Clinical Understandings of a Mother's Murderous Rage Towards her Infant

A Hermeneutic Literature Review

Angela Shaw

A dissertation submitted to Auckland University of Technology
in partial fulfilment of the requirements for the degree of
Master of Psychotherapy

Department of Psychotherapy and Counselling

School of Public Health and Psychosocial Studies

2017

Figure 1. Renoir, P. (1893-94). *A woman nursing a child*.

Abstract

Mothers commonly experience non-acted out thoughts and feelings that are perhaps indicative of more or less conscious murderous rage towards their infants. In my training as a psychodynamic psychotherapist I have experienced difficulties in finding a way to remain with a mother's experience of murderous rage towards her infant, in the context of both the need to ensure the safety of the infant and the mother's fear of losing her baby. Two frequent clinical approaches to such thoughts can be identified in the literature, based in the defensive positions of devaluation and idealisation. However, if thoughts and feelings of murderous rage are understood as normative there may be a third, integrative position available for clinical practice, bringing the devaluing and idealising clinical stances together in synthesis.

This research is a hermeneutic literature review. I have identified three key emergent and sequential themes: maternal ambivalence; idealisation and devaluation; and fear and anxiety. I have come to understand the dominant clinical stances as influenced by both the mother's presentation and the clinician's incorporation and use of primitive psychic defences operating in the socio-cultural and organisational realms. I have further explored how our clinical attitudes can evolve developmentally from the defensive positions of idealisation and devaluation towards more capacity for thought and for thinking about. I now comprehend that this will require the clinician to confront their own omnipotence, to allow them to stay with their own vulnerabilities and with the vulnerabilities of their patients. This research is of particular relevance to improved understandings of both preventative and early intervention clinical approaches, with the potential to contribute to a decrease in maternal distress and a reduction in the negative impacts on infant development.

Table of contents

List of figures

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: 

Angela Shaw

Date: 21 February 2017

Acknowledgements

With warmth, gratitude and love to the following:

Dr Peter Slater for his supervision of this research

All my clinical supervisors, past and present

My own psychotherapist

Every one of my friends

My husband Matt and my daughter Estelle Grace

My first family: my father; mother; and brother.

This would not have been possible without all of you.

I would not have been possible without all of you.

Chapter 1 A mother's murderous rage

> When I woke up it was almost dark in the room, the sky was full of black clouds, the weather had taken a turn for the worse. I had four boys: the ones in my sleep and the ones in the room, beside me. The four of them didn't know each other, I was the only one who got them confused, who knew about getting from one world to the other, and the pain that always lurked in between (Olmi, 2010, p. 60).

My particular standpoint

I resonate with the French novelist Veronique Olmi's (2010) metaphor of the changeable weather of the experience of mothering; her evocative black clouds seem threatening, menacing. They scare me. My interest in clinical understandings of a mother's murderous rage towards her infant began with my own experiences as the baby of a mother with mental health difficulties, as reconstructed in my own personal psychotherapy, and continued with my own fleeting intrusive thoughts indicative of murderous rage as I mothered my own baby. I am currently training in psychodynamic psychotherapy. I therefore write from multiple perspectives as infant, daughter, mother, psychotherapist and researcher, following Bromberg's (1996) suggestion that our experience of ourselves is of normal multiplicity of self.

My research method is a hermeneutic literature review. Congruent with the method, I will tell the story of the research to convey the evolution and integration of my thinking and feeling. This introductory chapter therefore represents the first iteration of the hermeneutic circle, illustrating the process of the formulation of my research. In accordance with hermeneutics the research question is not defined before the literature review begins, as perhaps for a structured literature review (Boell & Cecez-Kecmanovic, 2010). Following Smythe and Spence (2012), literature is engaged with in all phases.

The unthinkable act of the murder of an infant

So, let us begin by considering the unthinkable act of the murder of an infant. Whilst infanticide is not the focus of this research, I intend to traverse that part of the territory of a mother's thoughts and feelings of murderous rage towards her infant that stops just short of acting upon it. I want to walk close to this edge. This means that our human history of infanticide and its impacts on contemporary mothering are relevant, providing contextual understandings.

There is increasing awareness that infanticide has been pervasive for much of human history, being found in most cultures and all social classes (Grille, 2008). The most primitive way to free oneself of the responsibility of mothering is to murder the infant. Grille (2008) provides evidence that infanticide was common, widespread and seemingly socially acceptable until approximately 4th century AD, only beginning to decrease during the Middle Ages. How can this be? Writing in *Civilisation and its Discontents*, Freud (1975) sees humanity as being at least as aggressive as loving, positing that "men are not gentle creatures who want to be loved, and who at the most can defend themselves if they are attacked; they are, on the contrary, creatures among whose instinctual endowments is to be reckoned a powerful share of aggressiveness" (p. 48). Sometimes this aggressiveness is directed towards our own infants.

Of particular situational relevance to contemporary Aotearoa New Zealand, Grille (2008) notes that in "Britain, both the Celts and the Irish–irrespective of social status or wealth–exposed illegitimate children" (p. 29) to the elements. I have significant Irish ancestry and allow that this history of infanticide is my history also. I acknowledge that I write from my perspective as a Pākehā New Zealander and do not have scope here to consider Māori understandings, including any impacts of colonisation.

While the ideal of the 'nurturing mother' had begun to emerge in 18th century Britain, infanticide continued amongst Pākehā in colonial Aotearoa New Zealand. Cook (2010) argues that the stories of the women involved have largely been erased from the narrative of colonisation in order to maintain class divisions and the rationalist project of an improved society; the acceptable story of colonial migration is "a coherent, continuous, positive, 'licensed' and always respectable account of progressing family fortunes and social growth" (p. 11). This is congruent with those selected stories from my predominately Irish, Catholic family that remain available to me.

However, some migrants undoubtedly had alternative ideas, perhaps hoping for a less restrictive society. Others would have found the socio-economic conditions more difficult than anticipated, struggling for access to economic resources with limited family and social support. There were consequently unwanted pregnancies and, on occasion, the act of the murder of an infant. My forebears owned hotels on the West Coast goldfields and some of the women were barmaids; the historian Eldred-Grigg (2008) asserts that barmaid duties almost always involved prostitution. I can only surmise what their stories might entail. Grille (2008) concludes from this history of

infanticide, seemingly in accordance with Freud, that the "urge to hurt and exploit children is almost as central a human trait as the urge to protect, nurture and liberate them" (p. 93), further suggesting that "most of us are the children of, or descendents of, battered and neglected children" (p. 94).

Love and hate

The dialectics of love and hate seem of immediate relevance. I feel the discomfort of not including love until now. Certainly, mothers often feel love for their infants and act on this in nurturing ways. In this research, however, I want to privilege clinical understandings of more difficult thoughts and feelings of hate and aggressiveness. Freud (1975) speaks to this when he proffers that "besides the instinct to preserve living substance and to join it into ever larger units, there must exist another, contrary instinct seeking to dissolve those units and to bring them back to their primaeval, inorganic state" (pp. 55-56). This is classical psychoanalytic drive theory with Eros, the life drive, and Thanatos, the death drive, considered as innate and instinctual. To achieve further understandings will require me to bear what is uncomfortable and causes anxiety.

Miller (2002) evaluates Freudian drive theory from within psychoanalysis, considering hatred and aggression to arise primarily as a reaction to punitive, cruel and manipulative methods of child-rearing, with the child's anger towards their parents being forbidden and therefore unable to be expressed. She thus challenges psychoanalysis to consider the role of nurture vis-à-vis nature. According to Miller the child's anger "is transformed with time into a more or less conscious hatred directed against either the self or substitute persons, a hatred that will seek to discharge itself in various ways permissible and suitable for an adult" (2002, p. 61), including, perhaps, towards one's own children. This critique bears further investigation in this research.

Within the dominant ideal of the nurturing mother, society condemns the mother who kills her own infant, judging that she is either seriously mentally unwell or morally deficient. However, the historical prevalence of infanticide suggests that any contemporary woman undertakes her transition to motherhood influenced by collective, and often unconscious, knowledge of our own hostility and even cruelty towards children. How can a mother trust that her love will trump her hate? A new mother may not have experienced enough authentic nurturance herself as an infant to support her own parenting instincts in order to protect and nurture her own infant. This may compound if she also has inadequate material resources and family or social support.

Mothers commonly experience non-acted thoughts and feelings that are perhaps indicative of more or less conscious murderous rage towards their infants (Fairbrother & Woody, 2008; Hall & Wittkowski, 2006). Given the proximate history of infanticide, this seems unsurprising. Examples can range from thoughts about accidental harm (dropping baby while walking down the stairs), thoughts about baby's wellbeing (what if baby stops breathing?), thoughts about intentional harm (urges to shake baby), sexual thoughts (I might sexually abuse baby), thoughts about herself as a mother (baby would be better off without me) and thoughts about others (not trusting anyone with baby) (Kleiman & Wenzel, 2011). I know something about the ubiquity of this phenomenon from my own experiences as a new mother, from my clinical work and given the responses of many women to this research.

Clinical context

I am training in psychodynamic psychotherapy and my research utilises this particular theoretical lens. Psychodynamic psychotherapy developed from the original practice of psychoanalysis. It privileges unconscious processes such as projection, introjection, transference and the psychotherapist's use of countertransference in the clinical encounter, to infer the particular tenor of the patient's internal world. I have become curious about the unconscious and symbolic meanings of the thoughts and feelings of a mother's murderous rage towards her infant, and how such phenomena reflect external relations and realities as well as the internal object relations of the subject.

Definitions

The *unconscious* refers to those "hidden aspects of human mental life which, while remaining hidden, nevertheless influence conscious processes" (Halton, 1994, p. 9). I remember my own initial resistance to the concept of the unconscious, and now in my own continuing psychotherapy we recollect my outrage that I even had one. I follow psychoanalytic convention whereby *fantasy* refers to conscious fantasies and *phantasy* to those which remain unconscious.

Projection "is the process whereby what is inside is misunderstood as coming from the outside" (McWilliams, 2011, p. 111). Those parts of the self that are reviled can be projected onto or into other people (referred to as *objects* in the object relations tradition), as well as those parts of the self that are healthier and contain our loving, nurturing impulses (Klein, 1991d). On the contrary, *introjection* is the process where

what is outside of the self is misinterpreted as being on the inside. The projections of our important objects are taken inside, even swallowed whole. Aspects of a child's important love objects are theorised to become internalised, with their internal images and representations living on in adult unconscious life.

Transference refers to the displacement of feelings towards our important objects, as well as projection of internal characteristics of the self (McWilliams, 2011). Transference often refers to displacement and projection onto or into the clinician in the clinical encounter. *Countertransference* is the psychoanalytic term for the clinician's "internal images and emotional reactions to the patient's communications" (McWilliams, 2011, p. 34). The clinician's feeling space is commonly understood as a rich source of information for comprehending the internal world of the patient.

My clinical training

I completed a training placement in a tertiary community mental health service providing assessment, diagnosis and treatment for women who are either pregnant or up to one year post-partum. Generally women are reluctant to share with a clinician that they are anxious or depressed, even when they know that something is wrong (Whitton, Warner, & Appleby, 1996). As Kleiman and Wenzel (2011) verify "the shame that can accompany upsetting thoughts is unbearable" (p. 81) so "for many, the actual articulation of the specific thoughts–the words they fear would somehow make the thoughts come alive–remains locked inside" (p. 82). Those occasions when a mother disclosed non-acted thoughts and feelings of murderous rage towards her infant were amongst the most difficult clinical challenges faced by myself and the multi-disciplinary team. I became curious about individual and team defences against unthinkable clinical content and how these might affect the interventions offered and outcomes achieved?

In particular, I noticed a tension between ensuring the safety of the infant and exploring the experience of the mother. Attention to infant safety commonly meant consideration of admission to an in-patient unit and/or referral to a specialist child protection agency, with such interventions sometimes resulting in the breakdown of therapeutic relationships. Fears of having their baby removed seemed widespread amongst the mothers that I worked with, although this outcome was rare. My observations concord with those of Kleiman and Wenzel (2011) who report that "women say they are embarrassed, ashamed, mortified, humiliated, and guilty beyond description" (p. 82) and that women are "most fearful of being judged…or perceived as unfit to be a

mother" (p. 85). I have therefore struggled to find a way to remain with the mother's experience of murderous rage towards her infant, in the context of both the need to ensure the safety of the infant and the mother's fear of losing her baby.

Consideration of the clinical relationship prompts my thinking about linkages between the internal and external worlds. This relationship is central to psychoanalysis, encompassing both the conscious and unconscious and proceeding "on the assumption that mental processes are located in an inner space…conceived and defined in contrast to their 'external' equivalents" (Rycroft, 1995, p. 84). Connections between the internal and external are alluded to by Olmi (2010) when her murderous protagonist suggests that she is the only one who gets these worlds confused, who knows how to get from one to the other, and of the pain that must be negotiated in the process. According to Freud (1975) our own self, our ego, normally "appears to us as something autonomous and unitary, marked off distinctly from everything else"(p. 3). However, such appearances are deceptive with the ego continuing both inwards into the unconscious id and out towards the external world. The relationship between what is inside and what is outside is subject to ongoing enquiry in this research.

In considering the relationship between the internal and the external it is pertinent that this research is situated in Aotearoa New Zealand, within the bicultural context of Te Tiriti o Waitangi/Treaty of Waitangi, in 2017. This is a particular place in the history of humankind. Freud (1975) considered that the development of civilisation represents the ongoing struggle between Eros and Thanatos as it works itself out in the human species, whilst also reflecting the developmental struggle of the individual human being. I hope for further understandings of the relationship between individual experiences of love and hate and socio-cultural expressions of the same.

Key point of concern

Murderous rage can be understood as thoughts and feelings of intense hate and anger that have the potential to lead to a violent act. Winnicott (1949) elucidated a number of good reasons for a mother, any mother, to hate her baby and in their seminal paper, Fraiberg, Adelson and Shapiro (1975) use the phrase 'ghosts in the nursery' to evoke how the conflicted past of the mother may interfere with the mother-infant relationship. They posit that a mother's own unremembered and unprocessed infant experiences influence her current relationship with her infant. When all does not go well Berke

(2012) describes a persecutory mother, an adult who hates and attacks children, suggesting that in feeling deprived of love and life she might seek mortal revenge.

Murray and Finn (2012), in their feminist critique of the psychology literature, identify two frequent clinical approaches to such phenomena: (1) the thoughts are indicative of depressive illness; (2) the thoughts are an extension of maternal vigilance and care. The first approach is characterised by the authors as pathologising, with the second approach perhaps being more idealising. The approaches can therefore be considered opposing, or dialectical.

The pathologising clinical approach

While research shows no correlation between a mother's thoughts of harming her infant and her acting these out, such thoughts are theorised within a biomedical model as associated with depressed mothers who then require assessment, diagnosis and treatment, particularly to screen for psychosis and neglect (Barr & Beck, 2008). When a mother's thoughts of murderous rage are theorised in this way there seems little focus on her actual experience and the meaning she makes of that. I am interested to further understand the possibilities for clinical application of a focus on the individual mother's experience and the possibilities for expanded meanings.

Common psychiatric diagnoses accounting for such phenomena include postpartum depression, anxiety and/or psychosis, obsessive compulsive disorders, posttraumatic stress disorder and, more recently, mother/infant attachment disorders. Treatments indicated include pharmacotherapy, cognitive behavioural therapy, eye-movement desensitization and reprocessing, group skills work for distress tolerance, counselling, attachment coaching, respite care and/or admission as an in-patient to a mother and baby unit or an adult mental health unit. I would like to make sense of the relationship of these diagnoses and treatments to the phenomena under consideration, through a hermeneutic exploration of the clinical stance they are embedded within.

Given my training experiences I wonder about the countertransference responses of the multi-disciplinary team. Who holds the fear for the mother's sanity and for safety of her infant? Emde and Leuzinger-Bohleber (2014), in their consideration of the prevention sciences of early human development, argue that our minds are shaped through relationship. This leads me to question whether it is the clinical treatment, the clinical

relationship, or both, that is pertinent? I am also curious about the interplay of morality and what is, perhaps, fear of our own human nature.

The idealising clinical approach

Klieman and Wenzel (2011) propose an alternative clinical approach, referring to scary thoughts–"negative, repetitive, unwanted, and/or intrusive thoughts or images" (p. 8)–and suggesting that such thoughts "are much more common than you think and are experienced by nearly every single mother at some time" (p. 37). Is this akin to normalisation? It could be thought that when a mother's murderous rage is theorised as being common or normal, she is being idealised. By this Murray and Finn (2012) seem to mean reinforcement that 'good' mothers worry about the safety of their infants. Such thoughts and feelings of murderous rage are therefore held to be an extension of normal maternal vigilance, serving as a reminder of the fragility of the infant. Klieman and Wenzel also write within the psychology literature and propose a biopsychosocial model with genetics, hormones and neurotransmitters and thinking styles representing areas of vulnerability which, when combined with stressors related to the transition to parenthood, lead to disturbing cognitions and affects towards the infant. Indicative treatments include distress tolerance skills, support groups, omega-3 fatty acids, light therapy, cognitive behavioural therapy, psychotherapy and pharmacotherapy. Again, I seek to understand the relationship of these treatments to the phenomena under consideration, through a hermeneutic investigation of the socio-cultural underpinnings of this idealising clinical stance.

I am coming to wonder if my own difficulty in finding a way to remain with the mother's experience of murderous rage towards her infant might be related to the dominant social and cultural ways of relating to such thoughts–pathologise versus idealise–rather than the diagnoses or treatments themselves, which overlap considerably between the two stances. Murray and Finn (2012) challenge these dominant clinical stances, instead making "a case for thoughts of destructive harm as being a creative impulse that can be constructively incorporated into mothering and maternal subjectivity" (p. 41). If such thoughts and feelings indicative of murderous rage are understood as normative, could there be a third, integrative position available for clinical practice? By this I mean can the pathologising and idealising clinical stances be brought together somehow in synthesis. I seek additional understandings of the possibilities for clinical practice through this process of research.

Contemporary psychoanalytic thought

Contemporary psychoanalytically-informed literature emphasises the mother-infant relationship. Fonagy et al. (1993) utilise a combination of object relations and attachment theory to understand the ways that the parental past interferes with the mother-infant relationship in the present, arguing that it is the mother's capacity to keep her child in mind that makes it possible for the infant to discover their own mind. A mother high in such reflective functioning can see her infant as having needs, desires and intentions that are different from her own, assisting that mother in her ability to contain and regulate her infant's emotional and body states. Psychoanalytically-informed models of change include: (1) containment of unbearable feelings; and (2) insight–the uncovering of ghosts in the nursery linked to appropriate emotional response (Barrows, 2008). Clinical interventions such as the mentalisation-based parenting programme *Minding the Baby* emphasise the development of parental reflective functioning (Sadler, Slade, & Mayes, 2006). It is perhaps a focus on the mother's actual experience and the meaning she makes of it that is missing in the dominant clinical understandings outlined above.

Aim and scope

This introductory review of the literature, together with the preliminary thinking that the texts have prompted, has allowed my hermeneutic formulation of this research. I have found myself dissatisfied with a dichotomous approach to thinking about a mother's murderous rage. I struggle to reconcile the dominant clinical stances (Murray & Finn, 2012) with the proximate history of infanticide (Grille, 2008) and associated predominately violent modes of child-rearing (A. Miller, 2002), combined with emerging awareness of the effects of intergenerational trauma (Herman, 1992). My aim is to explore clinical understandings of best practice with mothers who are experiencing thoughts and feelings of murderous rage towards their infants. Beyond that, I am interested in the relationship between the mother's subjective experience and theoretical accounts of psychological processes that might be occurring. Expanding further, I am also concerned with the relationship between the mother's internal world and her external realities.

The dominant clinical understandings do not seem to take fully into account the contribution of the mother-infant relationship. It seems an omission to not also consider the possible involvement of the infant in the phenomena of thoughts and feelings of

murderous rage in the mother. As Music (2011) observes "infants are active partners in interactive exchanges…they may have few resources at their disposal, but they can look away, avoid contact, gesture, and elicit interest" (p. 43). Klein (1959) theorises that the infant can also project their aggression into mother. Further, I want to consider the role of the environment into which the infant is born, given that "there might be good reasons to invest in children only when resources or support systems are better or when there is less danger" (Music, 2011, p. 30). With these additional considerations related to the scope of this research, there seems further likelihood of a gap between contemporary theory and practice.

Research question

I initially wanted to describe the contribution of the psychoanalytically-informed psychotherapy literature to understandings of clinical work being undertaken with a mother's murderous rage towards her infant. However, the explicating of my "historical horizon" (Smythe & Spence, 2012, p. 13), or particular vantage point, has clarified that I bring multiple perspectives to this research (Bromberg, 1996). This new, deeper understanding gained from my first iteration of the hermeneutic circle has allowed me access to greater data. My research question is therefore:

> *What understandings do the psychoanalytically-informed psychotherapy literature and other relevant contextual texts give to clinical work undertaken with a mother's murderous rage towards her infant?*

I will subsequently consider the implications for clinical practice. I am aware that this introduction canvasses a number of dichotomies, dialectics, paradoxes or splits identified as being pertinent to my research question. These include: mother and infant; psychotherapist and patient; love and hate; morality or nurture and nature; internal and external worlds; conscious and unconscious; fantasy/phantasy and reality; Pākehā and Māori; coloniser and colonised; subjective experience and theory; practice and theory; text and self. These dichotomies, dialectics, paradoxes or splits are made explicit to inform my choice of literature. This research will not focus in depth on all of these aspects, but rather holds them in mind as elaborations, or contextual examples, to hopefully allow for more nuanced clinical understandings.

Fore-understandings

As I prepare to enter more deeply into the hermeneutic process I hold the paradox of the anticipation of confirming something that I think that I already know whilst staying open to the potential of discovering new understandings. It is unrealistic to begin the process of a hermeneutic literature review without an idea or hypothesis because it is this very germ that sparks the research. However, as Anderson (2006) suggests, "it is possible to deliberately set aside this detailed knowledge, and step back and survey the material that is presented with a mind that is open to new possibilities" (p. 334). This process is similar to psychodynamic psychotherapy in that not knowing is privileged. It is exemplified by the movement between theory and practice, each informing and changing the other so as to allow for the possibility of new emergent understandings.

At the outset I wonder if some of the literature I find will be able to be mapped onto the two identified dominant clinical stances. However, I anticipate that the development of meaning will be important in precipitating change in a mother's state of mind and that this will also be indicated in the literature. The explication of meaning might allow thoughts and feelings of murderous rage to be understood as normative opening a third, integrative position for clinical practice. Such an alternative construction might enable the fears for a mother's sanity and for her infant's safety to be held within the clinical relationship, rather than solely by the clinical team or by the mother herself.

I foresee that projections placed by the mother onto or into the clinician may be indicative of disturbance in her own infancy and her ability to internalise a nurturing parental object. It may also be that projections onto and into the clinician are illustrative of her infant's own aggressive projections which have not been able to be processed. It seems important to find ways to think about these overwhelming, unbearable and unthinkable feeling states. Bateman and Fonagy's (2006) mentalisation-based treatments have initial appeal as a treatment to be associated with such an integrative clinical stance. I elucidate these fore-understandings to facilitate setting them aside and analysing the literature with an open mind (Smythe & Spence, 2012).

Relevance and significance

This research is of particular relevance to improved understandings of both preventative and early intervention clinical approaches, with the potential to contribute to a decrease in maternal distress and a reduction in the negative impacts on infant development.

This is important because of high rates of significant child abuse and neglect in Aotearoa New Zealand (Child Youth and Family, 2016; Nobilo, 2016). I anticipate that this research will interest clinicians from the psychotherapy, psychiatry, psychology, social work, nursing, midwifery and/or occupational therapy disciplines. My wish is to contribute to understandings of effective practice through theory development. I seek to achieve this through providing context and provoking thinking (Smythe & Spence, 2012). Olmi's (2010) potent image of the darkening storm of a mother's murderous rage highlights the clinical importance of helping her to negotiate the pain and confusion that exists between her real babies and her ghostlike ones, lest the unthinkable occur.

Overview

Chapter Two begins with questions of moral philosophy. I then outline my chosen interpretive methodology before introducing the hermeneutic literature review method. The chapter concludes with a description of my practical application of the method.

Chapter Three contains reflections on the emergent theme of maternal ambivalence. In Chapter Four I undertake a hermeneutic consideration of the psychoanalytic concepts of devaluation and idealisation. Chapter Five contemplates the fear and anxiety of both mother and clinician.

Chapter Six summarises the findings of my hermeneutic literature review, including discussion and engagement with these expanded understandings. The strengths and limitations of the research, implications for psychotherapy and areas identified for further research are also presented.

Summary

This introductory chapter began with my particular interest in a mother's murderous rage towards her infant. I have identified my clinical context as psychodynamic psychotherapy. I contrasted a more pathologising clinical stance with perhaps a more idealising clinical stance in order to clarify my key point of concern. Building from my dissatisfaction with a dichotomous approach to thinking, I specified the aim and scope of this research. My research question has subsequently been refined. I have elucidated my fore-understandings to facilitate setting them aside. Finally, I have considered the possible relevance and significance of this research.

Chapter 2 Methodology and method

Introduction

This chapter contains the methodology and method that I will use to consider my research question: what understandings do the psychoanalytically-informed psychotherapy literature and other relevant contextual texts give to clinical work undertaken with a mother's murderous rage towards her infant? I first consider questions of moral philosophy as a map for navigation of clinical content that can arouse intense countertransference. I will outline my chosen interpretive methodology. A more specific understanding of my methodological emphasis is provided by philosophical hermeneutics, highlighting interpretive understanding. I describe my hermeneutic literature review method, including considerations of validity. Finally, I address research design, with description and critique of the process undertaken.

Questions of moral philosophy

My intention was to turn towards methodology and method. I have found myself, however, inexplicably compelled to reflect on questions of moral philosophy. I can argue that philosophical literature is integral to both hermeneutic methodology and the discussion of the research; "there is an inclining towards which draws one into thinking" (Smythe & Spence, 2012, p. 23). However, I suspect there is something else to understand about this detour. I remember the outrage of a clinician who objected to the term 'murderous rage' being used in clinical notes and find myself beginning an unanticipated iteration of the hermeneutic circle.

The problem of our human aggression

> Tomorrow we'd be walking barefoot in the sand, we'd dip our feet in the water and laugh, so why couldn't I get to sleep, didn't even feel like singing anymore. It's like that sometimes: everything brings me down, I don't know what to do with myself, what direction to point my dreams in, there must be paths I should follow, ones that aren't dangerous, well edged, that's right, with barriers everywhere, that's important (Olmi, 2010, p. 27).

Given my assumption that human beings are at least as aggressive and hateful as loving, the question arises how does a mother stop herself from acting on her murderous impulses toward her infant? I am interested in the form and arrangement of these 'barriers' that Olmi (2010) refers to, the ones that allow us to navigate treacherous paths. Also, what is it that removes these constraints on a person? My philosophical view of

humanity seems important and I begin my consideration of methodology and method with these questions of ontology, my fundamental beliefs about the kind of beings we humans are and the corresponding nature of reality (Grant & Giddings, 2002).

Early in supervision I wanted to discuss why clinical intervention is important and how society does not just accept such rageful impulses as expected? These are questions of morality and I became interested in psychoanalytic understandings of kindness (Phillips & Taylor, 2009). This lead me to consider more fully the variety of hermeneutics I am engaged in, particularly my moral and ethical sensibilities. My research engages the relationship between fantasy/phantasy and reality, with concomitant uncertainty about the myriad ways that murderous rage can be enacted. Like many mothers, how can I trust that my love will triumph over my hatred? I wish to struggle to understand the phenomena and plumb the depths, but I also need to explore what keeps me connected to the surface–that which will prevent me from lying motionless on the bottom–before I can fully embark on this hermeneutic enterprise. This is difficult, anxiety-provoking clinical content. The image of the first deep-sea divers exploring uncharted territory within proximity of the safety of a diving bell seems apt (see Figure 2, p. 14).

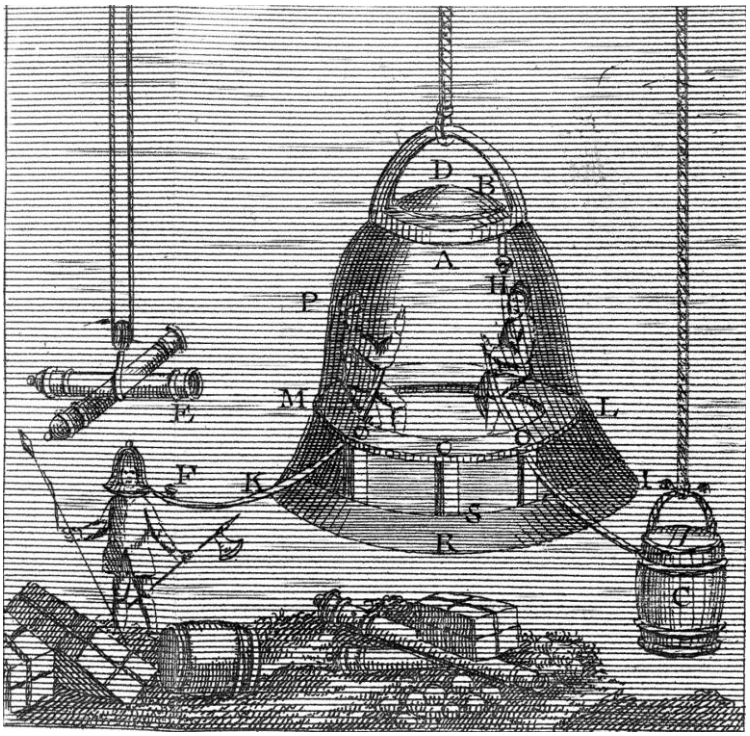

Figure 2. Hooper, W. (1787). *Halley's diving bell*.

From Wellcome Library, London. Copyright 2014 by Creative Commons.

Reprinted with permission.

An early method of deep-sea exploration was the wet bell, a chamber open at the bottom and suspended by a cable which operated as a refuge for the diver. My initial preoccupation is with how I will stay psychically alive during this research, open to the integration of my feeling and thinking. This is intimately connected to how I will stay psychically alive in the therapeutic relationship. What follows is my attempt to specify the composition of the air that I will breathe as I commence this research.

The psychoanalyst Adam Phillips, writing with the historian Barbara Taylor (2009), note that humans are both more destructive and violent than we would like, and yet less destructive and violent than we might be. This is indicative to me of a struggle, with something, perhaps love or Eros as previously suggested, mediating our hateful and aggressive impulses. Phillips and Taylor go on to explicate that "what we call hatred is our rejection of everything in the external world that doesn't work for us, that endangers our well-being" (2009, p. 61-2), particularly our emotional or psychic survival. Through this lens, hatred and aggression can therefore be conceived of as a means of survival, not a sign of malevolence, but rather a response to a perceived danger and an attempt at self-preservation. I find this construction difficult, however, in that it does not seem to matter much whether we relate in love or hate.

Perhaps it is not love or Eros that mediates our human aggression, but rather our basic human need to relate. We are born primed for relationship, especially with our primary caregiver (Emde & Leuzinger-Bohleber, 2014). Regardless, this psychoanalytic explanation of hatred does not advance my understandings of the form and arrangement of the barriers to our acting out aggression. How does a rageful mother choose an appropriate action that allows her to preserve her sense of self in the context of her relationship with her infant? Freud's conception of the unconscious Id is amoral, with morality emerging from the superego in his structural theory of the human psyche. The superego has been defined as "that part of the ego in which self-observation, self-criticism and other reflective activities develop" (Rycroft, 1995, p. 177). The superego bears further investigation in this research.

Human nature and morality

While the moral position is that society requires a mother to stop herself from acting on her murderous impulses toward her infant, I wonder about the danger in the assiduous application of morality if in our protection of her infant we are also protected from the depths of understanding of the particular meanings of a mother's thoughts and feelings.

The dialectics of human nature and morality are epitomised in the conjuncture of the philosophical positions of Thomas Hobbes and Jean-Jacques Rousseau. I am interested in the relevance of the Hobbesian view of human nature as essentially selfish, with human life being nasty, brutal and short (Lloyd & Sreedhar, 2014), perhaps in accordance with the contents of the Freudian Id. I also suspect that Rousseau's moral philosophy, with his emphasis on the intrinsic goodness of humans and capacity for compassion (Bertram, 2012), has something of import to say about the nature of the barriers that allow us to navigate the treacherous paths of our own hatred and aggression.

Hobbes is the philosopher most associated with the morally pessimistic view of the nature of humans as akin to selfish beasts that care for nothing but our own selves (Lloyd & Sreedhar, 2014). From this position, humans seek solely to maximise their own pleasure, driven by self-concern and concordant desire for power; the paths that humans tread are indeed treacherous. Beginning with Hobbes, and continuing with the emergence of psychoanalysis, "selfishness and aggression were transformed from moral vices into psychological facts" (Phillips & Taylor, 2009, p. 24). This makes sense in that Freud was resolute that psychoanalysis be classified as a natural science. Hobbes is associated with determinism, which would usually align with an objectivist approach to social science (Burrell & Morgan, 1979).

Of particular relevance, Hobbes argued "that the state of nature is a miserable state of war in which none of our important human ends are reliably realisable" (Lloyd & Sreedhar, 2014, The Laws of Nature, para. 1). The metaphor of war seems applicable when considering the mother who experiences her infant as doing things to her, preventing her from having her own needs met, and perhaps provoking her own aggressive responses. However, Hobbes also considers that humans are rational beings who can see that war is unfavourable to the satisfaction of our individual interests. It is in pursuit of peace that individuals submit to political authority, reminiscent of Freud's (1975) conception of civilisation. Lloyd and Sreedhar (2014) suggest that "humans will recognize as imperatives the injunction to seek peace, and to do those things necessary to secure it, when they can do so safely" (The Laws of Nature, para. 1). But I wonder what happens when a mother's emotional or psychic survival is at stake? Especially if the basic threat of loss of love, as perhaps first experienced in her own infancy, has been reactivated in becoming a mother.

An alternate philosophical view is exemplified by Rousseau who argued that while human beings are intrinsically good with an impulse towards compassion, we are corrupted by society, based partly on the envious comparison of self to other (Phillips & Taylor, 2009). Relating this to a mother and her infant, Eichenbaum and Orbach (1983) suggest that a mother will identify with her daughter because of their shared gender; "when she looks at her daughter she sees herself" (p. 40). A mother can project onto her infant feelings that she had about herself, reawakening her own neediness and desire for mothering; "human beings are profoundly ambivalent creatures, whose sensitivity to others can make them 'hateful and cruel' as well as 'loving and gentle'" (Phillips & Taylor, 2009, p. 35). Rousseau is concerned to "find a way of preserving human freedom in a world where human beings are increasingly dependent on one another for the satisfaction of their needs" (Bertram, 2012, para. 1).

The inability of an infant to control its needs can distress a mother greatly, likely leading to envy and inconsistent mothering responses. Rousseau formulates the individual's struggle for self-preservation against society and considers compassion is only possible when it does not endanger our own self-preservation (Bertram, 2012). This conceptualisation of the development of the individual human being correlates with contemporary attachment theory, neuroscience and developmental psychology (Music, 2011) in that Rousseau held that "people are not born but made, every individual a bundle of potentials whose realisation entails the active involvement of other people" (Phillips & Taylor, 2009, p. 30). Rousseau espouses the philosophical position of volunteerism, where humans volunteer to live as part of society and to co-create the rules of that society. This aligns with a subjectivist approach to social science (Burrell & Morgan, 1979).

The problem with hope

After dwelling in this consideration of philosophical beliefs I feel anxious and consequently obliged to find hope for our human selves. I will reinstate the barriers on Olmi's treacherous paths myself if I must. The romantic notion of mother and infant can be one of idealised love, perhaps exemplified in images of Madonna and child, and evoked for me in my initial impressions of Pierre-Auguste Renoir's (1893-94) painting entitled *A Woman Nursing* a Child (see Figure 1, p. i). This art work can be seen to contain Rousseau's formulation of the human being as essentially good, especially when combined with the redeeming forces of positive nurture. As I contemplate the painting I

feel the goodness of humanity, but have I indulged myself in a manic flight to hope? Renoir's painting is of a woman, not necessarily a mother, nursing a child. Who is the woman? And amongst the numerous possibilities, the potentials for the emotional valence of the scene multiply, especially if the principal actor off-stage is the mother of the infant.

Phillips and Taylor (2009) counsel that it would be foolish to deny that "people are rivalrous, greedy, and violent", but perhaps not as imprudent as refusing to also allow "that feelings of connection and reciprocity are among the greatest pleasures that human beings can possess" (pp. 110-111). I am certainly able to project kindness and warmth of feeling onto the woman in Renoir's (1893-94) painting. But whilst contemplating hope, I wonder again about whom in the clinical encounter holds the fear for the mother's sanity and for safety of her infant? The particular hope that I have for such clinical work is not based in an optimistic nor a pessimistic view of human nature, rather it accords with that espoused by the political activist Rebecca Solnit (2016):

> Hope locates itself in the premises that we don't know what will happen and that in the spaciousness of uncertainty is room to act. When you recognise uncertainty, you recognise that you may be able to influence the outcomes (p. xiv).

For me, hope or morality needs to be balanced with the intention to explore and validate that which is disturbing to our own psyches and arouses intense emotional response. This is the clearest statement I can make at the outset of this research of my particular hermeneutics, or my theory and methodology of interpretation.

Gadamer's practical philosophy

> I heard a noise in the room next door, voices, banging against the wall, how could I have thought the hotel was deserted? That's me all over, that is, when I'm on my own I think everyone's disappeared. It took me ages to recognise my neighbours! Years, I reckon. Now I've clocked them, they don't look unkind, but I still prefer going out when I can't hear anything in the corridor, when I'm sure I won't meet anyone (Olmi, 2010, p. 27).

Is it our conscience or superego, as might be intimated by Olmi's drawing of her protagonist's attention to the noises in the next room, which stops a mother from acting on her murderous impulses toward her infant? Whilst being interested in the depths of the human impulse towards rage, hate and aggression, I balance this with curiosity, founded in morality and ethics, about effective clinical interventions. According to the educator and psychologist Thomas Schwandt (2000):

> A focus on understanding as a kind of moral-political knowledge that is at once embodied, engaged…and concerned with practical choice is a central element in the hermeneutic philosophies that draw, at least in part, on Gadamer and Heidegger (p. 196).

Hans-Georg Gadamer was concerned with practical philosophy, encompassing political, moral and ethical issues and "emphasising that application of understanding already implies that all understanding has a practical orientation in the sense of being determined by our contemporary situation" (Malpas, 2015). Theory and application do not occur in isolation from one another but rather their interaction forms a single hermeneutic practice. Moustakas (1994) in his description of hermeneutics as a phenomenological research method suggests that "interpretation unmasks what is hidden behind the objective phenomena" (p. 9), inferring that interpretations are made in order to do something with. In seeking clinical understandings I take permission in part from the psychoanalyst and philosopher Donna Orange (2011). Building on Gadamer's hermeneutics she proposes a dialogic clinical hermeneutics of trust, with emphasis on listening to and learning from the voice of the suffering stranger. In this research I seek to simultaneously ensure the safety of the infant while descending the depths of the mother's thoughts and feelings of murderous rage. This is in order to discern the particular meanings for that mother, in the service of attending to her sense of self, including in her relationship with her infant.

My detour is partially complete. I continue to ponder its meaning.

Interpretive methodology

Methodology comprises the study of methods, including the philosophical assumptions underpinning the research process. The next questions therefore concern epistemology, specifically the kind of knowledge I intend to explore, together with consideration for its limits and validity. In choosing a methodology I relate to Schwandt (2000) who argues that determination of what qualifies as legitimate research reflects "the turmoil over what constitute the appropriate goals and means of human inquiry" (p. 190). As a psychodynamic psychotherapist I am particularly concerned with subjective understandings and the particular meanings that we ascribe to the happenings of our lives. I am therefore drawn to use an interpretive methodology, following Grant and Giddings (2002) who place research methodologies into paradigms according to their

implicit assumptions and values. The interpretative paradigm emphasises qualitative understandings of humanity, in contrast to the positivist emphasis on locating the objective and scientific truth (Grant & Giddings 2002). My belief that our experience of ourselves is of normal multiplicity of self (Bromberg, 1996) precludes a search for the absolute truth, instead privileging ongoing curiosity and openness.

Using interpretative methodology the relationship between researcher and researched is conceptualised as intersubjective, allowing me to move beyond description of the texts and interpret their significance. I might have used a more purely phenomenological methodology seeking to describe the meaning within an experience, with emphasis on lived experience. However, given the limits and beginning nature of this research, with its focus on the review and analysis of literature rather than clinical case work, I decided on interpretative methodology. An interpretative methodology has particular resonance as I seek to understand if there is a third, integrative position available for clinical work with a mother's murderous rage beyond the two dominant clinical approaches identified by Murray and Finn (2012). I prefer a methodology that is closely aligned with the practice of psychodynamic psychotherapy, allowing for emerging understandings, meanings and interpretations of a mother's thoughts and feelings of murderous rage towards her infant and the possibility of resultant implications for clinical practice. My methodology is therefore ideographic, or symbolising, with a tendency towards specificity (Burrell & Morgan, 1979).

Another alternative methodology could be post-structuralism with its inherent assumption that the researcher is always part of the narrative. However, the necessary distancing of the self inherent in post-structuralist methodology does not align with my practice of psychodynamic psychotherapy. A heuristic literature review would also differ from the current research in that the reflexive experience of discovery lies within the researcher. At this nascent stage of research I am more interested in understanding the interpretations of other authors than reflecting on my own subjective experiences of the phenomena (Moustakas, 1990). Overall, given my focus on the mother-infant dyad I prefer interpretive methodology with its focus on intersubjectivity, self and other.

Philosophical hermeneutics

I will employ the philosophical hermeneutics of Gadamer (as inspired by Martin Heidegger) with his particular concept of interpretive understanding. Hermeneutics is concerned with "the theory or practice of interpretation" (Dahlstrom, 2013, p. 93).

Interpretation is necessary because it is impossible to understand anything in its entirety; there is always something hidden from our limited understanding.

Our limits to understanding mean that hermeneutic methodology relies in part on reflexive consideration of both who one is and who one is becoming (Smythe, Ironside, Sims, Swenson, & Spence, 2008). My particular hermeneutics take place within my thrownness, Heidegger's term for the arbitrariness of the individual human existence into which we are born (Dahlstrom, 2013). In hermeneutic enquiry "sociohistorically inherited bias or prejudice is not regarded as a characteristic or attribute that an interpreter must strive to get rid of or manage in order to come to a 'clear' understanding" (Schwandt, 2000, p. 194). Hermeneutics, however, does require the active engagement of my particular biases; in practice this means always asking what is it that I am not seeing? My thrownness connects my past to both the present and future of this research, allowing for my unique understandings to emerge.

Hermeneutic understandings are produced in dialogue, rather than determined by the researcher through analysis of the text. My methodology is therefore intended as a conversation, a dialogical encounter with what is not understood, with the intention of expanding my understandings of clinical work with a mother's murderous rage towards her infant. I begin with the relationship between subjectivity and objectivity, utilising my methodological stance to bring subjective attention towards the text. Hermeneutic methodology is intended to be generative of thinking, whilst mindful of context.

Hermeneutic literature review method

I have chosen a hermeneutic literature review method, congruent with interpretive methodology and philosophical hermeneutics. I position myself more towards the phenomenological end of the hermeneutic spectrum than the positivist (Smythe & Spence, 2012), allowing understandings to emerge from my embodied experiences with the texts (Schuster, 2013). My choice of a hermeneutic literature review method is particularly in accordance with the concept of reflective functioning, or the mother's ability to allow room in her mind for her infant (Fonagy et al., 1993). Can I make sufficient room in my mind for my chosen texts?

Validity

A literature review can be understood as a critical assessment of the state of knowledge on a topic, with components that might include review, analysis and/or synthesis. My

choice of a hermeneutic literature review is intended to allow for my own subjective voice and ordering, to hopefully provide an original component. I have not chosen a systematic literature review, partly because this research is preliminary and time limited, but also because I anticipate that the hermeneutic method will allow emergent understandings that are "dynamic and contextual" (Smythe & Spence, 2012, p. 13). This contrasts with a thematic analysis where literature is coded into patterns in a systematic way to uncover what is common to the way the topic is already written about (Braun & Clarke, 2013). I prefer to read more widely than a thematic analysis would allow, with its attention on a manageable number of key texts to be analysed for themes.

Validity in hermeneutics and phenomenology is established on the basis that we can know things through experience and reflection. I remember receiving critique on my research proposal and I believe that how a researcher responds to feedback is one way to create and increase validity. The request was for more of my own experience, critique and reaction to help to bring the research question into focus, indeed more of my own self. In responding, I came to appreciate the importance of the relationship between my fore-understandings and what I might find in the literature. My use of supervision is therefore critical to the validity of this research, helping me to understand what has been hitherto pre-conscious.

Research design

A hermeneutic question is one seeking understanding. The concept of the hermeneutic circle was first used by Heidegger (1962) to describe the experience of moving dialectically between the part and the whole of a text; "in the circle is hidden a positive possibility of the most primordial kind of knowing" (p. 195). My understanding of the relationship between hermeneutic part and whole is expanded by Boell and Cecez-Kecmanovic (2014) who conceive of the text itself as part and wider context as whole. I therefore prefer to think of a hermeneutic spiral, an ever-circling path leading to deeper and more profound understandings, prompting more questions, feeling and thinking (see Figure 3, p. 23).

Perhaps the first task in a hermeneutic literature review is searching, a key means of moving from the whole to the parts (Boell & Cecez-Kecmanovic, 2010). I have focussed my literature search within the psychoanalytic psychotherapy tradition, although I have chosen a hermeneutic method because it allows for consideration of a variety of texts, including a novella, a painting and a film. The method has also allowed

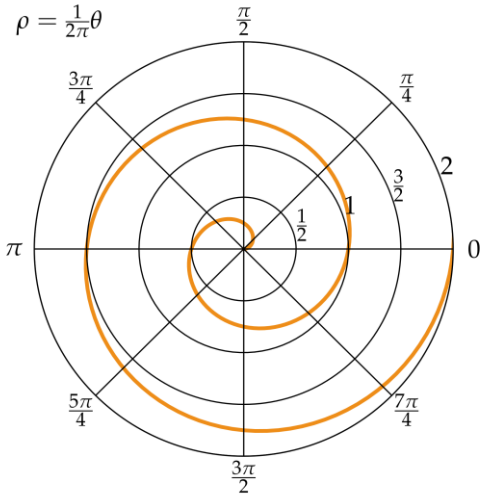

Figure 3. Jacquenot, G. (2013). *Archimedean spiral represented on a polar graph*. From Wikimedia Commons. Copyright 2013 by Creative Commons. Reprinted with permission.

the consideration of relevant literature from related disciplines, particularly psychology. I initially searched the term 'murderous rage', including 'hate' and 'anger'. In order to penetrate the area of clinical practice that I see as most uncertain I have discriminated between literature pertaining to acted and non-acted thoughts and feelings. I allow, however, that literature on acts of murderous rage provides contextual understandings to this research. 'Scary thoughts' and 'intrusive thoughts' are other terms sometimes used to describe such unwanted thoughts and feelings. I am interested in the experience of the 'mother' with her 'infant', although fathers too can have such experiences. I have included both theoretical and clinical literature to assist in exploring implications for clinical practice.

This description of my search method provides a certain truth to how the process has unfolded. However, the use of key words has only been of use in identifying known academic thinking on my research question, and is not intended as an indication of the adequacy or otherwise of this hermeneutic literature review. On the contrary, Smythe and Spence (2012) suggest that "hermeneutic adequacy is more about the depth of thought rather than the narrow isolation of a technology driven search" (p. 22).

The hermeneutic circle describes the researcher's approach to reading, thinking and writing; "there is no logical, linear process that moves from start to finish" (Smythe &

Spence, 2012, p. 21). Indeed, reading, thinking and writing provide a means of moving back from the part to the whole (Boell & Cecez-Kecmanovic, 2010). The next task is critical reading and sorting of the literature. One way that I seek to keep the hermeneutic conversation between part and whole open is through attention to question and answer. What is this text about? What is the underlying philosophy? What does the text add or leave out? What is evoked within me? I recorded my thoughts about such questions in a journal. I also recorded stimulating quotes from each text in a spreadsheet format for further reflection. These processes helped me to assess the value of each text to this research. Smythe and Spence (2012) conceptualise a hermeneutic literature review as a re-viewing of the literature, allowing for an "inclining towards" certain texts (p. 17). Accordingly, my spreadsheet records the results of second and subsequent readings of each text, including how changes in my self now lead to finding different meanings in texts that I had already contemplated. For example, prior to my second reading of Olmi (2010) I noted:

> *I am now thinking particularly about the transition between the internal and the external worlds, morals, and how we stop ourselves from acting.*

Thinking and writing are aligned in the hermeneutic method and this has been my experience. I am particularly taken by Boell and Cecez-Kecmanovic's (2014) prescription of writing for argument development. It is within the writing process that I can begin to hear what I have to say, leading me back into the spiral of reading, thinking and writing, progressively deepening my understandings. Smythe et al (2008) consider that hermeneutics is a place of meditative thinking, where "what matters most is openness to what 'is'–to the play of the conversation"; letting "thinking find its own way, to await the insights that emerge" (p. 1392). This meditative way of engaging with the hermeneutic process has something in common with the poet John Keats' illumination of negative capability, "being in uncertainties, Mysteries, doubts, without any irritable reaching after fact & reason" (Barnard, 1988, p. 539). I have had to bear my anxiety of not reaching understanding sooner. I continue to try and let myself be affected, as I have been deeply at the outset, particularly by Olmi (2010).

Identifying meaning

It is through immersion in my chosen texts that I have started to make connections. Rennie (2012) emphasises the role of the imagination in generating understandings. In the hermeneutic method the identified themes are not limited to what is common to the

research topic, but rather encompass "an understanding we have seen something that matters significantly, something that we wish to point the reader towards" (Smythe et al., 2008, p. 1392). I am mindful, however, that my unconscious fore-understandings could lead to "interpreting meanings of the phenomenon I am investigating without actually encountering the text" (Schuster, 2013, p. 198). I strive to have respect for my chosen texts. My experience has been that my themes have emerged sequentially, with each becoming apparent from my full hermeneutic engagement with the last. Immersion in my writing process and my attempting to stay with the thinking that is provoked has been particularly important.

Rennie (2012) suggests that while "there are no methods for making guesses, or rule for generating insights…the methodical activity of interpretation begins when we begin to test and criticise our guesses" (p. 388). Barker, Pistrang and Elliot (2002) assist me to manage my arbitrariness when they identify four levels of consideration for identifying meaning in any given text:

- Level 1 - data summary
- Level 2 - explicating implicit meaning, or reading between the lines
- Level 3 - interpreting unconscious meaning, with the caution towards tentativeness due to the possibility of the researcher's projections
- Level 4 – description of the process, including the writing style of author of text.

I would include consideration of embodied meaning; the hermeneutic enterprise is a full-body experience, encompassing language, feelings, sensations and images (Rennie, 2012). I have accordingly identified three key emergent themes: maternal ambivalence; idealisation and devaluation; and fear and anxiety. It is through my sequential consideration of these themes that I have come to understand something about how we can stay psychically alive whilst contemplating a mother's thoughts and feelings of murderous rage. My themes have stirred something within me and become that something that I want to point my reader towards (Smythe et al., 2008).

So where to begin…and where to end?

I am a psychodynamic psychotherapist trained to reflect on my internal world so I chose to begin this enquiry with that which evokes the most feeling. I searched 'infanticide

literature' and was drawn towards Olmi's (2010) novella *Beside the Sea*. I immersed myself in the feeling space of a mother about to commit that most unthinkable of acts; she will murder by smothering her two pre-pubescent sons. This act will occur in a dingy hotel in a seaside resort, on a rainy weekend in the off-season. The feelings evoked informed my framing of a research question and choice of methodology and method. It is perhaps also true that my first texts were those used to inform an original university assignment on social and cultural understandings of infanticide. Or it might be that this research began with the commencement of my own psychotherapy, or perhaps with my relationship with my own mother. My choice of first text to begin this research seems circumstantial, as no doubt will be my choice of final text.

One measure of the rigour of a hermeneutic literature review is provided by openness around the subjective process of the researcher. Academic requirements could be interpreted to require explication of what the researcher has done, what data has been produced and how it has been analysed, together with analysis of any particular issues. However, it is only through application of the hermeneutic method that structure emerges. I am drawn to Smythe et al (2008) when they espouse the trustworthiness of research as akin to "resonance, an attunement that is 'known' but cannot be pinned down (p. 1396). In hermeneutics the thinking and feeling of the researcher is of utmost importance, together with an invitation to the reader to think and feel alongside.

Summary

This chapter has outlined the methodology and method that I will use to consider my research question. Initially, I focussed on questions of moral philosophy. I have presented my chosen interpretive methodology, highlighting the importance of intersubjectivity. The hermeneutic literature review method has been introduced, including practical application. I have specified my positioning more towards the phenomenological end of the hermeneutic spectrum than the positivist.

Chapter 3 Maternal ambivalence

Introduction

The next three chapters will show continued construction of my understandings, documenting my thinking and feeling. My entry into the hermeneutic spiral has been via the clarification of my fore-understandings and horizons, as previously elucidated in the introduction. In this chapter I explore maternal ambivalence as it emerges for me from my chosen texts. As I re-view my writing thus far I note my feeling of dissatisfaction at not having a clearer sense of the nature of the barriers that Olmi (2010) refers to, the ones that will improve the safety of the paths a mother treads. I begin to sense that my diving bell is not going to allow me to dip in and out of this content unaffected. I also am aware of my wish for Hobbes and Rosseau to have clarified things further. Suddenly, my own ambivalence is at the forefront allowing a dialogical encounter with maternal ambivalence as it is written about in my chosen texts.

Juxtaposing the internal and external worlds

The relationship between the internal world and external realities is subject to ongoing enquiry in this research. As identified in Chapter One, I seek further understandings of the relationship between individual experiences of love and hate and socio-cultural expressions of the same. In this regard, I am inclined towards a re-viewing of Olmi's (2010) novella *Beside the Sea*. I choose this literary text in order to evoke a felt sense that can inform me as I encounter other, academic texts. Olmi is a novelist and playwright who conceived her idea after reading a newspaper report containing abbreviated details of an act of infanticide. Almond (2010) suggests that the novel form is important because it conveys to the reader subjective states of mind in a way that many patients cannot, expanding our horizons.

The realities of deprivation

Olmi's (2010) novel is set within the present stream of the protagonist's consciousness, with little background to the unfolding events. What is foreground is the unnamed mother's external deprivations; she is mothering alone without a partner or other social support, has limited economic means and an unspecified mental health diagnosis. Rye (2012) draws attention to the 'rock-bottom' social position of the mother. What do I mean by 'deprivation'? It seems to me that one can be deprived both externally and

internally. In psychoanalytic terms deprivation is "the experience of receiving an insufficiency of a necessary commodity", often the maternal (Rycroft, 1995, p. 36). The implication is that below a certain level indicative of sufficiency, an individual's development is delayed and/or their defensive structure excessively stimulated. When I think of internal deprivations, or deficiencies, I remember my preoccupation with how to stay psychically alive during this research. Then, I considered my aliveness, or sufficiency, as the ability to remain open to the integration of my feeling and thinking. Is this akin to Klein's (1991c) depressive position?

The depressive position is the capacity to comprehend that the other who sometimes frustrates is also the other who provides gratification. This achievement of "synthesis between the loved and hated aspects of the complete object" (Klein, 1991d, p. 178) is a developmental advance on the prior paranoid-schizoid position. The primary anxiety associated with the depressive position is melancholia, with predominate affects of guilt, grief and the desire to repair ruptures to relationship. In contrast, the primary anxiety associated with the paranoid-schizoid position is paranoia. While fear of invasive malice is experienced as coming from the external world, it can also be conceived as Thanatos projected. The term schizoid refers to the defence mechanism of splitting of the ego, separation of the good object from the bad object (McWilliams, 2011).

Returning to consider deprivation, I experienced the totality of Olmi's (2010) text as an almost ritualised, slow-motion dance between different worlds, with the mother constantly trying to move between one psychological state and the next. The relationship between the mother's internal world and her experience of her external world seems of particular importance. A recurring theme is the mother's interactions with a world that is both hostile, and experienced as hostile (Klein, 1991d). This felt sense is exemplified by Olmi's description of the family's arrival back at their hotel:

> We went in with our rain and our mud, all that stuff we lugged with us, everything we'd picked up outside, we left traces of it all over the place again, the nightwatchman still didn't give a damn, there was another match on the tiny black-and-white TV, and what if it was always the same one? (2010, p. 90).

For me, this is an evocative image of what it is that we take in from the outside world and what we are then able to make of that inside of our selves. The nightwatchman ignores the mother and her struggles to integrate her outside with her inside. These are messy feelings that are difficult to think about. The Kleinian psychoanalyst John

Steiner (2011) writes about embarrassment, shame and humiliation; "they all have to do with feelings of inferiority and are commonly associated with fantasies of being viewed with contempt, and often ridiculed and looked down on" (p. 4).

The nightwatchman, insofar as he represents society or civilisation, is unable to contain this mother. Wilfred Bion's (1962a) concept of container-contained considers the relationship between the unconscious thoughts of the contained and the capacity to dream and think those thoughts in the container. In terms of the parent-infant relationship "the mother does the unconscious psychological work of dreaming the infant's unbearable experience and makes it available to him in a form that he is able to utilise in dreaming his own experience" (Ogden, 2004, p. 1357). Olmi's (2010) mother is uncontained and consequently unable to think for herself. The nightwatchman has seemingly taken up residence inside, transforming into a depriving, uncaring and rather persecutory superego. This is perhaps illustrated by the mother's constant self-admonitions that she must think positively, controlling her feelings and reactions; Rye (2012) observes that such critical self-talk might be partly related to the mother's internalisation of clinical treatment that she has received.

Steiner (2011) distinguishes between separate, individual defence mechanisms (splitting, projective and/or introjective identifications) and more complex systems of organisation of defences. Olmi's (2010) protagonist finds herself in a location reminiscent of his concept of psychic retreat, described "as places where the patient can withdraw to seek relief from anxiety and pain" (Steiner, 2011, p. 2). The specific anxieties referred to are paranoia and melancholia, anxieties associated with both the paranoid-schizoid and depressive positions. Perhaps the hotel room is symbolic of such a psychic retreat? In the hotel room the mother is "sheltered from view" (Steiner, 2011, p. 2). However, Steiner also suggests that from within "these hiding places their objects are also not clearly visible" (2011, p. 3). The hotel room is a dangerous place for this mother and her two boys.

Erosion of internal resources

Rye (2012) alerts me to the possible interpretation of the metaphor of the sea as also being associated with the mother's psyche. She longs to find an idealised version of herself to show her children, but the sea that they encounter is instead stormy, turbulent. The mother finds herself fascinated with this reflected self-image, whilst her children are frightened of the reality. Her disturbed psyche is becoming more expansive:

> In fact, the town was very small, everything was either at the end of the road or behind the post office, it was a shrunken town, maybe the sea nibbled into it a bit more each day, edging a bit further into the streets. I walked very slowly through the mud, it was harder on your own than with a nipper on each hand (Olmi, 2010, p. 66).

This mother's internal world is impoverished, and what little she does have is being washed away, eroding. I contemplate the metaphor of the sea as representing the mother's paranoid-schizoid functioning. Does the stormy sea contain the mother's projected murderous rage? Following Klein (1991d) she seeks to overcome her paranoid anxieties by ridding her ego "of danger and badness" (p. 181), only to find that her "projection of a predominately hostile inner world…leads to the introjection…of a hostile external world; and vice versa" (p. 185). Again, the text highlights for me the role of the relationship between the internal and the external in the phenomena of a mother's thoughts and feelings of murderous rage towards her infant.

The image of the receding townscape could also suggest socio-cultural ambivalence towards mothering, and especially towards maternal ambivalence; the town is not a solid containing presence. Ambivalence in psychoanalytic terms "refers to an underlying emotional attitude in which the contradictory attitudes derive from a common source and are interdependent" (Rycroft, 1995, p. 6). The internal experience of the mother is likely one of maternal ambivalence, co-existing love and hate for her children. Her paranoid-schizoid positioning means, however, that her conscious experience is only of love, with her hate split off and projected into the external world.

It is perhaps socio-cultural ambivalence, or the turning away of the nightwatchman, that will result in her paranoid anxieties becoming too much to bear. This foreshadows her subsequent retreat to the psychic safety of her hotel room. In this place of psychic retreat she will be free of both persecutory and depressive anxieties. This will allow her to enact her rage and murder her children, paradoxically killing off the children to preserve the good from the bad. And yet her boys also contain her projected loving parts of her self, it is easier for her with her nippers than without them. She perhaps fears that she has lost her capacity for loving and nurturing behaviours (Klein, 1991d)? I am crying tears of grief for this mother, and for myself.

Increasing anxieties

Olmi's (2010) protagonist struggles against a hostile social environment, experiencing what should provide comfort as uncomfortable, for example their hotel, her social worker and the café (Rye, 2012). Perhaps her experience of the external world contributes to a growing and pervasive sense of shame and hopelessness that she doesn't measure up? I sense pressure building and there being no room for thinking:

> I let go of Kevin's hand to help Stan carry one of the bags, hard to say who was helping who, who was hanging on to what, one thing was sure: we were pretty depressed about having to climb so many floors, the staircase was steep and there was no light, perhaps if there had been a light we'd have felt more like it. Without light it was like going into a tunnel, an underpass, we couldn't picture what the room was going to be like, everything was too brown, too dark, no room for the imagination (Olmi, 2010, pp. 20-21).

No room indeed for thinking or for hope, only a hotel room that will become her place of psychic retreat (Steiner, 2011). The struggle up the stairs feels to me like a kind of punishment of self, atonement for not being able to show her boys the ideal seaside. The tone is ominous, my sense is of foreboding. In her devalued position the stage is set for a projective solution, it is intimated from the beginning of the novella that she will murder her boys. There do not seem to be any barriers to taking this path; "that was when I realised that the hotel was deserted, we hadn't met anyone and, apart from the bulb on the blink, we couldn't hear anything (Olmi, 2010, p. 23).

In the hotel room, the mother finds relief from her paranoid anxieties. In her enactment of her murderous rage she is ostensibly protecting her boys from the hostile external world. In her omnipotent denial of her own hate, what she achieves instead is the annihilation by projective process of the very aspects of her self that would prevent her from doing this. Klein (1991d) suggests that "it is not only a situation and an object that are denied and annihilated–it is an object relation which suffers this fate" (p. 182). A part of the mother's ego, her capacity for loving nurturance, has also been murdered.

Until now, I have been concerned to help this mother reconnect with her morality, to help her reinstate the barriers to acting out her murderous rage. I now wonder if it is civilisation itself that is morally bankrupt, that has deserted her. I am reminded of my experience of checking into an almost deserted holiday resort with my family. We went there hoping to find people, especially children for my girl to play with. Instead I felt menace, paranoia, abandonment, fooled by false advertising. These felt senses are all

elements of Olmi's (2010) insights into a murderous mother's subjective state of mind. I had to continue to mother, though certainly with the support of my husband.

Widening horizons

I find myself thinking about what clinical treatment might look like for such a mother, and how she might experience treatment:

> It was a nice feeling stepping into that café. We weren't exactly cheerful, not at our best, but it felt good. The heating was on–happiness hangs on virtually nothing, a bit of heating after the rain and life opens up a little (Olmi, 2010, p. 47).

This is suggestive to me of a mother's wish to be connected. The café and perhaps clinical treatment offer the prospect of widening her horizons. However, Olmi's text indicates that the mother quickly feels both shame and envy. These felt senses are evoked in her interactions with the café owner and the leery, drunk male patrons. The mother flees, saying "I couldn't wait to get back to the hotel. For no one to be watching us. For no one to talk to us" (Olmi, 2010, p. 53). My hunch is that her shame and envy overwhelm her, and that these affective states cannot be avoided by the attuned clinician.

What interventions could modify her internal mechanisms and prevent the projective annihilation of the external child? Bion's (1962a) concept of the ego-destructive superego, an abnormal and pathological manifestation of the superego, might provide a direction. The normal superego originates in ordinary object relations, while an abnormal superego encompasses dissociative areas arising from early relational trauma. O'Shaughnessy (1999) expands, positing that the abnormal superego "is dissociated from ego functions like attention, enquiry, remembering, understanding" (p. 868). She discusses the transference situation in clinical treatment where the patient's abnormal superego relates to a projected abnormal superego in the clinician:

> No normal working through can take place, only an impoverishment and deterioration of relations, with an escalation of hatred and anxiety that results in psychotic panic or despair. In this dangerous situation, the significant event for the patient is be enabled to move away from his abnormal superego, return to his object, and so experience the analyst as an object with a normal superego (O'Shaughnessy, 1999, p. 861).

This feels clinically relevant to the mother in *Beside the Sea*. I will return to further discuss the relevance of Bion's (1962a) concept of the ego-destructive superego in Chapter Six, but for now continue to explore understandings of maternal ambivalence.

Loving and hating

In coming to fuller understandings of maternal ambivalence I am informed by Barbara Almond's (2010) *The monster within: the hidden side of motherhood*. Almond is an American psychiatrist and psychoanalyst who maintains that maternal ambivalence is a normal and ubiquitous phenomenon. She defines ambivalence as "a combination of the loving and hating feelings we experience toward those who are important to us" (Almond, 2010, p. 1). I find much initial relief in the concept of maternal ambivalence, if it is ordinary then perhaps the approaching crime in Olmi's (2010) novella can be avoided? However, Almond's position is that ambivalence is "both constructive and destructive–constructive when it leads the mother to think creatively about her difficulties mothering and how they can be managed, destructive when it leads to hopelessness, intractable guilt, self-hatred, and punitive behaviours" (2010, p. xiv). I am reminded again of my previous methodological assumption that human beings are at least as aggressive and hateful as loving. Perhaps it is the obliteration of ambivalence that enables Olmi's mother to carry out her murderous wishes?

Both love and hate are feelings, or internal psychological states of mind, that are more or less conscious to us. I think of Freud's (2003) concept of the id, which he conceived as being founded in the unconscious and obeying the dictates of the pleasure principle. Indeed there is a certain pleasure, or perhaps relief, to be obtained in the fantasy of playing out unconscious, or even conscious, desires that cannot be fulfilled in real life. That is, if reality and fantasy are sufficiently known to be separate by the psyche. It is our behaviours, or actions that we undertake, that reflect the interaction between our internal and external worlds. We can behave aggressively and destructively, acting out of feelings of hatred, or behave in loving and nurturing ways, based on our feelings of love. Almond (2010) suggests that the aggression evoked in the mother whose own needs are not being met can therefore express itself as an internal psychological state of mind, for example "in the form of hateful feelings, angry fantasies" (p. 8). Alternatively, it can be acted out in a variety of ways, more or less harmfully.

It seems helpful to think about hate and aggression as being both internal psychological states of mind and as potential behaviours or actions. From this expanded horizon, perhaps human aggression in itself is not as problematic as I have previously suggested? Almond (2010) suggests that the issue is the guilt produced in women by societal pressure to deny their own maternal ambivalence and to be idealised mothers; "this guilt

only makes the aggression worse, as women fail in their attempts to fulfil impossible standards of mothering" (p. 11).

Internalising and externalising solutions

One fantasy that Almond (2010) suggests is important to the consideration of maternal ambivalence is a mother's fear that she will make her infant monstrous, either because she cannot love him enough or mother properly. It is my clinical experience that such hateful feelings and fantasies are mostly unconscious for many mothers, with the unbearable idea of her own monstrousness either projected into her infant or onwards into the external world. It is not often possible to explore such unconscious phantasies and I am increasingly frustrated in my search for what to do in the room. It seems my task to contain those hateful feelings associated with maternal ambivalence within my own consciousness. I am therefore interested in Almond's conceptualisation of internalising and externalising solutions to maternal ambivalence.

In seeking to manage maternal ambivalence, Almond (2010) suggests that a mother will either blame herself or blame others, most problematically her infant. Her internalising solution refers to a mother who feels guilty and masochistic about her mothering behaviours, rooted as they are in her ambivalence. In response to feeling guilt she blames herself "usually by trying harder and harder to be a good mother, to punish herself for her failures, real or imagined" (Almond, 2010, p. 19). I find myself talking with such mothers about perfectionism and their harsh internal critic who judges them for their monstrousness. Almond allows that there are "attempts on the mother's part at reparation" (2010, p. 90), evoking Klein's (1991d) depressive position functioning (while omitting the importance of mourning). And yet I would not wish for any mother to be satisfied with such a resolution. Almond characterises these women as often less disturbed, more neurotic and with good ego strength. I wonder if the internalising solution to maternal ambivalence can be mapped onto the dominant clinical position Murray and Finn (2012) characterise as idealising?

Almond (2010) has a chapter entitled *Whose fault is it?* I am particularly drawn to this with its focus on the externalisation of maternal ambivalence. I am interested in how to deal clinically with projection, and with externalising, paranoid and blaming presentations. These women are perhaps more disturbed, tending towards borderline or psychotic character structure (McWilliams, 2011) and with less developed ego strength. This attraction seems part of the reason that I undertook my clinical training with a

maternal mental health provider. Could the women in such a setting be more likely to adopt an externalising solution to their maternal ambivalence? Are women who assume an externalising solution more likely to fall into Murray and Finn's (2012) pathologising clinical treatment position?

Again, I find myself dissatisfied with a dichotomous approach to thinking about solutions to a mother's ambivalence. There must be something beyond internalising and externalising solutions to maternal ambivalence; they both seem destructive to me, although the internalising solution is perhaps the psychologically healthier one. Is maternal ambivalence even a problem for which a solution needs to be found?

Who will seek treatment?

Generally the mother who internalises her maternal ambivalence, experiencing guilt at her perceived inadequacies as a mother, is more likely to seek treatment; "angry, blaming mothers are too ashamed of their feelings and too threatened by the prospect that the blame will be turned back on them to seek treatment easily" (Almond, 2010, p. 241). I think again about Olmi's (2010) mother and her experience of shame and envy in the warm café. A fragile thread of opportunity existed for an attuned clinician to make emotional contact. However, as the mother entered the café the good parts of her self were likely split off and projected, alongside the bad. Following Klein (1991d), in this way the café/clinician becomes the ego ideal, containing the mother's loving and nurturing impulses. She is envious of the capacity of the clinician to love.

I remember my interest in the form and arrangement of the 'barriers' that Olmi (2010) refers to, the ones that stop mothers from acting out their aggression. Perhaps a mother's cry for help is split off and left with others who recognise her need? Almond (2010) helps me to think about how the constraints to acting might be removed:

> 'Whose fault is it?' is a very troubling question to (such) women….They are ruled by a rigid and unforgiving superego, the psychoanalytic term for that part of the mind we usually call the conscience or moral sense. In these women good and bad qualities in themselves and others are seen in all-or-nothing terms, where imagined punishments are severe and real forgiveness is rare (p. 107).

Here again is a distinction between an ordinary conscience, moral sense or superego and a more rigid, unforgiving one. It might be that an overly strict and punative superego is implicated in the movement of ordinary hatred and aggression from the realm of

phantasy/fantasy into reality. Almond (2010) seems to reference Bion's (1962a) concept of the ego-destructive superego, reminiscent of the nightwatchman distracted by his endlessly looping television repeats. Looping endlessly, evocative of Fraiberg, Adelson and Shapiro's (1975) 'ghosts in the nursery', with the inference that a mother's own unremembered and unprocessed infant experiences influence her current relationship with her infant. Over and over again, the past repeats itself; "the slings and arrows of outrageous fortune are as nothing compared with the murderous mufflings and insinuations and distortions of the superego" (Phillips, 2015, p. 107).

In further considering the externalising solution to maternal ambivalence, Almond (2010) suggests that these women "have difficulties seeing their children as separate from them, as people with their own minds and feelings" (p. 107). It seems difficult for such women to think about their infant. They cannot contemplate either their infant's temperament or personality, splitting off and projecting their own disowned and disliked aspects of themselves into the child. This consequently makes it almost impossible to think about their relationship with their infant, to recognise the otherness of the other.

The potential in conflict

My countertransference is despair, tiredness and unwillingness to go on. I feel resentful of this research, this baby of mine, with the feelings engendered and the demands it makes on my time. I have arrived in a place where the distinctions between fantasy and reality seem particularly blurred, danger lurks. Almond (2010) suggests that the hate "which is inevitable whenever people have intense conflicting and unsatisfied needs, may also foster a sense of separateness" (pp. 8-9). What is the potential of a sense of separateness? Almond encourages me to continue to think, providing an introduction to Roszika Parker's (1995) *Torn in two: the experience of maternal ambivalence*.

Parker (1995) is a Kleinian psychoanalyst who focuses on the function of maternal ambivalence for the mother's own development, rather than that of her infant. The mother and her subjective experience are foreground. Parker observes the contrast with Winnicott's (1949) seminal paper *Hate in the Countertransference*, which can be read as privileging the developmental importance of maternal hate for the infant. Winnicott lists any number of reasons for a mother to hate her infant and the reason that resonates for me is "the baby is a danger to her body in pregnancy and at birth" (1949, p. 73). Throughout pregnancy and birth a mother, consciously or unconsciously, is faced with

her own death. However, once the infant is born Parker suggests the "mother is left to grapple with the fact that she is not only the source of life but also of potential death for her child" (1995, p. 10). In the absence of substantive social and familial support she alone is responsible for keeping this dependent infant alive and well.

I am struck by the mutual threat that each poses to the other, both physically and psychologically. Parker (1995) locates the mother's developmental task as negotiating access to a maternal depressive position, arguing that this "may have a transformative and positive impact on the mother and, hence, on the work she has to do" (p. 14). A mother in the maternal depressive position will have the ability to see her infant as a more complete person, meaning that danger will recede. Maternal ambivalence embraced is no longer a problem to be solved. Parker argues that "idealisation and/or denigration of self and, by extension, her baby, diminish" allowing "a sense of concern and responsibility towards, and differentiation of self from, the baby" (1995, p. 17). In contemplating a mother's work, I am reminded of poet and philosopher David Whyte's (2015) conception of work as intimacy; our work is where our self meets the world, an exquisite juxtaposition of the internal and the external. A mother's capacity for maternal ambivalence will be based on her previous developmental history and her current external circumstances. The achievement of maternal ambivalence is not without grief as "acknowledging that she hates where she loves is acutely painful for a mother" (Parker, 1995, p. 17).

The achievement of the maternal ambivalence is complicated by infantile projective and introjective processes that exist in the interpersonal realm between mother and infant. Parker (1995) describes it thus: "the baby…projects…rage and frustration into the mother where it marries up with her own infantile feelings of anger and need" (p. 167). Father can also be involved:

> I remember sitting on the stairs with Billy when he was a baby and wouldn't sleep. I knew that Stan blamed me. I knew he was furious and thinking, 'this child is awake at night because of *you*'. I felt the weight of his blame and that doubled my desperation for Billy to sleep. I sort of passed the blame down the line and had a really strong impulse to throw him down the stairs (Parker, 1995, pp. 11-12).

As Winnicott (1949) laments amongst his many reasons for a mother to hate her baby, "she has to love him, excretions and all, at any rate at the beginning, till he has doubts about himself" (p. 73). Reference to infant excretions could be interpreted as a

metaphor for infantile projective processes. Strong impulses to enact murderous rage can be very frightening, prompting a mother to focus on understanding her relationship with her infant. This is the clinical material, more or less conscious, from which the developmental achievement of maternal ambivalence can begin to emerge. For Parker (1995) "the suffering of ambivalence can promote thought–and the capacity to think about the baby…is arguably the single most important aspect of mothering" (p. 7).

Socio-cultural ambivalence

Where excessive guilt is evoked in the mother who recognises her ambivalent feelings of love co-existing with hate, then she "regresses to a schizoid state, making an over-rigid split between baby and self" (Parker, 1995, p. 20). As Olmi (2010) illustrates, love and hate can be split so definitively that love can cease to be protective against hateful and aggressive thoughts and feelings. According to Parker the primary cause of the guilt that precipitates the splitting of love and hate is cultural ambivalence towards normal and ubiquitous maternal ambivalence. I would add consideration of the social realm to this concept to provide the possibility of fuller contextual understandings in Aotearoa New Zealand.

It seems tragic that socio-cultural ambivalence about maternal ambivalence is also "based on the terror that hate will always destroy love and lead to isolation and abandonment" (Parker, 1995, p. 20). The relationship between socio-cultural ambivalence and social-cultural defences will be considered further, beginning in Chapter Four. For now, it seems that the likelihood of acting out hateful impulses is increased where messy feelings are not able to be thought about. I wonder about the role that a healthier nightwatchman could take in the construction of a safe route through dangerous territory.

Summary

I have explored hermeneutic understandings of the concept of maternal ambivalence as they have emerged from a dialogue with my chosen texts. The importance of the relationship between the mother's internal world and her experience of her external world has been highlighted. I have reflected on constructive and destructive elements of maternal ambivalence. This has informed my consideration of the role of the superego in mediating a mother's hateful and aggressive thoughts and feelings towards her infant. The concept of the maternal depressive position has been introduced.

Chapter 4 Devaluation and idealisation

Introduction

In this chapter I consider the psychoanalytic concepts of devaluation and idealisation as I continue to seek clinical understandings of a mother's murderous rage towards her infant. These concepts seem deserving of my attempt at further understandings, emerging as they did in the first spiral of this hermeneutic literature review which resulted in the formulation of my research question. The method seeks to "facilitate a deeper understanding not only of the body of relevant literature but also a deeper understanding of individual texts" and "should proceed from a thorough reading of relevant texts" (Boell & Cecez-Kecmanovic, 2010, p. 133). Having immersed myself in a hermeneutic consideration of maternal ambivalence I can begin to hear myself expressing the ways in which Olmi's (2010) mother is devalued. I wonder about the relationship between devaluation and Murray and Finn's (2012) pathologising clinical position. I seek to encounter my chosen texts from this expanded vantage point. I will test myself by re-viewing what I have read and written, particularly for its implicit and unconscious meaning (Barker, Pistrang & Elliot, 2002).

Socio-cultural defences

In Chapter One I wondered whether my difficulty in finding a way to remain with a mother's experience of murderous rage towards her infant might be related to the dominant social and cultural ways of relating to such thoughts and feelings. As introduced in Chapter Three, Parker (1995) has argued that cultural defences exist "against the recognition of ambivalence originating in the mother by denigrating or idealising her" (p. 21). When devalued, a mother is seen as devoid of love for her infant and full of hate; her infant is perhaps at risk of mother acting out her hateful feelings, or might be judged by watchful eyes to be at risk. In contrast, an idealised mother is seen as full of love, innocent of hate, acting out only her loving and nurturing feelings. In this way a split exists in socio-cultural representations of motherhood, one that can be internalised by individual mothers.

Ambivalence about our capacities for love and hate mean that social and cultural pressures are "exerted on mothers to live up to persecutory maternal ideals" (Nash, 1997, p. 143). Klein (1991d) first theorised our infantile fears that mother's hate will destroy her love, care and concern, resulting perhaps in our abandonment or annihilation. I use

the term socio-cultural defence to refer to these infantile fears of the loss of the good mother, which are then collectively defended against in the social and cultural realm by idealising or devaluing all mothers. This then "provides a context which inflates maternal guilt, rendering ambivalence at times unmanageable"(Parker, 1995, p. 21).

Clinical positions: binary options?

I have previously suggested that Murray and Finn (2012) identify two dominant clinical ways of relating to a mother's thoughts and feelings of murderous rage towards her infant: (1) the thoughts are indicative of depressive illness; (2) the thoughts are an extension of maternal vigilance and care. Upon re-viewing in accordance with my expanded understandings of maternal ambivalence I now perceive their paper somewhat differently, understanding it to mean that the women in their sample also have two dominant ways of dealing with such thoughts. The first of these is "the exclusion of such thoughts as indicative of unhealthy non-containment and depressive illness" (Murray & Finn, 2012, p. 41). However, the term 'unhealthy non-containment' is not defined. The second way of dealing with such thoughts is "including thoughts of harm as an extension of maternal vigilance and care" (Murray & Finn, 2012, p. 41).

It interests me that I read these positions as clinical positions, external constructions of maternal ambivalence, rather than also the understandings of the women themselves who are experiencing thoughts and feelings of murderous rage. This indicates the influential role of the wider socio-cultural sphere in mediating women's intrapsychic and interpersonal experiences of motherhood. My initial understanding seems partly related to my own training experiences in a clinical setting with particular expressions of socio-cultural defences against the anxieties aroused by maternal ambivalence, and I will turn to this in the next chapter. In my struggle to understand the development of Murray and Finn's (2012) argument, I return to their statement of intent:

> We are concerned with ways in which a mother can assimilate her destructive thoughts, when and if they occur, through psychologised attributions or by relating to her thoughts of harm as an aspect of heightened vigilance, emotional range and invigorated self-awareness (p. 43).

This is suggestive of how I came to my original understanding; the authors too seem implicitly concerned with clinical application. In their consideration of the normalisation of thoughts and feelings of murderous rage Murray and Finn (2012) identify that the commonality of such phenomena is "held up as useful information for

psychological intervention" (p. 43). Perhaps normalisation is one expression of psychological 'attributions', the how and why ordinary people come to explain the phenomena of a mother's murderous rage. I have experienced the temptation to normalise, and suffered the resultant curtailing of the clinical conversation. I agree with Murray and Finn that normalisation can have the effect of "turning troubled mothers into 'heroes of adjustment and assimilation'" (2012, p. 43). It might be that normalisation as an intervention is rendered ineffective in the context of defensive splitting in the socio-cultural realm.

Some mothers in Murray and Finn's (2012) study have apparently transformed their thoughts of harm into the need for vigilance, lest their infant die. I remain unconvinced, however, that explaining such thoughts and feelings of murderous rage away as the result of the need for heightened vigilance is sufficient. I find a mother's unconscious phantasies also compelling (Almond, 2010). The authors also propose that a mother might come to relate to such phenomena as aspects of increased emotional range or self-awareness. These possibilities seem especially potent but are not significantly elaborated.

The unconscious aspects of the mother-infant relationship are a likely key component of how a mother might come to relate to her murderous rage in terms of increased emotional range or self-awareness. While my focus hitherto has been on a mother's aggressive impulses, Klein (1959) has theorised that the infant can also project their aggression into the mother, perhaps provoking such thoughts and feelings in her. More contemporary psychoanalytic thinking also considers the contribution of devaluation and idealisation in the social and cultural spheres, with Nash (1997) extrapolating from Parker (1995) to suggest that:

> Instead of a focus on the developing capacities of the infant to mediate it's own constitutional 'life and death instincts' towards mother, it seems possible to think about how the infant's 'sadistic oral-anal impulses', characteristic of paranoid schizoid stage, may perhaps be the efforts of an immature, infantile psyche to contain and process a mother's split-off aggression (pp. 146-147).

I will return to consider the unconscious aspects of the mother-infant relationship in my discussion Chapter Six. I am particularly concerned with how the infant "enmeshed in this malignant feedback loop becomes increasingly dependent on it's own rudimentary means of containment-phantasy-to make sense of what is going on between itself and mother" (Nash, 1997, p. 146).

A closer look at idealisation

It has been difficult to articulate why Murray and Finn's (2012) second position, that the thoughts are an extension of maternal vigilance and care, might be characterised as idealising. Almond (2010) assists when she says it is certainly easier to idealise motherhood when somebody else is doing the majority of the childcare. I reflect again on Renoir's (1893-94) painting; this idealised image of maternal nurturance may be being performed by a maternal substitute. I now view those women who utilise a predominately internalising solution to their maternal ambivalence as being good at taking care of themselves, seeking help where necessary, but never fully revealing the depths of their fears. The clinician can easily conclude that such a mother can care for herself, not needing much. It is perhaps then easier to idealise her, her mothering and our treatment. We as clinicians rest a lot easier with the mother who internalises her anxieties about her maternal ambivalence.

The idea of internalised ambivalence is evoked for Murray and Finn (2012) by Winnicott's (1960) concept of the good-enough mother. This metaphor provides a shorthand for the holding environment; as the infant's needs and wishes emerge "the good-enough mother intuits the child's desire relatively quickly and shapes the world around the child so as to fulfil that desire" (Mitchell & Black, 1995, p. 126). The holding environment is facilitative and allows the infant to go on being, with a minimum of interruption (Winnicott, 1960). This state cannot, nor should it, last indefinitely. A mother gradually becomes more interested in her own needs, and incremental failure to meet the infant's needs and desires occurs. The infant comes to feel a sense of dependence which has always been the reality and the subjectivity of mother becomes apparent.

I allow that the idea of being good-enough can let a mother off the hook of perfectionism, leaving her not blamed with the acknowledgment that you don't have to get everything right. This may provide relief to some. However, the metaphor of the good-enough mother still leaves room for the fantasy of 'yes, but imagine if I did get everything right!'; her next thought might be 'and I really am a bad mother for not getting more right'. Murray and Finn's (2012) critique of normalising interventions is that "what is left unchallenged is the subtle assumption that ideations of harm are (at least potentially) undermining of good mental health and good mothering" (p. 43). It

occurs to me that a bad-enough mother might also be needed, allowing for resolution of the split between good and bad, thus achieving maternal ambivalence.

Containers

I am hopeful of a more integrated concept of motherhood when Murray and Finn (2012) make "a case for thoughts of destructive harm as being a creative impulse that can be constructively incorporated into mothering and maternal subjectivity" (p. 41). However, it seems this requires more consideration, given Murray and Finn's reliance on the psychotherapist Lisa Baraitser as "she attempts to rescue a maternal subjectivity from the psychoanalytic notion of the containing mother who withstands abandonment and destruction and still remains the same subject she was prior to childbirth" (2012, p. 45). A containing mother who is unaffected by her mothering experience does not accord with my understanding of Bion's (1962a) concept of container-contained. I prefer the idea of "a thinking container, which does not simply absorb, but also thinks and transforms, endowing the material entrusted to it with verbal meaning" (Biran, 2015, p. 4). It seems useful to distinguish between Winnicott's (1960) concept of holding and container-contained. Often these terms are used interchangeably when each can have a distinctive expression in clinical work. Where holding is the metaphor for psychotherapeutic treatment "psychological development is a process in which the infant or child increasingly takes on the mother's function of maintaining the continuity of his experience of being alive" (Ogden, 2004, p. 1362). Perhaps this is similar to how Murray and Finn understand containing? In contrast, if psychoanalytic containment is the treatment, then the goal is to facilitate the growth of the container-contained.

Murray and Finn (2012) remain committed, however, in their "attempt to rethink thoughts of harm by disassociating them from the realm of the contained 'good' mother on the one hand, and the depressive and dangerous mother on the other" (p. 46). 'Sylvia' is provided as an example of a contained, good mother with her "strategy for ideal mothering and for managing destructive thoughts" depicted as requiring "full and constant emotional suppression" (Murray & Finn, 2012, p. 51). There seems little room for Sylvia's maternal subjectivity, with the authors arguing that "this clearly reflects the containing function that psychoanalytic theory has depicted mothers as ideally performing" (Murray & Finn, 2012, p. 51). The possibility of growth in the container-contained, as a metaphor for dyadic relationship, does not seem to be considered.

In contrast, ‘Laura’, who is described as having postpartum depression, provides an example of the depressive and dangerous mother. Murray and Finn (2012) postulate that “in attributing her thoughts of harm to postpartum depression, Laura externalised them as not belonging to her, deploying postnatal depression as a container for harm-related thoughts” (p. 52). This seems an alternate use of the term ‘container’ to Bion’s (1962a) psychoanalytic concept of container-contained. For me, the concept of postnatal depression as a container seems more akin to a socio-cultural defence, in that the mother can remain idealised “thus projecting herself as someone more worthy of sympathy than blame” (Murray & Finn, 2012, p. 52). The use of postnatal depression as a container for a mother’s murderous thoughts and feelings does not allow for the unconscious psychological digestion of the mother’s unbearable experience, or for the re-introjection of that experience in a form that the mother is able to utilise.

Unconscious murderous rage

Perhaps what is missing in Murray and Finn’s (2012) article is consideration of what remains unconscious? They have sought “to highlight…the contrasting ways in which participants perceived their thoughts of harm as being alien to mothering and maternal subjectivity, or as part of them” (Murray & Finn, 2012, p. 51). Their starting point, however, is thoughts of harm that are conscious to the mother. As presented in the previous chapter, such thoughts and feelings may or may not be conscious and may be dealt with either projectively or introjectively.

Murray and Finn (2012) describe one way of negotiating conscious thoughts of murderous rage; “in a form of reaction-formation as a psychological defence against the harm-related thoughts of the bad mother, the dangerous mother becomes the surveyor of danger for the sake of the child” (p. 53). ‘Janet’s’ “thoughts of harm are talked up as abruptly ‘coming into’ her mind to remind her of her child’s ‘extreme vulnerability in the world’” (Murray & Finn, 2012, p. 54). It seems that Janet is frightened that her baby might indeed die and she is determined that it won’t be because of her. Is this defensive manoeuvre to avoid blame for her aggressive impulses? I am reminded of Parker’s (1995) suggestion the “mother is left to grapple with the fact that she is not only the source of life but also of potential death for her child” (p. 10). Such a defence might be more effective if unconscious, where a mother was not actively working to decide what she will do with such thoughts.

Differentiation between conscious and unconscious material seems crucial. In the absence of consideration of what is unconscious, I cannot concur with Murray and Finn's (2012) contention that the polarities of love and hate collapse in the re-construction of a mother's own potential to destroy as instead an extension of her maternal vigilance. This seems a denial of a mother's destructive and aggressive impulses. I argue that the creative potential of thoughts and feelings of murderous rage must take into account unconscious material, the mother-infant relationship and socio-cultural defence systems. Murray and Finn acknowledge that their method has not allowed "a sharper focus on preconscious fantasies, desires and projections", nor "affective transferences that occur as a new mother and baby relate and that inevitably energise thoughts of harm" (2012, p. 56).

Psychoanalytic understandings of the growth of the personality

As I wonder about what remains unconscious I turn to Margot Waddell's (2002) *Inside lives: psychoanalysis and the growth of the personality* for additional understandings. I entered this text intending to read further about infancy and early defences but found myself immersed in models of learning, one of the only chapters applicable to the whole lifespan and not a particular developmental stage. Waddell states that "a child's capacity to develop and grow internally is closely related to the kind of learning that has been going on from the earliest phases" (2002, p. 105). In thinking about the development and internal expansion required to become a mother, it makes sense that a mother will undertake this in much the same way she has approached other developmental tasks.

Identifications

Waddell (2002) identifies different types of identification, before considering associated learning modes. Is this indicative of effective clinical interventions? Identification is defined by McWilliams (2011) as "the capacity to identify with another person, or with some aspect of another person" (p. 143). Identifications can be more, or less, healthy for the growth of the personality. Many mothers undertake their mothering in the absence of healthy maternal role models. I am drawn towards McWilliams' description of defensive identification, a solution "to the problem of feeling threatened by the power of another person" (2011, p. 144). This defence, known as identification with the aggressor, is that contemplated by Fraiberg, Adelson and Shapiro (1975) in their 'ghosts

in the nursery' paper. Their argument is that a mother's own unremembered and unprocessed infant experiences influence her current relationship with her infant.

Identifications, or becoming like the other, are partly conscious and partly unconscious, with "many instances of identification…motivated by needs to avoid anxiety, grief, shame, or other painful affects; or to restore a threatened sense of self-cohesion and self-esteem" (McWilliams, 2011, p. 144). Following Waddell (2002), I am curious as to whether the mother's "primary identifications (with externally significant figures or their later internal representations) seem to be of an adhesive, of a projective or of an introjective kind?" (p. 106). This seems exemplified by the dichotomy between the anxious book-learning of some new mothers versus more intuitive knowing of their infant's needs and desires. Waddell expands further:

> It is the predominance of one of these modes…that determines whether learning takes place by way of imitation, of a mimicking, parroting, adhesive kind; or by the child's anxiously seeking to be someone that…she isn't, projectively acting in role or even experiencing the self as if it *is* the other; or by the child's resiliently seeking understanding by engaging with…her own experience of a secure, inner sense of self, derived from a capacity for introjective identification with good and thoughtful qualities of mind (2002, p. 106).

This is suddenly becoming more personal. Whilst writing a draft of this chapter I am experiencing dislike of the process; I want it to stop. I explain to a friend that I am in a 'hard' part of the writing, others parts come more easily, with more flow. My friend encourages me to wonder why this is, and I notice that this chapter initially contains only academic texts, with little contextual emotional information. I am struggling with not knowing, waiting for understandings to emerge. I am coming up against myriad painful, frustrating elements that put me in contact with feelings of not being good enough. How am I to tolerate such frustration and anxiety? I am in danger of killing off my curiosity and sense of being able to discover something for my own self.

Is this partially demonstrative of a more adhesive kind of learning, an anxious attempt to prove academic credentials? Tension about how much of my self to reveal, my intent to do so and then my retreat from exposure was evident to me in my presentation of this research as a component of the academic process. The invitation in the hermeneutic method, it was suggested in that forum, was there for me to bring more of myself. This struggle of mine with this subject material, born of my own infant experience, perhaps also reflects something of the struggle for some mothers, how much of her subjectivity

can she allow? Can I allow what it is that I know, phenomenologically and embodied, to emerge in the process of this hermeneutic literature review?

It is important to me that the person in the role of psychotherapist actively teases apart what is conscious and unconscious. Bion (1962a) distinguished between learning about things and the ability to learn "in the sense of knowing itself from experience of itself" (p. 308) in the world. Can a mother (or psychotherapist) think and know in a way which increases her internal capacity, or is her thinking and knowing more akin to expertise, technical and/or academic skill? This seems suggestive of a clinical intention to support a mother to think about her relationship with her infant, rather than operating in an un-thinking object-related way.

Modes of learning

Klein (1991b) proposed additional instincts beyond Freud's Eros and Thanatos, with her epistemophilic impulse seeming relevant; defined as "the child's need to know and understand the truth about himself and his experience of the world (initially represented by the mother's body)" (Waddell, 2002, pp. 112-113). This instinct represents the infant's curiosity to know what is inside mother, to get inside the object and avoid separating. There is, however, "a distinction between intrusive curiosity, stimulated by a voyeuristic need to 'know' in order to master and control, and a more enlightened desire to understand" (Waddell, 2002, p. 113). This difference is partly illustrated in my emotional experience of hermeneutic engagement with my different texts. I want to write coherently about the psychoanalytic literature, yet find my relationship with these texts sometimes fraught and antagonistic. This contrasts with my sense of enlivenment of immersion with other of my chosen contextual texts.

Subsequently, Bion (1962) used the term 'K link' to "signify a relationship of mutual dependency and benefit whereby both mother and baby could grow emotionally" (Waddell, 2002, p. 114). It is closely aligned with the container-contained relationship and describes "the emotional experience of feeling curious" (Fisher, 2006, p. 1221). The K link describes "a thirst for knowledge" (Waddell, 2002, p. 113), akin to a desire for understandings, seemingly well-aligned with hermeneutic method. In a state of K the "desire is to understand both the self and the other, to explore the self in the mother's mind" (Waddell, 2002, p. 119). This is illustrative of the best relationship between my chosen texts and my self as subject; I explore what happens within me as I engage with my selected texts on a mother's murderous rage towards her infant.

On the contrary, –K is that state of more intrusive curiosity, a desire to inhabit the object, where "experience is stripped of its true meaning and knowledge is treated as a commodity" (Waddell, 2002, p. 113). This learning may be sound and academically appealing, but without any significant or mutative effect on the growth of the personality responsible. I will revisit this in my Chapter Six discussion to consider whether I am just doing what needs to be done to get my qualification, or whether I am really struggling with something? Something which I can take in some real learning from, which will be embodied as it were, and that will affect me thereafter. I am startled therefore when I read Fisher's (2006) contention that an important aspect of "–K is an attack on a K-state-of-mind by an intrusion of L/H which has the effect of contaminating and dominating the urge to know" (p. 1221) (where L is love and H stands for hate). The destructive intrusion of Eros or Thanatos into the capacity for thinking makes intuitive sense.

Bion (1962a) considers that the prototypical models of learning emerge in the first interactions of mother and infant. Mother can split her hate from her love but may then experience herself as being taken over by the hated internal mother; 'I'm becoming my mother'. Her infant can then experience his projections as "prematurely pushed back at him…as if bouncing off the surface of his mother's unreceptive mind" (Waddell, 2002, p. 110). I notice my anxiety and unwillingness to engage fully with these texts. The normal, balanced processes of projection and introjection which allow the capacity for healthy introjective identification seem temporarily disrupted. Can I allow these texts to live inside of me, nurturing my curiosity, waiting for understanding to emerge?

Consider the mother who is unable to soothe her infant, not knowing why. This mother may experience feelings of rejection by her infant. For Bion (1962), it is mother's containment of the infant's projected primitive states that leads to the birth of thought, or a thinker for the thoughts (Biran, 2015; Ogden, 2004). As mother's anxiety and possibly frustration rises "the baby will attempt, all the more forcefully, to get rid of whatever it is that the physical/ emotional system feels unable to digest or metabolise" (Waddell, 2002, p. 116). Mother can feel enslaved with a longing to cut ties, leading to unconscious desires to save her good internal objects and murder the bad objects. She may find herself troubled by thoughts and feelings of violence towards her uncaring objects, not unlike my current dislike of this research. Could it be that the mother's experience of thoughts and feelings of murderous rage towards her infant arise

interpersonally, from interactions within the mother-infant dyad? In the absence of an experience of sufficient maternal reverie, or capacity to dream the infant's experience, the infant is left to re-introject his or her "own feelings left unmodified, but also that part of his mother's mental state which was incapable of receiving those projections" (Waddell, 2002, p. 116).

The possibilities for discovery of self-knowledge and for understandings of the world become limited. I wonder what projections I am unable to receive from my chosen texts? The infant can come to be identified with an internalised wilfully misunderstanding object rather than an understanding object (Bion, 1962a). I suddenly appreciate that I must seek further understandings of anxiety, disruptive as it is to thinking. I will turn to consider organisational expressions of socio-cultural defences against anxiety and the possible origins of infantile anxieties in Chapter Five. But for now, I have insight about my motivations for previously considering questions of moral philosophy.

Moralisation

In Chapter Two I felt compelled to consider questions of moral philosophy and worried about the danger of the assiduous application of morality if in our protection of her infant we are also protected from the depths of understanding of the particular meanings of a mother's thoughts and feelings. My guess has been that my preoccupation with morality is related in some way to my personal history as a Pākehā New Zealander of predominately Irish, Catholic ancestry. To further examine the effect of my historical horizon (Smyth and Spence, 2012) I now return to re-view Freud's (1975) paper *Civilisation and its Discontents*.

Freud (1975) considered that the development of civilisation represents the struggle between Eros and Thanatos, between the instinct of life and the instinct of destruction, as it works itself out in the human species. My individual developmental struggle too, is between love and hate, seeking understandings and the achievement of ambivalence. The contributions of Kleinian theorists, including Bion, have extended understandings of Thanatos by emphasising "the capacity of this instinct to unhinge mental links, oversimplify things, and reduce the tonus of psychic activity, ultimately to the point of its non-existence" (Akhtar & O'Neil, 2011, p. 6). Then, while perusing McWilliams' (2011) *Psychoanalytic Diagnosis*, I noticed the psychological defence of moralisation. McWilliams asserts that moralisation is a "developmentally advanced version of

splitting" (p. 135), evident when "one seeks ways to feel it is one's *duty* to pursue that course" (p. 134). I recognise that quality of righteousness, or idealisation of the self. It is little wonder I fancied a detour through moral philosophy.

This research is situated in Aotearoa New Zealand and McWilliams (2011) speaks to my own history and the history of this place when she says that "the belief of the colonists that they were bringing higher standards of civilisation to the people whose resources they were plundering is a good example of moralisation" (p.134). The process of colonisation is based on splitting, indicating the presence of a depriving, uncaring and rather persecutory superego. I have come to appreciate the capacity of Thanatos to annihilate thinking and the function of moralisation as a defence against anxiety. From this point of view a mother's thoughts and feelings of murderous rage towards her infant can be conceived as less of an actual physical threat but rather as menacing the "meaning and value of subjective and intersubjective life" (Akhtar & O'Neil, 2011, p. 6).

Summary

A definition has been provided of socio-cultural defences against the integration of ambivalence. This chapter has been concerned with two such defences, idealisation and devaluation. I have explored the expression of idealisation and devaluation in clinical work with mothers who experience murderous rage towards their infants. The concept of container-contained has been introduced, compared and contrasted with holding and the metaphor of the good-enough mother. The importance of differentiating what is conscious from what is unconscious in this clinical work has been highlighted. This has allowed my thinking about identifications, especially impacts on modes of learning and the growth of the personality. I have provided additional understandings of my previous detour into questions of moral philosophy, considering the defence of moralisation.

Chapter 5 Fear and anxiety

Introduction

In pursuit of further understandings of how anxiety disrupts thinking I now contemplate a question initially posed in Chapter One, who holds the fear for the safety of the infant? A related enquiry is who holds the fear for the sanity of the mother? As previously considered, these fears could be left with the mother, undigested and terrifying, or projected into the clinician, where there might be opportunity for understanding. Altogether, these questions frighten me, provoking painful affects and anxieties. My own fears and anxieties have been growing as I have been writing and thinking in the previous chapter about the psychological defences of devaluation and idealisation. I have arrived in a place where I wish for further understandings of the nature of a mother's fears and anxieties. In seeking a third, integrative position for clinical practice my hunch is that I will also need to allow space for my own fears and anxieties. I now wish to contemplate this often unconscious content in a dialogical encounter with that which I do not understand in my texts. I aspire in my application of the hermeneutic literature review method for a state of meditative thinking (Smythe et al, 2008).

Defences against fear and anxiety

There are ten weeks before this research is due; the analogy to pregnancy does not escape me. My anxieties are rising as I long to have a complete draft. Am I forcing something? Bion (1962) suggests that we are always defending against not knowing and I am increasingly aware of how difficult it is for me to stay with this process. Salzberger-Wittenberg, Osborne and Williams (1993) describe it thus: "we try to avoid having to struggle with uncertainty, yearn for simple answers, become angry when frustrated and easily give up the struggle" (p. 54). Previously, I have managed my anxiety by finishing academic work ahead of time. I then avoid both my fear that it won't be finished and my anxiety of remaining with difficult content. I comprehend that psychological defences develop against those difficult, painful anxieties and emotions that threaten to overwhelm us. "Central amongst these defences is denial", Halton (1994) suggests, "pushing certain thoughts, feelings and experiences out of conscious awareness because they have become too anxiety-provoking" (p. 12). Time is needed if understandings are to emerge; my supervisor encourages me to slow down.

I notice the tension between wanting to be finished and wanting to take my time. If I force this research and finish quickly I can separate my self from my work, it was produced to gain my qualification. But this feels demeaning, devaluing of my learning process. On the other hand, if I slow down and keep this baby inside of me I can continue to idealise it. My particular defences against anxiety seem to oscillate between devaluation and idealisation of my own self. I am a frisson of hope and fear; my conscious hope is that understandings will surface, yet those understandings are likely the very thing that I unconsciously fear (Halton, 1994).

Contemplating Bion's K link now seems fraught. From the place of idealisation I am acutely aware that I want this process to be meaningful, a rite of passage perhaps. I want to conclude with something that I have truly learned, something that has contributed to the growth of my personality, especially as a psychotherapist. The following observation of Salzberger-Wittenberg, Osborne and Williams (1993) is uncomfortably resonant: "it would have been nice to do a trapeze act, to lift myself upon the slim rope of omnipotence to the heights of mental acrobatics, supported by the breathless admiration and acclaim of my audience" (p. 56).

My current reality is that I am struggling, struggling with thinking, writing and understanding. I need to contain the painful, mixed feelings evoked by the process and must manage my anxieties somehow. In the coming projection of my research into the world other anxieties will be stimulated. Will I encounter an object that can take my projections inside, digest them and return them to me for re-introjection in a form that is life-giving? Or will I meet a wilfully misunderstanding object (Bion, 1962b)? I seem to be describing something akin to paranoid-schizoid anxiety, with fear of being attacked by my internal part object (Klein, 1991d). Olmi (2010) depicts it thus:

> Animals with pincers, scuttling little crabs who want to suck my blood. And they always tell me things aren't going well, things aren't going well at all, it's all gone wrong and it can still get worse, something terrifying's waiting for me and it's all my fault, I went about it all wrong and it's too late now (p. 73).

From such a paranoid-schizoid position I risk projecting my own capacity for thinking into my readers (Stokes, 1994). A danger in considering Bion's K link is the potential to dwell in the more primitive infantile state of –K. I may end up writing in such a way that becomes difficult for the reader to feel and think alongside. How can I remain in relationship with the external world?

Clinical receptivity to a mother's projections

I privilege the examination of my internal world in relation to my research process because I believe this illuminates the psychological processes occurring in mothers who experience murderous rage towards their infants. I now wish to consider how clinicians receive the projections of disturbed mothers, projections arising from a disturbance to early object relations in their own infancy. I am beginning to suspect that any third, integrative position of clinical practice will need to allow space for the clinician's own fears and anxieties. The clinician's own infant experiences can be acted out in the clinical encounter, manifesting as unbearable and overwhelming feeling states.

What then is the relationship between the mother's psychological defences and those of the clinician to whom she turns for help? Isabel Menzies Lyth is a Kleinian psychoanalyst perhaps best known for *The Functioning of Social Systems as Defence Against Anxiety* (1988). She describes a study of a nurse training hospital, initiated with the purpose of developing more satisfactory methods of implementing nursing tasks. Instead, Menzies Lyth sought to understand the nature of nurses' anxiety and explain its intensity. In accordance with her theoretical orientation she attributes anxiety to an inner psychic atmosphere "charged with death and destruction" and containing "many damaged, injured, or dead objects" (1988, p. 47). This compares to Fraiberg, Adelson and Shapiro's (1975) 'ghosts in the nursery'. Menzies Lyth explains "the intensity and complexity of the nurse's anxieties" according to "the peculiar capacity of the objective features of her work situation to stimulate afresh these early situations and their accompanying emotions" (1988, p. 47). I attest that the clinician to whom the mother turns in her fear and anxiety has fears and anxieties of her own.

Menzies Lyth (1988) elaborated the concept of "socially structured defence mechanisms" (p. 50) against primitive infantile anxieties. She contends that the social defence system is orientated towards assisting the clinician to avoid "anxiety, guilt, doubt and uncertainty", especially "anxieties connected with primitive psychological remnants of the personality" (1988, p. 63). Such avoidance of anxiety seems likely to destroy the capacity for thinking, as encapsulated in Bion's (1962) concept of K. At the extreme, the avoidance of such anxiety is even indicative of psychic retreat (Steiner, 2011). While psychological defences operate within individual psyches, the connection to the organisation is made explicit through the behaviour of individuals:

> It must suffice to say that they depend heavily on repeated projection of the psychic defence system into the social defence system and repeated introjection of the social defence system into the psychic defence system. This allows continuous testing of match and fit as the individual experiences his own and other people's reactions (Menzies Lyth, 1988, p. 73).

The relationship between the internal and external worlds is again highlighted. Fisher (2006) reconceives Freud's (2003) "primary developmental dichotomy, the tensions between the pleasure principle and the reality principle" as the "dichotomy of tensions between the emotional experience of *L/H* and the emotional experience of *K*" (p.1221), curiosity. Socially structured defence mechanisms against primitive infantile anxieties therefore reflect the primary defensive processes considered thus far: denial; splitting; devaluation and idealisation; projective and introjective processes. Little room is left for curiosity or thinking. As the psychoanalyst Lisa Miller (2008) asserts "infantile feelings are primitive and omnipotent" (p. 363) and the temptation is to act. As a mother cannot rid herself of her infant without consequence, nor can clinician rid themselves of patient without enacting their own unconscious infantile urges. Can anger be managed and transmuted towards grief and mourning rather than escalating towards murderous rage?

I wonder about denial in the clinical encounter, given the propensity towards violent splitting in the patient group, within organisations and in the social and cultural realm. Menzies Lyth (1988) describes the prevailing necessity for sufficient professional detachment; the clinician "must learn…to control his feelings, refrain from excessive involvement, avoid disturbing identifications, maintain his professional independence against manipulation and demands for unprofessional behaviour" (p. 53). Group behaviour seems "directed at attempting to meet the unconscious needs of its members by reducing anxiety and internal conflicts" (Stokes, 1994, p. 20). However, I want to suggest that denial of the disturbing feelings that arise within the clinical relationship negates the work task of the multi-disciplinary team. Following Halton (1994) "the staff group must be able to hold together the conflicting elements projected into them, discussing and thinking them through instead of being drawn into acting them out" (p. 18). This could be conceived as a group expression of Klein's depressive position.

Menzies Lyth (1988) argues that "nurses as subordinates tend to feel very dependent on their superiors, in whom they psychically vest by projection some of the best and most

competent parts of themselves" (p. 60). I think about patients in their vulnerability projecting the more competent and healthy parts of themselves into their clinicians; it is possible that the capacity for love can be projected leaving only hate in the mother. Menzies-Lyth continues: "on the other hand, nurses as superiors, do not feel they can fully trust their subordinates in whom they psychically vest the irresponsible and incompetent parts of themselves" (1988, p. 60). Perhaps in the clinician's undigested acceptance of a mother's projection of her more competent and healthy capacities is the genesis of a sense of the sometimes overwhelming responsibility for the safety of both mother and infant? I think about clinical omnipotence which helps me understand the emphasis on referrals to child protection agencies, the rush to action possibly to soothe team anxieties. It also assists me to reflect on my own pre-occupations with being responsible, ethical and competent. I can ruminate on my actions, interactions, decisions and non-decisions. Such rumination is indicative of defences against ambivalence; can I remain idealised in my own estimate?

Again, Menzies Lyth (1988) places the individual's experience within the dictates of the social defence structure: "underemployment…stimulates anxiety and guilt, which are particularly acute when underemployment implies failing to use one's capacities fully in the service of other people" (p. 68). Whilst she refers to student nurses, insight is evoked into my own experience in the role of subordinate:

> They feel insulted–indeed, almost assaulted–by being deprived of the opportunity to be more responsible. They feel, and are, devalued by the social system. They are intuitively aware that the further development of their capacity for responsibility is being inhibited by the work and training situation, and they greatly resent this (1988, p. 69).

I remember my own begrudging feelings. Menzies Lyth (1988) argues that "little attempt is made positively to help the individual confront the anxiety-evoking experiences and, by so doing, to develop her capacity to tolerate and deal more effectively with the anxiety" (p. 63). The organisational social defence system could therefore be conceived as a mid-point between individual psychological defences and broader socio-cultural defences. These were discussed in Chapter Four, referring to infantile fears of loss of the good mother then collectively defended against by idealising or devaluing mothers. As clinician and as mother I need to somehow remain in contact with my capacities for love and loving behaviour, lest I enact my hatred. This

will be a focus of discussion in Chapter Six. I am now settling and can turn to a final, disturbing exploration of the genesis of primitive infantile anxieties.

Reality and phantasy

Something continues to bother me about Olmi's (2010) novella; the older boy, Stan, runs away from his mother on the beach and does not return when she calls:

> Maybe we should have had a fight, there, on the wet sand, rolling on the ground and biting each other, scratching and roaring, drowning out the waves, more like monsters than the ocean itself, forgetting about being a mother and son, just thumping each other, and then feeling better afterwards (p. 45).

I remain unconvinced that this mother or her son would feel better after such a fight. This fictionalised mother will eventually attack her developing son; she poses a real external threat and is not solely his phantasised internal persecutory object. Olmi's (2010) mother is unable to allow room in her mind for her son. A mother high in such reflective functioning could see him as having needs, desires and intentions different from her own. I seek deeper understandings of the relationship between the reality and phantasy of maternal hatred. What are the possibilities for an infant's psychic development where a mother is unable to think about her hate for her infant? To this end I have immersed myself in a hermeneutic contemplation of the 2015 film *The VVitch: A New-England Folktale*, written and directed by Robert Eggers. The premise is a 1600s Puritan family ostracised from their migrant community for a deed unknown, apparently committed by the father.

The film strikes me as an exploration of where good and evil reside, with questions posed about who gets to decide. In passing his sentence the judge opines "we are your judges and not you ours" (Eggers, 2015). Again, a punative superego is evoked with Phillips (2015) describing it thus: "internally, there is a judge and a criminal, but no jury" (p.110). The family is banished from the liberties of the plantation, gates banging shut behind them, left to fend for themselves on the edge of a wood. Their Puritan religious convictions include belief in the essentially corrupt nature of humans, "born in sin, empty of grace, bent unto sin" (Eggers, 2015).

The eldest daughter, Thomasin, a girl on the cusp of womanhood, is looking after her baby brother, playing a game of peek-a-boo. As she removes her hands from her face Thomasin says "there you are" (Eggers, 2015). Siegel and Bryson (2012) suggests that

being seen, or having one's mind perceived empathically by another, is an integral part to becoming securely attached, with Karen (1998) describing a mothering style that is "warm, sensitive, responsive and dependable" (p. 6). But what is it that this mother-substitute sees when she looks at her baby? What is it that she can't bear to see? Baby Samuel disappears as Thomasin has her eyes covered. Reminiscent of Olmi's (2010) hotel room, perhaps this mother-substitute is also "sheltered from view" (Steiner, 2011, p. 2) behind her hands in a symbolic place of psychic retreat?

Almond (2010) writes of her clinical experience with a mother who became inexplicably blind after the birth of her infant. Perhaps this mother did not want her infant but was unable to acknowledge her unconscious wish; "if you can't see your baby, *you can't take care of it, but you also cannot hurt it*" (Almond, 2010, p. xvii). In the film, baby Samuel has been taken by the witch. With the disappearance of the infant, his mother is able to remain loving and good. Her ambivalence is externalised and her grief all-consuming. However, this projective process does not allow for integration of her normal maternal ambivalence. The inevitable incompleteness of her projections means that the mother's hate and badness remain inside, more or less conscious.

Projective and introjective processes

The possibilities for the witch are Thomasin, younger twins Mercy and Jonas, or their mother. Blame is passed around and I perceive projective and introjective processes running amok in this family, tearing it apart. Berke (2012) suggests that the metaphor of "the witch represents the cruelly rejecting, depriving, devouring, treacherous mother, more concerned with her own looks, feelings, and needs than her child's" (pp. 1-2). This puts me in mind of Olmi's (2010) mother and her lack of capacity for reflective functioning (Sadler et al., 2006). From the first I had determined, or I was determined, that the mother was the witch. The witch represents a hate-filled mother "greedy for food, envious of youth and jealous of love" (Berke, 2012, p. 2).

"What is the matter with thee?" asks mother repeatedly of Thomasin (Eggers, 2015). I identify with Thomasin, the blamed child; something must be wrong with someone, if only I could work out whom? Waddell (2002) describes a mother convinced that her unborn baby "would either be deformed or some kind of monster", saying "that she was afraid of setting eyes on him" (p. 22). Whilst doing laundry by the stream Mercy claims to be the witch that took baby Samuel, before accusing Thomasin of the same. When

Thomasin wonders why she would say such a thing Mercy retorts “because mother hates you” (Eggers, 2015). A confusing madness has taken hold.

I argue that the experience of introjecting a mother’s projected fear that there is something wrong with you is an embodied one. The infant in Waddell’s (2002) case study “carried a conviction that he was a scary baby-thing, a frightening baby/monster who could distress and repel the one whom he most needed, his beloved mother” (p. 25). Thomasin too can be theorised as introjecting her mother’s projected hate; she taunts Mercy saying “I be the witch of the woods” (Eggers, 2015). Later, when Thomasin milks the goat it gives blood. I interpret this as a symbolic representation of Thomasin’s re-introjection of her felt sense of her own badness, amplified by being unable to be digested in mother’s containing maternal reverie (Bion, 1962a).

When eldest brother Caleb dies, Mercy and Jonas blame Thomasin. She cannot understand why her family have turned against her, feeling especially let down by her father. The family is riven with the defence of goodness, or righteousness, against their fear of badness. Thanatos has unhinged mental links, annihilated curiosity and thinking, and destroyed the meaning and value of their subjective and intersubjective lives (Akhtar & O’Neil, 2011). As previously considered in Chapter Four, the violent splitting of love and hate has led to moral outrage.

I notice my energy, I am racing along and begin to wonder if I have split my texts? I went through a phase of feeling unable to be with and read deeply my chosen texts from the psychoanalytic literature, instead scavenging from them. In contrast I happily immersed myself in my chosen novella, painting and film. Klein’s (1991c) depressive position would indicate a capacity for gratitude, a generosity of acceptance. I have, however, experienced times of feeling less than grateful to those texts for the understandings that they can offer me, unable to take them inside. I suddenly see envy as contributing to my state of –K (Bion, 1962a). Berke (2012) places envy on the side of hate; “hatred of all life-giving experiences, essentially towards any ‘source of supply’” (p. xvii). I face back again into my devaluation of the texts and idealisation of myself and of these new, contemporary texts that I have found. The defences of devaluation and idealisation are the enemy of my ability to think. How can I remain willing to know and understand? My experiences with this research seem indicative of some of the possibilities for an infant’s development of psychic defences where a mother is unable to think about her hate for her infant.

In the film, the father is gored by the goat Black Phillip and then crushed to death under a pile of firewood, wood which he has split himself. Thomasin oscillates between more introjective and more projective processes, asking the twins if they are witches? Her mother confronts her, screaming "what hast thou done", "you reek of evil" and most chillingly for me, "it is you" (Eggers, 2015). Mother attempts to project her badness categorically into her daughter. Sexual competition and envy provide part of her motivation, "I saw thy sluttish looks at thy brother, and thy father next" (Eggers, 2015). This feels hopeless. I do not see a way out for Thomasin.

Mother attempts to strangle Thomasin. They fight, like Olmi's (2010) mother imagines fighting with her son. However, Thomasin kills her mother in self-defence, evoking for me the pulling away of the clinician who does not want to be with the unbearable anxieties of the mother experiencing thoughts and feelings of murderous rage towards her infant. Miller (2008) refers to "the function of the worker as a survivor of projections" (p. 361). The murderous mother also represents that part of the clinician identified with her own omnipotence, as discussed in relation to Menzies Lyth's (1988) reflections on nurses as superiors and as subordinates above. For Waddell's (2002) mother "it was a long time before, despite (and to her surprise) loving him, she could modify her hatred for this child who had 'inflicted such agony' and who, she believed, had nearly killed her" (p. 23).

Isolation

The mother, Katherine, is distraught at the loss of baby Samuel, continually sobbing and praying; "we never should have left the plantation" she laments (Eggers, 2015). As I remember my own mother telling me that she felt abandoned in an isolated, excluding community as she mothered two small children, I notice that I am now able to give this mother her name, Katherine. She wants to be far away from this place, back home again in England, with her longing for care, connection, support and relative comforts palpable. This family–residing in an isolated environment, divided from their community, inspired by religiosity and surrounded by forest–rankles at the horizons of my own childhood, both consciously and unconsciously. I feel an immense grief for this mother, any mother, who finds herself more or less alone in her mothering.

Katherine also seems alone in her marriage. She likens herself to Job's wife, from the biblical story considering the relationship between suffering and sin. A redemptive moment for the couple seems possible when Katherine communicates her subjective

reality that "she cannot bear her husband's blind acceptance of the tragedies that befall them" (Pardes, 2016, para.1). However, the moment for reconciliation passes unremarked.

In the family's isolation I wonder about their relationship to the external socio-cultural defence system. The family has been separated from their community, devalued and found wanting. In contrast, left-behind England becomes idealised for Katherine; does she project her capacities for loving and nurturing behaviours into England, in the face of devaluation in her current socio-cultural reality. If "student nurses…are required to incorporate and use primitive psychic defences" (Menzies Lyth, 1988, p. 74), then I argue that mothers too, within their particular socio-cultural contexts, are also required to incorporate and use primitive psychic defences. This evokes a paranoid-schizoid sensibility of "persecution in the face of pain and emotional distress, and…a focus of self-preservation at all costs" (Waddell, 2002, p. 7). There is reliance on violent splitting to dissipate these anxieties, but denial and avoidance of the experience of anxiety prevents both mother and clinician from confronting their fears. Neither can allow their infantile phantasised anxieties into effective contact with external realities:

> This situation particularly affects belief and trust in positive impulses and their effectiveness to control and modify aggression. The social defences prevent the individual from realising to the full her capacity for concern, compassion and sympathy, and for action based on those feelings… (Menzies Lyth, 1988, p. 75).

It seems to me that the relationship between individual primitive infantile anxieties and the external socio-cultural defence system has the capacity to isolate both mothers and clinicians from their external sources of support and internal capacities for love and loving behaviours.

Resolution?

Thomasin is the only family member left alive. After conjuring the goat Black Phillip as the embodiment of Satan, she walks into the wood approaching a coven of naked, chanting women. On initial viewing I felt profound relief, hoping that she was going to attain her womanhood; I wished for the happy ending. My fantasy was that Thomasin had survived her infant experiences and her mother's unthought about hate with her psyche somehow relatively intact. I now understand this as an idealised, defensive reaction to the more mundane and tragic reality. Thomasin has no one to help her digest her infant experience and has a wilfully misunderstanding object lodged inside (Bion,

1962b). She joins the witches and floats above the trees, seemingly ecstatic. I interpret this as Thomasin becoming unconsciously identified with those hateful and aggressive aspects of her mother, an intergenerational transmission of relational trauma (Fraiberg et al., 1975). Leuzinger-Bohleber (2014) suggests that when an infant becomes identified with mother's defences, the mother is unable to mirror the child's experience of fear and anxiety because she is threatened herself. The infant can only stay in relationship with mother by sacrificing their own reflective capacities, with corresponding loss of awareness of the relationship between inner and outer reality.

I have come to a significant crossroads; a family crisis requires both my involvement and boundary setting. My own ghosts are very present at this moment (Fraiberg et al., 1975). In supervision we discuss how I can now best protect this baby of mine and bring it to gestation? My choice as previously outlined has subtly altered: I could finish this research now and deliver myself of a premature baby, albeit one sufficiently developed to survive, or I can take my time, giving to both myself and my research the time for fuller development that we deserve. I have chosen to apply for an extension, fighting against my internalised judgement that this is somehow a failure on my part. I choose to act in a loving, and nurturing way towards myself, contrary to previous urges to enact my murderous rage. I am crying. I am also learning to think about my hate for this research.

Depressive fears and anxieties

I had anticipated continuing with mentalisation-based interventions and their relationship to the development of reflective functioning. I can no longer do this. I commenced this research partly from anxiety about what to do in the room, in the midst of the clinical encounter. I have come to understand that Olmi's (2010) mother enacts her rage in a hotel room, a place of psychic retreat from the anxieties of both the paranoid-schizoid and depressive positions (Steiner, 2011). I therefore find myself more interested in the nature of the anxieties associated with each position. Olmi's novella and Eggers' film adaptation (2015) in particular have assisted me with explicating paranoid-schizoid fears and anxieties. I now desire further understandings of the fears and anxieties associated with the depressive position.

Jane Temperley (2001) is a psychoanalyst who suggests that Eros and Thanatos "are experienced in terms of unconscious phantasies involving the subject (his ego) in

relation with an object, towards whom the drive is expressed" (p. 47). Berke (2012) also considers the "phantasies of the angry child which can exaggerate parents' badness and negate their goodness" (p. 23). Both authors epitomise contemporary psycho-analytic thinking which situates a mother's thoughts and feelings of murderous rage in the "larger context of parent-child transactions" (Berke, 2012, p. 23), albeit emphasising the unconscious. My concern is how to allow infantile phantasies of murderous rage into effective contact with current external realities. Klein (1991c) argues that "there is a close connection between the testing of reality in normal mourning and early processes of the mind" (p. 147), specifically her infantile depressive position.

As previously noted, the primary anxiety associated with the depressive position is melancholia, with predominate affects of guilt, grief, and the desire to repair ruptures to relationship. I wonder what unconscious phantasies might be associated with the depressive position? As the projections of the paranoid-schizoid position are withdrawn, Temperley (2001) suggests the infant begins to feel responsible for his or her projected aggression and consequently to experience and bear guilt:

> Because of this new sense of its dependence on the object and of the dangers to the object from the child's own destructiveness, this stage is characterised by concern for the object. It is also marked by the development of the desire to repair and restore the object which the child fears it has damaged by its attacks. The capacity for reparation is one of the most powerful manifestations of the life instinct (p. 48).

This describes a normal developmental situation where all goes well. But what if Thanatos is ascendant and the child turns from their object, just when the developmental achievement of ambivalence becomes possible? Klein (1991b) might refer to such a situation when she states "the extent to which external reality is able to disprove anxieties and sorrow relating to the internal reality varies" (p. 149). I wonder about the unconscious phantasies associated with the epistemophilic impulse in this case. I imagine that these kinds of phantasies have a preoccupation with guilt, especially "where the object that has been introjected is felt to be severe or injured and reproachful" (Temperley, 2001, p. 50). I will further consider the possible content of such unconscious phantasies in my Chapter Six discussion.

Manic defences can be used to manage anxiety about sustaining or recovering a good internal object, with Temperley (2001) suggesting that in the "omnipotence of manic states is a disparagement of the object" (p.51). Such belittling enables a mother to

evade the reproaches of a severe superego. Denial and idealisation are essential to the manic position (Klein 1991a). Klein (1991b) suggests that "the young child, who cannot sufficiently trust his reparative and constructive feelings…resorts to manic omnipotence" implying that "the ego has not adequate means at its disposal to deal sufficiently with guilt and anxiety" (p. 153).

More often in the process of this research I have experienced states akin to despair. These times have been associated with difficult feelings of envy in my relationships with the texts that form this hermeneutic literature review. If I am to be able to accept something from my texts, I need to tolerate the anxieties associated with melancholia and its' predominate affects of guilt and grief. Klein (1991a) again:

> It seems that at this stage of development the unification of external and internal, loved and hated, real and imaginary objects is carried out in such a way that each step in the unification leads again to a renewed splitting of the imagos. But as the adaptation to the external world increases, this splitting is carried out on planes which gradually become increasingly nearer and nearer to reality. This goes on until love for the real and the internalised objects and trust in them are well established" (pp. 143-144).

If I am to repair my relationship with my texts I require access to the generosity and gratitude associated with Klein's (1991c) depressive position. Likewise, can a mother accept the projections of her infant with kindness and gratefulness, lest she become overwhelmed and seek to attack or destroy the source?

I feel overwhelmed. A mother's fears and anxieties can threaten to overwhelm her. Her clinician too, is at risk of becoming overwhelmed. In the following discussion chapter I will consider the possibilities for integrative clinical practice.

Summary

This chapter began with an exposition of my own fears and anxieties in relation to the process of this research. This has illuminated the psychological processes occurring in mothers who experience murderous rage towards their infants, allowing consideration of how clinicians receive the projections of disturbed mothers. Menzies Lyth's (1988) concept of socially structured defence mechanisms against primitive infantile anxieties has been introduced. Next, I have sought understandings about the relationship between the reality and phantasy of maternal hatred and the consequent implications for an infant's psychic development, undertaking a hermeneutic contemplation of the 2015 film The VVitch: A New-England Folktale, written and directed by Robert Eggers. I

have then attempted to explicate some of the fears and anxieties associated with both the paranoid-schizoid and depressive positions.

Chapter 6 Towards clinical understandings

> In the process of acquiring knowledge, every new piece of experience has to be fitted into the patterns provided by the psychic reality which prevails at the time; whilst the psychic reality of the child is gradually influenced by every step in his progressive knowledge of external reality (Klein, 1991c, p. 150).

Introduction

My particular standpoint allowed for formulation of a research question: what understandings do the psychoanalytically-informed psychotherapy literature and other relevant contextual texts give to clinical work being undertaken with a mother's murderous rage towards her infant? For now, my engagement with new literature is ended. Perhaps something is cut short but if so, it is partly due to the constraints of the university context and my consequent need to produce this research, albeit as a marker point within my broader hermeneutic process. A fresh rotation of the hermeneutic spiral begins with this discussion chapter through a focus on my text as I have shaped it.

I intend to engage with my own writing, re-reading and questioning to allow for my impressions and the expanded understandings contained within to emerge. This entails my movement from the parts (contained in chapters three to five) back to the whole (Smythe & Spence, 2012), as illustrated in the following discussion of 'don't blame the baby', 'the spotlight' and 'to turn a blind eye'. In this way I seek to bring the various iterations of my hermeneutic spiral together. In concordance with Gadamer, the "text does not therefore present itself as evident truth but rather both reveals and conceals the authors' "conscious and unconscious interests at play"" (as cited in Smythe & Spence, 2012, p. 14).

Don't blame the baby!

This research has focussed in part on some unconscious aspects of the mother-infant relationship. Whilst speaking with a colleague about how my supervisor consistently reminds me that the infant also projects into the mother I spluttered 'but you can't blame the baby!' I have become aware of a previously unconscious quality or preoccupation in my writing of searching for someone to blame. As I have grappled with blame I have come to understand that mothers can direct their negative feelings either at their infant (externalised ambivalence) or at their own mothering (internalised ambivalence). I have been more comfortable with a mother blaming herself and

consequently feeling guilty about her maternal ability than with her seeking to find fault with her infant. How can I therefore reconcile that the infant can project without equating this to culpability? Intellectually I know that neither mother nor infant is to blame, especially given that mother was an infant in her turn, but I have found it difficult to integrate this external knowledge into my internal psychic reality (Klein, 1991c). Biran (2015) provides much assistance, stating that "there are no guilty parties: it took place in the space between container and contained" (p. 7).

My initial strategy for staying psychically alive during this research was to investigate moral philosophy. This perhaps allowed me to be not implicated, less affected and unblamed. My supervisor appeared somewhat concerned about my foray into morals, suggesting that it was not entirely compatible with psychoanalysis. Perhaps not, but paradoxically I did have an experience of the variety of defensive solutions to the fears and anxieties raised by this challenging clinical material of a mother's thoughts and feelings of murderous rage towards her infant. I consider now that this detour increased the validity of the research, in accordance with Moustakas' (1994) concept of hermeneutics as a phenomenological research method and particularly given that "interpretation unmasks what is hidden behind the objective phenomena" (p. 9). Previously with some maternal patients I have become concerned with who is the witch? I have had disturbing dreams of mothers' placing plastic shopping bags over their infants' heads. My fears have ostensibly been for the safety of the infant, but no alas, my unconscious seems to have been letting me know something about my fears and anxieties for my own self and safety; as infant, mother and clinician.

Somehow, I have not previously comprehended that Bion's (1962a) infant needs to project in order to have its unprocessed material made sense of by a thinking other. Soon I will project myself, this research, into the world; I hope now to be able to think about the variety of responses, making use of a strengthened understanding internalised object. Previously I was concerned that there would not be enough of my self in this research, but suddenly I sense that I am enough. Supervision is no longer merely an external phenomenon but an increasingly internal presence (Klein, 1991c). My standpoint has become stronger and more visible as I have moved through this process and this is what I seek to facilitate for a mother in the clinical encounter. In considering best practice with mothers who are experiencing thoughts and feelings of murderous rage towards their infants, I am finding my compassion and gratefulness for receiving

the projections of the mothers with whom I work, and the potential for reconnecting such mothers to their external sources of support and internal capacities for love and loving behaviours.

The spotlight

As indicated in Chapter Five, I have become interested in a mother's unconscious phantasies that might be associated with Klein's (1991c) depressive position, especially those which may demonstrate the qualities of a mother's curiosity about her relationship with her infant. I consider that I have come to grasp something about such phantasies and have named these insights 'the spotlight'. I wish to focus on the metaphor of the spotlight to further comprehend the literature reviewed in this hermeneutic process. Particularly, I wish to revisit Klein's (1991b) epistemophilic instinct and Bion's (1962a) K link, as introduced in Chapter Four.

I have previously conjectured that phantasies about the nature of the mother-infant relationship might show a preoccupation with guilt. At the outset I noted my struggle to find a way to remain with the mother's experience of murderous rage towards her infant, in the context of both the need to ensure the safety of the infant and the mother's fear of losing her baby. I now understand that maternal fear as based in guilty feelings that arise from internalised maternal ambivalence, with the clinician's fears also arising from the incorporation and use of primitive psychic defences operating in the socio-cultural and organisational realms. To develop this further I draw on my own fantasy life:

> *During a difficult interaction with my husband I had the fantasy of approaching a great light source, like the sun but not the sun. I felt glorious expecting to be well-received and enriched, but the light did not care much about me. As I approached its' glare intensified and I felt increasingly diminished. I realised that there was nothing there for me and I turned, shoulders hunched and walked away. The felt-sense was of warm expectations turned to cold shame. And then came prickles of irritation…*

Perhaps any mother experiences herself as in the spotlight? It is bright and could offer warm, attentive care and perhaps acknowledgement for her work. However, the mother in *The VVitch* (Eggers, 2015) is in the spotlight of her community and their particular socio-cultural defence system against infantile fears and anxieties of the loss of the good mother (Menzies Lyth, 1988; Parker, 1995). Her family has been found wanting, guilty and banished, leaving her to mother alone. When life is bleak, unrelenting and

precarious a mother can find it difficult to keep her children safe. She might turn with hunched shoulders and walk away from this persecutory light, her surfeit of guilt adversely affecting her capacity for curiosity and thinking. Olmi (2010) has illustrated how such a mother might then attempt to rid herself of her infant, alerting me to the mechanism by which other mothers might withdraw psychically from their infants, ostensibly to protect the infant's goodness, and by extension their own goodness and love. The difficulty with this is that normal maternal ambivalence is unable to be resolved. A mother is left with fears and anxieties about her maternal adequacy, and particularly whether she will then create a monstrous infant (Almond, 2010).

A mother labouring under such guilt might then begin to feel the spotlight emanates from her infant, the concentrated, persecutory beam of her infant's needs and demands. The spotlight becomes an intense, shining light from which there is no escape, with her infant experienced as a despotic dictator. Mothers can feel persecuted by babies who don't sleep, won't feed and cannot settle. It might be that mother's first emotional response is one of shame, the shame of her inadequacy in the face of such neediness and dependency. But in the presence of such overwhelming guilt, vulnerability to any suggestion of inadequacy cannot be allowed. The more accessible emotional response is her irritation at this demanding infant, an irritation that can quickly fan towards outrage. Outrage is defined variously as "a wantonly vicious or cruel act", "a gross violation of decency, morality, honour, etc" or the "profound indignation, anger, or hurt, caused by such an act" (Forsyth, 2014). As I ponder these definitions and wonder whether the act itself comes first or the affect, I remember Menzies Lyth's (1988) reflections on the "obscurity about the location of psychic responsibility that inevitably arises from the massive system of projection" (p.58).

I would suggest that in the spotlight of the socio-cultural defence system a mother's own depressive anxieties, curiosity and ability to think about her relationship with her infant come under attack from fearful and anxious infantile phantasies. These phantasies are prompted from both within and without, and according to Berke (2012) have the effect of exaggerating badness and negating goodness. A mother can regress to Klein's (1991d) paranoid-schizoid position and her experience of unconscious persecutory anxiety might then find an outlet in frighteningly conscious fantasies of murderous rage. Fisher (2006) writes persuasively of the intrusion of hate (or love) into the capacity for K, or a mother's ability to think about her relationship with her infant.

Those prickles of irritation that are not thought about can develop into anger, rage or murderous rage with a range of associated behaviours, depending on a mother's consciousness of her feelings and attendant impulse control. There are many acts of aggression on a continuum, perhaps beginning with the way an infant is held, gently or not gently? Heads can be left to loll. Games can be played where babies are dropped.

My image of the spotlight allows for impacts on a mother from both a persecutory socio-cultural defence system and from her projecting infant. However, in *The VVitch* (Eggers, 2015) Thomasin and her mother become locked in a projective battle to determine in whom the badness resides; has mother given birth to a witch or is the witch inside of her? The witch archetype provides a potent symbolisation of the anti-mother or hate (Berke, 2012) and the spotlight helps me understand the degrading impact of hate on the emotional experience of feeling curious (Fisher, 2006). It has become possible for me to think of Thomasin as being in the spotlight of her mother's infantile murderous rage, but also to allow that Thomasin in the role of infant is not powerless. The infant through projective identification can create feelings of frustration and aggression in the mother that she cannot process. Psychoanalysis lends meaning and understanding to the part played by both the actual infant and the more primitive infantile states of the mother in the phenomena of a mother's murderous rage towards her infant. The infant's primary defences and nascent character structure form in the spotlight of her mother's distress and perhaps escalating rage, the inter-generational repetition anticipated by the concept of 'ghosts in the nursery' (Fraiberg et al., 1975).

To turn a blind eye

There is also the shadow that lies outside of that concentrated beam of light; the spotlight can swing elsewhere leaving a mother in the dark. The temptation is to look away from a mother's thoughts and feelings of murderous rage, to turn a blind eye. I think of the spotlight as swinging away when the socio-cultural defence system finds a mother wanting, devalued. Olmi's (2010) nightwatchman turns a blind eye, as does Egger's (2015) Puritan society. How does such a devalued mother make sense of this inside of herself? I have been concerned with the relevance of Bion's (1962a) concept of the ego-destructive superego to developing further understandings. O'Shaughnessy (1999) perceives the pathological superego as an expression of Thanatos; "the abnormal superego usurps the status and authority of a normal superego and entices the ego to

turn away from life, to dissociate itself from its objects and ultimately to destroy itself" (p. 861). How does a mother, or her clinician, come to turn a blind eye to themselves?

I want to posit that one way in which this can occur is when, as a result of the infant's curiosity to know what is inside of mother, the infant discovers that their object is damaged. Where a mother's inside is so defended and frightening her infant's phantasy may well be that they have caused this damage through their curiosity about her, or perhaps through their own aggression towards her. Ordinary guilt becomes amplified and the infant can no longer turn towards mother to look inside of her, hoping to find a reflection of themselves. This prompts a turning away from the maternal object and a shutting down of curiosity and thinking. I have come to understand that curiosity and thinking about the mother-infant relationship is therefore not only at risk in the paranoid-schizoid position but also in the depressive position. Even where the infant has achieved the developmental distance from their object indicated by the depressive position, there is still only that damaged maternal object available for internalisation. Pathological levels of guilt can send the infant back into the paranoid-schizoid position, contributing further to a harsh and punitive superego. A persecutory superego encourages us to turn from our own selves, to find ourselves wanting, to find ourselves guilty. In the presence of pathological guilt the oscillation between the paranoid-schizoid and depressive positions is both accelerated and exaggerated–"guilt too has omnipotent qualities" (Temperley, 2001, p. 56).

Implications for practice

Writing in *Civilisation and its Discontents* Freud (1975) begins with the phenomena of the so-called oceanic feeling, described as "something limitless, unbounded" and conceptualised as being located between the ego and the external world. Freud's understanding of the oceanic feeling is evocative of love. The oceanic feeling itself was outside of Freud's personal experience and he ultimately weaves a more complicated understanding of Eros and Thanatos. Olmi's (2010) novella is set beside the sea, also suggestive of the boundaries between the internal world of the ego and realities of the external world, and telling that more complex story of maternal love and hate. It seems to me that any clinical consideration of a mother's thoughts and feelings of murderous rage towards her infant is concerned with these boundary issues.

I conceive of Klein's (1991d) paranoid-schizoid and depressive positions as descriptive of the fears and anxieties associated with negotiating the interface between the internal and external. I began Chapter One with Olmi's (2010) description of a mother's struggle with the boundary between sleep and wakefulness. The mother who is not quite asleep and not quite awake is perhaps to some extent outside of both paranoid-schizoid and depressive anxieties. This intermediary state, with its temptations of partial relief from fear and anxiety, might be indicative of Steiner's (2011) concept of psychic retreat. This is a place where curiosity and thinking about the mother-infant relationship is inhibited and where the unthinkable might occur; the ego is tempted to turn away from life, Eros and the capacity for loving and nurturing behaviour.

Returning to consider the dominant clinical positions from which we can practice, I now understand Murray and Finn's (2012) identified approaches as defended positions, influenced by both the mother's presentation and the clinician's incorporation and use of primitive psychic defences operating in the socio-cultural and organisational realms (Menzies Lyth, 1988). Murray and Finn's (2012) work was a major impetus for this research, igniting my interest in the exploration of the underpinnings of the relationship between mother and clinician. In their pathologising or devaluing clinical approach undigested fear and anxiety for the mother's sanity can be left with the multi-disciplinary team. In the rush to action I have seen that the healthy part of the mother can be split off and placed with the clinician who is then mocked and attacked. Klein (1991c) theorises that in "feeling incapable of saving and securely reinstating their loved objects inside themselves, they must turn away from them more than hitherto and therefore deny their love for them" (p. 172). When hatred escalates, feelings do not become linked to thoughts.

In Murray and Finn's (2012) idealising clinical approach a mother's fear is more likely to be normalised and fears for the safety of her infant denied. A mother with more ego strength can hide and minimise her fears and anxieties somewhat better, making it a more straightforward matter for the clinician to encourage her in the good job that she is doing. My experience is that normalisation either has the effect of making the phenomena disappear, in that little further discussion occurs about thoughts and feelings of murderous rage, or the mother's distress escalates. Both responses are perhaps a

reaction to feeling not understood or misunderstood. In the sweeping away of a mother's feelings no one understands how close she has come to acting out her rage.

This research has been concerned to identify a third, integrative position for clinical practice. I have found a third place but it is one that represents real danger for a mother and her infant, the place of psychic retreat (Steiner, 2011). This is the place of the rush to action, for the mother, clinician and the multi-disciplinary team. It is also the place where a blind eye can be turned. It is in coming to understand how and why a retreat from maternal fears and anxieties is so alarming that I have begun to be able to contemplate the features of an integrative position for clinical practice. I now realise the advantage of the paranoid-schizoid position in enabling a mother to idealise the good in herself and her infant in order to keep it safe from the bad world. It may be that the most potent clinical possibility is the attempt to bear such difficult fears and anxieties, tolerating and staying with them to embrace ambivalence, tracking the oscillations of devaluation and idealisation, and seeking to understand our complicated stories of love and hate.

Philosophy of the psychotherapy

I have contemplated the relationship between a mother's deeply ambivalent unconscious and her morality, the barriers that stop her acting out her hate. The unconscious has no morality, which is why we are not responsible for the content of our dreams. A mother's thoughts and feelings of murderous rage are most often like this too, in that we don't really want to act on them, although it can feel like we do. If there is no morality in the id, no sense of right or wrong, should morality live in the clinician? Freud's is an amoral, perhaps unmoral psychotherapy, reflecting in part the climate of World War I. I want to argue that a particular morality is expressed in our collective socio-cultural defences against maternal ambivalence, often based in the devaluation or idealisation of mothers. That external moral climate leaves its residue, as evoked by Olmi's (2010) mud that gets traipsed from the outside, across the hotel lobby and upstairs.

Schwandt (2000) helps me with the philosophy of the psychotherapy when he argues that "social inquiry is a practice, not simply a way of knowing" (p.203) and that "completely absent in this way of thinking of the moral life is the notion that morality is about argumentative resolution of competing moral claims" (p. 204). Perhaps if curiosity and thinking can remain open, with awareness of hate and love but not an intrusion of either, then it becomes more possible to make moral judgements? As

Phillips (2015) argues "we know, in a more imaginative part of ourselves, that most actions are morally equivocal, and change over time in our estimation; no apparently self-destructive act is ever only self-destructive; no good is purely and simply that" (p.100). It is when curiosity and thinking shut down that danger lurks.

Summary of implications for practice

In this hermeneutic literature review I have come to the following expanded understandings that I would now like to communicate to clinicians who work with high risk mothers and infants. These can be summarised as follows:

- The story of maternal love and hate is complex, concerned with the boundaries between the internal world of the ego and realities of the external world

- The particular qualities of a mother's fears and anxieties are of utmost importance in assessing how she is negotiating that interface between the internal and external

- Murray and Finn (2012) alert us to how our dominant clinical approaches can be conceived of as defended positions (devaluation or idealisation), influenced by both the mother's presentation and the clinician's incorporation and use of primitive psychic defences operating in the socio-cultural and organisational realms (Menzies Lyth, 1988)

- Danger to the mother and to her infant resides in the place of psychic retreat (Steiner, 2011), a place of the rush to action (a dangerous place also for her clinician and the multi-disciplinary team)

- An advantage of the paranoid-schizoid position is that it enables a mother to idealise the good in herself and her infant in order to keep it safe from the bad world (in Murray and Finn's (2010) idealising position clinicians can also seek to take advantage of this position, to the detriment of the therapeutic relationship)

- For clinicians, it is in our attempt to bear such difficult fears and anxieties, tolerating and staying with them to embrace ambivalence, tracking and noticing the oscillations of devaluation and idealisation, that we are best positioned to enable expanded understandings of a mother's complicated story of love and hate.

Strengths and limitations

I have considered the implications for clinical practice but how can I validate my thinking without clinical data? Psychoanalytic theory is usually based on the interpretation of clinical data. My intention instead is to offer opinion and use the hermeneutic method to investigate the underlying ontology of psychoanalytic theory. The question of validation relates to the elucidation of meaning and is enhanced by returning to the texts. Dilthey (as cited in Moustakas, 1994) puts it thus, "the horizon of experience widens: at first it seems to tell us about our own inner states but in knowing oneself one also comes to know about the external world and other people" (p. 8). This contrasts with positivist ways of knowing to identify evidence-based best practice (Grant & Giddings, 2002).

My inability to draw explicitly on clinical experience might, paradoxically, also be considered a strength of this research. I have been forced into reliance on the hermeneutic literature review method and hence, my chosen texts and my own reflective capacity. A benefit of this has been an increasing identification of my own self with the hermeneutic method, hopefully transforming into an expanded way of being in the world. Through the process of this research I have made further sense of my own life, training and clinical experiences as well as the relevant body of theory. I see the difference in my writing from where I began and where I end. The temptation is go back and change the beginning, but I prefer to let it stand as a testament to my not knowing, the difficulty of staying with the process, the mess, and the detours.

Interpretive methodology and the hermeneutic literature review method provide a framework for thinking, so this research is both strengthened and limited by my own ability to continue to think. Given my hermeneutic journey, I am understandably wary of falling into idealisation and devaluation in my consideration of the strengths and limitations of this research. I am also wryly philosophical about this possibility. In her discussion of the self and other in hermeneutics Schuster (2013) observes that:

> Parts of the texts affected me in a way I was not prepared for. …the impact of my negative, judgemental feelings made it hard to go further into the process. The threat of different ways of thinking and acting can be powerful in its denial of the other, thereby inhibiting human growth and learning (p. 197).

I can't resolve this by intellect alone. I will need to come to an existential knowing, a living into my ambivalence rather than a thinking through it. I continue my clinical work with mothers of infants, allowing further understandings to emerge. Schuster (2013) describes this as living a hermeneutic existence.

Perhaps the most obvious limitation with the methodology is the subjectivity of the individual researcher, given that a different researcher would tread different paths, with different insights into the nature of the barriers that help a mother stop herself from acting on her murderous impulses toward her infant. However, I hope this research offers an invitation to others to engage with this difficult and challenging material. I would wish for each reader to encounter their own particular constellation of defences, adding to the sum of our collective human knowledge.

Perhaps a criticism could be the age of some of the psychoanalytic literature engaged with, but newness is not a reliable indicator of significance and importance to the current research (Smythe & Spence, 2012). Whilst it is possible to argue that the psychoanalytic literature is too old or narrow, equally it may be that the ideas contained within this literature require more elaboration to come to fuller fruition. The expanded ideas of Steiner (2011) and Fisher (2006) provide weight to this argument.

Areas for further research

Hermeneutic practice encompasses contemplation of what it is that I have learnt to ask differently. The answer to this question likely provides indications for areas for further research. Bernstein (as cited in Schwandt, 2000) suggests:

> We should always aim at a correct understanding of what the 'things themselves' [the objects of our interpretation] say. But what the 'things themselves' say will be different in light of our changing horizons and the different questions we learn to ask (p. 195).

The simplest answer is for me to continue with my own process of hermeneutic enquiry, engaging with this research as I have written it. The incorporation of my own clinical vignettes seems the next step towards further understandings of the processes of projection and introjection and the defences of idealisation and devaluation as they relate to maternal ambivalence. The inclusion of psychoanalytically informed parent-infant research will also help to inform the next phases of this research. I anticipate that

these additions will assist in elucidating further the implications for clinical practice. This research feels to me very much like an introduction to further work.

Another answer is for other researchers to engage with this literature to determine how their own historical horizons illuminate existing theory. There are subjective voices that are largely absent from the literature and they are important (Smythe & Spence, 2012). Engagement with clinical vignettes and the voices of other researchers will expand our understandings of how women of varying ethnicities and socio-cultural backgrounds experience and seek to resolve their experiences of maternal ambivalence.

I began this research contemplating the record of infanticide and apparent maternal indifference in the history of mothering. I find myself now wondering about the corresponding historical record testifying to maternal love. Parker (1995) seeks to resolve this split citing notes of love pinned to abandoned babies, as external validation of what might have been the private sentiments of many women; "what the historians of motherhood could focus upon, and what the history of motherhood does display are the sets of social, economic, political and religious circumstances which either condoned or condemned ambivalence on the part of the mother" (p. 52). My interest is piqued.

Acknowledging frustration, irritability and anger

At times in this research process I have been despairing, finding myself almost unable to write, let alone think. I have come to recognise that alongside my despair has been a certain amount of frustration, irritability and even anger. My developing understandings of the defensive positions of devaluation and idealisation unsettle me and I am more aware of my oscillation between them. This new attentiveness seems partly attributable to the container-contained relationship in supervision, allowing for the triangulation of unprocessed material, with my supervisor encouraging me to write about my engagement with this disturbing content. And suddenly, whilst irritably lamenting my lack of time and how I will fail to meet my self-imposed deadlines and standards, I felt extraordinarily sad. Halton (1994) writes that "giving up the comforting simplicity of self-idealisation, and facing the complexity of internal and external reality, inevitably stirs up painful feelings of guilt, concern and sadness" (p. 14). My body sagged against the shower wall; Olmi's (2010) mother speaks to the possibilities of mourning as she contemplates the nightwatchman:

> Why did he have to look at me like that? Hadn't he ever seen anyone cry? Where do people cry? I often wonder about that, funny you never see people blubbing in the street. They make phone calls much more than they cry, maybe we'd hate each other less if we cried a bit more (p. 65).

In that moment it occurred to me that a paragraph I had already written contained the germ of what it is that I really want to say. This could be understood as attaining Klein's (1991a) depressive position, for however long it lasts, and allowing again the possibility of my relationship with this research; a glimpse of the possibilities for anger to be managed and transmuted towards grief and mourning.

Summary

I have described and experienced in this research process a variety of defences used by mothers against thoughts and feelings of murderous rage towards their infants. In some ways this hermeneutic literature review has followed a developmental trajectory of defences against maternal ambivalence, encompassing more primitive defences of splitting, idealisation and devaluation before moving towards consideration of more developed defences against fear and anxiety. This phenomenological experience has allowed me to explore the relationship between the fears and anxieties associated with the paranoid-schizoid position and the depressive position. It has also allowed for identification and description of the dangerous place where such fears and anxieties recede and acting out of murderous rage can occur. I have considered the socio-cultural underpinnings of the common clinical positions from which we can practice. I have sought understandings of how our clinical attitude can evolve developmentally from the defensive positions of idealisation and devaluation towards more capacity for thought and for thinking about. I have come to understand that this will require the clinician to confront their own omnipotence, to allow them to stay with their own vulnerabilities and with the vulnerabilities of their patients.

Concluding remarks

This research process represents my embodied experience of the hermeneutic spiral, beginning from where I used to be, my psychic reality at the time (Klein, 1991c). It is a hermeneutic spiral rather than a circle because I am changed with every rotation; following Klein, my internal psychic reality is gradually influenced by every step in my progressive knowledge of external reality. I sense that Schuster (2013) alludes to this play of the internal and external, alongside the hermeneutic relationship of whole and

part, when she says that “recognising the embodied existence of a researcher opens up the possibility of unveiling hidden fore-meanings, especially the destructive ones, affecting the research process” (p. 203). Psychoanalytic psychotherapy and hermeneutic method appear to come together as good partners, sharing and elucidating something of the development of the relationship from part object to whole object.

I feel positioned to enter another hermeneutic iteration, having worked through something in my relationship to learning. It is perhaps the hermeneutic method itself that I have taken inside of me. This is indicated by the presentation of this research; I have stripped out numerous headings and a ponderous numbering system, representing my movement from rigidity in the application of the research method, inflexibility of thinking, towards something more fluid. I have documented my struggle to stay with not knowing, or negative capability, the K link, the epistemophilic instinct, so as to develop my understandings of the value of such an approach in the clinical situation. I have understood something about how to allow my infantile phantasised anxieties into effective contact with current external realities. This is what I would wish for in a best practice clinical intervention for a mother experiencing thoughts and feelings of murderous rage towards her infant.

References

Akhtar, S., & O'Neil, M. K. (Eds.). (2011). *On Freud's "Beyond the pleasure principle"*. London, England: Karnac.

Almond, B. (2010). *The monster within: The hidden side of motherhood*. Berkeley, CA: University of California Press.

Anderson, J. (2006). Well-suited partners: Psychoanalytic research and grounded theory. *Journal of Child Psychotherapy, 32*(3), 329-348. doi:10.1080/00754170600997026

Barker, C., Pistrang, N., & Elliott, R. (2002). *Research methods in clinical psychology: An introduction for students and practitioners* (2nd ed.). Chichester, England: John Wiley & Sons.

Barnard, J. (Ed.). (1988). *John Keats: The complete poems*. London, England: Penguin Books.

Barr, J. A., & Beck, C. T. (2008). Infanticide secrets. *Canadian Family Physician, 54*, 1716-1717. doi:1716-1717.e5

Barrows, P. (2008). The process of change in under 5's work. In L. Emmanuel & E. Bradley (Eds.), *What can the matter be? Therapeutic interventions with parents, infants and young children* (pp. 69-80). London, England: Karnac.

Bateman, A., & Fonagy, P. (2006). *Mentalization-based treatment for borderline personality disorder: A practical guide*. Oxford, England: Oxford University Press.

Berke, J. H. (2012). *Why I hate you and you hate me: The interplay of envy, greed, jealousy and narcissism in everyday life*. London, England: Karnac.

Bertram, C. (2012). *Jean Jacques Rousseau*. Retrieved February 1, 2017, from http://plato.stanford.edu/archives/win2012/entries/rousseau/

Bion, W. (1962a). *Learning from experience*. London, England: William Heinemann.

Bion, W. (1962b). The psycho-analytic study of thinking. *International Journal of Psychoanalysis, 43*, 306-310.

Biran, H. (2015). *The courage of simplicity: Essential ideas in the work of W. R. Bion*. London, England: Karnac.

Boell, S. K., & Cecez-Kecmanovic, D. (2010). Literature reviews and the hermeneutic circle. *Australian Academic and Research Libraries, 41*(2), 129-144. doi:10.1080/00048623.2010.10721450

Boell, S. K., & Cecez-Kecmanovic, D. (2014). A hermeneutic approach for conducting literature reviews and literature searches. *Communications of the Association for Information Systems, 34*(12), 257-286.

Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. London, England: Sage.

Bromberg, P. M. (1996). Standing in the spaces: The multiplicity of self and the psychoanalytic relationship. *Contemporary Psychoanalysis, 32*, 509-535.

Burrell, G., & Morgan, G. (1979). *Sociological paradigms and organisational analysis: Elements of the sociology of corporate life*. London, England: Heinemann.

Child Youth and Family. (2016). *Key statistics and information for the media*. Retrieved 25 October 2016, from http://www.cyf.govt.nz/about-us/key-statistics/#Keystatistics2

Cook, J. (2010). Missing Matilda Eliza: Suppressed narrative threads in the story of colonial migration. *Transnational Literature, 2*(2), 1-11. Retrieved from http://fhrc.flinders.edu.au/transnational/home.html

Dahlstrom, D. O. (2013). *The Heidegger dictionary*. London, England: Bloomsbury.

Eggers, R. (2015). *The VVitch: A New-England folktale* [Motion Picture]. United States: Universal.

Eichenbaum, L., & Orbach, S. (1983). *Understanding women*. New York, NY: Basic Books.

Eldred-Grigg, S. (2008). *Diggers, hatters & whores: The story of the New Zealand gold rushes*. Auckland, New Zealand: Random House.

Emde, R. N., & Leuzinger-Bohleber, M. (Eds.). (2014). *Early parenting and prevention of disorder: Psychoanalytic research at interdisciplinary frontiers*. London, England: Karnac.

Fairbrother, N., & Woody, S. R. (2008). New mothers' thoughts of harm related to the newborn. *Archives of Women's Mental Health, 11*(3), 221-229. doi:10.1007/s00737-008-0016-7

Fisher, J. V. (2006). The emotional experience of K. *The International Journal of Psychoanalysis, 87*, 1221-1237. doi:10.1516/5DY5-9PWV-ET0R-2Y1R

Fonagy, P., Steele, M., Moran, G., Steele, H., & Higgitt, A. (1993). Measuring the ghost in the nursery: An empirical study of the relation between parents' mental representations of childhood experiences and their infants' security of attachment. *Journal of the American Psychoanalytic Association, 41*(4), 957-989.

Fraiberg, S., Adelson, E., & Shapiro, V. (1975). Ghosts in the nursery: A psychoanalytic approach to the problems of impaired infant-mother relationships. *Journal of the American Academy of Child Psychiatry, 14*, 387 - 421.

Freud, S. (1975). *Civilisation and its discontents*. London, England: The Hogarth Press and the Institute of Psycho-Analysis.

Freud, S. (2003). *Beyond the pleasure principle and other writings* (J. Reddick, Trans.). London, England: Penguin Books.

Grant, B. M., & Giddings, L. S. (2002). Making sense of methodologies: A paradigm framework for the novice researcher. *Contemporary Nurse, 13*, 10-28. doi:10.5172/conu.13.1.10

Grille, R. (2008). *Parenting for a peaceful world*. Richmond, Australia: The Children's Project.

Hall, P. L., & Wittkowski, A. (2006). An exploration of negative thoughts as a normal phenomenon after childbirth. *Journal of Midwifery & Women's Health, 51*(5), 321. doi:10.1016/j.jmwh.2006.03.007

Halton, W. (1994). Some unconcious aspects of organisational life: Contributions from psychoanalysis. In A. Obholzer & V. Z. Roberts (Eds.), *The unconscious at work: Individual and organisational stress in the human services* (pp. 9-27). London, England: Routledge.

Heidegger, M. (1962). *Being and time* (J. Macquarrie & E. Robinson, Trans.). Oxford, England: Basil Blackwell.

Herman, J. (1992). *Trauma and recovery: The aftermath of violence-from domestic abuse to political terror*. New York, N.Y.: Basic Books.

Hooper, W. (1787). *Halley's diving bell*. Retrieved February 10, 2017, from https://wellcomeimages.org/

Jacquenot, G. (2013). *Archimedean spiral represented on a polar graph*. Retrieved February 1, 2017, from https://commons.wikimedia.org/wiki/File:Archimedean_spiral_polar.svg

Karen, R. (1998). *Becoming attached: First relationships and how they shape our capacity to love*. New York, NY: Oxford University Press.

Kleiman, K., & Wenzel, A. (2011). *Dropping the baby and other scary thoughts: Breaking the cycle of unwanted thoughts in motherhood*. New York, N.Y.: Routledge.

Klein, M. (1959). Our adult world and its roots in infancy. *Human Relations, 12*(4), 291-303. doi:10.1177/001872675901200401

Klein, M. (1991a). A contribution to the psychogenesis of manic-depressive states (1935). In J. Mitchell (Ed.), *The selected Melanie Klein* (pp. 116-145). New York, N.Y.: The Free Press.

Klein, M. (1991b). Early stages of the Oedipus conflict (1928). In J. Mitchell (Ed.), *The selected Melanie Klein* (pp. 69-83). London, England: The Free Press.

Klein, M. (1991c). Mourning and its relation to manic-depressive states (1940). In J. Mitchell (Ed.), *The selected Melanie Klein* (pp. 146-174). New York, N.Y.: The Free Press.

Klein, M. (1991d). Notes on some schizoid mechanisms (1946). In J. Mitchell (Ed.), *The selected Melanie Klein* (pp. 176-200). New York, N.Y.: The Free Press.

Leuzinger-Bohleber, M. (2014). "Outreaching psychoanalysis": A contribution to early prevention for "children-at-risk"? In R. N. Emde & M. Leuzinger-Bohleber (Eds.), *Early parenting and prevention of disorder: Psychoanalytic research at interdisciplinary frontiers* (pp. 20-49). London, England: Karnac.

Lloyd, S. A., & Sreedhar, S. (2014). *Hobbes's moral and political philosophy*. Retrieved February 1, 2017, from http://plato.stanford.edu/archives/spr2014/entries/hobbes-moral/

Malpas, J. (2015). *Hans-Georg Gadamer*. Retrieved February 1, 2017, from http://plato.stanford.edu/archives/sum2015/entries/gadamer/

McWilliams, N. (2011). *Psychoanalytic diagnosis: Understanding personality structure in the clinical process*. New York, NY: Guilford Press.

Menzies Lyth, I. (1988). The functioning of social systems as a defence against anxiety. In I. Menzies Lyth (Ed.), *Containing anxiety in institutions: Selected essays Vol 1*. London, England: Free Association Books.

Miller, A. (2002). *For your own good: Hidden cruelty in child-rearing and the roots of violence* (H. Hannum & H. Hannum, Trans.). New York, N.Y.: Farrar, Straus and Giroux.

Miller, L. (2008). Anger between children and parents: How can we help? In E. Bradley & L. Emanuel (Eds.), *What can the matter be?: Therapeutic interventions with parents, infants and young children*. London, England: Karnac.

Mitchell, S. A., & Black, M. J. (1995). *Freud and beyond: A history of modern psychoanalytic thought*. New York, NY: Basic Books.

Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA.: Sage.

Murray, L., & Finn, M. (2012). Good mothers, bad thoughts: New mother's thoughts of intentionally harming their newborns. *Feminism and Psychology, 22*(1), 41-59. doi:10.1177/0959353511414015

Music, G. (2011). *Nurturing natures: Attachment and children's emotional, sociocultural, and brain development*. New York, N.Y.: Psychology Press.

Nash, J. (1997). Torn in two: The experience of maternal ambivalence, Rozsika Parker. London: Virago, 1995. 299 pages. *Free Associations, 7*, 143-148.

Nobilo, H. (2016). Why should we care? The abuse and neglect of children in New Zealand. *Brainwave Review, 24*. Retrieved from http://www.brainwave.org.nz/wp-content/uploads/brainwavenewsletter24_web.pdf

O'Shaughnessy, E. (1999). Relating to the superego. *International Journal of Psychoanalysis, 80(5),* 861-870.

Ogden, T. H. (2004). On holding and containing, being and dreaming. *The International Journal of Psychoanalysis, 85*(Pt 6), 1349-1364. doi:10.1516/t41h-dgux-9jy4-gqc7

Olmi, V. (2010). *Beside the sea* (A. Hunter, Trans.). London, England: Peirene Press.
Orange, D. M. (2011). *The suffering stranger: Hermeneutics for everyday clinical practice*. New York, NY: Routledge/Taylor & Francis Group.
Pardes, I. (2016). *Wife of Job: Bible*. Retrieved February 1, 2017, from http://jwa.org/encyclopedia/article/wife-of-job-bible
Parker, R. (1995). *Torn in two: The experience of maternal ambivalence*. London, England: Virago Press.
Phillips, A. (2015). *Unforbidden pleasures*. London, England: Random House.
Phillips, A., & Taylor, B. (2009). *On kindness*. New York, N. Y.: Farrar, Straus and Giroux.
Rennie, D. L. (2012). Qualitative research as methodical hermeneutics. *Psychological Methods, 17*(3), 385-398. doi:10.1037/a0029250
Renoir, P. (1893-94). *A woman nursing a child* [Artwork]. Retrieved February 1, 2017, from https://www.nationalgalleries.org/collection/artists-a-z/r/artist/pierre-auguste-renoir/object/a-woman-nursing-a-child-ng-2230
Rycroft, C. (1995). *A critical dictionary of psychoanalysis*. New York, N.Y.: Penguin.
Rye, G. (2012). *Infanticide, ambivalence, desperation: The mother's voice in Olmi's Beside the Sea [Video file]*. Retrieved November 1, 2017, from http://www.sas.ac.uk/videos-and-podcasts/ahrc/infanticide-ambivalence-desperation-mother-s-voice-veronique-olmi-s-beside-
Sadler, L. S., Slade, A., & Mayes, L. C. (2006). Minding the baby: A mentalization-based parenting program. In J. G. Allen & P. Fonagy (Eds.), *Handbook of mentalization-based treatment* (pp. 271-288). West Sussex, England: John Wiley & Sons.
Salzberger-Wittenberg, I., Osborne, E., & Williams, G. (1993). *The emotional experience of learning and teaching*. London, England: Karnac.
Schuster, M. (2013). Hermeneutics as embodied existence. *International Journal of Qualitative Methods, 12*, 195-206. doi:10.1177/160940691301200107
Schwandt, T. A. (2000). Three epistemological stances for qualitative inquiry: Interpretivism, hermeneutics, and social constructionism. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 189-213). Newbury Park, CA: Sage Publications.
Siegel, D. J., & Bryson, T. P. (2012). *The whole-brain child: 12 revolutionary strategies to nurture your child's developing mind*. New York, N.Y.: Random House.
Smythe, E. A., Ironside, P. M., Sims, S. L., Swenson, M., & Spence, D. G. (2008). Doing Heideggerian hermeneutic research: A discussion paper. *International Journal of Nursing Studies, 45*, 1389-1397. doi:10.1016/j.ijnurstu.2007.09.005
Smythe, E. A., & Spence, D. G. (2012). Re-viewing literature in hermeneutic research. *International Journal of Qualitative Methods, 11*(1), 12-25. doi:10.1177/160940691201100102
Solnit, R. (2016). *Hope in the dark: Untold histories, wild possibilities*. Chicago, IL.: Haymarket Books.
Steiner, J. (2011). *Seeing and being seen: Emerging from a psychic retreat*. Hove, England: Routledge.
Stokes, J. (1994). The unconscious at work in groups and teams: Contributions from the work of Wilfred Bion. In A. Obholzer & V. Z. Roberts (Eds.), *The unconscious at work: Individual and organisational stress in the human services* (pp. 19-27). London, England: Routledge.
Temperley, J. (2001). The depressive position. In C. Bronstein (Ed.), *Kleinian theory: A contemporary perspective* (pp. 47-62). London, England: Whurr Publishers.

Waddell, M. (2002). *Inside lives: Psychoanalysis and the growth of the personality*. New York, NY: Karnac Books.

Whitton, A., Warner, R., & Appleby, L. (1996). The pathway to care in post-natal depression: Women's attitudes to post-natal depression and its treatment. *The British Journal of General Practice: The Journal of the Royal College of General Practitioners, 46*(408), 427-428.

Whyte, D. (2015). *Consolations: The solace, nourishment and underlying meaning of everyday words*. Langley, WA: Many Rivers Press.

Winnicott, D. W. (1949). Hate in the counter-transference. *International Journal of Psycho-Analysis, 30*, 69-74.

Winnicott, D. W. (1960). The theory of the parent-infant relationship. *International Journal of Psycho-analysis, 41*, 585.