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# Interactive narratives in the investigation of the collective imaginary about motherhood

## *Narrativas interativas na investigação do imaginário coletivo sobre a maternidade*

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### Abstract

Considering narration and psychoanalysis as processes of interpreting human experience, a narrative was developed to investigate the collective imaginary about motherhood. It is a fictional story elaborated by the researchers based on their clinical experience with pregnant women. When the interactive narrative reaches a climax, the researcher interrupts the story and invites the participants to complete it. Subsequently, the researcher and participants discuss the addressed topic and their own experiences during the writing process. In the present study, an interactive narrative about a couple which faces the possibility of having a baby with Down syndrome was presented to two groups of undergraduate Pedagogy and Psychology students. The psychoanalytical consideration of the narratives completed suggested expectations of an idealized mother who would accept her child unconditionally despite the implied sacrifice and her own feelings and a strong and protective father, when present. Conceptions of motherhood and its conflicts are discussed.

**Keywords:** Imaginary; Motherhood; Narratives; Psychoanalysis.

### Resumo

*Considerando o narrar e a psicanálise como processos de elaboração da experiência humana, desenvolveu-se um procedimento narrativo para investigar imaginários coletivos sobre a maternidade. Trata-se de uma história fictícia elaborada pelo pesquisador a partir de sua experiência clínica com o tema investigado. Quando a narrativa interativa atinge um clímax a história é interrompida e os participantes são convidados a completá-la. Em seguida, todos discutem o tema investigado e suas experiências durante o processo de escrita. Neste estudo, foi apresentada a dois grupos de estudantes de Graduação - Pedagogia e Psicologia -, uma narrativa interativa sobre um casal que se depara com a*

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*possibilidade de ter um bebê com síndrome de Down. A consideração psicanalítica do material narrativo sugere expectativas de uma mãe idealizada que aceite incondicionalmente seu filho, apesar dos sacrifícios implícitos e de seus próprios sentimentos, ao lado de um pai forte e protetor, quando presente. Concepções sobre a maternidade e seus conflitos são discutidas.*

**Palavras-chave:** Imaginário; Maternidade; Narrativas; Psicanálise.

Since the beginning of psychoanalysis, clinical investigations have been based on patients' narratives in order to understand their emotional experience. Politzer (1975) attributes scientific value to the psychoanalysis by contrasting its empirical approach with the speculations of classical psychology. Furthermore, Politzer recognizes the adequacy of the psychoanalytic method to explore concrete human experiences since it uses personal narratives that are woven from the threads of everyday life. Consequently, according to Politzer, psychoanalysis seems to make a more rigorous attempt than behavioral studies to capture the human psyche in physiology laboratories.

In addition to the Freudian narratives about dreams and symptoms, Benjamin's (1992) conception of the true narrator and Ricoeur's (1998) proposal about narrative identity led to a profusion of studies based on the use of narratives. Some of them focus on the narrative as a process to elaborate life experiences (Bruner, 1990, 2004), while others emphasize its use as a research instrument (Caine, 2010; Frost, 2009; Frost et al., 2010; Melleiro & Gualda, 2004; Paulson, 2010; Riessman, 2008; Vallido, Wilkes, Carter, & Jackson, 2010).

There are also researchers who advise the use of the psychotherapist's narratives as the most reliable record of a clinical encounter (Aiello-Vaisberg, Machado, Ayouch, Caron, & Beaune, 2009; Granato & Aiello-Vaisberg, 2004), subscribing to the ideas of Ogden (2005) and Spence (2003) about the possibilities of conveying the emotional experience to the reader.

Benjamin (1992) focuses on the humanization process, according to which each individual is included in the human culture through the stories of a "true narrator" in allusion to the oral tradition of intertwining ancestral knowledge with personal

experience, as a way of articulating the past, present, and future.

Ricoeur (1999a) points out how we narratively make sense of our life, find alternative ways to resolve our conflicts, and gain recognition from others. A narrative identity (Ricoeur, 1990) emerges from such a process and is continuously woven of the stories we tell about ourselves with the paradoxical result of being the same and yet different in a complex composition of identity and alterity.

Following the same line of argumentation, Bruner (2004) points out the dialectic articulation between narrative and life, through which we narrate what we live and live what we narrate underlining, the cultural construction of what he calls "possible lives". According to Bruner (2004, p.708), "the ways of telling and the ways of conceptualizing that go with them become so habitual that they finally become recipes for structuring experience itself".

The narrative approach has enriched qualitative research, and it has been used in different epistemological and theoretical perspectives in the field of the humanities (Ricoeur, 1999b). Paulson's (2010) study illustrates a methodology that combines ethnographic observations with narrative interviews to obtain a deeper understanding of the experience of getting old. As a participant observer or a co-producer of data, Paulson shared dance classes and life stories within dance groups.

Melleiro and Gualda (2004) invited pregnant women to take photographs of the hospital where they would give birth. Afterward, a co-construction of those visual narratives guided the researchers in identifying the reasons for the increasing anxiety about childbirth. Melleiro and Gualda concluded that the lack of consideration of the patients' beliefs about pregnancy and delivery by the health team was the main obstacle to promoting a collaborative

bond between patients and professionals. Caine (2010) expresses the same idea by recommending a closer participation of the researcher in a narrative inquiry, since one must not only listen to the stories, but also live them along with the patient, thus emphasizing the central role of care in nursing practice.

Vallido et al. (2010) conducted a review study to investigate how the maternal experience can be disturbed by the mother's illness. They elaborated a narrative synthesis to identify common topics among studies addressing a diversity of methodologies, procedures, and participants' illnesses. The results indicate the importance of mothering to these mothers, who tended to blame themselves for their "failures" to protect their children from the symptoms, and were preoccupied to prepare them for their future absence (death).

Frost (2009) and Frost et al. (2010) make a creative use of an interview with a mother expecting her second child. Frost (2009) showed the different interpretive layers that can be obtained using four different models of narrative analysis. Frost et al. (2010) demonstrated the transparency and richness one can obtain when four researchers with different qualitative approaches analyze the same interview and narrate their experiences during the investigation process.

The theoretical and empirical studies cited above stem from different theories and methods in the field of narrative research. According to Riessman (2008), in the context of human sciences, a study can produce narratives that are elaborated by the participants, or they can be constructed by the researcher based on his or her findings or even be created by the reader based on the narratives of a study. Riessman distinguishes three possible ways to define *narrative*: first, as the human process of telling stories - a conception that is aligned with the ideas of Benjamin (1992) and Bruner (2004); second, as narrative data; and, third, as an interpretive process informed by a given epistemological and theoretical perspective -, the narrative analysis.

Our clinical experience with pregnant women and mothers, as well as our studies on the collective imaginary about motherhood, enables us

to recognize the heuristic and therapeutic potential of narratives as a part of the process to elaborate the human experience or as an investigative procedure, or even as the way a qualitative researcher shares his or her study. The psychoanalytic knowledge was constructed in the interface between the stories told by the patients and those created by the psychoanalysts to share their clinical findings.

However, the adoption of a psychoanalytic perspective in scientific research has often been criticized (Frosh & Young, 2008) for treating the associative material produced by the participants as a subjective or personal issue and ignoring the fact that the individual's self is always constructed in a relational world. In addition, psychoanalysts can be questioned about the accuracy of data interpretation since they cannot count on the participant to validate the results, like it is done by patients during psychoanalysis.

Another limitation of a psychoanalytic research would be the unavailability of the participants' biographies, which are usually reconstructed after several sessions of a psychoanalytic treatment. Nevertheless, we uphold the idea that it is possible to access a deep knowledge of how a person deals with a well-defined situation or conflict, if we consider the limits of any interpretation and the plasticity of the human conduct.

In the search of a psychoanalytically oriented method to investigate the collective imaginary about motherhood, interactive narratives (Granato, Corbett, & Aiello-Vaisberg, 2011) were chosen as a way to combine the participants' free associations with the elaborative potential of a narrative. Interactive narratives and the psychoanalysis method share the same inspiration, the possibility of giving voice to the participants and the multiplicity of meanings of a life experience.

### **Interactive narratives as a psychoanalytic approach**

Interactive narratives are fictional stories elaborated by a researcher to investigate a given emotional experience or conflict and are presented

to the participants who can express their feelings through the characters of the stories and their emotional scenario. The plot is only partially developed by the researcher focusing on the conflict in question, but as it reaches a climax, the narrative is interrupted and completed by the participants, who are free to compose their stories individually towards an end. When the story is finished, the participants are invited to discuss the addressed topic, their experience with the procedure, or any other subject they might be interested in.

Once the procedure is complete, the researcher writes an account about the encounter, the group discussion, and his or her personal impressions. As a result, the following will be submitted to analysis: 1) the interactive narrative, whose first part is created by the researcher and the second part by the participants to “answer” the question of the story plot; and 2) the researcher’s account.

Although a psychoanalytical approach enabled us to interpret the narrative material following the basic recommendations (free association and transferential interpretation), we subscribe to the idea that a psychoanalytic study can avoid the risk of providing highly subjective knowledge (Frosh & Young, 2008) by using triangulation (Stake, 2010). Thus, we share the interactive narratives produced by each study with all members of our research group. In the first phase of analysis, the researcher presents each narrative to the research group with the aim of obtaining their impressions of each participant’s material. In the second phase, the researcher organizes the interpretations produced with his or her colleagues so that he or she can interpret the meanings pointed out by this group. In this respect, as qualitative researchers we are interested in singular lived experiences and contexts that can be shared, even if they cannot be generalized, as it happens to be the objective of the so-called hard sciences. Therefore, we interpret the associations that enlighten our comprehension about the emotional experience of the participants, instead of searching for an idea that is shared by all participants.

As a transitional experience (Winnicott, 1994), the interactive narrative develops into a play that articulates internal world with external reality in the same imaginative way as children prepare themselves to life experiences. The final narratives, which are partially produced by the researcher and partially by the participant, point out not only the intersubjective production of data, which is a constitutive element of a qualitative approach (Stake, 2010), but also the dialog between psyche and culture that underlies the constitution of self (Yates & Day Sclater, 2000).

After careful analysis of the individual narratives, we take into consideration all the stories of the group of participants as expressions of a collective imaginary (Giust-Depraïres, 2005) since shared experiences provide a sense of identity to the members of a group, such as a group of students, parents, or professionals in a given institution. Embedded in the social imaginary (Belinsky, 2007), the collective imaginary is constituted by the assemblage of images a group shares, such as their conceptions, expectancies, fantasies, beliefs etc.

Proper consideration of the role of the researcher’s subjectivity in the co-production of qualitative data is paramount to assure the rigor of a study. Furthermore, it is fundamental to take into account that the interactive narrative created by the researcher works not only as a trigger for the participant’s expressions about a dilemma, but also as a communication of the researcher’s ideas about the very same subject. The resulting story is considered an amalgam of imaginative elaborations and for this reason it can be analyzed from different perspectives: individual, collective, or social.

## Collective imaginary about motherhood

Concerning the lack of familiar and social support reported by women who attended psychoanalytically oriented consultations in a Brazilian public health center during pregnancy and post-partum period (Granato, 2004), we considered investigating the imaginary about motherhood to contextualize maternal experience in terms of social expectancies.

Granato, Tachibana, and Aiello-Vaisberg (2011) suggest that a group of obstetric nurses had problems to deal with their patients due to their idealized view of motherhood. Furthermore, the nurses held great fascination with newborn babies, but they were not able to identify with the mothers. Seen as a step toward their dream of becoming mothers, working in the maternity unit of the public hospital proved a different and cruel reality. The nurses found even talking to ambivalent mothers unbearable; they referred those mothers to the hospital's psychologist since they expected smiling mothers who accepted their babies unconditionally, despite poverty, the lack of familial support, or social precariousness.

The study of Granato and Aiello-Vaisberg (2013) reveals significant differences between two groups of undergraduate students (physical education and a journalism students), when they completed a story whose plot was organized around the reason why a mother would abandon her newborn baby right after delivery. The authors argue that in the first group, the impact of the baby's helplessness combined with the low level of maturity (the students were in their first academic year) played a fundamental role in the judgmental tone of the participants' responses and their lack of understanding or even considering the maternal conflict. The journalism students also considered infant abandonment a crime, but most of them associated the mother's behavior with her social or/and mental health conditions. This ability to empathize with the suffering mothers was presumed by the authors as associated with the students' experiences during the course in terms of its disciplines, themes of discussion, and approaches, in contrast with the physical education curriculum. Moreover, the fact that the journalism students were in their last academic year was also considered as a higher maturity level factor.

With the aim of exploring the imaginary of two other groups using interactive narrative, we created a story about a married couple, two professors who became pregnant naturally after a series of unsuccessful attempts to have a baby through assisted reproduction. The occasion was

happily celebrated at the university with their colleagues; however, the cherished dream of being parents was haunted by the possibility that the baby had Down syndrome. Maternal conflicts about being capable of mothering a disabled child were presented as the climax of the story, which was then interrupted, to be completed by two groups of undergraduate students: the first group was comprised of pedagogy and the second of psychology students.

The undergraduate students were selected as participants in order to investigate how people imagine maternal experience and the solution of a conflict before they have to face the same dilemma since they are not parents yet. Furthermore, the collected narratives provided us with questions about how future teachers and psychologists deal with maternal issues today since they will be part of their professional practice.

### **The imaginary of pedagogy students about motherhood**

Twenty-five stories elaborated by a class of female pedagogy students between 18 and 58 years old were collected; the majority was aged around 20 years old. The participants continued the story from where the researcher left off when maternal doubts about being capable of mothering a disabled child arose. The emotional scenario was similarly developed by all participants: The couple, especially the mother, go from an initial stage of despair, frustration, or fear to an intermediate stage, where the parents seek professional help (mainly that of doctors and psychologists) and/or information about Down syndrome and special care (institutions or "special parents") with unconditional acceptance of the special child as the final outcome.

In the beginning, all the stories conveyed ambivalent emotions, combining the happiness of being pregnant with the frustration of not having a "normal" child. Afterward, the mother faced a battle against "negative thoughts", usually attributed to personal and/or social prejudice against the syndrome. It was also the mother who resolved the conflict. The father was generally viewed as



supportive, except for a single case in which the father abandoned the mother right after delivery. In that specific story, the participant wrote that the mother had remarried to a very nice man who assumed the role of father, while the biologic father was blamed for transmitting a defective chromosome. However, that story also subtly refers to Down syndrome as a consequence of repeated assisted reproduction sessions, suggesting that the mother felt guilty about the reproduction treatments.

It is noteworthy that only three participants mentioned abortion as an option as the initial thought of a desperate mother who immediately disregarded this alternative. Three main arguments against abortion were presented: the mother's acknowledgment of her prejudice, the father's enthusiasm about fatherhood, and the fear of future regrets.

During the intermediate part of the stories, all participants emphasized the need for a long and difficult preparation for such parenthood. We can view this phase as an allusion to the complex process of becoming parents, especially that of having child with Down syndrome. After the initial shock, the future parents still have some months before they had to care for the newborn baby. In the narrative elaborated by the participants, the parents would visit clinics and schools for children with special needs and would meet with other parents who had had the same experience, in which "the dream had turned into a nightmare", according to one participant.

The fact that the possibility of Down syndrome was taken as a challenge by most of the participants may be the reason for the emphasis on the preparation phase. Additionally, the educational approach as a pathway to the acceptance of a child with special needs may be peculiar to this group of students since they were studying to be teachers.

The mere chance of Down syndrome seems to constitute a prophecy since 22 participants thought the baby would be born ill. According to the remaining three participants, after the delivery of a healthy baby, the parents felt the family was still incomplete and decided to adopt a child with

special needs. Parental happiness seems to be a corollary of adopting a baby with Down syndrome. One participant wrote, "Now we have the dream family" and another wrote, "Now the family is complete".

In the course of preparation to be parents, the couple concluded that a baby with Down syndrome was "a child like any other"; "they are intelligent, they play, they are loving", or "they are normal". The contact between the parents and professionals, institutions, and other parents had the objective of mitigating anxiety by demonstrating that a special child was still a child. Accordingly, the statement of a participant, that "a baby with Down syndrome is a normal one" could be interpreted as the surprising conclusion that the baby was human. When a disabled baby is equated to a human baby, the acceptance by the couple became all-encompassing, perhaps obligatory, since the parents who had a healthy baby felt compelled to adopt a child with Down syndrome.

This group of stories ends up with proud and happy parents whose journey of acceptance revealed that all life obstacles are surmountable by "unconditional love". We can speculate whether this romantic/idealized outcome is a function of the age and marital status of the group members since they were young, single, and childless, except for one participant who was much older. This participant, who was married and the mother of four children, was the only one who expressed strong feelings about the sick baby through the expressions "creature", "monster", and "anomalous child". Despite her openness about her feelings, a likely consequence of her level of maturity, this participant did not choose abortion as a solution despite serious consideration. Following the collective production, she also preferred a story of unconditional acceptance.

### **The imaginary of psychology students about motherhood**

Thirty-seven stories written by 33 female students and 4 male students were collected. They were longer and more dramatic when compared

with the narratives of the previous group. Furthermore, the participants expressed a special concern about the couple's emotional well-being, especially the mother's feelings, than the baby's and his or her future life. Some stories referred to the mother's initial attempt to deny the possibility of Down's syndrome since she chose not to know the baby's test results. There were many references to abortion and adoption as legitimate solutions to an unpleasant and difficult situation experienced by a couple whose desire was the "perfect family".

As collective productions, the stories convey the imaginary of this group about the couple's reaction to the possibility of a disabled baby, in which the mother's behavior is contrasted with that of the father. The mother tended to be viewed as emotional, insecure, and disappointed, while the father was described as calm, rational, and thoughtful. The preferred end for the story was the parental acceptance of the child even though the mother was sometimes described as markedly ambivalent about having the child; there were some exceptions, however. In one story, the woman decides to have an abortion, and in another she abandons her son and husband. In a third story, the husband "loses his mind" when he becomes impotent after a car accident because his spouse had made him promise not to have any more children since she had a miscarriage. Another story was about an upset father about his spouse's decision to give up her son for adoption. The reluctant father decides to take on full responsibility for the child, leaving his wife.

This group of students seems to see the mother as someone who has great difficulty recovering emotionally, as opposed to the husband. To restore stability, which is interpreted by the participants as acceptance of the child, the couple seeks help of several professionals, institutions, and other parents in order "to learn and to accept". Among the professionals consulted, psychologists are the ones who helped a hesitant mother to accept the idea, except in one case, in which the mother became despondent and decided to abort.

Some narratives refer to feelings of guilt. Two mothers felt selfish about having dreamed about a

disabled child, after they delivered a normal child. The third mother and her husband considered the possibility of being responsible for the syndrome, questioning themselves about whether they were to blame. Moved by repentance, one abandoning mother tried to save her family asking for forgiveness, but her husband did not forgive her. However, the two abandoning fathers never tried to reconstitute their families.

In contrast to the first group of participants, the Psychology students preferred describing parents in as supporters of having a Down syndrome baby instead of adopting a child with Down syndrome after a miscarriage or the birth of a normal child. Nonetheless, in one case, the couple chose to adopt a disabled child, while in the other cases they preferred to adopt a normal or abandoned baby.

The final acceptance of the child is usually followed by a celebration of the parents' unconditional love, which is supported by the family, professionals, and other parents. The birth of a normal child after the acceptance of the syndrome was also common in this group of narratives, as if it were a reward for being good parents. Whenever unconditional love is mentioned, it appears as a successful result of a final battle against prejudice and fear. Prejudice is more frequently associated with its social aspect, that is, the difficult social acceptance of a disabled child, while fear is mainly attributed to the individual, specially the mother.

Two main strategies that led to the acceptance of the child were observed. The first one was the search for professional and personal information about the syndrome, providing the parents with a revelatory experience according to which they discover that children with Down syndrome can be normal, "not different from any other child", "super-independent", or "demanding only some special care". The second was assuming parental responsibility for a child with special needs, represented by the attribution of this state of affairs to God's will. It was noticed that in both groups (Pedagogy and Psychology students) interpretations about the disabled child as a gift from God and the view that acceptance of parental responsibilities are



a matter of spirituality and faith. Aligned with the religious perspective, one of the psychology students explained the parental situation through divine evaluation: "God sent us a child like that because he thinks we are capable of carrying out this task".

Two stories attracted our attention due to their genre since one seems to have a sense of humor, while the other one appeals to the supernatural. In the first case, the participant begins the story following the same pattern as the group - fear and despair followed by preparation and gradual acceptance of the child -, but then the writer surprises the readers by shifting the focus to parental disappointment with a son who will become a soccer player of a rival team in the future. This participant may have chosen to "play" with the researcher about the syndrome, associating the character's "bad choice" with his disability since the story finishes with "nobody is perfect". On the other hand, the participant could have been expressing parental disappointment of having a disabled child in a lighter way - a humorous one -, or even his own discomfort in dealing with this topic.

The second story was creatively constructed to convey the tragedy of having an imperfect baby. The plot was elaborated to allow the reader to experience emotional chaos in a suspense thriller that was actually just a dream, in which the participant writes about poltergeists threatening the life of the couple. When the couple ran away from home, they saw a ghost in the middle of the road. Trying to avoid it, they crashed their car, paradoxically reminding them of their unborn son. At the end of the story, the mother is awakened by an alarm clock, suggesting that all that tragedy was only a nightmare.

### **Motherhood: Choice or destiny?**

After carrying out this study using a holistic approach to the narrative material produced by both groups of participants as an expression of their beliefs, ideas, concerns, fantasies, fears, and ideals that are imaginatively conveyed in that specific moment and place, we noticed that the affective -

emotional elements pointed to the inexorability of motherhood.

Similar to the results of other studies (Granato & Aiello-Vaisberg, 2013; Granato et al., 2011b), the results of the two groups of students investigated seemed to express a collective imaginary (Giust-Deprairies, 2005) rooted in social processes, according to which principles about good mothering, among others, are constructed. The narratives presented in this study illustrate the coercive social and emotional pressure of pregnancy exerted on parents-to-be, but with a special emphasis on women. When the mother experiences feelings of guilt and duty, she has no other alternative left but to accept the baby. Spiritual forces, egoism, prejudice, the view of a Down syndrome baby as a normality, and unconditional parental love; all of these arguments seem to be mentioned by the participants to justify the presumed destiny of the mother in the story.

Melleiro and Gualda (2004) and Calvasina, Nations, Jorge, and Sampaio (2007) studied mothers whose feelings were given voice after compliance with a medical discourse according to which they were either not considered agents of motherhood or responsible for their children fragilities, respectively. The present study seems to ratify the conception of the maternal figure as someone with limited choices whenever the existence of a child beckons on the horizon. Granato and Aiello-Vaisberg (2011) recently had the opportunity to hear maternal testimonies in a context of social precariousness, where the "real motherhood" was contrasted with "expected motherhood", despite the context of poverty, abandonment, and domestic violence.

What is behind the denouement of the participants' narratives? Is the unconditional acceptance of a child an expression of an ancient Judeo-Christian moral orientation and its inherent feelings of guilt? Or could it be interpreted as a demand made by an imaginary child with whom the participants seem to be identified?

There are differences between the two sets of stories in this study that reveal some peculiarities about each group of participants. The tendency to

take care of a special child once the disability is known, even as a possibility, is stronger among the pedagogy students, with few allusions to abortion or giving up the child, as well as the unanimous happy ending with the birth or adoption of a disabled child. In this case, motherhood is viewed more as a fate than as a choice. However, a particular element of this group captured our attention with respect to misinterpretation of what was supposed to be the possibility of having a baby with Down syndrome and not the certitude thereof. The consequence of such a behavior is that even when the baby is born without the syndrome, the family chooses to adopt a disabled child, moved by guilt or a sense of duty. This group of stories unexpectedly shows how a moral code evolves into a duty or a mission and continues this way until becoming an authentic choice.

Concerning the group of Psychology students, it was observed more realistic narratives in terms of references to abortion, giving the child up for adoption, and abandonment, as well as strong, ambivalent feelings that engulf the mother when she is warned about the possibility of a disabled child. The emotional emphasis of this group of students may be related to their career choice and the tendency to focus on the emotional aspect of human experience. While these narratives were vividly described, focusing on the mother's emotional experience, described as intense and disrupting, the father figure is considered calm, reassuring, and responsible. Since the majority of the participants were young women, is this disparity a mirror of what happens in real families or it express a desire for a partner who takes responsibility for emotional balance? Why did these women students view the man as the strong person in the couple? Did they still hold patriarchal values, according to which male power is contrasted with female weakness?

On the other hand, the group of psychology students suggested different solutions to maternal ambivalence, avoiding unanimous acceptance of the child. Some strategies used to avoid an idealistic denouement were the birth of a normal child after inner acceptance of disability, the adoption of a

normal or abandoned child, a nightmare about the tragic consequences of Down syndrome, and devotion to the Down syndrome cause without the adoption of an affected child.

Both groups considered professional help as access to information that paves the way to the acceptance of giving birth to a child with Down syndrome. The group of psychology students made numerous references to the search of a psychologist as a pathway to maternal acceptance of the child, regardless of the mother's needs, which were never even mentioned. Although Badinter (2010) points out that the maternal role is currently under debate, the present study discloses the wish of a devoted mother (Winnicott, 1992) who is willing to face any risk or suffering to protect her child. Aligned with this point of view, Vallido et al. (2010) highlights the importance of the mother's role in the life of women with chronic diseases. Until the end of their lives, these women devoted themselves to protect and prepare their children for their mother's death. Between desire and duty, choice and fate, the imaginative productions collected in the present study point to the human need for the acceptance and love of others, as well as intolerance and prejudice against a mother who "rejects" her child. The intense reaction against a woman who dares to renounce or refuses motherhood is probably rooted in our primitive emotional experiences of dependence, helplessness, and precariousness.

## Final Considerations

Interactive narratives combine the associative flow of our ideas with the creativity of our imagination. Instead of making an effort to answer a question or tell a personal story, the participant is invited to create a story that is hypothetically have little to do with his or her reality. Therefore, the fictional character of the story seems to protect the participant from emotional suffering and, furthermore, facilitates the imaginative production that underlies the elaboration of fantasies, conceptions, and misconceptions as well.

On the other hand, fiction is not so distant from reality since our desires, fears, and defenses

can be conveyed by a story through the voice of its characters. The displacement of time, space, and direct implication can be favorable to explore topics that usually cause discomfort and defensive reactions. Even when the participant identifies himself/herself with one of the characters, the ludic aspect of the procedure mitigates the anxiety that could arise when the person is directly questioned about the topic.

Although our previous studies on the use of interactive narratives are promising in terms of investigating emotional conflicts outside the consulting room and as close as possible to real life, further studies are needed to evaluate the potential applicability of this method to evaluate the potential applicability of this method. The objective of this paper was to illustrate the use of an interactive narrative as a psychoanalytic way to investigate how people experience a given situation and solve its implicit conflict. This study can contribute to the development of knowledge about human psychological needs and values.

## Contributors

T.M.M. GRANATO and T.M.J. AIELLO-VAISBERG were involved in the conception of the study and design. T.M.M. GRANATO developed the Interactive Narrative, collected and analysed data. Both authors interpreted data, revised the manuscript and approved the final version to be submitted.

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