

**Transmission of Trauma across the  
Generations: The Impact on the Mother-  
Child Relationship  
A Hermeneutic Literature Review**

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## ABSTRACT

This dissertation explores how the mother-child relationship is impacted by the transmission of trauma across generations. This topic was birthed out of my experience of working in Aotearoa New Zealand with women who suffer with depression and anxiety in their maternity. This experience grew my desire to know what influenced a primary caregiver's suffering.

Using an interpretative hermeneutic methodology, I sought to understand what literature had to say about the existence of trauma in maternity and how it transferred from the mother to the child. Understandings were achieved through a hermeneutic review of mainly psychoanalytic literature. This showed that a woman's experience of postnatal depression, anxiety, and grief during maternity are symptoms representative of her unresolved conflicts with her internalised mother image (Halberstadt-Freud, 2012). This finding connects maternal representations to historical pain (Stern, 2006).

Fonagy et al. (1993) identified that when a mother protected herself from her childhood pain, the likelihood of trauma moving to the next generation increased. Her inability to form a coherent narrative of her childhood experiences was indicative of her inability to reflect and respond appropriately to her child's needs, reducing their level of security. Further, her limitations increased her child's protective behaviours which compromised their resilience and ability to ward off future trauma; thus, repeating the cycle.

A benevolent and active psychotherapist (Schetzer, 2017) who is able to provide treatment in the early days of motherhood (Mariotti, 2012) is believed to be key in gaining a successful outcome with this client group. While it can be a disturbing time for a new mother, it is also as opportunity to restructure her psyche, grow her security, and find her authentic self. She is then more able to see and respond appropriately to her child's needs, and thus secure their bond.

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## **Attestation of Authorship**

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), or material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

**Signed:**

Sue Robinson

**Date:**

28 October 2021

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## **Chapter 1 Introduction**

According to fairy tales, the bonds of love protect the child and his parents against the intruders, the malevolent ghosts. However, ghosts, the intruders from the parental past, may break through the magical circle in an unguarded moment, and a parent and his child may find themselves re-enacting a moment or a scene from another time with another set of characters. For some, the intruders from the past have taken up residence and have been at the christening for two or more generations. (Fraiberg et al., 1975, pp. 387-388).

### **A Transgenerational Exploration: Context of the Study**

It is currently estimated that one in 10 mothers experience some form of depression after giving birth (Gavin et al., 2005). While working with this client group, I have noticed a pattern of mothers revisiting their own childhood experience within the parent child relationship. Stern (2006) affirmed a strong intergenerational influence between a mother and child which links to the mother's current representation of her own mother from when she was the child. In Aotearoa New Zealand, maternal mental health services are currently available to provide support to expectant and new mothers who are experiencing moderate to severe symptoms of depression and/or anxiety. Using a hermeneutic methodology, by way of a hermeneutic review of predominantly psychoanalytic literature, this study sought to understand how close nurturing relationships are impacted by transgenerational trauma.

The study of this topic was birthed amongst a number of competing factors. My mother passed away two weeks before Aotearoa New Zealand went into Level 4 lockdown, in response to the COVID-19 pandemic. Fortunately, I was able to be with her when she passed away, and my brother and I were able to hold a small memorial service. Her only remaining family member, her younger brother, did not attend the service due to his fear of the virus.

By early 2020, two of my three adult children had returned home from their overseas travel. My third adult child continued his university study under lockdown conditions. I was thankful that my family was safe within Aotearoa New Zealand's borders when the pandemic began.

I was able to continue working remotely, via tele-health, as a New Zealand European private practice counsellor/psychotherapist with adults, teenagers, and children. My work predominantly involves clients who have experienced complex

trauma, with a proportion of them covered by ACC Sensitive Claims. Alongside this work, I have been engaged part-time in a Graduate Diploma in Psychotherapy Studies and Masters of Psychotherapy. This is my sixth year of study with Auckland University of Technology (AUT).

My interest in this topic began while developing as a counsellor and student psychotherapist. Doors to my personal experience were reopened. I became aware of the positions I hold as a Western European mother and daughter to my mother. I identified the impact that my mother and her life experiences have had on me and how those experiences influenced how I have mothered. Having studied the literature, I can see the impact that the early loss of my grandmother had on my mother as a teenager and, subsequently, as a mother to me. I recognised the impact of the loss of infants throughout the generations, including my own. This loss was especially felt through the passing of my older sister at three days old. Through my own therapy, learning from AUT, my clinical work, and through this study, I have grown to understand more of what it means to stand between the generations occupied by my mother, on one side, and on the other, my children. I recognise and understand more fully the ambivalence one can hold towards a mother; yet, feel a sadness and sense of loss since her passing. I acknowledge the young child residing within myself (and others) that searches for the nurture of the early years. As I look towards my grown children, I notice in me a parent's guilt, and am left wondering what I would do differently if I had my time again.

Other insights and knowledge I hold around transgenerational issues have been found in my work as a counsellor, which has involved diverse cultural experiences. Much of this work has focused on the impact of trauma and other related issues such as post-traumatic stress disorder (PTSD), depression and anxiety, grief and addiction. As part of the AUT programme, I purposefully engaged in a two-year placement at Maternal Mental Health, Greenlane in Auckland. I chose this placement as an extension of the work I had already completed concerning trauma. I expected that culturally this central Auckland placement would be a contrast to the multi-cultural client base I had previously worked with in South Auckland. I anticipated that my clients would be predominantly Western European, allowing me to broaden my experience and understanding of the role culture plays in trauma, and how it is responded to in the health system. To my surprise, I found a mixed cultural population. From all these experiences I have been left wondering, 'where does the trauma start?' Most clients presented with a range of traumatic experience which had accumulated over their lifetime. Adding to my curiosity were clients' skeletal accounts of the narrative of their early years and their quest to remember. Understanding that trauma is registered and remembered in the body

(Rothschild, 2000), and not necessarily in the mind, is important. However, I remain curious about when the vulnerability began.

### **Key Point of Concern: What Led to My Question?**

As a result of working alongside expectant and new mothers suffering from moderate to high levels of depression and anxiety, I felt concerned, as well as intrigued, about what contributed to their suffering. In the early stages of therapy, what I noticed with most mothers was a tendency to revisit their early experiences with their own mother. Mariotti (2012) identified that an unresolved symbiotic illusion (Halberstadt-Freud, 1989) between a woman and her own mother contributes to them experiencing postpartum depression. Stern (2006) agreed that the nature of a mother's current representation of her own mother-as-mother to her in childhood will greatly influence how she mothers her child. Stern signalled a strong intergenerational influence and suggested this representation may be the single best indicator of the pattern of attachment that the mother will have with her child. He noted that representations consist of subjective interpersonal happenings that are repetitive, affectively charged, and internally constructed from the self-experience of being with another.

Historically, Winnicott (1957, 1965, 1971) and Bion (1963, 1967) have highlighted the significance of the mother's fantasies, preoccupations, reveries, and projective identifications (as forms of representations) about her baby; and how these had a major impact on building the baby's sense of identity. Fraiberg et al. (1975) then introduced maternal phantasies and memories in the mother's mind through their concept of "ghosts in the nursery" (p. 387). They described these ghosts as unwanted visitors who moved unannounced into the family nursery, representing the parent's unremembered traumatic pasts. Knight (2017) suggested that the symbolised parental trauma is transmitted into a targeted child, leaving them haunted by the previous generation's family phantoms. Fraiberg et al. noted that while some parents appeared condemned to repeat the tragedy of their own childhood with their own baby, other parents from equally troubled pasts did not. These parents claimed that they wanted something different and better than what they had experienced in their own childhoods. The literature and my clinical experience of trauma and women suffering in maternity led me to this topic.

## **Mother, Child: An Exploration of Transgenerational Trauma**

In this study, I sought to answer the question: What does psychoanalytic literature say about how a mother/child relationship can be impacted by the transmission of trauma across the generations?

### **Clarification of Terms**

**Mother/Primary care giver:** In this study, the mother is symbolic of the primary caregiver. While historically the mother has held this role, it is changing. Other examples of primary carers include the father, a grandparent, aunts, uncles, nannies, or a wider family member.

**Mother/child relationship:** Refers to the bonding relationship between the primary caregiver and her infant.

**Trauma:** Psychological trauma is a response to a relational experience that is perceived as stressful, life threatening, or so overwhelming that a person finds it difficult to cope (Rothschild, 2011). It is suggested that when this experience is too painful to be expressed, it is consigned to the unconscious where it is silenced (Herman, 1992). Trauma can include early emotional misattunement in the mother/child relationship; a disruption that is often experienced as either abandonment or enmeshment (Herman, 1992).

**Intergenerational trauma:** An experience that is connected to relationship where the event or events are unable to be recalled, mourned, or symbolised, and so are consigned to the unconscious. This effectively allows the trauma to remain alive and influential, and so can travel across time and generations through relationship (Bion, 1962).

### **Aim and scope**

**Aim:** Within the mother/child relational context, I will identify the existence of transgenerational trauma and explore what literature has to say about how trauma transfers across generations.

**Scope:** In this study, I will focus on generational trauma within the mother and child interchange. In identifying through literature how issues are recognised, I have considered what parent child dynamics are seen as appropriate. This focus includes the parent as the child of their parent. It is a snapshot of a person's life at the time of having their own children. Within that same time frame, I look at the current representation they have of their own parent from when they were the child.

In the context of maternal mental health, I was predominantly working with

the mother as the primary caregiver and the new infant. In this study, I wished to include the child at any age, as well as including the paternal parent, the father within the term parent. At maternal mental health, clinicians work with the father within the family system and individually. It is noted that in some cases the father is the primary caregiver. This study draws from theories that underpin psychodynamic and psychoanalytic psychotherapy. There will be consideration given to community-based family models where the term parent includes extended family members.

## **Significance**

Through the exploration of literature in relation to this topic and research question, I will add to the thinking and practice that exists within the community of psychotherapy. This considers Hendrika Halberstadt-Freud's (2012) study on the phenomenon of postpartum depression being a maternal and transgenerational issue, one of which has had little previous attention.

The significance of this study is multifaceted. It may give women an opportunity to understand why they have found themselves struggling with a range of symptoms such as depression, anxiety, grief and loss in their maternity. Following from this, it may give mothers an impetus to seek help, in order to resolve transgenerational issues and then to parent differently. The exploration of literature on this topic may also inform my wonderings about where trauma starts and whether early experiences set up a predisposition or susceptibility to later experiences.

## **Chapter Summary**

In this chapter I have outlined the background to the research, as well as my positioning as a researcher. I have outlined the process of arriving at my research question and have briefly described the theoretical underpinnings of the study. I have considered my aim and the horizon that I will work within. I have also provided the reader with a clarification of the terms 'mother as primary care giver', 'mother and child', 'trauma', and 'intergenerational trauma'. These terms are frequently referred to throughout the dissertation.

## **Overview of the Study**

In the next chapter, I present the methodology and method I have employed for this research topic; namely, interpretative hermeneutics. I share my reasoning for choosing hermeneutics and its appropriateness for my topic on human experience. I also describe my method—hermeneutic literature

review—and some of its challenges. I believe this has aided me in finding truth through its practical patterns and the search of unnoticed aspects of human experience.

Chapters Three, Four, and Five delve into the findings of my literature review with the aim of uncovering themes and gaining understanding and knowledge around the topic. Chapter Three sets out to grow the reader's understanding of the components within my question. I first describe relational trauma and its transgenerational transfer; and then connects the mother and child to trauma and its subsequent transfer through the concept of ghosts in the nursery (Fraiberg et al., 1975). Through Fonagy et al.s' (1993) empirical study, I consider how to measure ghosts in the nursery. Here, a link is made connecting a mother's maternal representations and the generational transmission to the infant.

Chapter Four takes a micro look into the suffering mother's level of vulnerability through a variety of symptoms with which she presents in therapy. Using these symptoms, I seek to gain closer insights into a mother's internal struggles. By identifying the origin of the symptoms and what keeps them alive, I hope to shed light on the generational impact experienced by the infant and gain insights into its potential future repetition.

Chapter Five takes a macro, or wider, view by observing the external environment of the mother/child interchange. I considers how sociocultural issues determine a mother's wellbeing, her ability to parent, and the flow-on generational impact to her infant. This chapter considers how the intervention of psychotherapy and the creative opportunity of authentic motherhood can turn the tide of generational transmission.

In Chapter Six I consider what I aimed to achieve and what I did achieve. I review the findings and themes that emerged. I will look at the implications for the profession and how hermeneutics fits with my topic and psychotherapy, naming one limitation. I will consider the study's strengths and limitations and future research, before concluding the dissertation.

## Chapter 2 Methodology and Method

### Methodology

Understanding has always been important to me—to understand and be understood. Schuster (2013) identified that understanding is found by being part of the human encounter. This research will explore the phenomenon of the transmission of trauma across the generations. I chose an interpretative/hermeneutic methodology to guide the process as I appreciate a parallel with psychotherapy practice which also endeavours to interpret and understand human relationship. As the researcher, I was engaged in a hermeneutic review of mostly psychoanalytic literature.

### History

Hermeneutics originated in Greek philosophy, and primarily meant 'to say' (Ihde, 1998). Its root word comes from the verb *hermeneueim* meaning "to interpret". It is believed that the tradition of hermeneutics connects to Hermes, who was seen as a messenger of the divine Gods, interpreting meanings and communicating messages to humans (Idhe, 1998). Hermeneutics became part of the biblical tradition of interpreting religious text. I wonder if this is what Smith (1999) likened to bridging the gap between different worlds of understanding.

Modern hermeneutics, according to Boell and Cecez-Kecmanovic (2010), saw a change of thinking, a move from seeking the correct interpretation of scripture to considering what meaning history and culture placed on the text. It seems that a two sided communication of meaning was being created. Over time, correct interpretations adapted to more general understandings, and Heidegger went on to pursue the general relationship between hermeneutics and the question of human understanding (Boell & Cecez-Kecmanovic, 2010).

### A creative art

Smythe and Spence (2012) agreed that a hermeneutic literature research refers to the creative art of the interpretation of text and new understandings. This process encourages me to be attuned to language with the hope of it revealing, and me understanding, both explicit and implicit meanings and effect. Heidegger (2002) affirmed that hermeneutic understanding is not only a cognitive process; it is also practical and is connected to human existence. Gadamer (1982) extended this idea by seeing understanding as an experiential endeavour between the reader and the text. Further, both reader and text belong within a socio-historical and cultural context, and so interpretation must consider that. As the researcher I am mindful

that my point of view comes from my past traditions, beliefs, values, and understanding of my life experiences. These are influenced by my positioning in time, place, and culture, alongside my exposure to language and my process of socialisation. I am also aware of the creative part of myself that can enhance understanding.

### **Hermeneutics and its guiding light**

Like stars that serve for navigation, Moules et al., (2015) offered guidelines that served to steady the path as I entered into the journey that engaged me with text. They suggested that hermeneutic practice be focused and directed by the phenomenon, not the method. Further, that I be open to, and differentiate myself from, life's experiences and that my practice be intersubjective and communicative (Moules et al., 2015). Gadamer (2001) suggested that this practice be worked out descriptively, intuitively, and in a concretising way; which indicates that I needed to be structured and flexible, focused and surprised, open to difference, and to courageously take leaps of faith into new thinking. The journey of reflection and reinterpretation of experience invited me into receiving new understandings and new perspectives (Smythe & Spence, 2012).

### **The movement between safety and play**

I recognise that text and experience are often different, so taking a disciplined approach which includes structure and flexibility helps me to hold the work and move it forward safely. As a therapist, I believe that a safe and contained space opens a door to play. Play can be messy; however, it also provides room for growth. Among many other authors on the topic of trauma, Herman (1992) reiterated the importance of the therapist creating a therapeutic working alliance and a secure container where safety and trust are present both internally and externally. Building safety involves growing trust and is achieved through accurate empathy, reflection, and interpretation (De Forest, 1954); and reinforces the importance of understanding and being understood.

In this research, the movement between safety and play allows meaning to emerge. It allows the reader/researcher access to the creative workings of language and intuition, and opens them to receiving more than is being said. This process encouraged me to move closer to the text, anticipating that it would move closer to me.

## **An embodied experience**

Being a partner in this research dialogue mandates that I seek literature and its meaning. Smythe and Spence (2012) and Schuster (2013) affirmed that this is an embodied seeking which authenticates my subjective part in the human encounter. My participation brought me into relationship with the authors of the text, and I experienced an embodied emotional response (Schuster, 2013). The text held multiple meanings and hidden affect which I felt and sought to interpret from my experience.

Hermeneutics ideas about embodied human experience parallel my topic, the phenomenon of transgenerational issues, which are inherited experiences that are stored in the body and hold emotional effect. Clients within my clinical practice repeatedly evidence the impact of historical trauma which is often not consciously visible.

Miller (2006), in her book, *'The Body Never Lies'*, noted that one of our most vital functions is an ability to listen to the true story of our lives. She shared that as children, the life and experiences that our parents provided for us in the form of love, care, and attention (or lack of), tell us rightly or wrongly a story of who we are. These stories reside in our bodies and have the potential to be transferred on to our own children. She reminded us to pay attention to the feelings and sensations our body registers, as these provide vital information that help us understand who we are, where we are from, and are a guide to where we are going. These concepts are mirrored in Fraiberg et al.'s (1975) description of ghosts arriving unannounced and taking up residence in the family nursery. While unseen, their influence becomes visible in the lives of parents and their children.

## **Bridging what is known and unknown**

Rothschild (2000, 2011) discussed the power of the implicit memory system—how it records sensations and emotions, and feeds them back to us when we are triggered. Implicit memories are nonverbal, unconscious, and outside of our explicit memory system. Our explicit memory allows us to construct a cognitive narrative of the events of our lives. Rothschild (2011) emphasised that implicit and explicit memory must be bridged in order to create a cohesive narrative. Our body holds a key to understanding. Like engaging with text, we are encouraged to engage with the implicit and explicit messages in our bodies.

Gadamer (2003) invited us to be open to the unknown, otherness, and the meanings that people make of their lives. We are encouraged to consider our own discourses, meanings, prejudices and biases. Gadamer (2013) highlighted that the

reader's own biases are the key issue when it comes to the text presenting its own truth. Ricoeur (2005) defined these biases as representations that have come from the absent past that become visible in the present. Likewise, my interpretation of clients is dependent on my ability to be open to the meanings and the truths they convey. Like the hermeneutic endeavour, Stern (2006) affirmed that the representations (repeated subjective experiences) a woman holds of her mother from her childhood will influence how she interacts with her child.

## **Method**

The method of this hermeneutic study is a literature review. Boell and Cecez-Kecmanovic (2010) posited that this approach relies on an active process of creating interpretative understanding and utilises what Smythe and Spence (2012) called the hermeneutic circle. Smythe and Spence believed that the key purpose of exploring literature in this type of research is to provoke thinking and context.

### **Solving the mystery and noticing old patterns**

When considering which methodology and method would be most appropriate to my topic, I considered my old patterns of working. These patterns involved strict structures and guidelines that sought evidence or answers to support my anticipated outcome. Coming from a finance background, and having written about thematic analysis, this was an automatic response. Upon reflection, I realised that my motivation for operating this way was to maintain predictability and safety. However, it sometimes felt isolating and unsatisfying, and I have since realised this approach lacked relational connection. My decision to choose hermeneutics as my methodology came while searching and reading. Specific words and concepts took my attention, like creativity, the invitation to become a partner, and the quest for understanding and meaning.

As previously mentioned Gadamer (1979) believed that human existence is closely connected to language. Schuster (2013) saw it as embodied and connected to the subjective experience. The experience of trauma is also embodied; however, its silencing impact has the ability to travel through generations without words. My search within literature has been driven by my need to find understanding around this mystery and to put words or form to unknowns that reside within us. This journey is one which I hope to share with my clients.

### **A partnership proposal**

The hermeneutic approach invited me into partnership with the dialogue, and I have engaged with the authors on the journey of thinking (Smythe & Spence,

2012). At the beginning of this journey I wondered which articles would catch my interest and partner with me in understanding. How would they influence my thinking, understanding, and writing? When I started clinical work I was told that clients would find me. At the time I could not imagine this happening; yet, looking back, it seems true. Likewise, as I move through this research topic, I can see that I have connected with the articles I have chosen and in this partnership they have influenced my understanding of the writing, myself, and my clients.

### **Movement backward and forwards**

Boell and Cecez-Kecmanovic (2010) reiterated that understanding is interpretative, and that the whole body of literature related to the phenomenon of intergenerational transmission of trauma consists of multiple texts. In turn, individual texts belong to the whole body of relevant literature. A literature review gave me the opportunity to deepen my understandings. Van Manen (1990) suggested that the hermeneutic circle will support me as researcher to experience the backwards and forwards movement between the parts and the whole. It will support my investigation of lived experience, reflecting on themes, writing and rewriting, and ensuring the text is closely related and balanced between the whole and the parts.

Like hermeneutics, movement plays an important part in the therapeutic process. A balance between agency to move forwards and too much movement that can overwhelm and limit my ability to focus or think is required. Within this research I have experienced both. I acknowledge that the time in which this dissertation has been written has held many challenges—personally and on a wider scale. To remedy this, I noticed myself relying on a structured framework with routines that helped me pace myself, think, and then write. A practical example was my choosing to dedicate a specific day each week to research and write. Re-organising this day within my busy schedule proved successful in giving me the contained framework necessary to focus on my research.

### **A contained space, play, and creativity**

The concept of balanced movement brings to mind clients who have experienced complex trauma. Our work within the confines of my rectangle wooden sand tray with figurines reminds me of the safe space that is created that facilitates them to explore, play, and recreate themselves in a different way (Kosanke et al., 2016).

Framing my research in a contained space was an important step for me on this journey. It helped create a structure within which I could engage my process. Thinking further about the literature review process led me to a model of the

hermeneutic circle by Smythe and Spence (2012). The hermeneutic circle allowed me to immerse myself in searching, gathering, and reading; and then writing, organising, and thinking about the text. Remaining open, listening and waiting for the text to give me what was important, and letting that come forward. This process then moved me to actively seek further dwelling in, pondering, questioning, and writing more (Smythe & Spence, 2012). My role in this journey has not been to name truths but to remain as a partner in the dialogue, knowing that my understanding is also subjective (Smythe & Spence, 2012).

### **Searching, gathering, and reading; then writing, organising, and thinking**

To search and gather, I accessed the AUT library search engines Psychoanalytic Electronic Publishing (PEP), Infopsych and Google Scholar for articles from psychoanalytic literature relating to 'intergenerational trauma'. A supervisor suggested a couple of pivotal psychoanalytic books that focused on the 'mother and child' which added to the few articles I had previously attained. On my first readings I noticed what stood out, wrote notes and highlighted on the side of pages, and wrote a summary of interesting points to remind me of what I wanted to go back to and potentially include in further writing. Capturing each relevant article's reference on a main list helped me keep track of them. Boell and Cecez-Kecmanovic (2010) reminded me that my first read is important as it familiarises me with the terms, concepts, and vocabulary used around the topic by various authors. I noticed that as I read, various themes started to show themselves. Starting with my introduction, methodology and method, was beneficial in preparing me for what was ahead. I noticed a restlessness growing in me to dive back into the articles and start the next stage of the journey.

### **Listening and waiting**

When able, I have visited the family Bach to read, think, and write. During breaks I found myself drawn to walking along the beach. This is my favourite place to listen and wait. Walking along the shore with my dog, watching and listening to the waves ebb and flow, and navigating the tides reminded me of the work. Like a wave, my enquiry required me to read, hear what it was saying to me, notice its positioning and its pace, consider how other elements impact it, and then relax as it moved out again. I can get caught and have to clamber onto the rocks to avoid its force and its effect; yet each time it retreats, I am aware that it has left something behind—weeds, logs, or fish that have washed up, or it might have taken sand with it, eroding the shoreline.

The ebb and flow of the process allowed me to immerse myself in the text and then take a step back and reflect, wait for insights to come. Sometimes I noticed them when awake in the night or early in the morning or out walking. Related thoughts and ideas often came to mind when I was sitting with clients. Just as Smythe and Spence (2012) described it, I found precious insights “off duty” (p. 21).

### **Seeking further, dwelling in, pondering, questioning, and writing more**

Boell and Cecez-Kecmanovic (2010) highlighted that as the researcher delves further into their literature review, a deeper understanding of the text comes, bringing additional awareness and questions. For myself, this involved noticing other referenced authors within relevant articles and browsing reference lists. Additionally, my internal dialogue and natural creativity allowed me to connect experience and history to the text, which in turn deepened and extended my understanding of the topic. In keeping with this topic on trauma, Herman (1992) confirmed that some ghosts want to speak; my challenge was to understand how to listen to and perceive what the text is saying. I wonder if the rhymes of nature and the waves were telling me how?

### **When do I leave the hermeneutic circle?**

When I embarked on this chapter I was unsure when the time would come to leave the hermeneutic circle. It finally came about after an extended time; however, I was unsure how to proceed. Feeling saturated and also stuck required me to revisit and heal an old internal process which resulted in me being able to reflect, find thoughts and words, and then move on. I can see that meaning and themes sometimes take time to surface. This takes patience and determination to see it through, and re-entering the hermetic circle is helpful. Some of my understandings arrived outside of the circle but were connected to it. Discussions with my supervisor, colleagues, and family helped me link this study and gain insights to my maternal legacy of loss.

## **Chapter Summary**

In this chapter I have outlined my chosen methodology—interpretative hermeneutics; and method—a literature review. I have illustrated hermeneutics’ guiding light in identifying the connection between my topic—human understanding—to psychotherapy, and to my active process through the hermeneutic circle. In the next three chapters I present a discussion of my findings.

## **Chapter 3 Findings 1**

### **Understanding Trauma and the Ghosts in the Nursery**

In this chapter I draw on literature to define psychological trauma and notice its impact on relationships that often transfer across generations. I have contextualised this understanding of generational issues within the mother and child relationship. I begin with introducing the themes of the study that continue throughout the chapters, and are discussed in Chapter Six.

### **Trauma**

Herman (1992) claimed that a common response to atrocities that are too awful to be voiced is to consign them to the unconscious where they are rendered unspeakable. She claimed that the conflict between the will to deny horrible events and the will to speak them out is the dialectic of psychological trauma (Herman, 1992). She posited that some of these descriptions of trauma refuse to be buried; and noted that some folk tales tell stories of ghosts leaving their graves to be heard.

### **Disconnection from Relationship**

#### **The theme of disconnection**

Herman's (1992) description of relational trauma brings to mind an event so terrifying and unexpected that survivors are too shocked to speak. My immediate internal response to her words is to disconnect and move away, to find safety. The term psychic trauma was first mentioned in psychotherapeutic literature by Sigmund Freud (Davies & Wallbridge, 1981). Since then, and as a result of events such as the colonisation of indigenous populations, the Holocaust, and the Irish famine, much has been learned and written about this topic. My experience of working with different groups has shown that relational trauma can disconnect people from society, their cultural and spiritual roots.

#### **Greater understanding of psychic trauma**

More recently, the understanding of psychic trauma has grown in complexity and scope. For example, Munro and O'Neil (2017) noted that over the last two decades, research literature has identified five primary types of trauma:

1. Impersonal (accidental, illnesses, on-going treatment and rehabilitation)
2. Interpersonal (trauma inflicted by one to another)
3. Identity (based on ethnicity, gender, and sexual orientation)
4. Community (sectarian violence)

5. Cumulative trauma (layered and compounded trauma based on victimisation) (p.187)

All five primary descriptions of trauma disrupt relationships.

Knight (2017) also noted a change in the definition of trauma in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-V)* (American Psychiatric Association, 2013). The American Psychiatric Association concluded that their more general description for a traumatic stressor being “outside the range of normal events” (Munro & O’Neil, 2017, p. 183) was too broad and insufficiently specific. The DSM-V’s change in definition of psychological trauma is now as follows;

- Criterion A has dropped the subjective reaction;
- Sexual violence to actual or threatened death or serious injury has been added;
- Exposure is specified as:
  1. Directly experiencing the event;
  2. Witnessing the event occurring to others;
  3. Learning that such an event happened to close family or friends;
  4. Experiencing repeated or extreme exposure to aversive details of events such as in the work-related context of first-responding.
- Actual death must have happened in a violent or accidental manner; and experiencing cannot include exposure through electronic technology, television, movies or pictures unless it is work-related (Knight, 2017; Munro & O’Neil, 2017).

Munro and O’Neil (2017) confirmed that this change in definition has brought more awareness of the impact traumatic experience has on relationships. Previously, Munro and O’Neil viewed trauma as something that happened out there and to someone else.

### **Further descriptions of trauma in relationship**

I will continue to explore definitions within the literature about what it means to be impacted by trauma. Rothschild (2011) described psychological trauma as a response to an experience that is perceived as stressful, life threatening, or so overwhelming that a person finds it difficult to cope. One can only imagine how affronting this experience must be. Winnicott (2005) placed his focus on the most vulnerable; those who are fully dependent on their parent as they have not yet developed the mechanisms to make the unpredictable predictable. In this context, he described an infant’s perceived trauma as a threat of annihilation that challenged

their existence. For me, the word annihilation in the context of the young highlights just how invasive the influence of trauma can be, potentially stamping out a flame that has only been lit. Both Rothschild and Winnicott have identified trauma as a reaction to something in one's environment and a threat to life or existence.

Laplanche and Pontalis (1973), who provided a dictionary of Freud's psychoanalytic concepts, spoke to the intensity of trauma and a person's inability to cope. They identified this disturbance as something that could have a long-term impact. These authors reinforced something of the acute relational and all-consuming nature of trauma, noting its chronic impact on emotions and functioning.

Crastnopol (2015) spoke volumes when depicting cumulative micro-trauma (small "t") as an event that is hidden in plain sight; such as everyday life occurrences that are not often noticed, with their repetitive happenings blending into familiarity. The term micro-trauma supports the recent change in the DSM-V definition of trauma which, according to Knight (2017), identifies trauma in relationships. Crastnopol insisted that micro-trauma is as consequential as macro or "capital T" trauma (p. 6). Micro-trauma (t) brings to light how difficult it is to quantify the severity and impact of everyday occurrences that, for some, are experienced as trauma. It also reinforces how each person's response is unique, with varying consequences that potentially accumulate over time.

Together, the above authors offer insights that broaden understanding and confirm the disconnecting and disturbing impact trauma has on individuals and relationships across time. My questions remain: How do we recognise the silenced voice? What would it take for lives and relationships to be restored?

## **Disconnection and Loss from Self, Others, and Reality**

### **The theme of loss**

Herman (1992) highlighted that disempowerment of self and disconnection from others are the core wounds of psychological trauma. These words leave me feeling a deep sense of loss, reflecting something that has been taken away that could have been. Munro and O'Neil (2017) believed that psychic trauma challenges an individual's meaning, and potentially one's purpose and vocation in life. Further, it can alter a person's sense of self and change what is familiar to them. According to survivor descriptions, a hole remains that generates vulnerability and internal isolation, and is accompanied by a longing that wants to be filled. I am drawn to wonder how difficult it must be to face the process of reconnection. Herman insisted that recovery must be in the context of relationship. I question the practicalities of

Herman's idea on the grounds that experiencing harm within relationship often causes a loss of trust or faith which moves one away and not towards another. Alternative ways people have found healing and peace outside of human relationship were being in nature, with animals, and enjoying music.

### **My maternal lineage, a story of loss**

While thinking about loss and disconnection from relationship, I was reminded of the recent loss of my mother and then the loss of my grandmother aged 36 years. As previously mentioned, I ponder the influence this loss had on my mother as a teenager, and her adult years in which she parented of me. Edelman (2014) described this type of daughter loss as something that changes everything going forward. She likened it to a jagged fault line being cast through one's history, leaving behind a sense of loneliness and abandonment, high anxiety and depression. This loss reaches across all aspects of one's personhood. Herman (1992) and Horowitz (1997) both recognised that trauma impacts affective states and changes cognitive and behavioural patterns, somatic states and relational patterns. It seems that the traumatic loss of a parent impacts and redirects one's future, leaving a hole—a burial ground for pain.

### **Disconnection and movement across generations**

As noted earlier in the chapter, Herman (1992) suggested that some details of past traumatic events refuse to be buried. Folktales suggest that some ghosts who once were consigned to their graves want to now tell their stories. What drove some to leave the grave and speak and not others? What did they want to say? Bion (1962) supported the idea of trauma moving across time and generations, and believed that if the survivor is unable to recall, mourn, or symbolise a traumatic experience, it transfers, remaining alive and effectively influential. My experience of retelling an event is that the associated emotion brings an energy to it which becomes part of my expression. With unremembered events, I am curious about how and where the energy finds expression. I agree with Bion and believe that my embodied experience of working with clients bears witness to the influence of their pain.

### **Ghosts in the nursery**

My exploration of literature and the descriptions of trauma convey something of trauma's impact individually, collectively, across generations, and its connection to ghosts. I now move my focus to the mother and child relationship. I revisit Fraiberg et al.'s (1975) understandings around the transmission of trauma represented through the concept of ghosts visiting the family nursery. I explore

Fonagy et al.'s (1993) empirical study which, in part, sought to measure the ghosts represented in the nursery. Given the broad scope of my dissertation topic, I am choosing to initially focus on their findings as they closely observe the transgenerational aspect of ghosts within the mother and child relationship. I am curious about what their study discovers about this close relationship and what contributes to some restless ghosts wanting to move and speak. I am also curious about early childhood traumatic experiences predisposing a person to further trauma later in life. Are they the beginnings of patterns that repeat and move through teenage and adult lives and across generations? In my clinical experience, these early childhood experiences are rarely remembered, so how would one know? I also wonder if the inability to connect with ones wounded internal child influences a parent's desire, or lack of, to fully engage with their children.

### **Fonagy et al.'s (1993) empirical study**

The main focus of Fonagy et al.'s (1993) empirical study was to understand the relationship between parents' mental representations of their own childhood experiences and their infant's security of attachment. Understanding the ghosts, as previously described by Fraiberg et al. (1975), was also an important consideration in gaining insight into the transgenerational process.

## **Attachment: Security Verses Insecurity**

### **The theme of vulnerability**

Understanding the connection between a parent's childhood security levels and that of their child's is key in Fonagy et al. (1993)'s study. I believe this resembles an inquiry into childhood vulnerability, and how the safety that a parent felt in their early years, influences the level of safety their children feel now. It also suggests that our child selves remain with us as we move into adulthood. This theory links early relationship experiences across generations. It provides a platform to understand the link between levels of security and lingering ghosts. To carry out the empirical study, Fonagy et al. developed an adult attachment interview to elicit an individual's account of their childhood attachment experience (Main et al., 1985). These experiences were evaluated on an individual's awareness of their past and how those attachment experiences correlated with their present functioning (Main et al., 1985). Three categories were recognised: 1) autonomous/secure, 2) dismissing/detached, and 3) entangled/ preoccupied. The latter two are recognisable within the mothers in my clinical practice. The prediction of the child's security to both its parents was considered via Bowlby's (1980) concept of

attachment theory. This theory captures the primary influence of a child's evolving adaption to their environment as secure (safe and stable) verses insecure (anxious or ambivalent). A further development was discovered, disorganised attachment, which related to trauma and a lack of safety. This form of insecure attachment was recognised by Fonagy (2001) as a function of the interaction between a child's early traumatic experiences and the quality of their attachment to the mother.

### **History does not determine destiny**

From a hopeful stance, Lamb (1987) pointed out that an infant's sense of safety and security (attachment pattern) did not necessarily determine the security they felt later in life. An adults understanding of their own internal working model and the level of security they find in other close relationships during their life (Emde, 1992) has the potential to change historical security conclusions. Despite the level of suffering with which some clients present, the majority hold on to this hope, longing for belonging and safety in relationship.

### **History Repeats Itself. Vulnerability and Survival Through Repetition**

#### **The theme of repetition**

Freud (1940) and Bowlby (1958, 1969, 1973, 1980) previously observed that history does repeat itself, and that an intergenerational similarity in relational patterns exists. Fraiberg et al. (1975) affirmed the fundamental assumption that by not thinking about childhood pain a psychological pathway is created which leads a child back to identifying with the person that harmed them. They likened this pathway to ghosts who brought overwhelming anxiety, shame, and worthlessness, believing that this added to the child's silencing and survival. Clients in my clinical practice often speak about the ghosts that have kept them up at night, either through their nightmares or in the shadows in their homes. Some remember, as children, leaving the light on to keep the scary ghosts away. Ghosts continue to live in people's minds and lives and are spoken about across generations.

#### **My identification with the topic and the research method**

As mentioned in the methodology chapter, I found myself feeling stuck in the hermeneutic circle, saturated with relevant literature but unable to find a way to step out. The hermeneutic circle uses a repetitive process to guide the reader in finding themes and meaning. I found myself identifying with the study through the subtle voices from my past revisiting me. These voices clouded my thinking process and, for a time, held me ransom, highlighting my own vulnerabilities. Experiencing this process increased my understanding of how well intentioned parents fall prey to

painful patterns from the past, leaving them seemingly powerless to alter the consequences.

## **What Influences Destiny? Survival Strategies**

### **The theme of survival**

Further thinking about a mother's need to survive their own developmental history identified that protective defences were employed to ward off the pain. Strategies like the denial of affect associated with the trauma was identified (Fraiberg, 1982). While few choose to feel pain, hiding it leaves a person at the mercy of the patterns adopted to protect them. Ferenczi (1988) believed that denial, rather than the original event itself, was what signified the real trauma. Interestingly, by thinking about my writing process and acknowledging the voices from the past, I was able to move on with my research. In relation to the parent/child relationship, Fonagy et al. (1993) believed that ghosts are more likely to be present in the nursery when parents are functioning defensively and are incapable of thinking and responding accurately to their child's affective signals. Correspondingly, the child is then more likely to resort to their own defensive behavioural strategies. Experimental studies document the distress experienced by infants when faced with a mother's face that is blank or out of synch with the child's facial gestures (Tronik et al., 1978). Watching examples on video of this scenario play out felt almost intolerable. Schore (1994) confirmed that a mother's expression, that holds a sustained mutual gaze, stimulates and heightens positive affects in her infant.

### **What influences destiny? Identification with the perpetrator**

Fraiberg (1982) identified another form of survival—a victim's identification with the perpetrator which was also relevant in the destination of their trauma. How conflicting this must be when the person is someone that we know and care about. Further, finding that the perpetrator resides inside us and is part of us must add to the pain.

## **History is Not Destiny: Remembering**

### **The theme of thinking and reflecting (remembering)**

In contrast to history repeating itself, some parents unpredictably interrupted the transgenerational cycle of pain and deprivation (Fonagy et al., 1993; Fraiberg et al., 1975) and ensured that their children experienced a secure environment. This discovery left me wondering how security influenced this outcome. Bowlby's (1980)

concepts about a safe haven and the ability to trust caught my attention. Trusting oneself and feeling grounded enough to move from vulnerability to a growing level of trust seemed a possibility. Fraiberg et al. (1975) pointed out that a person's ability to remember and identify with their own childhood pain is a powerful obstacle to its repetition and transmission to the next generation. Being in a contained and safe space seems important in this process. I imagine that by successfully taking this step, one's internal sense of belonging and connectedness to self, and then to others, would grow. I consider the bravery it would take, and imagine the eventual comfort, much like putting on a warm and protective coat in a storm. I wonder if this is enough?

### **The desire for connection and communication**

In the context of motherhood and her maternal lineage, a woman's representational world proved to be a significant factor in the understanding of this research topic (Emde, 1988, 1992). It involved a woman's representation of her mother and her representation of her childhood relational experience with her mother (Fonagy et al., 1993). Concepts such as modelling, identification, and internalisation support this understanding of the representational world (Stern 2006). Within clinical practice, I noticed a common thread with the women who suffered during their maternity related to addressing something of their mother relationship early in the therapy. A longing to be positively connected to, and supported by, their own mothers, was observed. Interestingly, exploring this longing influenced the mother's ability to be present with their infant and allowed me to appreciate just how pivotal and far reaching is healthy communication and the resolution of conflict. Regardless of the challenges within a daughter/mother relationship, I found most new mothers acknowledged a desire for their mother to be present with them, and to meet supportive needs. I notice this pull in us to be connected with our mothers, and acknowledge the impossibility of that for some. It seems that the inner child does not cease to hold onto the hope of having the mother that they needed, potentially explaining why ghosts have survived across time and generations.

## **A Coherent Story**

### **The theme of thinking and reflection (coherence)**

The Fonagy et al. (1993) empirical interviews, designed to understand the historical relational patterns of parents, confirmed intergenerational predictions. The likelihood of ghosts haunting the family nursery increased when a parent held insecurities that led them to protect themselves from their own childhood pain

(Fonagy et al., 1993). Findings also identified a powerful association between the level of coherence in a parent's narrative and the level of security in their infants. A coherent narrative describes a story that makes sense and something to which one feels personally connected. Rothschild (2000, 2011) suggested that a cohesive narrative is achieved when implicit and explicit memory is bridged. Bateman and Fonagy (2016) described the ability to understand oneself and others (our mental states behind our overt behaviour) within attachment relationships as mentalisation.

### **Trauma hinders remembering**

The ability to think and reflect and understand stands in contrast to trauma which works to hinder remembering. Knowledge of a parent's childhood did not predict whether they repeatedly brought grief and injuries to their infant, or become a time of renewal. My client base included mothers who gave skeletal accounts of their troubled early years. Consequently, they struggled with confidence in parenting and found it difficult to be fully available to their infants. Over time, as their emotional and cognitive narrative was shared and started to make more sense, they began to see their infants in a different light. Not surprisingly, their narrative of their infant's developmental milestones improved. For example, stories of mothers now relaxing and enjoying their parenting more resulted in accounts of infants that slept better and moved forward in their toileting.

### **Connecting the dots**

Fonagy et al. (1993) confirmed that parents who were able to create a coherent narrative (in form and content) of their own childhood experiences were more likely to have secure infants at 12 and 18 months of age. Stern (2006) agreed that the way past history was able to be told (form) seemed more important than the content, the history itself. Garon (2004) referred to the different forms that trauma takes over time as being unspeakable, unnameable, and unthinkable. Significantly, when trauma became thinkable, survivors were able to find a form which enabled them to put words to the experience (Garon, 2004). Clients in my clinical practice often employ metaphors to gain understanding of the memories they unconsciously hold. For example, one client used the analogy of a noisy, crowded shopping mall to describe what went on in their head when they were unable to think. Likewise, using creative ways to put form to words and meaning encourages me to look, listen, think, and sense with my whole body, allowing myself to notice what is not verbally being spoken in the room. I am reminded of the parallel between the embodied experience of trauma and hermeneutic literature research. In summary, coherence builds a bridge of security across generations whereas incoherence builds a

fractured pathway of insecurity and defensive behaviours, encouraging the likelihood of ghosts.

### **A reflective mind: Mentalisation**

Fonagy et al. (1993) found that a parent's self-reflective capacity and their ability to hold their child in mind was significant in influencing the next generation's security. Predictably, these folk held a secure score on the adult attachment interview. Further, these parents were notably more able to be sensitive and emotionally responsive to their infant's needs (Crowell & Fieldman, 1988). This finding reinforces the gift of having a thinking mind that feels safe, can reflect on, respond to, and seek out close communicative relationship. It also highlights how the mind connects across generations, and the need to resolve past insecurities so that one is free to be present and responsive in current and future relationships. Given that the infant is totally reliant on its parents to organise its world, this is especially important. Fonagy et al. explained that security and mentalisation allows a parent to reflect on the infant's imagined mental experience, containing any overwhelming affects, and anticipating their psychological needs such as comfort, reassurance, and support.

### **Mirroring: The beginning of thinking, communication, and relationship**

Winnicott (1956) described the ability to reflect and communicate as mirroring and noted that if the mother is highly attuned, it is thought the infant may experience the process of reflection within its own mental boundaries as an illusion. The infant's internal pleasure is passed back to the mother, bringing about the beginnings of a reciprocal and interactive dyad of communication (Schore, 1994). This process creates the baby's sense of being, its reality, and positively influences the mother's desire for close connection with her infant.

### **The good enough mother**

Winnicott (1956) identified the primary caregiver as "the good enough mother" (p. 31)—a person who was not perfect but devoted and adaptive, appropriate to the infant's needs (Davies & Wallbridge, 1981). Such caregiving provided a consistent and safe environment that met needs in a way that facilitated the development of the true self. Fonagy et al. (1991) identified this as a key factor in developing the ideal conditions of a secure attachment relationship. A secure attachment is believed to help a child develop resilience which buffers them in the face of traumatic experiences (Fonagy et al., 1994).

In conclusion, Fonagy et al.'s (1993) findings suggest that ghosts that found their way into the family nursery was not necessarily due to the trauma experienced

by previous generations, but the result of numerous factors. Coherence forms a strong bridge of attachment between the generations, buffering against trauma and storms of adversity (Fonagy et al., 1994). Coherence is seen as the precondition for the caregiver's ability to reflect appropriately, which provides a 'good enough' mental environment for their child. Incoherence, however, sets the stage for a fractured, insecure pathway leaving the child more reliant on defensive behaviours to protect their mental state. This compromises the child's ability to ward off any visiting ghosts (Fonagy et al., 1994).

## **Chapter Summary**

In this chapter I have contextualised understanding of generational issues within the mother/child relationship, aided by Fonagy et al.'s (1993) empirical study. Their study identified the connection between the mother/child bond and the mother's implicit and explicit understanding of her own childhood. I have also defined psychological trauma and connected its transfer across generations through Fraiberg et al.'s (1975) ghosts in the nursery.

In the next chapter, I engage in a micro exploration of the vulnerabilities and symptoms that struggling mothers present with within maternal mental health. My plan is to access and understand more fully their internal struggles at this pertinent time in their life cycle.

## Chapter 4 Findings 2

In Chapter Three, I followed the pathway that ghosts take to the nursery and gained understanding of the factors that influence their transmission across generations. Taking a micro view of the internal world of maternity, I will now explore their voices, heard in the vulnerabilities and symptoms that are present in the lives of mothers during maternity. I will explore symptoms as described in literature and witnessed in my clinical and personal experience. These include postnatal depression, ambivalence/anxiety, loss and grief in maternity, and accumulated losses from the past. The themes of this study disconnection, loss, vulnerability, survival, repetition and thinking/reflection are represented through the symptoms, the voices of insecurity.

### **Postnatal Depression**

Transitioning from being a daughter to a mother is significant event, impacting almost every aspect of a woman's life. For some, this transition is not easy. Many women, across all spectrums of society, acknowledge feeling some form of melancholy before and/or after the birth of their infant. Common amongst these clients is an acknowledgement of the sadness and guilt they feel for having missed out on enjoying the first days of their infant's life. I wonder if this sadness echoes their early years.

### **A Multi-Generational Issue**

The discovery that postnatal depression crosses generations has helped in my understanding of women's health and pathology (Halberstadt-Freud, 2012). As a woman enters motherhood, she is often vulnerable and seeks support. Naturally, she would look to her own maternal lineage and draw on her inner mother, the maternal image she carries inside. This forms the backdrop from which she develops a relational bond with her child. Ideally, from within this maternal framework, she can negotiate symbiosis (a lack of boundaries) and relatedness (requiring flexible boundaries) with her infant. Halberstadt-Freud (1989) pointed out that the central issue that inhibits this process is a woman's unresolved conflicts (unresolved symbiotic illusion) with her mother. This understanding helps to explain how women in early motherhood find themselves feeling overwhelmed and anxious and are unsure why.

## **Symbiosis and a One-Sided Dependency**

Symbiosis, according to Mahler (1968), relates to a metaphorical, powerful boundary delusion between two separate individuals. Ideally, it finds the mother responding to her child's needs (Fonagy et al., 1993) and responsibly managing the one-sided dependency (Halberstadt-Freud, 1989). From the infant's point of view, this state represents an imaginary ideal of blissful feelings of being one with its mother (symbiotic illusion). With regard to not having boundaries, Stern (1985) believed that the baby is not fused with the mother. He claimed that as a self-regulating parent, the mother does not confuse or infringe on her infant's core self (Stern, 1985). How challenging this must be for a mother whose mind is conflicted by her unresolved childhood insecurities.

In contrast, Halberstadt-Freud (1989, 1991) argued that the symbolic illusion (blurred boundaries) could be seen as a protective strategy, and that symbiosis is a euphemism for pathology. They questioned the existence of the symbiotic phase, noting that an adult mother should not need her child more than it needs her. Regardless of the different schools of thinking, these understandings highlight the real struggles that exist for some women in maternity. If unchecked, such understandings can be attributed to the pain that moves across generations.

## **The internal merger issue and repetition**

In postnatal depression, the internal maternal image that the mother holds of her mother has not separated, their conflicts are unresolved (Halberstadt-Freud, 2012). Now, as mother, the daughter has not given up the fantasy of repairing her childhood experience. This chance has ended—she can no longer return (Stern, 2006). She now mourns the mothering she was denied, and faces the aggression that was once suppressed. This accumulated aggression was needed back then to gain autonomy and express difference (Halberstadt-Freud, 2012). Likened to the shifting sands of insecurity, women in my clinical practice acknowledged their mixed feelings and forever changing moods and behaviour towards their mothers. With no way to express themselves or escape, they inadvertently impact their infant's early development milestones (Pines, 1972). Fonagy et al. (1993) identified that in our quest to survive, we form insecure ways of being in relationship that repeat over time and through generations. Clients attest to the unhelpful relational patterns that they develop and automatically follow. They are familiar to them and, therefore, are difficult to notice and change.

## **A Two-Sided Dependency**

Halberstadt-Freud (2012) said that a mother's state of mind is crucial in helping her infant separate and find autonomy. Fonagy et al. (1993) affirmed that a mother's reflective ability is vital in an infant developing safety in the relationship. A mother who is unable to think clearly can find herself viewing her infant as an extension of herself (Halberstadt-Freud, 2012). The healthy boundaries that separate her from her child fracture. Boundary confusion increases in her child as the mother projects her fantasies for, and fears of, her past onto to her infant. Johnson (1991) upheld that the mother's symbiotic need and lack of boundaries creates a fusion, or two-sided dependency, with her infant. At this point, the mother has lost sight of her real baby. She needs the baby to need her and meet her unfulfilled hopes and dreams (Halberstadt-Freud, 2012). Riding the waves of a client's overwhelm, confusion, and internal conflicts with her mother and infant is challenging. It finds us revisiting extreme emotions towards both. I wonder what prevents a mother from moving onto the solid ground of security? What key factors would release this unhealthy tie? How could therapeutic interventions be beneficial at this critical time in a woman's life?

## **Movement back and forth and repetition over generations**

Halberstadt-Freud (2012) believed that the symbiotic anxiety produced leaves the infant at a crossroad. They are now positioned between their fears of losing self-identity and the threat of losing love and possible abandonment from their mother. Stern (2006) claimed that the infant works hard to engage with its mother despite her varying emotional expressions and maternal depression. Johnson (1991) noted that out of the infant's need to survive, it turns towards its mother, giving up its own needs, and begins complying like their mother once did (Halberstadt-Freud, 2012). The transmission across generations has taken place; ghosts now reside in the nursery.

The resulting patterned ways of being with each other informs the infant's bond to its mother, as outlined by attachment theory (Ainsworth et al., 1978; Bowlby, 1980). Over the years, endless micro moments of unconscious bartering takes place between mother and child, with any move to independence resulting in parental love being withdrawn. This is believed to leave a child feeling guilty (Khan, 1979). At puberty, the teenager struggles to protest against its mother; again, any attempt at autonomy usually results in hostility and additional guilt.

Once in motherhood, a daughter has come full circle. She has another opportunity to break the symbiotic spell with her mother and resolve the boundary

confusion. After giving birth, this new mother can let go of her mother, break the generational pattern, and turn towards her child creating a one-sided dependency (Halberstadt-Freud, 2012). If it fails, and the internal daughter holds on to her false hopes, the still damaged maternal lineage repeats its cycle. Client accounts reflect the entrapment new mothers felt from their damaged histories. Feelings of abandonment and isolation were common, as was mourning the essential childhood needs that were not met. Some acknowledged how overwhelmed and ill-prepared for parenthood they felt. Now the primary caregiver of their child, some found themselves still caregiving their mothers and feeling torn and resentful, angry and guilty towards both. These findings highlight how maternal patterns repeat through families, and the compulsion to repeat cycles of maternal pain across generations (Freud, 1920; Wellton, 2012).

### **Ambivalence and symbiotic anxiety, creating further insecurity**

Ambivalence in motherhood is sourced in the inner struggles between loving and hating (Lowy, 2020). Parker (1995) believed that the crucial issue, here, is how a mother manages the anxiety that ambivalence provokes. Stern (2006) posited anxiety is represented in the mother's mind; and given the opportunity it creates a unique way-of-being-with self and the other. The narrative structure that it generates confirms her inability to escape or find resolution. This understanding highlights the part ambivalence and its subsequent anxiety plays in maternal depression. Knight (2017) pointed to projective identification (an unconscious communication of unwanted emotional experience), as a way that traumatic anxiety is passed onto the next generation. This seems especially relevant where there is a two sided merger, with blurred boundaries between parent and infant. One can appreciate how a mother who finds herself in this position, without an ability to reflect, moves her overwhelming conflict onto her child.

### **The acceptance of maternal ambivalence. Facing the insecurity**

Parker (2005) noted that if a mother can manage her positive and negative feelings about motherhood, and therefore accept her ambivalence towards her own mother and her infant, she has a greater chance of interrupting the transgenerational trauma. Through exploring the ambivalence, her movement between love and hate, she can be spurred on to understanding herself and knowing her child (Parker, 2012). Parker (2012) supported Fonagy et al. (1993) in emphasising that a mother's capacity to think about her child was one of the most important aspects of mothering. It allows a woman to be herself, and to develop realistic expectations around her capacity as a mother and of her infant's

development (Parker 1995). This understanding supports Winnicott's earlier thinking within the transitional process where a mother can engage her own creative and imaginative abilities to change the narcissistic perception she holds of her baby (Parker, 2012). In this way, she can find the real baby and move to a one-sided dependency (Parker, 2012).

I have explored maternal depression, ambivalence, and anxiety which are symptoms of the insecurities that suffering mothers hold. Insecurity closely connects with the themes of this study. I will now extend my exploration of the theme of loss.

## **Loss**

Like trauma, losses hold hands over time. I suspect that loss accompanies ghosts into the nursery. In western culture, limited processes are accessible for the expression of grief (Kais et al., 2009). Maternity is no exception, with parents' losses rarely being acknowledged or talked about. As a result, loss accumulates and becomes disenfranchised grief (Doka, 1989) or unsanctioned grief (Kaufman, 1989). Over time, the pervasive sense of pain resulting from the incomplete mourning of losses stockpiles (Brave Heart & De Bruyn 1998) and attributes to pathological reactions in bereavement (Parkes, 1974). I will now explore specific forms of mother loss that can physically, mentally, and emotionally remove mothers from their children, further impacting close relationships and future generations.

### **Grieving the loss of the mother that was missed**

I believe that maternal depression and loss are closely connected. As previously noted, within postnatal depression a mother unconsciously mourns the mothering she missed (Halberstadt-Freud, 2012). Edelman (2006) affirmed this in her personal description of being a motherless mother, an experience of significant loss which she believed altered her landscape. Edelman identified the generational link to grief when she heard her baby cry and connected it to the all-encompassing despair of her mother loss. It seems that loss and grief add to the vulnerabilities that ghosts take to the nursery (Fraiberg et al., 1975). Within my clinical work, I have observed mother loss presented as a chronic sense of something missing, coupled with displays of unpredictable and overwhelming emotion. Like traumatic anxiety (Knight, 2017), evidence suggests that loss is also projected from mother to child. Edelman noted that, like her, other mothers reported overcompensating in their parenting. Being over protective, scared, and reluctant to let go, these mothers'

vulnerabilities hindered their infant's development. I wonder if a mother's accumulated losses jeopardise her ability to provide good enough care?

### **Post-Traumatic Stress Disorder (PTSD), a form of mother loss**

Herman (1992) and Horowitz (1997) confirmed that when impacted by abuse and violence, affective states of trauma are often experienced as extreme, overwhelming, explosive, and/or dissociative and numbing. Rothschild (2011) recognised that psychological and psychosomatic symptoms develop which compromise normal functioning, impacting the mind and body through the nervous system. Accompanying stress levels are so high, a person can shift into survival mode, impacting the brain and initiating an adrenaline response of flight, fight, or freeze (Rothschild, 2011). This unpleasant response is commonly known as PTSD. Symptoms can persist long after the trauma event is over, and include flashbacks, intrusive thoughts, avoidance, hyperarousal, trouble concentrating, and sleep disturbances. A reduced ability to fulfil roles such as parenting and work are common (Rothschild, 2011). I am sure a child's early experiences with a mother managing the loss of her own mother and/or symptoms of PTSD would be frightening, and have potential transgenerational repercussions.

### **The Loss of the Infant**

In this section I consider how maternal losses jeopardise infant security. I will show how a mother's micro moments of being with her child (Stern, 2006), while steeped in her own losses, can recreate generational patterns of pain.

### **Complex Post Traumatic Stress Disorder (CPTSD)**

A more recent diagnosis, Complex Post Traumatic Stress Disorder (CPTSD), recognises the plights of children raised in homes with suffering parents who were unable to meet their essential needs. It also includes now-adult clients whose lives are steeped in chronic loss, with functioning that leaves them feeling hollow inside and struggling to exist. Their early narrative is based on skeletal or incoherent childhood memories and a lack of safety (Fonagy et al., 1993); wherein they experienced chronic trauma, abuse, and neglect (Mundo & O'Neil, 2017). Being unprotected in this way is linked to "betrayal trauma" which leaves a child feeling abandoned (Herman, 1992, p. 101). Having been abandoned, the resulting resentment can have a more profound impact than the abuse itself. In the face of betrayal, Herman (1992) pointed out that dissociation may be the best option. This has harsh consequences in regards to the existence of self and experiencing reality. Rather than producing a protective feeling of detachment, dissociation often results

in a complete disconnection from others and a disintegration of self (Herman, 1992). Winnicott named the impact as annihilation anxiety (Davis & Wallbridge, 1981). The repetitive patterns of suffering that these children endured interfered with their early development and maturation processes; and have resulted in them being susceptible to further stress and unable to navigate their adult world (Mundo & O'Neil, 2017). Later in life, clients have described dissociation as 'being there and not being there all at the same time'. This highlights to me an internal world that identifies with nothingness and loss. Herman agreed that early neglect is an equally significant issue and sets the stage for further experiences of trauma. This idea shows me how influential a parent's losses and suffering are on their infant. It also highlights how comfortably loss holds hands with trauma, silently transferring between close relationships and across generations.

### **The threatened loss of a child**

Another form of maternal loss is the actual or threatened loss of a pregnancy or infant; and includes pregnancies that were or were not wanted (Eychegoyen, 1997; Lewis, 1979). Examples include threatened miscarriage, attempted abortion, the death of a twin in utero, or being a replacement child for a dead sibling (Karr, 2007a). This form of maternal loss touches on my history, and identifies issues that compromise the wellbeing of mothers, surviving infants, and subsequent siblings.

Belt et al. (2012) pointed to the infant who is born close to a mother's bereavement, as being exposed to her maternal grief. Caught in their mother's unresolved mourning process, the child fulfils the urgent replacement she needs for the lost baby (Welldon, 2012). Not resembling the lost baby puts the infant in a position of feeling their mother's disappointment.

Kahr (1993, 2007a, 2007b, 2012) put forward a theory of infanticidal attachment. This theory considered the impact on an infant exposed to a threat of death before birth or early in life, by way of a mother's conscious or unconscious death messages. Indicating that they were unwelcome in the world, these wishes represented emotional murder for the infant. These infants were found to unconsciously identify with death or nonexistence to enable them to be physically alive and mothered (Kahr, 1993, 2007a, 2007b, 2012). Kahr helped me to appreciate the domino effect of unresolved losses within the maternal lineage; how they jeopardise the bonding process and inform an emerging identity.

### **Chronic mourning and altered moods**

Welldon (2012) affirmed that chronic mourning transfers through generations and deeply impacts future children. Its pervasive affect and the ongoing sadness it

generates informs a mother's patterned behaviours towards her child and their way of operating in the world. Bollas (2017) agreed that moods are repeated forms of a state of being that can be felt across generations. I question what is being communicated to an infant about its value in the world? Belt et al. (2012) offered hope through a mother's ability to see and reflect on her new infant. This may be the necessary ingredient that can help her remain connected to the present and the joy of her infant rather than her grief. As a therapist, I am invited to hold hope as I walk alongside a mother on her journey of mourning.

## **Chapter Summary**

In this chapter I have explored the symptoms a vulnerable mother may present with in maternity, including postnatal depression, ambivalence, anxiety, and loss. From this micro view, literature confirmed the link of transgenerational issues within the maternal lineage to maternal mental health and parenting. It recognised that a mother's unresolved boundary issue (unresolved symbiotic illusion) with her mother, can impact her ability to reflect; and, as a result, she can she lose sight of her baby. Connecting to her unmet needs and childhood emotional states, the mother resorts to old survival behaviours; which, if unchecked, can result in her forming a two-sided dependency with her infant, thereby repeating her past. Her accompanying ambivalence towards her mother and infant, subsequent anxiety, and compounding losses makes it difficult to respond to her child appropriately. A mother's ability to accept her ambivalence, mourn her losses, and hold on to her hope are believed to be key in moving her towards maternal health.

In the next chapter I take a macro view of maternity, and discuss the Western socio-cultural context and how it might add to ghosts that take up residence in the family nursery. I also explore the natural environment and how psychotherapy can contribute positively to the lives of suffering mothers.

## Chapter 5 Findings 3

### **The Dots Connect**

Understanding how Fraiberg et al.'s (1975) 'ghosts in the nursery' (parental past traumas) impact the mother's mind through her maternal representations was believed to be a significant step forward in psychoanalytic thinking (Stern, 2006). Fonagy et al.'s (1993) search for understanding of ghosts, noted in Chapter Three, supported this thinking. This exploration identified a mother's vulnerability/insecurities, survival/protective strategies, repetitive patterns and behaviours, and her incoherent narrative of her childhood as characteristics of possible ghosts. Chapter Four furthered the understanding through identifying and exploring the symptoms mothers experience pertaining to the vulnerabilities that ghosts bring. In this chapter, I take a macro view of maternity and consider other factors in the environment that may influence the transmission of trauma. First, I explore my understanding of maternal representations and the phenomenon of the Motherhood Constellation (Stern, 2006) which is believed to frame the unique psychic organisation of a new mother. Second, I step out into the natural environment in the quest for creative insights into maternity. I also consider psychotherapy's role in working with suffering mothers and ponder how creativity can contribute to this process. Themes from this study are reflected in the wider socio-cultural environment, and in the work of psychotherapy.

### **Maternal Representations**

Representations are the internal story that is created from repetitive personal experiences with self and the other (Stern, 2006). In maternity, representations are believed to embrace more than just a mothers' experiences of her ongoing interactions with her infant. They are thought to include her own fantasies, fears, hopes, dreams, childhood memories, models of parents, and prophecies for her infant's future. These representations open doors to her past, her internal world, and her parenting. Stern (2006) named this different way of understanding new parenting the Motherhood Constellation.

### **Motherhood Constellation**

The Motherhood Constellation is a phenomenon that has been recognised in developed, Western, post-industrial societies, and almost exclusively involves new mothers (Stern, 2006). It is seen as a new and unique psychic organisation that a

woman moves into for a period of time when she becomes a mother. This constellation concentrates on three different but related people—the grandmother, mother, and infant; and their internal and external communication. Fathers are inadvertently moved aside. This change in psychic organisation identifies that the social cultural conditions are considered the primary force that determines how these psychobiological, and especially hormonal, influences play out. This phenomenon led mothers to set up a whole range of new representations, expectations, and actions around motherhood, which they were to organise and achieve on their own. Imagine how overwhelmed and isolated a mother may feel, especially when she is holding unresolved conflicts with her own mother. The motherhood trilogy clearly adds another challenging layer to the role that a new mother holds. Stern (2006) suggested that these challenges require a great deal of mental working and reworking which highlights for psychotherapists that a different kind of therapeutic alliance and treatment plan is required when working with maternal issues.

Given the framework within which mothers reside, the next section considers maternal social culture challenges in current parenting. How do modern day challenges influence a mother's existing vulnerabilities? Do they add to, or relieve, her existing symptoms? I wonder what impact the Motherhood Constellation has on the transmission of pain across generations.

### **Social cultural influences**

How does the social cultural context influence the pathway ghosts take to the nursery? Understanding the Motherhood Constellation has opened a door in my thinking and curiosity about how the environment in which a mother resides adds to her maternal insecurities. The overarching expectation on a mother to singly hold the ultimate responsibility for her infant's care stands out to me. Indeed, Stern (2006) noted that family, society, and the Western culture do not provide the mother with the experience, training, or adequate support she needs, which adds to the responsibility. Where does she gain what she needs to be fully equipped from? Who assumed that she innately holds the capacity to carry the ultimate responsibility?

Added to this maternal role is an expectation that she will manage her other adult roles, including her career (Stern, 2006). Arguably, at the outset of her most significant life event, it seems unfair that a woman as primary caregiver faces a sociocultural system that seems both compulsory and impossible to achieve. Regardless of her circumstances, or the excitement at becoming a parent, I imagine these unspoken expectations would add to her overwhelm and grow her sense of

isolation. Stern (2006) noted that these expectations include desiring a child, achieving pregnancy, and then ensuring its survival, optimal development, and wellbeing. These ideals, however, are dependent on factors mostly outside the mother's control. I question the role sociocultural pressures play on a mother's confidence, her ability to parent, and transgenerational issues. My clinical and personal experiences confirm that mothers from a wide range of social and cultural backgrounds living in the Motherhood Constellation struggle with the expectations of motherhood and long for support.

## **The Modern Day Mother and Other Opposing Challenges**

### **Outside the home**

Societal pressures, such as the need to contribute financially to the home, separate mothers from their infants. As a result, mothers find themselves juggling alternative childcare options while navigating work and home commitments, restricting quality time with her infant, herself, and others. Sherwood (2020) agreed that in this current culture there is an acceptance, and often a financial necessity, that mothers leave their infants at day care and return to paid employment. I can appreciate how this experience may impinge on a child's secure base, and I ponder the implications when some infants have not developed their ability to fully understand and manage this change. Sherwood considered the impact the disruption of the mother-infant bond has on society. She questioned whether substitute care can adequately replace the primary care of a mother. Sherwood noted that while supportive alternative child-rearing practises are seen to support a mother's attachment to her infant, it is believed that infanticide and abandoning practices continue as a form of intergenerational trauma (Grille, 2005; Yellin & Epstein, 2013; Yellin & White, 2012). For infants raised in abusive and neglectful homes, I would argue that other arrangements such as day care are preferred; that they offer a safer and more predictable provision of adequate parenting care, socialisation, play, and learning.

### **Inside the home**

Clients have acknowledged that the use of electronic devices have become common in the lives of family members. Cellphones are used to socialise and provide a means of escape for mothers. I wonder how this form of parental distraction takes away from the good enough care that is required for an infant (Davis & Wallbridge, 1981)? Adult gaming is a time consuming, potentially addictive and mood-changing form of entertainment, and I wonder how that impacts the

structure and support of the family unit. It may pose as a threat to healthy communication and support between parents, which, in turn, threatens a parent's appropriate communicative responses with their infant (Fonagy et al., 1993). Parents have also described utilising electronic devices such as iPads to entertain their infants. These distract children from real relationship, playing, exercise, and exploring the world around them. I question what this communicates to a child about their existence and their view of world around them? Technology replacing human contact contrasts Winnicott's concept of mirroring (Davis & Wallbridge, 1981). It interrupts the mutual interactive gaze, which heightens positive effects and the development of a core self (Schoore, 1994). I ponder how we determine an environment that is good enough today. It is interesting to note that some clients have used their increased awareness and motivation to reduce time spent on their devices as a measurement tool in their psychological progress in therapy. Both outside and inside the home, the themes in this study highlight and add to the challenges of the modern day mother.

### **Changing social environment and the need for flexibility**

More recent findings indicate that a parent's adaption to the changing social environment is important. Findings include mentalising, the understanding of self and others through attachment relationships, and the development of epistemic trust (Fonagy et al., 2015; Fonagy & Luyten, 2006), which is believed to support people's development through growing flexibility in their thinking patterns and trust in and learning from an ever changing social environmental context. The increasing levels of social complexity, the need to understand more complex knowledge and ways of functioning have long been considered important for the survival of the individual and family group (Wilson, 1976). While the advancement in technology over generations is inevitable, I wonder how this can be navigated successfully.

### **The Journey of Discovery**

To date, literature and personal and clinical experience have, together, enlightened my thinking and understanding of this topic. The hermeneutic process has guided me through this process and uncovered in me a deep sense of admiration for the mother (representative of primary caregiver) who holds the past, while navigating the present, and influencing the future generations. In view of growing trust and flexibility in thinking patterns from a social cultural perspective, I will continue a wider environmental search. I anticipate finding insights to creatively bridge a gap that sees women stranded and struggling in maternity. Understanding

that the maternal lineage impacts a mother's journey is paramount. My hope is for mothers to find resolution within themselves and to turn and face their infants and a different future; thereby healing what history has not healed and slowing the transmission of ghosts across generations.

My search took me to the live art exhibition of Vincent Van Gogh where I read a statement that he had made during his life. It highlighted something very important to me about this man's troubled life, his search within himself for understanding and a way to express this. He wrote: *As a suffering creature, I cannot do without something greater than I - Something that is my life - the power to create.* From a past that involved trauma, abandonment, and isolation Van Gogh utilised his gift of painting to process his story of pain. He used colour, nature—especially flowers—people, and places to depict the extremities and subtleties of his emotion and lived experience. He wrote letters to his brother to communicate his understandings. Later, these letters and his art combined highlight to humanity a creative form of expression of his life of suffering. I believe Van Gogh's creative depiction identifies something that resides in all of us, the power to create. I see this as a vital key which contributes something important in the journey of healing generational pain in maternity. In the next section, I connect creativity to the work of psychotherapy.

### **The Great Mother, the Symbol of Life and Nurture**

In keeping with creativity and this topic of this dissertation, I will step out into the nature and meet with the great mother of the earth who has been identified with life. In more archaic mythology, her feminine image has been likened to the sun, ruling over heaven and earth, producing ovum and nourishing life (Krepp, 1992). As a person who loves being in the great outdoors; utilising its resources; taking in its sights, sounds, and smells, I recognise the comfort and peace that nature brings. Bion proposed that a woman's biological womb can be seen as a part of a greater womb, represented by the great mother which also brings life (Biran, 2015). I enjoy the concept of dwelling in life alongside a great mother, drawing from her life-giving energy, tuning in to her natural rhythms and guidance. In that space finding a place of connection that could spur one on into authentic motherhood.

Similar to the concept of the great Mother Earth, I wonder if a suffering mother can recreate an internal representation of a maternal image that would bridge the gap and meet her needs, in order for her to enjoy and flourish in maternity. This

picture reminds me of internal security referred to by Fonagy et al. (1993) which contrasts her insecurities and symptoms.

### **Modelling authentic motherhood, being an active therapist**

This picture also led me to research how a psychotherapist can be represented in the minds of mothers in therapy. I discovered Schechter (2017) who offered creative insights for therapists through the facilitation of authentic motherhood, a mother who knows herself and is comfortable in her own skin. Schechter (2017) saw this active role as a therapist as an invitation into a mother's multigenerational world. He pointed to contemporary attachment and trauma research being used to uphold psychoanalytic technique. Mariotti (2012) affirmed this work by identifying that prompt treatment for parents suffering in the early days of parenthood is key in gaining a successful outcome. Although emotionally difficult, Mariotti suggested that therapy during maternity can offer a mother a better chance to restructure her psyche than at other periods of her life.

### **Being a good enough and brave therapist**

Schechter (2017) proposed that a therapist's active role is to be involved in approaching, co-regulating, tolerating, and integrating affects and memories that have been avoided. He suggested that these are associated with relational disturbances experienced by the mother early in life, and compounded by the impact of other issues such as maltreatment, violence, and loss (Schechter 2017). Stern (2006), Fonagy et al. (1993), and Fraiberg et al. (1975) all previously noted that these relational dynamics were at the forefront of maternal issues. The therapeutic activity that Schechter recommended for processing negative maternal transference helps facilitate the mother's discovery of her authentic self. Coen (1992) noted that this transference refers to the rage that is implicit in the relationship where the mother has not assisted her daughter's forward progression into motherhood. It is believed that this conflict can be seen in the early mother infant interactions at the beginning of the rapprochement phase (Mahler et al., 1975). Halberstadt-Freud (2012) highlighted that only partial separation from the maternal object to take place, noting the fine line between pathological symbiosis and healthy relatedness. Mariotti (2012) highlighted Stern's supportive approach to therapy in relation to the Motherhood Constellation. He emphasised the importance of a benevolent older female figure, who can represent the client's internal mother in the room. Stern saw this figure fostering positive, narcissistically healthy unconscious processes in the new mother, providing a warm and supportive figure who is much needed in her new role (Mariotti, 2012). The challenging side to this

role is the possibility of the therapist through the negative transference becoming the representational persecutory mother in the room. In reality, a psychotherapist navigating the space between the new mother in the room and her internalised mother is not easy. I recognise that this requires a strong working alliance and a therapist who treads carefully and works with sensitivity, firmness, and respect.

### **A Safe and Contained Environment**

In relation to transgenerational issues and finding appropriate models to work from, Herman (1992) offered an example of a three stage trauma model that allows the work to be safely contained and provides the modelling of a secure relationship. I notice how this parallels something of Winnicott's (1965) good enough environment. Herman's stages include: 1) safety, 2) remembrance and mourning, and 3) reconnection and living differently. The client has the opportunity to develop a safe and contained working relationship with the therapist who models authenticity. This process allows the client to join the therapist in the active work of remembrance and mourning, facing into motherhood, one's experience of being mothered, mourning its losses, and finding one's identity.

### **Turning vulnerability (insecurity) into stability (security). Reactivation and reorganisation**

The therapeutic working relationship and modelling also gives the opportunity for the mother to move from vulnerability and an insecure way of being in relationship to security (Bowlby, 1980). This change can then be passed on through her modelling to the next generation. Through attachment research, Stern (1995) pointed to themes that need to be addressed to avoid the transmission of relational disturbance across generations. These themes include growth, primary (authentic) relatedness, a supporting matrix, and identity reorganisation. Further, it is hoped that these themes can be reactivated and reorganised by the mother and her own internal mother, creating a resolved relationship (Stern, 1995). Halberstadt-Freud (2012) noted that this work provides a woman with another opportunity to separate and individuate, having missed it early in life and at adolescence. At this vulnerable time in a new mother's life, facing into such conflict is difficult. It seems that the art of living differently, like the art of mothering, requires creativity and great courage.

## **The power to create**

I recognise that Winnicott's (1965) depiction of the good enough environment and the good enough mother role, model creative patterns of living differently. Davies and Wallbridge (1981) reminded us that through a mother's consistent and sensitive care, an infant's intrinsic needs can be met in such a way that supports the development of independence and the core self. The meeting of needs brings security and a space to rest, setting a pattern in motion which represents the infant's lived experience. Within this trusting environment, an infant learns to dream, fantasise, and create its own internal picture of life which eventually becomes reality (Davies & Wallbridge, 1981). Further, this supportive and adaptive process moves the infant towards independence and then interdependence—the ability to be in mutual relationship.

Using this form of creative modelling, I see the good enough therapist providing a supportive and adaptive environment that facilitates authentic motherhood and the ability for mutual relationship. Providing this environment brings to light transference and the possibility of the therapist on the one hand, re-enacting the fairy godmother who rescues their client or on the other hand, the wicked stepmother role, reinforcing her maternal suffering. The infant's journey to reality also reminds me of Fonagy et al. (1993) and Stern's (2006) description of the maternal representation world. I believe therapy can encourage a mother to turn hope, fantasy, and desire into creativity and a new reality.

## **Angels in the nursery. Finding positive supports**

Lieberman et al. (2005) suggested that, supported by the therapist, a client can develop resilience and search for other positive supports. In contrast to ghosts in the nursery, these authors likened angels in the nursery to supports that are often represented by positive figures in the client's past. These angels can provide the groundwork for eliciting other supportive networks (Lieberman et al., 2005). Hill and Pargament (2008) also identified spirituality as a potentially supportive and healing framework, positioning the Creator as a secure attachment relationship from which comfort and reassurance can be gained and maternal needs met. Additionally, Stern (2006) and Lacan (1958) saw the father to be an important support. Lacan considered the father naturally separating the mother from the infant, and bringing the infant into to the symbolic world of language, society, and culture; thereby growing their representational world.

## **Emerging authentic moments. From therapy to lived reality**

In thinking about creative growth and movement towards a different way of being in life, Stern's (2006) ideas of emergent moments and the bridging of creative thinking (positive representations) into reality come to mind. The concept of stretching a present moment, seizing it in its draft form and moving it into the future to become a new reality, seems pertinent. Taking action by knowingly capturing an experience and moving its energy or workability to a new location seems possible. I have an image of riding a bike at the gym, then moving this action onto a bike trail in nature. I am wondering if authentic moments within the therapist-client relationship can be seized and taken out of the therapy room in a similar way. Over time, these new, lived moments bring about healing and change across generations.

## **Chapter Summary**

This chapter has considered a macro view of maternal representations. It has explored a Western framework and identified Stern's (2006) concept of the Motherhood Constellation. This framework informs current sociocultural issues in maternity that can be attributed to transgenerational issues. I have extended this study by looking at an environmental perspective and identifying nature, the Great Mother Earth, and creativity as a pathway to adaptive thinking and growth. I have explored how creativity and psychotherapy can bridge the gap between vulnerability/insecurity and health, contributing to a mother's wellbeing. In my search of literature I discovered how the active role of therapy and the facilitation of authentic motherhood can support women in their maternity to resolve pain and change maternal history.

In the final chapter, I discuss what I aimed to do and what I have done in this research. I will review my findings and discuss the themes that have emerged. I will consider the implications of my findings for the profession of psychotherapy and how hermeneutics fits with the profession and my topic; as well as naming limitations. I look at the strengths and limitations of this study, and consider further research and conclude.

## **Chapter 6 Discussion and Conclusion**

As I enter the final stage in my study, Aotearoa New Zealand is back in lockdown as a result of another outbreak of COVID-19; this time, the Delta variant. It strikes me that two parallel journeys have taken place, both with a great deal of knowledge and understanding being gained. In this chapter, I consider what I aimed to achieve. I will review my findings and discuss the themes that emerged. I will consider the implications for the profession and how hermeneutics fits with my topic and psychotherapy, naming one limitation. I then consider the study's strengths and limitations, and future research. Lastly, I share my conclusion.

### **The Study Question**

I sought to answer the question: What does psychoanalytic literature say about how a mother/child relationship can be impacted by the transmission of trauma across the generations? This question came about as a result of my growing curiosity while working alongside expectant and new mothers suffering from moderate to high levels of depression and anxiety. Having also worked with adults through ACC Sensitive Claims, I held an understanding of the influence of trauma. I explored how an early experience of trauma may contribute to a person's suffering later in life and, in this study, particularly the lives of mothers.

### **What I Aimed To Do**

My aim for this study was to identify within the mother/child relational context the existence of intergenerational trauma and explore what the literature had to say about how trauma transfers across generations. I chose an interpretative hermeneutic methodology to achieve this aim.

### **What I Claimed to Find in My Proposal**

Within my exploration of literature for my research proposal, I discovered a link between the mother/child relationship and intergenerational trauma. Fraiberg et al. (1975) termed this connection as "ghosts in the nursery" (p. 387), representing a parent's unremembered traumatic past. This generational pathway of transmission to the infant was recognised through a mother's maternal representations, described as her fantasies, fears, hopes, dreams, childhood memories, models of parents, and prophecies for the infant's future (Stern, 2006). Vulnerability towards postnatal

depression was identified within a mother's maternal representations, through unresolved conflicts with her internal mother image (primary object) (Halberstadt-Freud, 1989). These understandings confirmed the existence of intergenerational trauma in the mother/child relationship and helped me recognise how it might transfer. My extended search and subsequent findings sought to gain a deeper understanding of this process.

## **Review of My Findings in the Literature**

Throughout the literature, authors confirmed psychological trauma as an experience that was overwhelming, stressful, and potentially life threatening (Rothschild, 2011). In the current study, its disturbing impact was recognised within the mother/child relationship and across generations. Trauma was seen to disempower and disconnect mothers from self and others, especially their infants (Herman, 1992); challenging their ability to be present and parent. For the infants, trauma represented micro moments of a lack of attunement.

My exploration of Fonagy et al.'s (1993) empirical study increased my understanding to the likelihood of ghosts taking up residence in the nursery. A key determinant in the relational bond that a mother forms with her infant is the influence of her implicit and explicit understandings of her own childhood. When a mother held insecurities that lead to her protecting herself from her childhood pain, the likelihood of ghosts haunting the family nursery increased. Further, her inability to establish a coherent narrative of her childhood experience (a story that makes sense and one to which she is personally connected) impacted her child's level of security, increasing their reliance on defensive behaviours to protect themselves (Fonagy et al., 1993). Lack of a coherent narrative compromised the child's level of resilience and their ability to ward off ghosts (further trauma), which confirms how conflicted survival behaviours and emotional instinctual functioning repeat over generations (Fraiberg et al., 1993). Coherence is seen as the precondition for a mother's reflective ability which enables her to provide a good enough nurturing environment for her child. It confirms the influences of early relational experiences and identifies coherence as a strong bridge of security across the generations. Stern (2006) described how these interactional ways of being in relationship inform the infant's bond to its mother, as outlined in attachment theory (Ainsworth et al., 1978; Bowlby, 1980).

Literature confirmed the connection between a woman's experience of postnatal depression and anxiety to her maternal lineage (Halberstadt-Freud, 2012).

Within postnatal depression this concerns a mother's ability to negotiate a one-sided dependency with her infant, responding appropriately to her infant's needs while negotiating symbiosis (a lack of boundaries) (Halberstadt-Freud, 2012). Unresolved conflicts with her maternal image and the mourning of this lost relationship were identified as an obstacle. It is noted that the impact of mother maternal losses can be immense given that they hold hands with past losses. The added ambivalence to her mother and infant, and heightened anxiety, adds to the confusion and insecurities she already feels. This reiterates the level of overwhelm and psychological disturbance that maternity can bring.

Stern's (2006) concept of the Motherhood Constellation, a Western socio cultural framework in which maternity resides, was an important piece of understanding for me in this study. It verified other authors' writing on the connection a mother has to her mother in maternity through her maternal representations, validating my clinical experience. It also identified some of the pressures and expectations new mothers are faced with, seemingly on their own. It reiterated the isolating place a mother may find herself in when she has historical, unresolved maternal conflicts. Findings also identified that modern day living and the changing environment can add to a primary caregiver's existing stressors, generating survival behaviours that further jeopardise the mother/child bond.

## **My Connecting Themes of this Topic**

### **Disconnection**

A strong but silent theme in this study is that of disconnection, resulting from the impact of relational trauma. Herman (1992) affirmed the power of trauma to disconnect a person from relationship with self and others, leaving them vulnerable and disempowered. It has been seen to impact affective states, change cognitive and behavioural patterns, somatic states, and relational patterns. In the current study, its influence has been seen through the mother/child relationship, disconnecting a mother from herself and her infant. Notably, being disconnected from her internal mother impacts a mother's level of security and her ability to form a secure bond with her infant. This study has shown many forms of parental disconnection—physical, mental, emotional, spiritual, cultural—all of which threaten safety, identity, and belonging. The influence of trauma is believed to disconnect a person from their conscious memory which makes it more likely to transfer across generations.

## **Loss**

Closely connected to the theme of disconnection is the theme of loss. Loss represents something that has been taken away or something that could have been. Within the mother/child relationship, a mother's inability to be present is seen as a loss. The subtleties in relation to the loss of relationship and the inability to grieve seem to significantly impact the mother/child relationship. Loss isolates, disconnects, and contributes to vulnerability. Like trauma, I believe loss holds hands across generations.

## **Vulnerability**

In the current study, the theme of vulnerability has been likened to the pathway that ghosts walk to the family nursery. It represents a parent's insecurities which can create overwhelm, and generate isolating and survival behaviours. Vulnerability compromises one's sense of safety which influences a person's way of being in relationship with self and other, particularly their child, as recognised through Bowlby's (1980) attachment theory. It has been understood that unattended vulnerability, in conjunction with the unresolved relational conflicts within the maternal lineage, will transfer to future generations.

## **Survival**

A theme of survival emerged from vulnerability. These are the reactive, protective strategies that a person employs when feeling scared and alone in their vulnerability. These overwhelming feeling states compromise one's ability to think, reflect, and respond appropriately to the care of self or others. I explored in chapter four how vulnerability and survival patterns extend into symptoms that develop over time. I see these as telling signs of trauma, characterising ghosts that want to speak.

## **Repetition compulsion**

Fraiberg (1982) reinforced that defensive strategies used to ward off pain can leave us at the mercy of protective patterns that have been developed. Repetition compulsion has been observed in this study through a mother's unconscious repetition of survival patterns and behaviours that result from unresolved conflicts in their past. A repetition of their feelings are then induced in their children. Repetition can be positively experienced through such things as the rhythms of the tide and the seasons. It seems that positive patterns inform us about gaining success through routines and structure, pacing and balance. The literature and my clinical experience recognised the compulsion to hold on to patterns from the past and repeat what we know from an entrapped and conflicted position.

Welldon (2012) identified repetition in the cycles of abuse that occur across generations. This study shows that the compulsion to repeat is innately part of human existence and is represented through the body, mind, and emotions (McDougall, 1989).

### **Thinking and reflection**

A theme of thinking and reflection was noticed throughout my findings, which brought with it a sense of hope. It was discovered that a mother's coherent understanding of her difficult childhood experiences and feelings was indicative of her and her child's secure bond. Understanding self and the other within the attachment relationship seems important. The ability to reflect or mentalise (Bateman & Fonagy, 2016)—understand the mental states that sit behind their behaviour and emotions—creates a way forward which allows mothers to find their authentic selves and to see and respond appropriately to their young.

### **The Implications of My Findings for the Profession**

The findings from this study on the mother/child relationship and the transmission of trauma across generations are of fundamental importance to psychotherapy training, supervision, and practice. The findings have identified that therapeutic intervention during maternity, when a woman is experiencing much emotional and internal upheaval, gives her a better chance to change and heal than at any other life stage. The opportunity gives her a chance to revisit her early development process (specifically the separation and individuation phase), and accomplish what was not achieved during infancy or puberty. These understandings highlight the internal reconfiguration that takes place for a woman in her maternity, and can help to inform and guide the profession of psychotherapy. Literature suggests that an adaptation is required in the working alliance and treatment plan with this client group. Understanding these adaptations is important to the future training and supervision of students and the practice of psychotherapy.

While findings in this study have mainly related to the mother/child relationship, I believe they relate to all clients. We all have a primary caregiver, a generational history, and a pathway through which our internalised representations of those experiences contribute to our way of being in relationship. Through the interpretation of literature and the themes that emerged, I have gained a greater appreciation about how trauma silently impacts close relationships and people's daily lives. I believe it is of great importance that all mental health practitioners gain

an understanding of the influence intergenerational trauma has on clients and their families.

### **How Hermeneutics Fits with the Topic and Psychotherapy**

This study is about relational trauma—how it impacts the mother/child relationship and transfers across generations. It has been recognised that trauma that is unable to be voiced is consigned to the unconscious, becoming an emotionally charged and embodied memory that remains alive. Psychotherapy also involves relationship which seeks to build a safe alliance that can work to identify, contain, and process the voices of the past. These are the voices that Herman (1992) referred to that leave their graves and want to be heard, understood, and finally healed. Like the mother/child and psychotherapist/client relationships, interpretative hermeneutic methodology seeks to explore human experience. Schuster (2013) affirmed the embodied seeking nature of hermeneutics, of which language and communication are an essential part. Hermeneutics encourages relationship, suggesting that the researcher partner with the authors of the text in their quest of interpreting and understanding human relationship (Gadamer, 1982). Psychotherapy, the topic of this dissertation, and hermeneutics, all seek meaning and recognise that implicit and explicit understanding are required to bridge the gap created by the subjective nature of human experience. They all acknowledge that the socio-historical and cultural context must be considered when interpreting the meaning made in relationship.

### **A limitation of the methodology**

When reflecting on how the hermeneutic literature review limited this study, I was led to thinking about my partnership with the authors of the literature and the meanings that I have made from their texts. While I am aware that both the authors and I have considered client experience in the writing and interpretation of the texts, I am conscious that the interpretation and meanings we have derived have been communicated through our lens. We have not provided an opportunity for mothers to share their first-hand experience. Yardley (2008) identified that bringing commitment and rigour to the work are important aspects to consider in research. I wonder whether including participant interviews aimed at verifying and validating the themes that have emerged from my study would add to the rigour of the research. These interviews would be in conjunction with the hermeneutic process. I envisage the interviews completing the data collection process and would evidence the findings in the literature.

## **The Strengths and Limitations of this Study**

### **Strengths**

This study has recognised a multi-generational link between postnatal depression and a woman's mother image, through her maternal representations. It has added to my knowledge and understanding of how historical trauma connects to this client group, offered insights into who is represented in the therapy room alongside the client and myself, and will inform my treatment planning. My awareness of the unconscious and the form that silenced trauma may take when it seeks to be heard has been expanded. Out of this study I recognise that I have a vital role in this active work as the psychotherapist and the unseen mother in the room.

This study has provided me with insights into the internal world of maternity, and the added challenges that some women face. I see great value in the knowledge and understandings I have gained from literature as it has highlighted the importance of therapeutic time spent with the mother—both to restore her internal child, and allow her to welcome in the next generation knowing who she is and how she wants to parent. Informed therapeutic interventions offer the opportunity for mothers to process and heal their past which has a flow on effect in the lives of their children and future generations. Improved parenting practices give infants a greater chance of a secure bond with their mothers and, therefore, greater resilience to ward off traumatic experiences. These understandings have answered the questions I asked at the beginning of the study about an adult's early vulnerabilities impacting their likelihood of future trauma. It has also solidified my commitment and focus to this client group.

Another parallel that has run along the course of this study has been my own personal processing and growth. As a daughter and mother I have utilised psychotherapy to notice the ghosts in my maternal lineage. While it has been challenging, I have seen the rewards of confronting generational trauma in my maternal relationship and through how I parent the next generation. My lived experience has added to the knowledge and understandings found in the literature for this client group.

### **Limitations**

A limitation of this study is the absence of the supportive other, namely the father. This study has focused on the mother as the primary carer who has traditionally held this role. It must be considered, however, that the family is

changing and more fathers are taking up the primary carer position. A father's essential support and care towards his partner (the mother) and his involvement in the parenting process are also believed to be pivotal to the wellbeing and security of both the mother and infant.

Another limitation within the study is the lack of consideration given to the sexism that is present for the mother as primary caregiver. Sexism represents a bias in the cultural traditional forces that unconsciously and subtly place women and men into stereotypical roles such as caregiver and provider. A further limitation is the lack of mention of other variations on the primary caregiver role and who makes up the supportive family unit; for example, same-sex couples have not been mentioned.

This study has predominantly drawn on literature and theories that underpin psychodynamic, psychoanalytic psychotherapy, and Western thinking. This may be seen as a limitation in the study as it does not consider theories or therapeutic models that would support other ethnicities living in Aotearoa New Zealand. For example, some population groups may hold a history of living according to a community based model rather than the Western framework described in this study. The study also assumes that the maternal lineage has Western roots; yet, many women are parents who immigrated to Aotearoa New Zealand. These parents often hold social, cultural, and spiritual ideals that sit in opposition to the Western ideals that these new mothers face. Further, Psychodynamic psychoanalytic literature and psychotherapy practice which relies mainly on text and talking therapy may be seen as a limitation for cultures who have traditionally relied on more creative models such as storytelling, mime, or singing, for example.

## **Future Research**

This study has opened a realm of thinking for me about the significance of the primary caregiver role and its influences on the transmission of trauma to the next generation. In considering what would be important and valuable to research next, three ideas came to mind. First, I see value in further exploring postnatal depression and its connection to intergenerational trauma which seeks to silence pain and impacts a mother's ability to reflect. As part of further study into postnatal depression I would like to consider the wider population of Aotearoa New Zealand and its multicultural needs in relation to what the Western framework currently provides.

Second, I would like to research the third other, the father. A study looking at the significance of the father and how his treatment of the mother impacts her

postnatal depression would be insightful. Clients have acknowledged how important it has been to have a supportive partner (father). I would like to think further about the bias here in terms of sexism. Within this study I would also consider the influence that the father's internal mother image has on him in relation to his parenting, how he positions himself next to the mother, and on his vulnerability towards paternal depression.

Third, I see benefit in researching the primary caregiver role when it is represented by someone other than the mother. What would get triggered in them holding this role? How would their mother experience impact the way they parent? A study considering same-sex parenting would also be of benefit. What would be different and the same in the relational dynamics of primary caregiver and supportive third other? How would all of these variations then impact the transmission of trauma across generations?

## **Conclusion**

This study has identified that trauma can exist in the mother/child relationship; that the disturbance is connected to the mother's unresolved maternal image, and presents itself through insecurities and symptoms as it transfers across generations. A primary caregiver's incoherence (the inability to reflect) is believed to open the door to insecurity which invites ghosts into the family nursery. Conversely, it was discovered that coherence (the ability to reflect) forms a strong bridge of attachment and resilience between the generations, which buffers against trauma and the storms of adversity (Fonagy et al., 1994). Coherence has been recognised as the precondition for a mother's ability to reflect appropriately, and provide a 'good enough' nurturing environment for her child. Postnatal depression and anxiety (Halberstadt-Freud, 2012) and Western sociocultural pressures (Stern, 2006) are examples of the insecurities that challenge and potentially isolate new mothers and children.

Psychotherapy provides a postnatally depressed and suffering mother a way forward which allows her to face into her conflict, accept her ambivalence, recognise and organise her survival behaviours, and see her child. Schechter (2017) suggested psychotherapists take up a creative and active role in thinking and working alongside a mother to process her disturbance while facilitating the mother's discovery of her authentic self. Mariotti (2012) proposed that the therapist model a benevolent mother figure, representative of a maternal mother image that can support the new mother in her role. This allows her to see her infant and

respond in an appropriate and good enough way. The current study has explored how a mother's creativity can build a pathway for the ghosts in the nursery to be heard, and for reflective capacity to grow and bridge the gap of adaptive thinking. This will enable her to move from patterns of insecure attachment towards secure relational bonds.

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