GHOSTS IN THE NURSERY: A CASE STUDY OF THE MATERNAL REPRESENTATIONS OF A WOMAN WHO KILLED HER BABY

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ABSTRACT

The maternal representations as described by Stern (1995:171-190) are used in an extreme case to illustrate the link between depression and pathogenic maternal representations. The "motherhood constellation" focuses on the woman's representation of her mother as mother-of-herself-as-child, herself-as-a-mother and her representations of her child. Depression impacts seriously and negatively on the woman's representations of herself-as-a-mother. Destructive mothering influences the mother's representation of herself-as-a-mother and it is likely that her child will also receive destructive mothering. Depression during pregnancy could be a warning sign that unrealistic expectations are being placed on the pregnancy and/or the baby to improve the life of the mother, or that pathogenic representations are present or developing. Depression can lead to the use of splitting and projection as defence mechanisms: this involves that parts with which a depressed person cannot identify are projected onto a baby, and this is likely to result in abuse, neglect or even the death of a child. The early identification of pathogenic maternal representations and depression may make it possible to promote infant mental health.

OPSOMMING

Die moedervoorstellings soos dit deur Stern (1995:171-190) beskryf word, word in 'n ekstreme geval gebruik om die verband tussen depressie en patogene moedervoorstellings aan te toon. Die "moederskapkonstellasie" plaas die klem op die vrou se voorstellings van haar ma as ma-van-haarself-as-kind, haarself-as-ma en haar voorstelling van haar kind. Depressie het 'n ernstige en negatiewe impak op die vrou se voorstelling van haarself-as-ma. Destruktiewe bemoedering beïnvloed die ma se voorstelling van haarself-as-ma en derhalwe sal haar kind waarskynlik ook destruktiewe bemoedering ontvang. Depressie tydens swangerskap kan 'n waarskuwing wees dat onrealistiese verwagtinge van die swangerskap en/of die baba gekoester word om die ma se lewe te verbeter, of dat patogene voorstellings aanwesig is of besig is om te ontwikkel. Depressie kan daartoe lei dat splitsing en projeksie as verdedigingsmeganismes gebruik word, wat beteken dat sekere dele waarmee die depressiewe persoon nie kan identifiseer nie, op die baba geprojekteer word. Dit kan heel waarskynlik mishandeling, verwaarlosing of selfs die dood van die baba tot gevolg hê. Vroeë identifisering van patogene moedervoorstellings en depressie kan meehelp om die geestesgesondheid van babas te bevorder.

INTRODUCTION

The researcher became interested in the field of mother-infant psychotherapy as a result of a course in child psychotherapy which she did as a part of her doctoral studies. In her private practice as a clinical psychologist, she dealt with several clients who suffered from postpartum depression. She also had children as clients whose history included having had a mother with postpartum depression when these children were babies. The possible link between depression and representations of the motherhood constellation sparked the interest in this research, especially after Stern (1995:1-204) was consulted. The extreme case in which a woman who suffered from postpartum depression and then killed her baby, provided an opportunity to investigate the possible link.

The researcher was intensely aware of the fact that depression could kill, as her own daughter committed suicide as a result of depression, and because of the case in which a woman killed her own baby. Even though the circumstances were very different, the researcher felt a bond with this woman – she was, after all, also a woman who had lost a child.

CONTEXTUALISING THE RESEARCH

The concept of "ghosts in the nursery" as " ... the visitors of the unremembered past of the parents" (Fraiberg, Adelson & Shapiro, 1980:164) is by now well known. Parents tend to project unconscious material of their own past onto their infant, especially during the first months of life. The contents of these parental projections are dependent on the parent's own history. Pathogenic representations exist and consist of unresolved conflicts from the childhood of the parent. They are activated and enacted in the current interaction with the infant and are the ghosts in the nursery (Fraiberg *et al*. 1980:164-196; Möhler, Resch, Cierpka & Cierpka, 2001:257-271; Raphael-Leff, 2001a:7-47; Stern, 1995:41-58).

Object relations therapists were historically the first to describe some of the ways a mother's inner life might influence her relationship with her infant and the infant's development (Hinshelwood, 1989:68-75; Klein, 1997a:61-71, 1997b:247-252; Lederman, 1996:85-87; Pines, 1993:60; Raphael-Leff, 2001:67; Smith, 1999:281-299; Stern, 1995:170-173). This study is based on maternal representations as described by Stern in "The Motherhood Constellation" (Stern, 1995:171-190). Jacobson (1971:64) postulates that the infant acquires self- and object representations with good (loving) or bad (aggressive) valences, depending on experiences of gratification or frustration with the caregiver. With the maturation of perceptive and self-perceptive functions, more realistic object and self-representations are established. She introduced the term *representation* to stress that this concept refers to the experiential impact of internal and external worlds and that representations are subject to distortion and modification irrespective of physical reality (Fonagy, 2001:170-173). Representations are memory "structures" that represent a version of lived experience to an individual: "They are the internal aspect of relationship patterns that guide external interactional behaviours" (Zeanah & Barton, 1989:137).

Stern (1995:173) argues that a pregnant woman passes into a new and unique psychic organisation, which he calls the motherhood constellation. It concerns three different but related preoccupations and discourses which require the greatest amount of mental work and re-working. The discourses are:

- the mother's discourse with her own mother, especially with her own mother as mother-to-her-as-child;
- with herself, especially herself-as-a-mother; and
- with her baby.

According to Stern (1995:173) the following related themes emerge:

- a life-growth theme, which consists of whether she can maintain the life and growth of the baby;
- a primary relatedness theme, which entails an ability to engage with the baby emotionally in her own authentic manner that will assure the baby's psychic development;
- a supporting matrix theme, which means that the mother knows how to create and permit the necessary support systems to fulfil these functions; and
- an identity reorganisation theme, which refers to her ability to transform her self-identity to permit and facilitate these functions.

Each theme involves an organised group of ideas,

wishes, fears, memories and motives that will determine and influence the mother's feelings, actions, interpretations, interpersonal relations and other adaptive behaviour. Stern (1995:171-190) refers to these four themes and their related tasks as the motherhood constellation, and to the three discourses she must bring together as the motherhood trilogy.

Research has shown that depressed mood during pregnancy is associated with poor attendance at antenatal clinics, low birth weight and preterm deliveries in both low income and wealthy countries (Patel, Rahman, Jacob & Hughes, 2004:820-823). It is now accepted that a baby's emotional environment, which is essentially his/her mother, will influence the neurobiology that is the basis of the mind (Balbernie, 2001:237-255; Glover & O'Connor, 2002:389-391; Raphael-Leff, 2001:97). Neglect, trauma, abuse and prolonged maternal depression cause subsequent neurobiological damage which can cause a child to develop a range of problems such as a learning disability, language delay, lack of empathy, hyperactivity, disruptive behaviour and emotional difficulties (Balbernie, 2001:237-255) and as this case study illustrates, even death.

A depressed mother has lost her central core of identity (Tracey, 2000:185). She does not value herself as mother to her infant. Tracey (2000:192-194) notes further that it seems as if a depressed mother has no sense of being protected by internal "good " objects – her "good" internal mother has died and is lost to her. This links with Klein's understanding of depression, namely that the adult had failed to cope with the depressive position as an infant (Likierman, 2001:101-106). Klein suggests that the condition of depression is rooted in interaction with internalised objects that are based on actual objects (Likierman, 2001:101-106). The depressed mother believes that her capacity to destroy is greater than her life-giving capacity (Tracey, 2000:195). Based on Tracey's (2000:183-207) argument, one can postulate that with postnatal depression the mother's representation of herself-as-a-mother, of her mother as mother-of-herself-as-child and her representation of her baby suffer. Depression impinges on the motherhood constellation. The primary relatedness theme is perhaps the theme of the motherhood constellation that is most affected by depression. It concerns the mother's social-emotional engagement with the baby and includes issues such as whether the mother can love the baby; whether she can feel that the baby loves her, whether she can enter into Winnicott's "primary maternal pre-occupation" (*in* Stern, 1995:59-78) and whether she can relate to her baby in a non-verbal, presymbolic, spontaneous manner.

Research has shown that a lack of support increases a woman's risk of suffering from postnatal depression (Emanuel, 1999:151; O'Hara, 1995:3-25; Raphael-Leff, 2001:204; Spangenberg, 1994:71-75; Stern, 1995:14). The mother needs to feel surrounded, supported and instructed – a large part of the supporting matrix is instruction: "After all, learning to parent is at best an apprenticeship" (Stern, 1995:177). Although a lack of support contributes towards postnatal depression, it is also true that people withdraw when they are depressed. Thus, it may be argued that a mother suffering from postnatal depression may fail to create and permit the necessary support system.

Jacobson (1971:89) was the first to suggest that depression was associated with a gap between self-representation and ego ideal. One can expand her argument by postulating that postnatal depression may also develop as a result of a gap between the woman's self-representation as a mother and her mother-ego ideal.

The aim of this research is to reach an in-depth understanding of the representations of a depressed woman who killed her baby.

RESEARCH METHOD

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 of postnatal depression which led to the murder of a baby, which is referred to in literature as extreme case sampling (Punch, 1998:154; Schurink, 1998a:255; Yin, 2003:40). This type of sampling is also used because it provides particularly information-rich data (Flick, 1999:73; Schurink, 1998a:255). A psychologist involved in community interventions who was familiar with both the participant and the researcher introduced the participant and the researcher to each other. The researcher then asked for permission from Correctional Services and the participant's legal representative to meet with her.

Generalisability is one of the most common criticisms against the case study (Yin, 2003:10-11). However, Punch (1998:154-155) is of opinion that a specific case may be so interesting and unique that it is worthy of study. Secondly, he argues that the in-depth case study can give a fuller understanding of phenomena, which can suggest generalisability and can be studied further.

DATA COLLECTION

Schurink's (1998b:299-301) description of an unstructured interview with a schedule is termed semi-structured interviews by authors such as Britten (2000:11-19) and Merriam (1998:72-75). A schedule served as a guideline which contained questions and themes that were relevant for the research, such as

- experiences of the mothering she received;
- her perception of herself as a mother; and
- her experiences of mothering her two children and of murdering her baby.

The interviews were audio taped and transcribed. Silverman (2000:149-151) notes that audio taping interviews allows the researcher to focus on actual details of a conversation, whereas relying on memory or notes alone makes it virtually impossible. Flick (1999:169-170), however, warns that one cannot lose sight of the fact that recording may have an influence on the participant's statements. Audio taping the interviews highlighted the difference in voice quality of the participant when she talked about different subjects. It was very clear that there was still a lot of anger towards her mother, about whom she spoke in an angry voice, whereas she spoke very softly in the sixth interview, talking about the baby she suffocated.

Documents are a valuable source of information and were applied as data triangulation in this study (Henning, Van Rensburg & Smit, 2004:98; Merriam, 1998:124-126; Punch, 1998:190). Documents from the psychiatric hospitals where the participant was admitted were obtained and corroborated with the findings in the interview. Data were also obtained from field notes, before and after the interviews and also while transcribing the audio tapes, using guidelines by Schurink (1998a:285-286,305-312).

DATA ANALYSIS

As this study was based on Stern's (1995:171-190) motherhood constellation, the theoretical propositions that were suggested, are the following:

- the participant's representation of her mother as mother-of herself-as-child;
- the participant's representation of herself-as-a-mother; and
- the participant's representation of her children.

The strategy described by Neuman (2000:420-427) was followed for data analysis. According to this method, data are analysed by organising it into categories on the basis of themes or concepts. The relationships between concepts are examined and linked to each other and interwoven into theoretical statements. The procedures for the analysis are referred to as *data reduction* and *categorising data into themes* (Neuman, 2000:421-424). Coding was applied in various degrees of detail, namely line by line, sentence by sentence and paragraph by paragraph (Flick, 1999:178-197; Strauss & Corbin, 1990:57-69). The researcher followed Flick's (1999:183) basic questions of *what, who, how, when, how long, where, how much, how strong, why, what for* and *by which* to disclose the text. The second procedure, analytic memo writing, runs parallel with the first procedure, coding. It contains the researcher's reflections on and thinking about the data and coding (Neuman, 2000:424-428).

ETHICAL CONSIDERATIONS

The process of obtaining permission from Correctional Services is very complex and difficult. Although written permission was obtained from the participant's legal representative and Correctional Services to interview her while she was awaiting trial, this permission was granted only ten days before her trial date. In line with ethical guidelines (Henning *et al*. 2004:73; Schurink, 1998b:305-308; Strydom, 1998:23-29), the researcher explained to the participant during the first meeting what the research would entail. She was informed that the interviews would be audio taped and transcribed afterwards, and that confidentiality would be maintained at all times. The participant was given the option to consider her participation overnight. However, she indicated that she was ready to start immediately and signed the letter of informed consent. The researcher assured the participant that she was at liberty to withdraw from the research at any time, because of the emotional

nature of some of the issues. The researcher also ensured that her emotional issues were treated by a psychiatrist. The interviews were conducted over a period of time, during which the participant got to know the researcher.

Power and status were also ethical issues which had to be taken into account. Strydom (1998:26) points out that prisoners might feel compelled to participate, because they might feel that they have less power or status than the researcher, or they may participate as a way of relieving boredom. The researcher also had to make sure that the participant had a clear understanding of the fact that participation in the research would not at all benefit her case (Schurink, 1998b:308). In the last session the participant was given the opportunity to debrief and to talk about her experiences of the research. The participant reported that she found it helpful to talk about her experiences.

The participant was also asked to give written permission to obtain information concerning her treatment and observation from psychiatric hospitals (such as Denmar Clinic, Sterkfontein and Weskoppies Hospitals), from the psychologist who testified at her trial and from her legal representatives in the case. A very challenging ethical issue arose when the researcher phoned the psychologist who witnessed at her trial, to obtain his report. He mentioned that he had learned after the trial that she was HIV positive – information that she had not given in the interviews. This could have contributed to her depression. He did not have a written report but was willing to answer questions via e-mail.

ACCOUNTABILITY

There seems to be consensus in the literature that there is a need for new concepts of validity in qualitative research (Gaventa & Cornwall, 2001:70; Levin & Greenwood, 2001:103; Poggenpoel, 1998:348-350; Tindall, 1994:142-143). In this study, multiple triangulation, a thick description, member check and reflexivity are used to show accountability. Different types of triangulation can be distinguished, such as data, method, researcher, investigator and theoretical triangulation (Flick, 1999:229-230; Smaling, 1992:319; Tindall, 1994:145-149). In this research multiple triangulation is used (Flick, 1999:229-230; Smaling, 1992:319). In ensuring method triangulation, interviews, documents and participant observation are used to collect data. Investigator triangulation is also used. The data about the interviewee's relationship with her mother was given to two independent investigators to determine themes. Another method that is applied to enhance accountability is a member check. This entails that transcripts and analysed texts are taken back to the interviewee to check whether that which the researcher constructed from the data is what the interviewee actually said (Babbie, Mouton, Payze, Vorster, Boshoff & Prozesky, 2001:275). After transcribing and analysing the data, the researcher had another interview with the interviewee to check data and interpretations about which the researcher was uncertain.

The researcher also attempted to be accountable by giving a reflexive analysis. Bochner (1997:420) points to the consequences of splitting the academic self from the personal self. The term "reflexivity" is used to describe researchers' reflection on their own experiences of and roles in conducting the research (Burman, 1994:63; Flick, 1999:6; Mays & Pope, 2000:93; Tindall, 1994:149-152; Wilkinson, 1988:494-498). Tindall (1994:149) notes that reflexivity is perhaps the most distinctive feature of qualitative research. Personal reflexivity refers to the acknowledgement of who the researcher is and how personal interests and values influence the process of research from the initial idea to the outcome.

CLINICAL BACKGROUND

Lerato (a pseudonym), aged 27, is Tswana-speaking. She was the eldest of six children. When she was a baby, her mother worked and her aunts, who were still at school, and her great grandmother, looked after her. Her parents moved around quite a lot. Her father often abused alcohol and there were many fights (verbally and physically) between her parents. She had a poor relationship with both her parents, but especially with her mother. It seemed as if her mother was very depressed during her teenage years. School was very important to her and she spent a lot of time in the library, reading up on careers. In grade 11 (standard 9), she became depressed, mainly because of the stress at home. She could not go to university after grade 12, as there was no money for further studies and her applications for bursaries were not successful.

She spent a year at home and then got work as a diesel mechanic apprentice. Later she worked as a train driver assistant and then as a clerk in an office. She had an affair with a married man, became pregnant and aborted the baby. She spent a month in a psychiatric hospital for depression, where she had a relationship with one of the workers there and fell pregnant again. She considered having an abortion again, but was advised by a doctor not to go ahead. She then decided to keep the baby, and a girl was born by a Caesarean section.

Three months after the birth of her daughter, she was pregnant again. The father of this baby was a colleague at work, married and much older than she. She wanted an abortion, but upon arriving at the hospital she was informed that they did not perform abortions there and she was referred to another hospital. Because of transport problems, she eventually decided to keep this baby. When she was five months pregnant, she was admitted to another psychiatric hospital for depression for two weeks. Another girl was born by Caesarean section.

At this stage she lived with her parents again. She had a lot of problems with the baby's father, who had other girlfriends, and with colleagues at work. When her second baby was three months old, she tried to suffocate her. When her parents went to town, she wrapped the baby in a blanket to suffocate her, left both children alone at home and went to work. Upon her return she found that her mother had taken the baby to a doctor, as she could not breathe or suck a bottle. Because of all her problems at work, she resigned. When the second baby was seven months old, she suffocated her with a plastic bag.

DISCUSSION OF THE FINDINGS AND LITERATURE TRIANGULATION

The data will be presented in three themes, namely the discourses with the pregnant woman's mother, herself and her baby.

Representations of the mother as mother-of-herself-as-child

The first theme is the discourse with the woman's own mother, especially as a mother-to-her-as-child. Lerato, the eldest of six children, was an unplanned baby. The second child, a boy, died as a baby. Her mother was 19 years old when she was born: "*You know the things that she used to say, she said, 'I wouldn't be here because of you, you know'. She said to me that she thought that I would work for her when I grow up. She didn't expect me, it was like she felt bitter about it. It was like she didn't want me. Or my grandmother said, 'You know this child didn't want her daughter. She almost killed her'. Something like that. So I grabbed it from there, but my mother also said something. I can't remember what*".

Lerato's representation of her mother as mother-of-herself is very negative. Her mother did not want her, was destructive, could not be trusted, was physically and verbally abusive and emotionally absent. Lerato was aware of the fact that her mother "almost killed" her, according to her grandmother. The severe punishment from her mother is evident of her mother's anger which was often out of control. Her mother's words, "*If I can just grab you in my arms I would kill you*", and Lerato's fear that her mother would poison them, are evident of the destructive mothering that she received and that she could be in real danger.

A woman's discourse with her own mother, especially as mother-to-her-as-child, is an important factor in determining the mother's representation of herself (Birksted-Breen, 2001:17-21; Raphael-Leff, 2001:79-82; Stern, 1995:173). If the woman's representation of her mother as mother-of-herself-as-child is pathogenic, it might negatively influence her representation of herself-as-a-mother. As literature indicates (Lederman, 1996:85-87; Pines, 1993:59-70; Raphael-Leff, 2001:33-34; Smith, 1999:281-299; Stern, 1995:173-180), pregnancy leads to a reorganising of the self-identity, which means a modification of the self-representation to resemble the shape of the object representation. Thus, in pregnancy the representation of the self-as-a-mother might echo the representation of a woman's mother as mother-of-herself-as-child. Therefore, if a woman experienced destructive mothering when she was a child, it is likely that her child will receive destructive mothering.

Research has shown that a lack of support is one of the causes of postnatal depression (Emanuel, 1999:151; O'Hara, 1995:3-25; Raphael-Leff, 2001:204; Spangen-

berg, 1994:71-75; Stern, 1995:14). It goes without saying that a lack of support for a woman, who is depressed when she falls pregnant and then has a baby, is detrimental. Lerato's mother was not there for her in a maternal role and only helped her the first day after her first confinement. This lack of support is evident throughout her whole life, but seems to be worse after she had given birth to her second child.

Representations of herself-as-a-mother

The second theme of discourse is with herself-as-a-mother. It is clear how pathogenic Lerato's representation of herself-as-a-mother was when she described herself as a mother. She was aware that she was not ready to be a mother; she did not register that she was pregnant, even though she knew she was. There was no integration of what was happening in her body with what was happening in her mind. She said she did not feel confident that she would be able to act like a mother, and she did not. Even after her second child was born, she still did not feel like a mother and knew she was not mothering her children the way she wanted to or thought to: "*So I was not trying to make any sense at all. I was not ready to be a mother. I was not ready to be a mother… But I didn't realise that I was pregnant. It didn't mean anything to me that now I'm a mother. I was hoping that if I have this baby that I will start acting like a mother, or that my mind will change, you know. The feeling that I had, I was, I was feeling scared and insecure, all by myself* (silence) (cracks her fingers)*. I wasn't feeling safe. It's just like when you are being left alone then you are scared to be left alone. Scared of it. It's just you and your thoughts that are coming to you. But it was, it was the fear that I had for all these years. So, it, it never went away. That I'll be able to stand on my own, that was it, you know, it was that kind of fear. I was very insecure*".

Two factors played a role in her conduct, namely her depression and the problems in her motherhood constellation. It seems as if Lerato's depression became progressively worse since the age of seventeen, to such an extent that she became apathetic. With the depression came feelings of helplessness, powerlessness and a loss of control. It also resulted in feelings of isolation, as illustrated by her remark: "*I am not a part of the family*". She even became isolated from what was happening in her body while being pregnant, which impacted on the motherhood constellation.

As Lerato was preoccupied with her own feelings and thoughts, maternal preoccupation suffered. She never thought about her baby during her pregnancy or afterwards. Depression also results in feelings of failure (O'Connor, 1997:282-287). It is clear that Lerato did not feel like a good mother. Her perfectionism made it worse. Perfectionism is about having control, whereas depression is about losing control. For a perfectionist that is the worst thing that can happen. This is consistent with Jacobson's (1971:89) suggestion that depression is associated with a gap between self-representation and ego ideal. Perfectionism results in an ego-ideal that is unreachable, even more so when one is depressed. There was a huge gap between Lerato's representation of herself-as-a-mother and her representation of an ideal mother. Thus she felt that she was acting out of character. This is evident in the lack of maternal care that her children received. She was able to help her mother with her younger sister and she wanted to give her children the mothering that she did not receive. She shows insight into what a baby needs from a mother. However, as a result of depression, nothing of this knowledge is put into practice with her own children.

Lerato's depression impacted on all her relationships, especially with herself and her children, which deteriorated drastically. Depression during pregnancy impacts on a mother's readiness to have a child. As a result, the motherhood constellation suffers. Even without the depression impacting on the motherhood constellation, there were sufficient factors that indicated that Lerato would have a problematic motherhood constellation.

There are two reasons for Lerato's pathogenic representation of herself-as-a-mother. In object relations theory it is argued that the child internalises parental figures (Hinshelwood, 1989:68-75; Klein, 1997a:61-71, 1997b:247-252). Pregnancy leads to a reorganising of self-identity (Lederman, 1996:85-87; Pines, 1993:60; Raphael-Leff, 2001:67; Smith, 1999:281-299; Stern, 1995:170-173). The shift from daughter-of-her-mother to mother-of-her-child entails that a part of the fixed representational world of the new mother shifts irreversibly (Stern, 1995:172). Identification is defined as the modification of the self-representation to resemble the shape of the object representation. In Lerato's case,

the object representation is of her mother as mother-of-herself-as-child. Her representation of herself-as-a-mother echoed that of her representation of her mother-as-mother.

This is in accordance with Tracey's (2000:185) notion that a depressed mother has lost her central core of identity. She has no sense of being protected by a good internal mother. It is evident that Lerato did not in the first place have a good mother to internalise. Tracey (2000:192-194) argues that at the core of a depressed mother is an eternal dead mother, or an eternal dead baby, or a destructive mother who kills babies or a destructive infant who kills mothers. It is evident that both Lerato and her mother had a destructive internal mother. However, Lerato had a sense of what a good mother should be and thought she would be that for her child, but in spite of this, she could not hold on to that representation. This brings us to the other reason for Lerato's pathogenic representation of herself-as-a-mother.

In Klein's understanding of depression the adult failed to cope with the depressive position as an infant (Likierman, 2001:101-106). This might have been the case with Lerato, although – as was shown in the reflections – there is evidence that as a child she had a more balanced representation of herself, in spite of her mother's criticism. Roth (1999:1-7) points out that Klein's use of the term *position* in describing the paranoid-schizoid and depressive positions, refers to two different states of mind, each with its own constellation of anxieties, feelings, defences and ways of relating to objects, in spite of the fact that Klein describes these two processes developmentally. When a person becomes depressed, that person moves to a paranoid-schizoid state of mind where splitting is used as a defence mechanism and the ability to integrate is lost (Likierman, 2001:101-106). Through the process of projection, unwanted parts of the self-representation are added to the representation of the other person (Fonagy, 2001:119). It is not necessarily unwanted aspects that are projected onto another person, but aspects with which a person with depression cannot identify. Lerato projected the good, wise, understanding part of her self-representation on her children, especially on her elder child.

Representations of her children

The third theme consists of Lerato's discourse with her baby: "*I,* (sigh) *I don't see a mother there.* (Long silence). *… while the baby was there so I was just acting as I am having a baby. You know, not like a mother, loving and understanding you know, the baby's just there, so I have to be around. I'm going to work but I have to go and see the child, but sometimes I'll leave her with my, with my mother. That's how it got possible that I, I fell pregnant, with the second child. She never taught me how to raise my child or how to handle her, you know, things to do with her, you know, because I think I know better, you know*".

Lerato stated that she did not want to have her children and that while she was pregnant with both her first and her second child she seriously considered aborting the baby. The fact that Lerato's second baby resembled the baby's father added to her negativity towards their baby. She wanted to leave this baby at the hospital with the nurses.

She hated the father of her second child and said "*I would kill him*". Her anger towards her children was evident in the severe punishment she gave them, the abuse that her brother described, the three attempts to suffocate her baby and the fact that she verbalised her hate towards her second baby. She vaguely remembered that the first time she tried to suffocate this baby, she was angry with the baby's father. It is quite possible that she projected that anger onto her child. She mostly referred to her second child as "*it*". She expected from both her children to change her and to make life better for her, thus placing unrealistic expectations and hope on them. They were set up to fail her. Her second child was almost her last hope to change everything and the child was failing her. It is possible that she projected the split-off aspects of her own self-representation onto her child in the sense that her child became the symbol of her own failures. Thus killing her was also a way of trying to get rid of her own failures: "*I saw her like a stumbling block in front of me and that was her I had to get rid of her. So I killed the baby and that was it*".

Primary relatedness refers to a mother's ability to engage with her baby in an emotionally authentic manner (Stern, 1995:176). It is closely linked with her reflective function, which involves her ability to identify with her infant and contain difficult feelings that the baby pro-

vokes in her, as well as her ability to respond appropriately to her baby's needs (Murray, 1991:223). It is clear that Lerato's depression impinged seriously on her ability to be in tune with her children. She said she was bored and on more than one occasion that the baby was "*just there*". She did not respond to her children's emotional needs. As in her relationship with both her parents, but especially her mother, there was no connectedness.

When people are depressed, they feel isolated from everyone else and it often plays a role in distancing themselves from other people. Thus Lerato failed in creating and permitting the necessary support system. The fact that Lerato's relationships deteriorated after the birth of her second child, points in this direction. This could have contributed to her turning to other people to meet her needs and to make her life better, resulting in having unrealistic expectations of the fathers of her two children and the children themselves.

Living in "*a world of violence*" and growing up with anger, as Lerato puts it, impacted on her. Frustration and anger also built up in Lerato. She hated her parents. Lerato's way of dealing with her anger was to deny it, suppress it and to vent it only later on. Even though she denied being angry with him, her anger erupted for the first time with the father of her first child. She openly declared that she "*tortured*" him and was verbally and physically abusive to him.

Depression can lead to a paranoid-schizoid state of mind where splitting is used as a defence mechanism and the ability to integrate is lost. Lerato felt her colleagues were attacking her and saw them as murderers, but saw her boyfriend (the second child's father) as being behind it all – "*It was part of his attack to me*". She had thoughts about people at work wanting to kill her. She said it was not voices in her head, but she was scared because of what her colleagues said and how they treated her.

Through the process of projection, parts with which a person with depression cannot identify, are projected on another. This may lead to a mother losing her positive self-representations. It is also possible, as Fonagy (2001:170-173) pointed out, that unwanted parts of the self-representation are added to the representations of the other, and that the parent can project the negative parts onto a baby.

LIMITATIONS OF THE RESEARCH

The assumption that the reality of participants can be known by asking the right questions is increasingly being questioned (Henning *et al*. 2004:52-54; Schurink, 1998b:299). This is even more relevant when there are cultural differences between the researcher and participant, as was the case in this study. English is a second language for both the researcher and participant, which further complicated the issue, especially for the participant. Emotionally laden issues should preferably be expressed and discussed in one's mother tongue (Brook, Gordon & Meadow, 1998:62). Thus, although the participant is very fluent in English, talking about emotional issues in her second language was not the ideal. The context in which the research was conducted also presented a limitation to the study.

RECOMMENDATIONS AND FUTURE RESEARCH

This study illustrates the tragedy of the lack of prevention. The integration of psychological services into primary health care at all levels of our health care systems is necessary. Although it is set as a norm for government policy (The Primary Health Care Package for South Africa, 2004), not much of this is happening in practice.

Training for mothers, especially in disadvantaged communities, to provide support and help to mothers of new infants can provide a supporting matrix that is both economically and practically viable. Programmes that promote the emotional well-being of pregnant women and that would enhance the relationship between mother and child are necessary, as both mother and baby will benefit. At present antenatal classes focus on preparation for birth and practical issues, such as physical care for the baby, but not enough attention is given to what the emotional care for a baby involves and to prevent relationship problems between mother and child.

Much greater vigilance regarding the early detection, diagnosis and treatment of depression during pregnancy is necessary. Particular attention should be paid to depression-like symptoms and to the symptoms of problems associated with the difficulties of pregnancy and early parenthood, like sleep disturbance, appetite change and fatigue. Health practitioners should spe-

cifically ask for a history of depression or an existing depression.

If a baby is unplanned and the expecting mother does not decide to terminate the pregnancy, she should receive special attention. The method of representations as used in this study, could be very useful to structure this special attention.

CONCLUSION

An extreme case of a woman who killed her baby illustrated the link between depression and pathogenic maternal representations and the necessity of early intervention. 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 to change. The ghosts can be chased out of the nursery by helping the mother see the repetition of the past in the present. The affective link – recognising and remembering the feelings which the parent experienced as a child – will help a parent to avoid repeating 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 *et al*. 1980:182).

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