University of Pretoria etd – Gous, A M J (2005)

The ghosts in the nursery: the maternal representations of a woman who killed her baby

by

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Submitted in partial fulfilment of the requirements for the degree

PhD (Psychotherapy)

in the

FACULTY OF HUMANITIES

UNIVERSITY OF PRETORIA

Supervisor: Dr V Roos

2004

ACKNOWLEDGEMENTS

I am grateful for my God-given support system. I express my sincere thanks to:

- My supervisor, Dr V Roos for her guidance, encouragement and quick feedback.
- Lerato, for sharing her story with me.
- Emmerentia Potgieter for undertaking the language editing of my manuscript.
- Sylvia Poss and Bronwen Davies for auditing assistance and encouragement.
- My family members and friends who showed interest, prayed for and helped me to feel less alone.
- My family: Henk, Gustav, Eras and Helien, and to Janie who is not with us anymore. I value each one of you.

Soli Deo Gloria!

SUMMARY

The aim of this study is to give an in-depth understanding of the representations of a depressed woman who killed her baby. The representations under study is based on "The motherhood constellation" by Stern (1995) and focus on the woman's representation of her mother as mother-of-herself-as-child, herself-as-mother and her representations of her children.

Pregnancy is an important phase in a woman's life. Parent-infant psychotherapies are a rapidly growing field of infant mental health as many psychological problems have their roots in infancy. Neglect, trauma and abuse and prolonged maternal depression can cause a child to develop a range of problems. The work of Winnicott (1965a) and Bion (1988) put the mother's fantasy life about her infant as one of the major building blocks of the infant's construction of a sense of identity (Stern, 1995). Fraiberg (Fraiberg, Adelson & Shapiro, 1980) with her "ghosts in the nursery" revolutionised this perception by placing the maternal representation at the core of the parent-infant clinical situation (Stern, 1995).

The way the research developed and the nature of the research problem necessitated a pure qualitative mode of enquiry. A single case study was done about the representations (of self-as-mother, mother-as –mother–of–self-as-child- and of the children) in an extreme case where the mother's depression led to her murdering her baby.

Data collection was done through semi-structured interviews and documents from the psychiatric hospitals she attended. Data was also obtained from field notes, before and after the interviews and also while transcribing the audio-taped interviews.

Data analysis was done by the procedures of data reduction and organising it into categories on the basis of themes as described by Neuman (2000). Coding and analytic memo writing were done. The relationships between concepts were examined and linked to each other and interweaved into theoretical statements.

The researcher argues that not enough is done to enhance the relationship between a mother and her foetus, and later her baby. The concept of maternal representations is the only approach that opens the possibility to start working at the earliest point of prevention, because intervention can start during pregnancy. Intervention during pregnancy is ideal because defence mechanisms are less rigid during pregnancy and women are more in touch with their entire life cycle and the whole system is more open for change. The ghosts can be chased out of the nursery by helping the mother to see the repetition of the past in the present. The affective link, recognising and remembering the feelings help a parent not to repeat the past in the present - "…it is the parent who cannot remember his childhood feelings of pain and anxiety who will need to inflict his pain upon his child" (Fraiberg, Adelson & Shapiro, 1980, p. 182).

Key words

Object relations theory

Pregnancy

The motherhood constellation

Maternal representations

Depression

Antenatal depression

Postnatal depression

Infanticide

Qualitative research

Single case study

Intervention during pregnancy

Interview "R"

OPSOMMING

Die doel van hierdie studie is om begrip te gee van die verteenwoordigings van 'n depressiewe vrou wat haar baba vermoor het. Die verteenwoordigings wat bestudeer is, is gebaseer op "The motherhood constellation"deur Stern (1995). Dit fokus op die vrou se verteenwoordigings van haar ma as ma-van-haarself-as-kind, haarself-as-ma en haar verteenwoordigings van haar kinders.

Swangerskap is 'n belangrike fase in 'n vrou se lewe. Ouer-baba psigoterapie is 'n groeiende veld van baba-geestesgesondheid, aangesien baie sielkundige probleme hulle oorsprong in die kleinkindertyd het. Verwaarlosing, trauma, mishandeling en langdurige depressie van 'n ma, kan 'n negatiewe impak op 'n kind hê en tot allerlei probleme lei. Die werk van Winnicott (19651) en Bion (1988) plaas die ma se fantasieë oor haar baba as een van die belangrike boublokke van die baba se konstuksie van 'n eie identiteit (Stern, 1995). Fraiberg (Fraiberg, Adelson & Shapiro, 1980) het met haar "spoke in die babakamer" 'n omwenteling teweeg gebring deur die ma se verteenwoordigings sentraal te plaas in die kliniese situasie van die ma-baba interaksie (Stern, 1995).

Die manier waarop hierdie ondersoek verloop het en die aard van die navorsingsprobleem, het gelei tot 'n suiwer kwalitatiewe benaderingswyse. 'n Enkelgevalstudie is gedoen oor die verteenwoordigings (van haar ma as ma-van-haarself-

as-kind, haarself-as-ma en haar verteenwoordigings van haar kinders) in ‘n ekstreme geval waar ‘n ma se depressie daartoe gelei het dat sy haar baba vermoor het.

Data-insameling is gedoen deur semi-gestruktureerde onderhoude en dokumente van die psigiatriese hospitale waarin die deelnemer opgeneem is. Data is ook verkry deur veldnotas voor en na die onderhoude, asook dié wat gemaak is met die transkribering van die bandopnames van die onderhoude.

Data-analise is gedoen deur data-reduksie en organisering in kategorieë op die basis van temas soos deur Neuman (2000) beskryf. Kodering en analitiese memo’s is gedoen. Die verband tussen konsepte is ondersoek en met mekaar in verband gebring as teoretiese stellings.

Die ondersoeker meen dat nie genoeg gedoen word om die verhouding tussen ‘n ma en haar fetus, en later haar baba te verbeter nie. Die konsep van moederskap-verteenwoordigings is die enigste benadering wat die moontlikheid ontgin om by die vroegste beginpunt van intervensie te begin, naamlik tydens swangerskap. Intervensie gedurense swangerskap is die ideaal, aangesien verdedigingsmeganismes minder rigied gedurende swangerskap is en ‘n vrou meer in voeling met haar hele lewenssiklus op hierdie stadium, as gedurende enige ander tyd in haar lewe is. Die hele sisteem is dus meer toeganklik vir verandering. Die spoke in die babakamer kan weggejaag word deur die ma te help om die herhaling van die verlede in die hede raak te sien. Die emosionele verband, dus die herkenning en onthou van gevoelens help ‘n ouer om nie die verlede in

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die hede te herhaal nie.

Sleutelwoorde

Objekverhoudingsteorie

Swangerskap

Die moederskapkonstellasie

Moederskap-verteenwoordigings

Depressie

Voorgeboortelike depressie

Nageboorte depressie

Babamoord

Kwalitatiewe navorsing

Enkelgevalstudie

Intervensie gedurende swangerskap

Onderhoud "R"

CONTENTS

ACKNOWLEDGEMENTS	**ii**
SUMMARY	**iii**
OPSOMMING	**vi**
PREFACE	**xvi**
CHAPTER 1	**1**

INTRODUCTION

1.1 Aim of the study 1

1.2 Contextualising the research 1

1.3 An overview of the research method 5

1.4 Orientation 6

CHAPTER 2

THEORETICAL BACKGROUND

2.1 Orientation 7

2.2 Introduction 7

2.3 Overview of object relations theory 9

- **Internal objects** 10
- **Part objects and whole objects** 13
- **Paranoid-schizoid and depressive positions** 14
- **The Oedipus complex** 15
- **Internal world** 17
- **Internalisation process** 19
- **The mother's capacity for reflection** 19
- **True Self and False Self** 22

2.4 Discussion 23

2.5 Representations 24

2.6 Maternal representations 30

- **Schemas about the infant** 31
- **Schemas about herself** 31

- Schemas about her partner 32
- Schemas about her own mother 32
- Schemas about her own father 34
- Schemas about the families of origin 34
- Schemas about substitute parental figures 34
- Schemas about family or cultural phenomena never actually experienced by the mother 35
- The father's networks of schemas-of-being-with 35

2.7 Maternal representations in pregnancy: Stern's motherhood constellation 35

2.8 The influence of maternal representations 38

2.9 Maternal representations and postnatal depression 39

2.10 The effect of depression on the infant's representations 42

2.11 Conclusion 44

CHAPTER 3

PREGNANCY AND POSTNATAL DEPRESSION

3.1 Pregnancy and early parenthood 45

- Milestones of adulthood 45
- Reactions to pregnancy 46
- Psychological defences 48
- Transition to parenthood 49

3.2 Psychological tasks of pregnancy and early parenthood 50

- Psychological tasks in the first trimester 51

University of Pretoria etd – Gous, A M J (2005)

- **Psychological tasks in the second trimester** **52**
- **Psychological tasks in the third trimester** **53**
- **Adapting to a change in body image** **53**
- **Reorganising self-identity** **54**
- **Psychological tasks of giving birth** **56**
- **Psychological tasks of early parenthood** **57**

3.3 The impact of pregnancy on the woman's partner and their relationship **58**

- **Partner** **58**
- **The relationship between the pregnant woman and her partner** **61**

3.4 The parents' family of origin **64**

- **The mother's mother** **66**

3.5 Ante- and postnatal disorders **70**

3.5.1 Depression **70**

- **Prevalence of depression** **71**
- **Cause of depression and contributing factors** **72**
  - **Biological factors** **72**
  - **Genetic factors** **73**
  - **Psychosocial factors** **73**

3.5.2 Antenatal depression **73**

- **Maternal influences on the foetus** **74**

3.5.3 Postpartum mood disorders **76**

University of Pretoria etd – Gous, A M J (2005)

3.5.3.1 Postpartum blues **76**

3.5.3.2 Postnatal depression **77**

- **Prevalence of postnatal depression** **79**
- **Cause of postnatal depression and contributing factors** **80**
    - **Physiological factors** **80**
    - **Lack of support** **81**
    - **Personal and family psychopathology** **82**
    - **Unplanned pregnancy** **82**
    - **Ambivalence** **82**
    - **Miscarriages and stillbirth** **83**
    - **Preterm births** **83**
    - **The birth experience** **83**
    - **Maternal orientation** **84**
    - **The role of the infant** **85**
    - **Other possible causes** **86**
- **Effect of postnatal depression** **87**

3.5.3.3 Postpartum psychoses **89**

3.6 Conclusion **90**

CHAPTER 4

METHODOLOGY

4.1 Orientation **91**

4.2 Method of investigation **91**

4.2.1 Research design **91**

4.2.2 Data collection **93**

4.2.2.1 Semi-structured interviews **93**

4.2.2.2 Documents **95**

4.2.2.3 Participant observation **96**

4.2.3 Data analysis **96**

4.3 Ethical issues **99**

4.4 Accountability **101**

4.5 Conclusion **106**

CHAPTER 5

DISCUSSION OF RESULTS

5.1 Introduction **107**

5.2 Clinical background **107**

5.3 Reflexive analysis **109**

5.4 Analysis of interviews **112**

5.4.1 Lerato's relationship with her mother **113**

- **Reflection on Lerato's relationship with her mother** **119**
- **Reflection of investigators** **123**

5.4.2 Lerato's relationship with other mother figures **123**

- **Reflection on Lerato's relationship with other mother figures** **124**

5.4.3 Lerato's relationship with her father **124**

- **Reflection on Lerato's relationship with her father** **126**

5.4.4 Lerato's relationship with herself **127**

- **Reflection on Lerato's relationship with herself** **131**

5.4.5 Lerato's relationship with the father of her first child 134

- Reflection on Lerato's relationship with the father of her first child 134

5.4.6 Lerato's relationship with her first child 134

- Reflection on Lerato's relationship with her first child 141

5.4.7 Lerato's relationship with the father of her second child 144

- Reflection on Lerato's relationship with the father of her second child 145

5.4.8 Lerato's relationship with her second child 146

- Reflection on Lerato's relationship with her second child 154

5.5 Analysis of participant-observation 158

5.6 Analysis of documents 161

5.6.1 Documents from the first psychiatric hospital 161

5.6.2 Documents from the second psychiatric hospital 162

5.6.3 Documents from the third psychiatric hospital 163

5.6.4 Information from her psychologist at work 166

5.7 Discussion and triangulation with literature 167

- Depression 168
- The motherhood constellation 170
  - Representation of mother as mother-of-self-as-child 170
  - Representation of herself-as-mother 171
  - Representations of her first and second child 173

5.8 Conclusion 176

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction 178

6.2 Conclusions 178

6.2.1 Conclusions regarding the impact of depression on the motherhood constellation 178

6.2.2 General conclusions 181

6.3 Critical evaluation of the study 182

6.4 Recommendations and future research 184

6.5 Concluding remarks 188

REFERENCES 189

APPENDIX A 217

APPENDIX B 321

PREFACE

I decided to include a history of this research, because of several reasons. Firstly, what I ended up doing was considerably different from what I initially intended to do. Secondly, during the course of this research, I was confronted by a major life crisis, which not only led to an interruption of a year in the research, but also influenced my motivation and some of the decisions I made regarding the research. In the third place, accountability is increased by being open about how dead-ends and personal circumstances influence the research process. It is in line with Drummond's (1996) citation of Calnan (1976), that the one fundamental demand in research is to be honest at

all costs. Bochner (1997) also points to the consequences of splitting the academic self from the personal self.

I became interested in the field of mother-infant psychotherapy as a result of a course in child psychotherapy which I did as part of my postgraduate studies. I was inspired by several articles, especially “Ghosts in the nursery: a psychoanalytic approach to the problems of impaired mother-infant relationships” by Fraiberg, Adelson and Shapiro (1980) and a book by Stern (1995), “The motherhood constellation”. Mother-infant psychotherapy also appealed to me, because preventative work has always made sense to me, particularly in a country like South Africa with limited resources.

In my private practice as a clinical psychologist I had several clients suffering from postpartum depression. I also had children as clients, whose history included having had a mother with postpartum depression when they were babies. My work with one client specifically, who allowed me to get a vivid and detailed look into the experience of postpartum depression, was the impetus to this study. I could see a link between her depression and her representations of herself-as-mother, her mother as mother-of-herself-as-child and of her baby, especially after reading Stern (1995). Another source of inspiration was attendance at the Congress on Infant Mental Health in Cape Town during April 2002 where Lynn Murray showed a video, illustrating the effect on the baby when looking at the mother’s “depressed” facial expression (Murray, 2002).

In the light of the above, I decided to develop a programme for women who have

suffered from postpartum depression after the delivery of a previous child and who are pregnant with a subsequent child. The reason why I wanted to target this specific group is because women who have suffered from postpartum depression are at a high risk of further episodes of postpartum depression (Cooper, 2002; Cooper & Murray, 1995). I wanted to use a combined qualitative and quantitative approach to research design, as I could identify with Barker, Pistrang & Elliott's (1996) stance of methodological pluralism and their statement that no single approach to research has all the answers. I also agreed with their belief that it is possible to articulate a synthesis of the old and new paradigm traditions.

Participation in the research would have required the following:

- Assessment before participating in the programme: I developed a biographical questionnaire to gain information about the respondents' history and experience of pregnancy, depression and postpartum depression, as well as that of their mothers and both grandmothers. The rationale was to see how respondents' history impacted on their representations and postpartum depression. I planned to assess the respondents' depression with the Edinburgh Postnatal Scale (EDPS) (Cox, 1986), as I hypothesised that depression during pregnancy might be indicative of pathogenic representations. (The EPDS is also useful for screening antenatal depression (Wickberg, 1996)). In order to evaluate the different representations, I had Interview 'R' translated from the French "L'entretien 'R' developed by Stern et al. (1989). (See Appendix B). I also planned to use the Placental Paradigm Questionnaire (PPP) developed by Linda Charles to identify

women who may be experiencing or are at risk of future psychological distress (E-mail, Raphael-Leff, 2002).

- Participation in the programme: I planned to have six weekly sessions of 90 minutes each, discussing the following areas:

  * The respondents' families of origin, using Graphic Family Sculpting (Venter, 1993)
  * Each respondent's representation of her mother, especially, her mother-as-mother-of-herself-as-child
  * Each respondent's representation of herself as baby and as child
  * Each respondent's representation of herself as mother
  * Each respondent's representation of her previous child as unborn baby and after birth
  * Each respondent's representation of the unborn baby she was carrying.
- Final assessment: Six weeks after the delivery of each respondent's baby, all questionnaires would have been completed again, as well as an interview conducted by myself.

I contacted fourteen gynaecologists in the Johannesburg – West Rand area, and left leaflets there, explaining the aim and requirements of participation in the research. One gynaecologist was willing to personally give the leaflet to patients, some left it to their receptionist or nursing sister, while others were willing to display the leaflets in a prominent place in their consulting rooms. After three months I still had no reaction. I can only hypothesise about the reasons. People naturally want to know how they will

benefit from participation in something. The letter of informed consent was formulated according to regulations of the ethical committee that prohibited mentioning any possible advantage or help that they could get out of participation. Being of scientific service to others is probably not motivation enough for busy mothers. I decided to try another route.

After consultation with a lecturer in nursing, who was at that stage researching indicators of which pregnant women are at risk of developing postpartum depression, I decided to focus on first-time pregnant mothers. I intended to draw on her research (Odendaal, 2003), as well as the literature of which factors are predictable indicators of a possible development of post partum depression. I planned to have two groups of pregnant women who are at risk of developing post partum depression. The one group would have participated in the research as described in the previous paragraph and the second group would have acted as control group, with assessments like the experimental group, but without participation in the programme.

I contacted 6 nursing sisters who give antenatal classes, again explaining the aim and requirements of participation in the research. One gave me a list of about twenty telephone numbers of possible respondents, whom I phoned; two promised to give the information through to attendees of their classes and three invited me to attend their classes to explain what participation in the research would entail. I addressed five different classes of between eight and twenty pregnant women in each class. Only two women were willing to participate in the research. Again, I can only hypothesise about

the reasons for the lack of interest. The possible reasons that are relevant for the previous target group are probably also valid for this group. Apart from that, practically all these women were still in a full-time job, thus time was an issue. I also think that even if one could establish that someone is at risk of developing postnatal depression, people are not educated enough about the effect of postpartum depression on themselves, their baby and their relationship with the baby, to be motivated enough to participate in a programme which has not yet been proven to be preventative. In general, I think people wait until a problem arises and do not realise the importance of prevention.

I then decided to target a third population in an attempt to get respondents for the research, namely women who attend antenatal clinics at two provincial hospitals. Although I felt guilty about the fact that the previous two groups were people from the upper and middle class, I first tried to get respondents from these groups because language would not have been a problem, and it would have been convenient for me if respondents could travel to my practice for participation in the research. The previous groups were also targeted to minimise variables like a lack of support and poverty, factors contributing to postpartum depression (Cooper, Tomlinson, Swartz, Woolgar, Murray & Molteno, 1999). As a result of a video that was shown at the Congress on Infant Mental Health in Cape Town during April 2002, I was aware that people in the new population that I was targeting were more likely to discover during pregnancy that they are HIV-positive or suffer from AIDS, as they have less access to health care, resulting in a another variable that could be the cause of depression. Nevertheless, by now I was desperate to get respondents for the research. However, I was also excited as I

reasoned that the new group is perhaps the group that needed an intervention most. After interviews with the matron of the hospital and the head sister of the antenatal clinic there, permission was granted by provincial authorities to go ahead with the research at the one hospital. However, it seemed impractical for financial reasons. I would have had to provide finance for peoples' transport to the hospital. In the mean time I had also contacted the head psychologist at the other hospital, who informed me that at their hospital I would also have to get permission from the Witwatersrand University's ethical committee, as their hospital was a training hospital for the university. After the discussion with her I realised that there would be many practical obstacles to overcome, such as people only being able to attend the programme irregularly. Again, transport to the hospital for respondents would be a problem.

I then contacted the head of the Danie Van Zyl Community Centre, which offers a variety of community services to poor white and coloured people in the Newlands area. The centre is within walking distance in the community. I was advised to give a talk on depression during pregnancy and to provide soup and sandwiches to motivate people to attend. The intention was to seek people who were willing to participate in the research after I held the talk. Four hundred invitations were sent through the local nursery and primary schools, inviting anyone who is pregnant to attend. No one pitched up and I faced another dead-end, feeling quite despondent.

To understand how and why the rest of the research evolved, I need to share part of my personal history with the reader. I am an Afrikaans-speaking South African, married and

the mother of four planned children. I have never suffered from postpartum depression. In hindsight, I might have idealised pregnancy and having children, as I initially had problems conceiving. My role as a mother has always been extremely important to me.

At this stage of meeting another dead-end in my research, my youngest daughter, aged sixteen, became severely depressed. We have a family history of depression and her depression was triggered by the death of a friend, among other things. She was suicidal and I was consumed with worry about her. Thoughts about my thesis did not even cross my mind. After four months she committed suicide and my life came to a standstill. I closed my practice for four months.

I went through an intense process of grief. I read a lot about depression and suicide in an attempt to make sense of her death. Sometimes when thoughts about my thesis crossed my mind, I wanted to start with a new topic, like the healing process after suicide or the effect of suicide on siblings. I was very worried about the effect of my daughter's suicide on her brothers and sister. As I had very little physical and emotional energy, I made a decision to leave off my thesis for a year. However, eight months after the death of my daughter, a friend told me this tragic story of another mother.