurred. Mothers were permanently fatigued, both physically and mentally, due to lack of sleep and rest, and because of routine activities, limited personal freedom and the overwhelming responsibility. Social support (from the child's father, the woman's parents or other people) played an important role as a factor that either aggravated the difficulties or helped the women to maintain a fragile balance.

I had a wonderful pregnancy. The worst things came afterwards. And it's not that I didn't know how much time a little baby needs. I lost myself. I feel like I lost my own freedom at that moment. It's as if somebody had clipped my wings (11).

The nightmare was about to begin. My son slept very little... Whenever I wanted to put him to sleep, he would yell. Now imagine a young woman (...) who carries an infant, weighing a few kilograms, for a few hours. Your arms hurt, your legs hurt, your spine hurts. And your ears hurt,

too, because the little one is yelling, even though you give him as much affection as he wants. And you feel you've had enough of him after an hour (6).

As the child grew and developed, activities associated with the physical care of the infant were gradually replaced by activities associated with education or upbringing. Mothers talked about many problematic situations, when their child behaved against the accepted norms. As they struggled to find effective solutions and felt helpless, they sometimes sought help from specialists.

Today he's four years old and has his own opinion on everything. I can't make him respect me, he doesn't listen to me, he doesn't care what I tell him. He does what he wants, and then I'm ashamed in front of people. And they tell me how hopeless I am because I can't handle him (6).

She ignores what I say to her, she talks back, she uses words that I have never used towards other people, and she is only 9 years old. I can see she doesn't care if I'm angry or crying. She can see she's hurting me, but she doesn't give a damn. In the clinic, they told me that it would be over, it's just her age. And she apparently needs lots of warmth and love (...) But what about me, don't I need the same? Can I be called names and be disrespected? (22)

Parenthood does not end with the child becoming independent, which is why women suffered further psychological traumas in relationships with their adult children.

I have a son who will soon turn 30. Problems began when he was around the age of 12. The only time he didn't tell lies was when he was asleep (...) When he was about 15, he started to leave the house for long hours (...) He would kindly return home late at night (...) Today, my son is unable to stay in any job for long. He thinks he deserves everything (...) We can see how our son is going to end up in the gutter, he is falling into alcoholism, but he is an adult, and we want to have some peace of mind after all these years (...) At some point, you feel helpless: we devoted so many years to him, we tried to bring him up, but he gives nothing back. He doesn't respect us, he's nice only when he wants something. When he can't have his way, he gets offended or screams. I'm sick and tired of him (17).

These important events and difficult periods in women's lives resulted from the fact that they assumed the role of a mother but could not find fulfilment in it. The circumstances of their lives caused suffering and remained beyond their control. A detailed analysis of the mothers' experiences enables us to link the overwhelming experiences with the subsequent phases of the sequential trajectory process. It should also be noted that women are at different stages of the developing trajectory process, so the excerpts presented below come from multiple stories. The stories about current situations or past events are extremely emotional and filled with suffering. Those events still evoke strong reactions and indicate that the experiences have not been psychologically "processed" so the trajectories are still developing dynamically. The stories told by women who reflected on past events reveal a certain level of understanding (or sometimes acceptance) of their own experiences; at the same time, they sum up the experiences and indicate the consequences of their life trajectories for their current situation, without a detailed

reconstruction of the previous stages of the trajectory process. Therefore, due to the nature of the research material, it will not be possible to present a sequential biographical trajectory in relation to just one narrative of the experience of motherhood.

Fritz Schütze, in collaboration with Gerhard Reimann, described this biographical phenomenon, indicating its properties, the circumstances conducive to activating the potential, its internal dynamics and the consequences. The researchers distinguished seven successive stages (Reimann, Schütze 1992: 104–106), which can be found in stories about women's maternal experiences.

The accumulation of trajectory potential was initially unnoticed, it proceeded either gradually or under the influence of a sudden, unexpected event. The growing external forces were played down or remained outside the mothers' consciousness, which meant that they did not take any timely or methodical actions to neutralise the threat. The trajectory potential became more dynamic at a time when the women's lives were filled with complications, tensions and contradictions, and they themselves became less resistant to hurt.

In my first relationship, I had a long-awaited pregnancy, but I had a miscarriage. Then we split up. And there was another relationship, with my current boyfriend. I knew right from the start that he didn't want any children, but I felt I could convince him somehow. After all, everyone wants kids, that's what I thought. I kept on at him about pregnancy so he finally agreed but said he wouldn't take care of the baby. I was delighted. After the baby was born, he started disappearing from the house for a few hours a day, several times a week (4).

Crossing the border between intentional and conditioned modes of action occurred when the trajectory potential transformed into a process, under the influence of one event or a series of devastating events. Women realised that external circumstances were beyond their control but framed their lives. The tried-and-tested coping methods ceased to be adequate, causing a sense of feeling lost and confused. Women lost the ability to actively manage their own lives, and they could only react in a manner determined by the circumstances.

I hate how much my life changed since I gave birth to my child (...) I can't fit into the role of a mother (...) Every morning I pray for evening to come. Every minute with my child seems like eternity to me. I've never liked walks, games, fairy tales. My child is demanding, he can't sit still for five minutes, he constantly wants my attention. He cries all the time, and he throws a tantrum when something doesn't go the way he wants it. And I feel discouraged. I do everything carelessly and without joy, because I just don't feel like doing things anymore. I feel like I'm locked up in a cage. Even if I manage to go out alone, the thought of having to go back home is totally depressing. Recently I went with a friend for coffee and I couldn't enjoy it because I kept thinking that I had to go home soon anyway. Go back to my prison (21).

Attempts to achieve a new, shaky balance in dealing with everyday life in the context of a biographical problem were undertaken because of the need to control the reality changed by external forces. Women tried to find a place for themselves in the new situation and work out effective coping methods to mini-

mise their sense of threat and helplessness. They strived to achieve an optimal level of functioning, which required a great deal of commitment and effort given the uninterrupted impact of the trajectory potential, which they could not effectively counteract. As a result, they fully focused on the fundamental biographical problem (motherhood), marginalising all other issues or, alternatively, addressing other issues in order to reduce the importance of the fundamental problem.

After work I walk around the neighbourhood without any purpose because that “relaxes” me, I do a degree programme in another city, it dragged throughout my maternity leave, and I don’t even deny it when my boyfriend says that I run away, to work, to university, and I even do the housework, just to avoid taking care of the baby. Of course, I do all the dirty work, clean up the fish tank, the cat litter trays... You can’t escape from it just like that. I see a psychiatrist, but the problem is that then I’m out of the house and I feel good because I quickly feel good without my child, when I’m away from home. At work, I’m at my best, I’m concentrated, motivated. But at home I’m a crying, sluggish slimy cow (8).

The destabilisation of the fragile balance in everyday life occurred when mothers completely lost control over the situation, repeating ineffective action patterns and trying to cope with the difficulties at any price. Attempts to make their lives seem normal absorbed all their energy, but the problem was too great for them to counteract, so they focused only on part of the problem. The growing chaos generated extreme, inadequate reactions among mothers, which led to a situation where they could no longer trust themselves.

I have a son, he’s currently 8 years old. What he can do to us is beyond human comprehension. I need to point out straight away that we saw many doctors, but they were unable to diagnose anything (...) He responds with contempt, he talks back, he uses words that we certainly did not teach him. He throws horrible fights in shops, at friends’ places, at birthday parties. (...) Neither of us knows how to cope with this. I don’t even know how many psychologists we have seen. The psychiatrist said our son is fine, he only has problems with aggression. I know that myself, I know that all too well. I still remember him kicking his furniture because I banned him from watching a movie. He yelled and kicked his furniture until I gave in. I’m afraid of what might happen in a few years’ time. Neither my husband nor I have the strength to cope, and we are nervous every day. Everyone says it’s the fault of the stress-free approach. That pisses me off because our home has some rules that we agreed on together, but he doesn’t care. Once when I threatened to punish him, he said I wouldn’t do anything to him anyway, and if I do, he’d go to the police and say we were harassing or beating him. And that they will put us in jail. He said it with a smile on his face. (...) At times I don’t want to be alive any more and I really want to put him up for adoption, even though he’s my son. I’m ashamed of that feeling, but I’m totally exhausted (16).

The collapsed structure of everyday life and orientation towards oneself occurred in response to the disintegration of an established pattern of behaviour and the destabilisation of the order of everyday activities, when subsequent chaotic attempts at overcoming the difficulties turned out to be futile. The system orienting the women’s activities weakened and they lost their point of reference as a result. Gradually, they experienced growing confusion, a sense of loneliness and helplessness-

ness towards the crisis which they were unable to explain or resolve. They were convinced that their situation was different, they had a sense of alienation, which added to their suffering, as they had to live in a way that was different from their imagined benchmark. The aggravating crisis intensified the impression that their actions were ineffective and caused inadequate reactions that led to a sense of being alienated from themselves. The women were aware that their situation far exceeded their adaptability and they needed immediate support but, at the same time, they struggled to believe that anyone could help them.

I've had enough of my baby. Every day I feel more and more guilty about not being the mother I'd always imagined I would be. I don't feel fulfilled, I don't sense any instinct or whatever they call it. I'm really fed up with feeling tired all the time. All I hear is crying, wailing and screaming. I can't remember the last time I slept well. I have no right to rest – I feel like my son is following me all the time. I eat with him, I can't go into the bathroom because he starts yelling, I fall asleep with him because he won't fall asleep by himself. I don't have the patience anymore. I once complained to a friend, a mother of three. She said this feeling would go away. When I asked her "when", she couldn't answer. But what terrifies me the most is the responsibility for my son. Sometimes I can barely see anything, but I need to be really alert because he's already able to get where he isn't supposed to get to, he touches things he shouldn't be touching. And I also feel lonely. Sometimes, when I feel really helpless, I sit down and cry, sometimes I shake my son or shout at him all the time, and when things get very bad, I will sometimes tell him how sorry I am that I gave birth to him and how good things were before he was born. I'm fed up with being tired and living in a mess (...) (18).

Attempts at theoretical reworking of the trajectory included its rationalisation, an effort to explain it on the basis of the women's current knowledge of past events, decisions made and actions taken. As a result of the reflection, the mothers tried to understand their experiences and related suffering, which required them to completely redefine their situation. As a consequence of this theoretical work on the trajectory, women either accepted or rejected it.

Today we have a daughter. I'm not gonna tell you how things changed magically with her arrival because this wasn't the case. I didn't feel a sudden warm glow after she was born. I had to learn to love my daughter. It was terribly difficult, but I didn't want her to feel unwanted, it's not her fault (23).

Motherhood makes me tired. I love my child, but I don't like the role of a mother and the fact that I'm always with everything (...) I think that if I hadn't gone back to work, things would certainly be very bad with me. Every woman should have her own world, where her husband and the kids have no access to. Something like that would be a luxury (33).

Practical work on a trajectory involves attempts to gain control over it or free oneself from its influence using a strategy of choice that is realistic under the circumstances: an escape from a trajectory situation, reorganisation of life or organisation of life with a trajectory.

None of the mothers who described their experiences abandoned their families, although many of them admitted having such thoughts.

I feel like running away. Leave everything and everyone behind, and run away from here (18).

Some women's experiences were particularly traumatic for them because the anguish they experienced generated suicidal thoughts.

If I could go back in time, maybe I could have had the courage to end my miserable life much earlier because, despite many situations, I always finally came to the conclusion that I didn't want to cause pain to my loved ones. Now it turns out that this would have been the best solution. My life isn't mine anymore, the baby took everything away from me. The baby didn't do it on purpose, but does it make any difference? (34)

Many of the stories published on the website were written by women facing the challenge of raising a child (children) on their own because the fathers escaped.

My fiancé wanted a baby, but I didn't (...) The baby is one year old today, and I'm left alone. Yesterday he told me something like "it's not how I had imagined it all" and "I have to think a few things over" and he moved out. I'm really pissed off because the truth is he forced me to get pregnant using blackmail. I gave him the baby he wanted so much. If it wasn't for the fact that our daughter is lovely and I really love her, I think I would kill myself (...) And I never even dreamt of being a single mom. I wasn't ready for that (13).

The strategy used by the mothers when working on their trajectory was to reorganise their life situation. As part of this, they undertook biographical work on their own personal growth.

One fundamental thing has changed. I'm back to working full time. My job helps me relax. Sometimes I take overtime so I don't have to go back home too soon. That's true (33).

In many more cases, however, mothers organised their own life with the trajectory, focusing on controlling the dynamics of the process (slowing it down or stopping it altogether), as well as striving to isolate or minimise its harmful consequences.

(...) my little daughter has never felt that I don't like things. On the outside, I seem to be a very committed, warm mother. Many people tell me that. And that's good. That's the way things are supposed to be. Only one person knows that I've never experienced the joy of motherhood (11).

My relatives, whom we don't see very often, don't know anything about my situation, they think everything is OK. I pretend to be a happy wife and mother. My husband doesn't know how I really feel, either, although he often sees me walking around angry and depressed. And he can see that the kids stick to him. Sometimes I think I should leave him with the kids, but I don't want to do that to him because he's a really good guy, a great father, he works hard, and I don't want to leave him alone with all this. Despite all my negative feelings, I love my children (although they probably don't love me back) and I wouldn't want anyone else to raise them. They've already been born into this world, I can't turn back the clock, I gave birth to them, so I have to raise them (29).

The analysis of the maternal experiences of the women whose stories were published in the group entitled *I regret parenthood* allows us to reconstruct the conditions under which their suffering occurred. Since the women's stories are

narrowed mostly to the private sphere, the described difficulties in relationships occurred in a dyad (mother-child), triad (mother-child-partner) or tetrad (mother-child-partner-others, e.g. family members, acquaintances, etc.), fitting into a broader context of social norms and expectations towards mothers. Their way of performing the role of a mother, as well as the relationship with the child, were the source of many unpleasant situations for women. Therefore, what was important was the lack of acceptance for the new role (during pregnancy) and the belief that motherhood is an experience without a deeper sense, one that limits them, inhibits their growth and completely changes their current life and, as a result, such a mother feels alienated from herself and cannot come to terms with the losses she suffers. What also played a role was the woman's previous lifestyle and age (also the age at which she became a mother), as well as her ideas about motherhood and partnership, and her acceptance of social expectations and norms. There was also physical suffering (pain) or inability to satisfy her biological needs (e.g. sleep), a sense of being overloaded with chores and the difficulties experienced in raising the child. Women's stories also contained important motifs related to lack of support from their partner or family, or social isolation.

Given the fragmented nature of the narratives, it is difficult to make any generalisations that could be hypothetically applied to the population of all mothers who regret parenthood. However, two regularities can be observed. The most common configuration of these conditions was the case of a young mother, overburdened with chores, who had not planned her motherhood, but tries to cope with the difficult situations stemming from the presence of her child. She sees the absence of desired outcomes as her own failure and, at the same time, she has no support from her partner or family members. Another set of conditions that are a source of suffering can be seen in narratives told by mature, independent and active women who consciously decide to have a baby (although they are not always fully convinced about it). They enjoy their partners' support in carrying out their daily chores but are unhappy in their new role and cannot accept the changes and limitations entailed by motherhood.

The categorisations outlined above may be relevant for understanding the actual sources of suffering of women-mothers and for supporting their work on the trajectory experience.

4. Closing remarks

A critical perspective on the analysed materials (online posts) enables us to formulate many methodological comments. However, if we assume that the materials are records of significant personal experiences (around the proposed topic), published in a safe space and driven by women's need to articulate them and share their own experience with others, we see unique auto/biographical material, albeit

not without some flaws. The motherhood narratives are written from the authors' current perspective, but they refer to both current and past events. The time lapse does not mean, however, that the stories have been mentally processed and included in biographies as a "baggage" of experience. In fact, the stories often still resonate with suffering that is as intense as in reports of ongoing trauma. The content of many stories points to a currently developing trajectory process that has reached a specific phase, which means that work on the trajectory process is not yet possible.

In several narratives of their lives, mothers likened their own functioning to living in a prison or a cage. Such feelings arose in connection with a lack of freedom in action, no control over their own lives, dependence on others, the resulting coercion and awareness of being involved in a permanent situation, repeated routine activities and a sense of losing their own identity, replaced by being in a constant relationship with the child. Above all, however, the mothers' existence was accompanied by suffering and a sense of loneliness. Mothers could not fit into their new role, could not cope with the burden and fatigue, were not ready for numerous changes, sacrifices and giving up their own desires. They longed for their lost lives but, as time passed, they learned to live under the limitations and organised their lives with the trajectory. Not always happy, coming to terms with their fate, they ultimately fit into the role model of a mother generated by the institution of motherhood.

Bibliography

- Badinter E. (1998), *Historia miłości macierzyńskiej*, transl. K. Choiński, Oficyna Wydawnicza Volumen Liga Republikańska, Warszawa.
- Bartkowiak E. (2015), *Obraz matki i macierzyństwa w przekazach źródłowych z historii wychowania*, "Wychowanie w Rodzinie", vol. XII, pp. 271–294.
- Bartosz B. (2002), *Doświadczenie macierzyństwa. Analiza narracji autobiograficznych*, Wydawnictwo Uniwersytetu Wrocławskiego, Wrocław.
- Bębas S., Adamczyk-Bębas W. (2011), *Doświadczenie macierzyństwa i ojcostwa przez rodziców*, Drukarnia Grafprojekt Paweł Jop, Starachowice.
- Budrowska B. (2000), *Macierzyństwo jako punkt zwrotny w życiu kobiety*, Wydawnictwo Funna, Wrocław.
- Corbin J., Strauss A. (1991), *A nursing model for chronic illness management based upon the Trajectory Framework*, Scholarly Inquiry for Nursing Practice, no. 5(3), pp. 155–174.
- Donath O. (2017), *Żalując macierzyństwa*, Wydawnictwo Kobiectwo, Białystok.
- Fejfer-Szpytko J., Włodarczyk J., Trąbińska-Haduch M. (2016), *Rozpoznanie sytuacji matek małych dzieci w temacie depresji poporodowej i zaburzeń nastroju*, "Dziecko Krzywdzone. Teoria, badania, praktyka", no. 15(3), pp. 91–116.
- Gawlina Z. (2003), *Macierzyństwo jako wartość w kontekście przemian*, "Roczniki Socjologii Rodziny", Adam Mickiewicz University Press, Poznań, vol. XV, pp. 33–45.
- Helling I. (1990), *Metoda badań biograficznych*, [in:] J. Włodarek, M. Ziółkowski (eds.), *Metoda biograficzna w socjologii*, Państwowe Wydawnictwo Naukowe, Warszawa.
- Horsdal M. (2004), *Ciało, umysł i opowieści – o ontologicznych i epistemologicznych perspektywach narracji na temat doświadczeń osobistych*, "Teraźniejszość – Człowiek – Edukacja", no. 2, pp. 9–29.

- Karwowska M. (2007), *Macierzyństwo wobec dziecka niepełnosprawnego intelektualnie*, Wydawnictwo Uniwersytetu Kazimierza Wielkiego, Bydgoszcz.
- Kaźmierska K. (1999), *Doświadczenia wojenne Polaków a kształtowanie tożsamości etnicznej. Analiza narracji kresowych*, Wydawnictwo Instytutu Filozofii i Socjologii PAN, Warszawa.
- Lachowska B. (1999), *Samotne macierzyństwo*, [in:] D. Kormas-Biela (ed.), *Oblicza macierzyństwa*, Redakcja Wydawnictw Katolickiego Uniwersytetu Lubelskiego, Lublin.
- Lesińska-Sawicka M. (2008), *Późne macierzyństwo: studium socjomedyczne*, Wydawnictwo NOMOS, Kraków.
- Lindyberg I. (2012), *Świat(y) "upośledzonego" macierzyństwa*, Kraków.
- Oleś P. (2008), *Autonarracyjna aktywność człowieka*, [in:] B. de Barbaro, B. Janusz, K. Gdowska (eds.), *Narracja. Teoria i praktyka*, Wydawnictwo Uniwersytetu Jagiellońskiego, Kraków.
- Rich A. (1976), *Of Woman Born. Motherhood as Experience and Institution*, Virago, London.
- Riemann G., Schütze F. (1992), "Trajektoria" jako podstawowa koncepcja teoretyczna w analizach cierpienia i bezładnych procesów społecznych, "Kultura i Społeczeństwo", no. 2, pp. 89–111.
- Rokuszevska-Pawełek A. (1996), *Doświadczenia wojenne Polaków – analiza trajektorii wrzesniowej*, [in:] M. Czyżewski, A. Piotrowski, A. Rokuszevska-Pawełek (eds.), *Biografia a tożsamość narodowa*, Katedra Socjologii Kultury Uniwersytetu Łódzkiego, Łódź.
- Rokuszevska-Pawełek A. (2002), *Chaos i przymus. Trajektorie wojenne Polaków – analiza biograficzna*, Wydawnictwo Uniwersytetu Łódzkiego, Łódź.
- Schütze F. (1997), *Trajektoria cierpienia jako przedmiot badań socjologii interpretatywnej*, "Studia Socjologiczne", no. 1, pp. 11–57.
- Skowrońska-Pućka A. (2016), *(Przed)wczesne macierzyństwo – perspektywa biograficzna. Diagnoza, pomoc i wsparcie*, Wydawnictwo Naukowe Uniwersytetu im. Adama Mickiewicza w Poznaniu, Poznań.
- Żałuję rodzicielstwa, <https://www.facebook.com/ZalujeRodzicielstwa/> (accessed 25.02.2019).

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TRAJEKTORYJNE DOŚWIADCZENIE MACIERZYŃSTWA

Abstrakt. Macierzyństwo, które obejmuje proces stawiania się i bycia matką, ujmowane jest jako instytucja lub osobiste doświadczenie, a obie te perspektywy pozostają ze sobą w zależności. Instytucja macierzyństwa będąca tworem niezbędnym dla funkcjonowania społeczeństwa, kształtuje warunki życia kobiet, wpływa na ich wybory, wyznacza ramy pożądaných zachowań, nadaje najwyższą rangę roli społecznej matki i zawęża tożsamość kobiet do jednego wymiaru. Z ideą poświęcenia siebie dla dobra drugiego człowieka konfrontowane są doświadczenia kobiet-matek. Analizowane na potrzeby niniejszego tekstu historie dotyczące macierzyństwa opublikowane zostały na fanpage'u Żałuję rodzicielstwa i w jednoznaczny sposób wskazują na to, że bycie matką może być doświadczeniem trajektoryjnym, związanym ze zniewalającym cierpieniem. Przeżycia kobiet wpisane zostały w wyróżnione przez F. Schütze i G. Reimanna kolejne fazy procesu trajektoryjnego, a refleksja nad nimi prowadzi m.in. do wniosku, że zarówno matki, które podjęły biograficzną pracę nad własnymi doświadczeniami, jak i te, które tego nie zrobiły w konsekwencji i tak najczęściej organizują swoje dalsze życie z trajektorią w tle, nie zmieniając zasadniczo osobistej sytuacji.

Słowa kluczowe: macierzyństwo, doświadczenia auto/biograficzne, trajektoria, praca nad trajektoryjnym doświadczeniem.