"WOMAN IS SYNONYMOUS WITH CARE": THE TRAJECTORY OF MATRIARCHAL FAMILIES AND CHILDREN'S EMOTIONAL DEVELOPMENT

"MULHER É SINÔNIMO DE CUIDADO": A TRAJETÓRIA DE FAMÍLIAS MATRIARCAIS E O DESENVOLVIMENTO EMOCIONAL INFANTIL

"MUJER ES SINÓNIMO DE CUIDADO": LA TRAYECTORIA DE LAS FAMILIAS MATRIARCALES Y EL DESARROLLO EMOCIONAL DE LOS NIÑOS

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ABSTRACT

Childhood and its early experiences have received significant attention in psychological studies, particularly due to their influence on human development. Winnicott, in his studies, argues for the importance of the environment in an individual's maturation, especially in the early years of life, paying close attention to the mother's role in this process. This interpersonal relationship is highlighted in various discussions regarding child development and the implications of a satisfactory dyad relationship. However, the issue of motherhood poses a constant challenge in the lives of many women, immersed in social, political, historical, and economic contexts, which reinforce gender stereotypes based on a transgenerational collusion in the reproduction of these roles learned within the family environment. Sometimes, the sexual division of labor distances women from social interaction and positions them solely for caregiving, where their personal needs are sacrificed for the sake of the family environment, a topic discussed through the notion of "feminine ethics." In this context, it is important to discuss how this narrative of feminine space impacts the lives of women of different ages, who may take on this role of caregiver even in childhood or adolescence. To contribute to this discussion, this chapter analyzed the cases of two families who were treated at a Basic Health Unit by the Psychology team. The objective was to explore how this social phenomenon affects these women's inner selves and how it intertwines with their family relationships and society. By analyzing families with daughters of different ages and backgrounds, it becomes possible to understand the intersections of a single sociopolitical issue, which intersects with the psychic dynamism of different individuals. It was possible to touch on the meaning of the mother-daughter bond, along with the difficulty

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in breaking this bond. Furthermore, we understand being a "mother" as being a sensitive caregiver, a skill that depends on symbolic and material conditions and is not a natural or exclusive task of women.

Keywords: Mother-Child Relationships. Gender Roles. Child Care.

RESUMO
A infância e suas primeiras experiências têm recebido grande foco dentro dos estudos psicológicos, especialmente em razão de sua influência sobre o desenvolvimento humano. Winnicott, em seus estudos, sustenta a importância que o ambiente exerce no amadurecimento de um indivíduo, em especial nos primeiros anos de vida, dando grande atenção ao papel da mãe nesse processo. Essa relação interpessoal ganha destaque em diversas discussões que tangem o desenvolvimento infantil e as implicações que uma relação satisfatória da díade proporciona. Contudo, a questão da maternidade se dispõe como um desafio constante na vida de diversas mulheres, estando imersa em conteúdos de ordem social, política, histórica e econômica, dos quais são reforçados estereótipos de gênero a partir de um conluio transgeracional da reprodução desses papéis apreendidos em ambiente familiar. Por vezes, a divisão sexual do trabalho afasta a mulher do convívio social e a posiciona apenas à função de cuidado, onde suas necessidades pessoais são sacrificadas em prol do ambiente familiar, o que é discutido a partir da noção da "ética do feminino". Nesse contexto, mostra-se importante a discussão sobre a forma em que essa narrativa de espaço do feminino impacta na vida de mulheres de diversas idades, que podem assumir essa função de cuidadora ainda na infância ou adolescência. Para acrescentar a essa discussão, este capítulo analisou os casos de duas famílias que foram atendidas em uma Unidade Básica de Saúde, pela equipe de Psicologia. O objetivo foi explorar a forma como esse fenômeno social afeta o íntimo dessas mulheres e a maneira como isso se entrelaça com suas relações familiares e a sociedade. Ao analisar famílias com filhas meninas de distintas idades e histórias, faz-se possível compreender as intersecções de uma mesma questão sócio-política, que se encontra com o dinamismo psíquico de diferentes indivíduos. Foi possível tocar o sentido que há entre a ligação mãe e filha, junto à dificuldade em romper este vínculo. Ademais, compreendemos o ser "mãe" como ser um cuidador sensível, habilidade que depende de condições simbólicas e materiais, não se tratando de uma tarefa natural ou exclusiva de mulheres.

Palavras-chave: Relações Mãe-Criança. Papel de Gênero. Cuidado da Criança.

RESUMEN
La infancia y sus primeras experiencias han recibido una atención considerable en los estudios psicológicos, en particular debido a su influencia en el desarrollo humano. Winnicott, en sus estudios, defiende la importancia del entorno en la maduración individual, especialmente en los primeros años de vida, prestando especial atención al papel de la madre en este proceso. Esta relación interpersonal se destaca en diversas discusiones sobre el desarrollo infantil y las implicaciones de una relación díada satisfactoria. Sin embargo, la maternidad plantea un desafío constante en la vida de muchas mujeres, inmersas en contextos sociales, políticos, históricos y económicos que refuerzan los estereotipos de género basados en una colusión transgeneracional en la reproducción de estos roles aprendidos en el entorno familiar. En ocasiones, la división sexual del trabajo distancia a las mujeres de la interacción social y las posiciona únicamente para el cuidado, sacrificando sus necesidades personales en beneficio del entorno familiar, un tema abordado a través del

concepto de "ética femenina". En este contexto, es importante analizar cómo esta narrativa del espacio femenino impacta la vida de mujeres de diferentes edades, quienes pueden asumir este rol de cuidadoras incluso en la infancia o la adolescencia. Para contribuir a esta discusión, este capítulo analizó los casos de dos familias atendidas en una Unidad Básica de Salud por el equipo de Psicología. El objetivo fue explorar cómo este fenómeno social afecta la interioridad de estas mujeres y cómo se entrelaza con sus relaciones familiares y sociales. Al analizar familias con hijas de diferentes edades y orígenes, es posible comprender las intersecciones de una misma cuestión sociopolítica, que se entrelaza con el dinamismo psíquico de diferentes individuos. Fue posible abordar el significado del vínculo madre-hija, así como la dificultad para romperlo. Además, entendemos ser "madre" como una cuidadora sensible, una habilidad que depende de condiciones simbólicas y materiales y no es una tarea natural ni exclusiva de las mujeres.

Palabras clave: Relaciones Madre-Hijo. Roles de Género. Cuidado Infantil.

1 EMOTIONAL DEVELOPMENT AND FAMILY

Childhood and its first experiences have received great focus within psychological studies, especially due to its influence on human development, in addition to the importance in the construction of subjectivity and personality. Understanding the first years of life is essential for investigating the psychodynamic individualities that form the psyche in the most diverse contexts, considering the relationship with society and culture.

Among the various approaches that bring together Psychology, Psychoanalysis stands out for being a vehement theoretical field of studies on the in-depth understanding of psychic processes that begin from birth, covering the entire childhood. The psychoanalytic framework makes it possible to analyze the ways in which early experiences influence a person's somatic and psychic functioning.

As Zavaroni, Viana and Celes (2007) point out, the objective of returning to childhood in Psychoanalysis is not only to remember the events of this period, but to understand how they were structured in the individual's psyche, identifying the impacts, both positive and negative, that these experiences caused. In this context, Sigmund Freud (1905/2016) established the first foundations of psychoanalytic theory, which were studied and expanded by other thinkers later. Another highlight among the aspects studied refers to the formation of the ego, a psychic instance that connects the individual with reality, which is based on early interactions with caregivers and involves the affective bonds established in this initial period of life.

The English pediatrician and psychoanalyst Donald Winnicott emphasized, in his ideas, the complexity of child development and the relevance of the processes that characterize these experiences. His studies support the idea that the environment is for the baby as a facilitator or as a damager, since emotional maturation depends on the relationship of environmental provision experienced since birth (Winnicott, 1945/2000).

Silva (2016) highlighted the formation of a symbiotic relationship between mother and baby at the beginning of life, causing non-verbal communication to be established between the two; Therefore, the mother is the first environment that the baby will need so that he can continue his emotional development. Winnicott mentions the need for adults to provide the baby with a favorable environment, which is good enough, that is, which is capable of providing basic care to the child, in functions that enable the development of the processes of integration, personalization and realization. These processes occur in stages of emotional

development, understood, in Winnicottian ideas, as: stage of absolute dependence, relative dependence and towards independence (Winnicott, 1945/2000).

In children's emotional development, the presence of a sufficiently good mother (understanding the mother as the maternal figure who exercises the initial care), as Winnicott proposed, is fundamental for the construction and consolidation of an integrated and authentic self for the baby. In summary, this maternal function implies offering care adapted to the needs of the baby, initially providing an almost total adaptation and, gradually, allowing tolerable frustrations, which favor the psychic separation and emotional maturation of the individual (Winnicott, 1962/1983). When this gradual distancing does not happen, either due to an excessively intrusive or narcissistic maternal relationship, the child's autonomy begins to be compromised, and may develop prolonged emotional dependence and have difficulties in building future healthy relationships (Bittencourt & Vilhena, 2014).

The development of the *self* encompasses the construction of the Ego, which takes place through interaction with the environment, not being an isolated process. It is important to understand that the Ego, for Winnicott, is configured as a structure that has an innate tendency to integration, which is only updated from the moment the individual is in a sufficiently good environment, as explained above. In addition, the Ego acts as the structure that integrates and organizes the various aspects of the lived experience (Fulgencio, 2014).

In this sense, the baby's Ego can be thought of as an Ego in parallel development to the maternal Ego, and understanding the mother's role in this process is essential to understand the child-adolescent throughout his or her growth. Once again, it is reiterated that the mother (maternal figure) understands the baby's first care environment, she is the one who will allow the entire process of dependence and she is the one who will insert reality, allowing gradual autonomy.

In this path, it is necessary to consider the process of differentiation and separation of the Egos (mother-son) at a given moment in the children's lives, taking into account that there are relevant particularities due to the social constructions of gender when it comes to the experience of sons and daughters. Since Freud, the problems between mother and daughter have been points of questioning to psychoanalysis, and are even part of the structuring framework for the Freudian psyche: the Oedipus Complex, given the notion that the female Oedipal Complex is "solved" if there is a distancing from the figure of the mother.

In an attempt to understand female sexuality, femininity and becoming a woman, Freud (1933/2010) proposes theoretical hypotheses linked to the realization of motherhood and the

envy of the phallus, while Winnicott (1956/2000) develops the concept of primary maternal concern and assigns to the mother the expectation of surrender to care. In this sense, it is imperative to understand the allocation of psychoanalysis as a theory that directs to the maternal figure pre-established functions that until recently have not been questioned.

Understanding and redimensioning the category "women" within psychoanalytic studies, considering historical and sociopolitical contexts, allows a broadening of psychological understandings and, above all, of the aspects of psychic and generational transmissions at the moment they become mothers and, even more, from the moment they take care of female daughters. Iaconelli (2023), in his "Anti-Maternalist Manifesto", emphasizes the risk of taking the notion of "vocation for care" as absolute truth, if the knowledge passed from woman to woman in each generation is ignored, and cultural transmission is taken as something natural to the feminine.

To understand the conception of the mother construct is, therefore, to understand the dimensions inherent in its formation, so that we deal with gender aspects, therefore cultural, social and political, as well as involving motherhood under the veil of unconscious dynamics and family dynamics of its surroundings. Therefore, understanding the dimensions related to motherhood were essential for the present study to be developed.

The cases detailed below deal with the experience of students from a university in the interior of the state of São Paulo, in a Basic Health Unit. The clinical cases reported here were attended by the authors of the chapter and worked on in group supervisions, so that the analyses were carried out aiming at a meeting point between the unconscious and social understandings of what we study about being a woman, femininity and becoming a mother. Patients and their families have fictitious names and all information that can be identified was safeguarded.

2 CASE REPORTS

2.1 THE SILVA FAMILY

In the Silva family house live Joana (56), Cíntia (34), Sofia (13 years old), Bruna (6 years old), Murilo (6 years old) and João (6 years old). Joana is Cíntia's mother and, therefore, the grandmother of Bruna, Murilo and João. Bruna is the triplet sister of Murilo and João, and the boys are genetically identical (monozygotic) and she is genetically distinct (dizygotic). Sofia is the children's cousin and lives with the family, as she is under the care of grandmother Joana. The family has a history of a hereditary syndrome, characterized by a

delay in neuropsychomotor development and neurological impairment, linked to the Y chromosome, affecting boys.

Although João and Murilo did not manifest the clinical picture of the syndrome, the genes associated with it brought complications experienced during birth. Therefore, the siblings are constantly monitored by the medical team, due to cardiorespiratory issues and seizures, unlike Bruna. In the family, the death of other family members as a result of the syndrome was reported, such as Sofia's brother (the children's cousin) and Cíntia (the children's uncle).

Murilo and João were referred for psychological care due to a complaint of agitation and difficulty in following orders, but only Murilo obtained a place for care at the basic health unit. It is from his consultations that we explore this family dynamic.

From the beginning of the process, Joana and Cíntia took turns so that they could be present in the boy's psychotherapeutic process, attending the sessions. Her grandmother, Joana, is a single mother of four children, all from different fathers. She is one of the primary caregivers of the triplets, helping her daughter Cíntia when she needs to be away. She is very willing to take her grandchildren so that they can be cared for, but has a firm and rigorous stance, demanding "good behavior" from them.

Cíntia, in general, differs from her mother in terms of the way she interacts with her children, allowing them to explore the environment without any kind of punishment or threat. She is also very available and committed to the care of her children, rarely being late or absent, in addition to showing a lot of interest in talking at times when she is requested. She is also a single mother and reported a pregnancy without support from her partner, becoming pregnant at a very young age. The children's father was never present, separating from her in the first months of the children's lives, despite visiting them on weekends. Although she can count on her mother's support, Cíntia feels alone and neglected, as she does not have time to take care of herself. He said he was going through health problems that are not being observed, due to the lack of time he has to go to his personal appointments. She also regrets having become a mother so early, getting emotional when she says that she did not live her youth the way she would have liked.

Both women (grandmother and mother) reported an overload related to the children's health care and education, appearing tired and irritable. In addition to a pregnancy without support from the children's father, Cíntia reported that she feels bad for being the "mother who only fights or cares", while in the father's house everything is allowed and they seem

fine. In many cases, Murilo had to miss the sessions due to his mother's difficulty in managing moments of tantrum between him and his brother, or due to medical complications. The mother, grandmother and cousin alternated, taking and picking up Murilo in the sessions, along with the other children, who always accompany them. In the waiting room, Murilo had difficulty detaching himself from his family at times, requesting his mother's presence or encouragement.

Two family sessions took place throughout Murilo's psychotherapeutic process, in which Bruna was present. During the first of the family sessions, Bruna demonstrated a superior communication skills to her siblings, preferring playful and symbolic games. In the second, Bruna interacted little with family members, preferring to play alone and eventually making some comment about her game. At times she joked with her mother, Cíntia, who noticed that her daughter was more alone and insisted on participating in the girl's game. The siblings had a non-verbal language in common, excluding their sister from their interactions. In turn, Sofia, the 13-year-old cousin, spent most of the time without manifesting herself, drawing alone. In relation to Sofia, results of the psychological evaluation from previous years suggested difficulties in approaching, feelings of inadequacy and a defensive posture, which generates withdrawal and affective isolation. In addition, feelings of abandonment were observed, marked by movements of competition for attention in relation to cousins, who were under one year of age at the time.

Bruna, on the other hand, with a different posture from her cousin, encouraged Murilo when he did not want to enter the room, giving hugs and offering to accompany him, while Cíntia remained watching in the waiting room. She participated when Bruna's attempts failed and then the mother started to 'threaten' her son to get him in. Murilo said he was afraid that his mother would leave, while Bruna took him in, saying that this would not happen. Even at times when her brother did not resist entering the room, Bruna would go to the window during the appointments to ask if everything was okay, leaving only when he replied that he was fine.

2.2 ANALYSIS OF THE SILVA FAMILY

In the Silva family, the reproduction of roles learned in relation to the figures of care stands out, which are revealed in the function assumed by Bruna and Sofia, the younger girls, which resemble those of Joana and Cíntia, grandmother and mother. The girls, although in different ways, are responsible for the care of the boys, as well as their families. From a

macrostructural point of view, this is due to the naturalization of the place of women's subordination through which the social machinery operates, in which the maternal function is often perceived as an exclusive task of women (Saffioti, 1976), which cannot be questioned, but must be accepted. With this in mind, in this case, the reflections of the social constructions that link child care only to the female gender are observed, since the mother and grandmother dedicate themselves fully to the children's needs, taking on the exhaustive reproductive and socializing function, being "out of time" for themselves.

Meanwhile, it seems to be expected that Bruna will fulfill the same function in relation to her siblings, playing the role of "mother woman" during the sessions as an escort. Bruna, on several occasions, is the one who welcomes, guides and encourages, but what is seen as a quality by the other, in particular, is her obedience. There is little or no space for the child, of the same age as her siblings, to scream, cry or throw tantrums, on the contrary, she is attributed the responsibility of heroine, since her "mature" presence seems to add efforts to the other women in the family. In addition, she is seen as one who has no difficulties, only responsibilities and duties.

Therefore, gender markers are evident in the different attributions of roles between siblings and the designation of social and generational care imposed on the women of this family. In this scenario, offering listening focused on the family history of these women proved to be fundamental for questioning this social and family heritage, which is experienced as a condition of alienation. This movement is not only a form of understanding that goes beyond the attention restricted to the patient, but also a way of creating a space of care for those who dedicate themselves to caring for others.

Added to this historical characteristic is a specificity in the repetition of the care function, which is marked by the threat of the disease. As Santos and Ghazzi (2012) point out, psychic transmission occurs through what is not said, but moves between generations, as is the case of mourning. During the interviews, Joana and Cíntia brought little information about the impacts of the death of family members due to the genetic syndrome, which was better understood by the information provided by the doctors during the team meetings. In this sense, it is perceived that much of the effort dedicated to the care of the twins is the result of the attempt to avoid the death of those who are not affected by the disease, but, in the words of Cíntia, "carry the gene" and, therefore, have a fragile health condition. Thus, the family dynamics are shrouded in this fog, the fear of losing boys (men) due to the disease

that affects the male gene; carrying out care and protection actions, in addition to having the message that they are fragile and can succumb at any time.

Rodrigues (2025), when discussing the mechanisms of refusal of loss in psychic transmission, suggests a flaw in the elaboration of lack, so that it remains in suspension, that is, not symbolized, but equally inscribed in the descendants of a family. In the case of triplets, death is verbalized without significance, however, curiously, it is what brings meaning to the relationship between grandmother, mother and daughter. From this point of view, in addition to the "dangerous" genes, children also carry the unelaborated grief that prevents them from experiencing life separately from the previous generation. With difficulty in elaborating the loss experienced by other generations, Bruna repeats the function of the other women, while Murilo feels extremely anguished when separating from his mother, since her absence is linked to the feeling of loss (mourning). Not coincidentally, the child says, when resisting at the entrance of the care room, "Mommy is leaving", and who reassures him is his sister by saying: "No, no, she will be waiting for you outside".

From the psychoanalytic point of view, we can think, in particular, how Bruna's emotional development was characterized from the beginning by a relationship that differentiates her from her siblings. We can think about the effects of this differentiation between siblings of the same age and their relationship with care: boys are fragile and carry the genes that can kill them, the girl must be strong to handle everything, including taking care of those who need it.

It is interesting to analyze tripemolality as the starting point of discussion regarding the development of primary aspects of psychic maturation, since, still in early childhood, several processes that are important for the healthy development of an individual are initiated. In Bruna's case, we have a child who, like her siblings, had to share the care offered by her mother. In Winnicott's theory (Winnicott, 1945/2000), the concepts of *holding* and *handling* allow us to think about how this divided view may have influenced Bruna and her siblings' relationship with the external universe. In the first months of life, the mother is a fundamental constituent of the child's psychic universe, offering part of herself so that the baby's approach to the world is done cautiously and gradually, preserving the process of his emotional development. Thus, in the first months of life, the baby's needs and anxieties are promptly met and responded to by the mother, creating in the baby a fantasy of omnipotence that is fundamental for the development of an ego. However, over time, this mother presents gradual failures that allow the integration of the *self* (Winnicott, 1956/2000).

We might think that, given the inevitable division of care for triplets (compounded by the absence of the father), this gradual process of presenting failures may have been accelerated. This fact may have affected Bruna even more, because she is the "healthiest" when compared to her siblings. Perhaps precisely this fact has led to Bruna's predisposition to be more "independent", not because of certain personality traits, but because she requires less care compared to her siblings (taking care of herself). This is visible in the family sessions, in which she participates in a more individualized way, asking for very little attention from her caregivers and siblings, as if she had to preserve them.

Bruna seems distant from her own feelings. Both her mother and grandmother confirm how she is very different from her siblings, that she helps with their care and that she almost never throws tantrums or cries. This fact can be read as some kind of emotional self-regulation of the child, as a positive and affirmative characteristic of Bruna's condition as a "good girl", but there is the possibility that, in fact, this moderate disposition in relation to her own feelings resembles the repression of her needs. As if he were a child who does not want to give work to anyone, because there are others who need it more (his siblings); subjugating their needs to the environment, as in a pseudo-mature functioning (growing to cope), in the modality of a false self defensive functioning. It seems that Bruna lives in a movement that blocks feelings and emotions, like a child who hides being hurt so as not to bother her. Thus, she maintains her position of caring for others while helping the other women in her family in the same way. Bruna exists as a caregiver, just like her mother, neglecting her own well-being for the sake of constantly maintaining the health of others. This role falls as an inheritance that, this time, affects only the women in the family.

In addition to Bruna's current relationship with her family and the way her needs are hidden, it is important to think about the long-term consequences of an experience of submission to external demands. This construction of an idea of the self that does not need care can be harmful, as this false *self* relegates its needs to a place of non-existence. In this sense, this pattern can crystallize as a tendency to live for the other, to the detriment of their authenticity. (Winnicott, 1965/1983).

This aspect is seen in the other women in the family who, as previously said, sacrifice themselves so that the other survives. Such a disposition is not restricted only to this family, but is part of a much larger social condition, which affects women in different layers and in different ways.

2.3 SANTOS FAMILY CASE

In the Santos family house live Milena, João, Regina (mother) and José (father). The mother, Regina, is the main caregiver of the children and the domestic environment. Milena is fourteen years old, she is the middle daughter, João (9 years old) is the youngest; the older sister, Larissa (26 years old) recently left home. Her father, José, works outside the home and spends little time in the family environment, while her mother takes care of the house and also uses it as her workplace, something that is understood by the family as important for Regina to take care of her children full time, including during the period of her job.

Regina sought the service reporting complaints of apathy, discouragement and anxiety from Milena, emphasizing the worsening after episodes of *bullying* suffered at school. In addition, the family had gone through two recent significant losses: the death of the maternal grandmother and the paternal grandfather, which directly impacted the family nucleus. Regina presented herself as a woman quite alone and isolated from other family members, explaining that her mother was the closest family figure, in such a way that her grief for the loss seemed to aggravate Milena's grief. Regina's isolation was present in several moments of the consultations, both in the initial interview, in the consultations with Milena and in the feedback session. What stood out was the desire to assume the nuclear family as its main concern and responsibility, but also as the only bond and space of security. Although he has an extended family living in the same city, there were no contacts with brothers, uncles, cousins, friends, or even paternal co-responsibility.

In her life account, Regina addressed her loneliness as something sad, but also representative of her strength. Facing difficulties alone at one point gave her the status of "warrior mother". On the other hand, in the consultations with Milena, it was evident that the mother placed in her daughter the expectation of all the other bonds that did not materialize in her life, such as counselor, friend and caregiver. At first, her concern for her daughter's well-being was notorious, and she was very willing to help the girl's therapeutic process (she was always the one who took and attended the family sessions). However, as the meetings with Milena progressed, it was possible to better understand the dynamics established in the house, in which the mother also placed in her daughter the responsibility for her own well-being, incubating with her unexpected functions for her age (such as taking care of her mother, taking responsibility for medications, staying up until dawn waiting for her sister), in addition to a high degree of demands.

Milena was a girl of few friends and her social space of coexistence was restricted to school. During the therapeutic process, their social interaction was a sensitive topic to be addressed, considering that in their life situations there were numerous restrictions regarding leisure time, in addition to rare contacts and meetings with classmates outside school. At first, the mother's justification was the fear of the dangers that her daughter could be exposed to, and so on the rare occasions she went out (such as going to ice cream parlors or friends' birthdays), her mother or sister accompanied her. Other contexts began to appear as also prohibited, such as the science fair and other extracurricular activities of the school. Thus, the notion that they formed a "family", that is, a "whole", that "does not like to leave the house" began to appear with intensity. In this sense, it was possible to perceive an unrestricted attachment to the family dynamics, to the point that Milena rarely allowed herself to question, or even disapprove, maternal prohibitions.

In the consultations, Milena presented herself as a friend and partner of the matriarch, understanding her mother's isolation and the needs for company and listening that she demanded so much from her. At first, the understanding character set the tone for most of the patient's statements, even when it brought up extremely uncomfortable situations. As the sessions went by, however, Milena seemed to appropriate her own demands, changing the tone of her speech, bringing points of doubt and questioning, although always verbalizing the maternal side of the situation (as if she had to deal with this side with maturity and autonomy).

At one point, Milena questioned the place in which she was placed inside the house: as "adult" enough for housework and care for her mother, but who, when she was "away from home", occupied the place of a "defenseless child". Together with this perception, we were able to think about the inverted role that she often occupied, since she became, in fact, the caregiver of the house, and not the adolescent who should be cared for. Another significant encounter was when Milena expressed, for the first time, disagreement with her mother's refusal to let her travel with the school, a discomfort that corroborated other questions about her isolation and fear of the "outside world". Milena was then able to show signs that it was possible to be and occupy an individualization and separation from the maternal body, not without pain, but in a reflective process in search of autonomy.

2.4 ANALYSIS OF THE SANTOS FAMILY

When considering the case of the Santos family, one of Freud's ideas comes to the fore, in his text "Family Novels" (1909/2015), in which he emphasizes the growth of the

individual as a process of liberation from parental authority, which is one of the most necessary, albeit painful, results of the course of development. For the father of psychoanalysis, the progress of society rests on the opposition between successive generations. In this sense, it is essential to think about the generational character of the psychic aspects and family conditions, especially because there is, as already said by Freud, a significant portion of individuals who fail in the process of opposition and contrast to previous generations. It is in this failure, then, that we can think about symbiotic maternal relationships and the serious impacts on the emotional development of daughters, girls and women.

From this theoretical panorama it is possible to think about the family dynamics of Milena and Regina. During the therapeutic process, the daughter always highlighted understanding of her mother's attitudes, as well as agreeing with her mother's demands for the justification of the supposed unquestionable respect for the authority figure. For this reason, Milena did not allow herself to seek her emotional liberation, even suffering the feeling of guilt when she looked at herself in the place of opposition to her mother.

In addition to the relationship of understanding and agreement with maternal authority, Milena's responsibility for family care, including care aimed at the mother's well-being, is seen in the dyad. At this point, it is necessary to reiterate the important gender focus for this study, since Milena is entirely responsible for cleaning and cooking services, while living with her brother, who uses his time in *video games* and self-interested activities. It can be said that Milena relives with her brother the dynamic that Regina lives with her husband, in which the common interests, with the house and the family, are destined to women, while men enjoy time for their own purposes.

In the meantime, Renk, Buziquia, and Bordini (2022) discuss the notion of "ethics of care", or "feminine ethics", based on receptivity, relationship, and remembering the care received. From a critical perspective, this construct deals with the moral imperative that requires women to take primary care of the home and children, reproducing the sexual division of labor and the consequent social roles. Furthermore, such ethics implies a certain internalization of responsibilities and, above all, a replication among women of the same family environment. It is in this cycle of remembrance and repetition, therefore, that the reproduction of social gender divisions resides and, mainly, the transmission of the responsibility of care from mother to daughter.

In addition to the gender perspective, the understanding character that Milena assumed should also be thought of from the identification processes that a daughter goes through with her mother. For the girl, the mother from whom she must separate is also the one with whom she must identify herself in order to become a woman (André, 2011). For Freud (1921/2011), identification is the oldest form of manifestation of an affective bond to another person, so that it is this that will provide the basis for the very configuration of an I. In this sense, the symbiotic relationship between mother and daughter strengthens, in this case, the notion of a joint ego, in which feelings are shared and unquestionable, since contradicting them means denying one's own relationship and oneself.

Another important aspect to be analyzed from the generational perspective is the inversion of the roles occupied by Regina and Milena, especially at the moment when the daughter is required to ensure the care of the mother. While Regina demands the girl's attention as her counselor and faithful listener, or when she demands that Milena take care of her medicines and give her massages, the adolescent migrates from the role of caregiver to the role of caregiver. The fluidity of the roles, with the maturation of the children, is to a certain stage expected as a sign of psychic maturity, but it must be questioned when this change starts to make the daughter responsible for the obligation of daily functions (without the permission to demand care from her). In this exchange of roles of mother-caregiver and daughter-cared for, it is understood the extent of what we described above as the "ethics of care", that is, it is not only the women mothers who suffer the responsibilities internalized by this precept, but also the women-daughters, as it is an "ethic" of femininity. Thus, the expansion of social gender roles and the impacts of the sexual division of labor can be understood as strengthened in motherhood, but already pre-existing in women's lives since childhood, including, many times, stimulated by the mother herself to her daughter.

Milena often occupies the space of friend, sister and mother of her mother, which can be understood as Regina seeking in her daughter an extension of herself (a satisfying pleasure of a relationship that has not been experienced in another context), capable of managing her self-care, at the same time that she expects from her daughter an ideal of self, that is, a supposedly perfect daughter with a vast repertoire of tenderness and care (who can accept her mother as she is, without question, an unconditional love).

Freud (1914/2010) explains the narcissistic conceptions involved with the birth of a child, which are structured in phases of narcissism, so that the primary stage is established through narcissistic parental investment, even before birth, bringing an anticipation of the

being (Zornig, 2008), which can be thought of in this study as Regina's expectation of projecting an ideal of the Self to Milena. In this way, the fantasies coming from the mother about her daughter exert important characterizations on the girl's psychic reality, modulating her ideal and her future life. It is also in this sense that the daughter is seen as a resource to find full happiness (Zornig, 2010), placing such a heavy burden on the girl that it is difficult to continue in her affective development process in a calm and safe way.

At a certain point in Milena's therapeutic process, her mother wanted her daughter to use psychiatric medication, due to episodes of anxiety crisis and reports of intense discouragement in the girl. What happened in parallel to this period, however, were sessions in which Milena allowed herself, for the first time, to question her mother's actions and affirm a certain hatred for the maternal figure, assuming her dissatisfaction with the obligations of the house, the irresponsibility of her brother and the difference that her mother treated both. The anxiety attacks happened, according to Milena, at times when she could not express her anger to her mother, and felt "choked", keeping herself more distant from Regina – which the mother translated as her daughter's (unhealthy) discouraged behavior. What was perceived in the therapeutic process was the opposite of a psychiatric demand, but a health movement towards the process of liberation and autonomy. However, when asked about her opinion about the medication and what was going on, Milena said she hoped for the best, not knowing for sure what she preferred, stating only that she believed that her mother was seeking the best for her health, that is, still in the belief that she could be cared for by the maternal figure.

Raphael-Leff (2017) explains the various orientations to vulnerability that mothers suffer at specific periods of their children's development, addressing how a mother can feel threatened by a child's growing and healthy need to differentiate and separate. According to the author, the anguished mother may – unconsciously – resort to more and more attempts to remain as the only source of resources, and may even try to intensively control the child's feelings and appropriate the expression of the *self*. What we see, in this case, is a mother perceiving the signs of maturity and autonomy of her daughter as unhealthy, those that must be treated, because they are beyond her control; There is a huge insecurity of the maternal figure: if she loses her daughter, who will she have?

3 CONCLUSION

Writing a chapter on women and motherhood is, from the beginning, a responsibility and a risk to be taken, given the tenuous character between the understanding of social

phenomena and the blaming of the individuals involved, even more so when the subjects we are talking about are women. In this sense, it is worth reviewing the starting point we have taken: the academic space – in itself that reproduces gender inequalities and the distancing of the population – and psychoanalysis – a theory that, many times, has corroborated the stigmatization of female sexuality, motherhood and becoming a woman. Therefore, this study was produced under perspectives that envision not the guilt and responsibility of women for the ideal upbringing of their daughters, but the understanding of something greater that hovers in our society. The difficulty we often encountered was to capture our judgmental and deterministic gaze, before which we had to renounce many of our supposed analyses.

In this chapter we seek to bring reflections on family experiences, particularly considering the mother-daughter relationship and the depository contents existing in their bonds. In addition to the possibility of identification of the mother with her offspring, which allows growth and autonomy (expression of the true *self*), we have, in the analysis of the cases described here, the predominance of the equivalent between "woman" and "care". Being a woman implies being concerned with the other, submissive in their needs, an aspect that values distancing from oneself (as if looking at oneself were synonymous with selfishness), far from being based on a natural determination, resulting from the social and psychic transmission of cultural aspects related to the sexual division of labor.

It is important to highlight how these psychological processes occur largely due to the environment, and this is an issue more related to historical-social and political aspects than individual ones, despite the fact that they individually cross the experiences of the characters considered here. Corroborating this aspect is necessary, since understanding this phenomenon as something coming only from a psyche is blaming, and may imply that this psychic transmission of the maternal function is personalized and not something that affects the entire social atmosphere that concerns feminine issues.

According to Iaconelli (2015), the identification with motherhood and its relationship with care is not based on a mere nature present in women, but that there are numerous social factors that shape the feminine so that this function is naturalized. In the two cases presented in this chapter, we have examples of Brazilian women subjected to a culture that fosters the prerogative of a predisposition of the feminine with care and sacrifice, in which femininity occurs, in part, through the flagellation of oneself in favor of the other. Because they are immersed in this deterministic conjuncture throughout their lives, it is difficult to propose a rupture with this narrative that accompanies the generations of women in a family, which

leads us to reflect on the possibility that these cases with different histories are talking about the same socio-political issue, which meets the psychic dynamism of different individuals.

The idea of the "vocation" to care finds a way to propagate in the relationship between mothers and daughters, which are observed in both girls, children and adolescents. We see that the absence of a support figure in this task demonstrates that there is no materialization of the triangulation of care, and reinforces a perspective of unilateral accountability, in which women remain in abnegation, suppressing their own needs to the detriment of the other. Even so, the connection of the symbolic umbilical cord is important for mother and daughter, not only in the division of duties imbued in the ethics of care, but also in the power of the union for joint mobilization in questioning this reproduction.

It is proposed, then, the notion of sufficiently good parenting, because, above all, to be a "mother" is to be a sensitive caregiver, a skill that depends on symbolic and material conditions, not being a natural or exclusive task of women. However, for it to be a peaceful function to be exercised, the woman needs and must feel welcomed in her own needs (by her peers, by her surroundings, by the social), she must have felt sufficiently loved so that her security stands out in the care of the other. Believing in yourself brings lightness to what is done, without having to follow an instruction manual, but believing that there is the ability to do what is best for your offspring.

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