

# Good mothers, bad thoughts: New mothers' thoughts of intentionally harming their newborns

**Louise Murray and Mark Finn**

University of East London, UK

## Abstract

This article explores the accounts of six white, 'middle-class' women living in the UK who as first-time or recent mothers experienced thoughts of intentionally harming their newborn infants. Our analytic approach is psychosocial insofar as we take the women's accounts as being conditional on a merging of social, discursive and psychological elements. Two dominant ways of relating to thoughts of harm are highlighted. The first is to do with the exclusion of such thoughts as indicative of unhealthy non-containment and depressive illness. The second involves including thoughts of harm as an extension of maternal vigilance and care. Here we draw on recent feminist understandings of a mother's ambivalence as involving a heightened awareness of her own sense of self and her world through her relation to her child. It is argued that the disassociation of non acted-out destructive impulses from normative mothering perpetuates the usual pathologization of thoughts of harm and the associated vilification of women. Recent calls for the normalization of thoughts of harm that can be experienced by many new mothers are also challenged as leaving in place the idea that the experience of thoughts of harm is incongruous and debilitating to motherhood. In contrast, we make a case for thoughts of destructive harm as being a creative impulse that can be constructively incorporated into mothering and maternal subjectivity.

## Keywords

ambivalence, maternal subjectivity, motherhood, thoughts of harm

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## Corresponding author:

Mark Finn, School of Psychology, University of East London, Water Lane, London, E15 4LZ, UK

Email: m.finn@uel.ac.uk

This article is a psychosocial exploration of a highly sensitive, if not also taboo, phenomenon that in particular relation to women as mothers can have acute denigratory implications. In illuminating the inter-related social and psychological aspects of new mothers' accounts of thoughts of intentionally harming their infants, we aim to challenge the vilification of mothers who may experience unwanted destructive thoughts, including infanticide. In this our article ties in with recent articles in *Feminism & Psychology* that have variously confronted the familiar pathologization of women with depression. The challenges posed by these articles are essentially predicated on a rejection of a positivist biomedical model for understanding depression in favour of critical understandings, framed either as psychosocial or critical realist (Grace, 2010; Stoppard, 2010; Ussher, 2010). What is primarily countered in this series of articles is the notion that a woman's depression is linked to her biological and specifically hormonal make-up. While the subject matter of infant-related thoughts of harm has been touched upon in feminist research on postnatal depression (Nicholson, 1998), we argue that a similar conceptual shift is overdue in relation to the subject of a mother's thoughts of intentionally harming her infant during the early postnatal period, when such thoughts are said to more likely occur (Fairbrother and Woody, 2008).

The incidence of thoughts of harming an infant, either intentionally or accidentally, is thought to be highly associated with depressed mothers who are by and large characterized as being in need of health assessments to check for the absence of psychosis and at-risk behaviour such as anger, abuse and caregiving neglect (e.g. Barr and Beck, 2008; Jennings et al., 1999; Wisner et al., 2003). Thoughts of intentional harm – including physical hurt and infanticide – are said to be less common than ideas of accidental harm such as neglect and contamination (Fairbrother and Woody, 2008), and it is acknowledged that a very small number of mothers actually harm their infants (Jennings et al., 1999). Besides postnatal depression, psychology has accounted for thoughts of intentional harm in terms of mother–infant bonding disorder (Brockington et al., 2006) and postpartum psychopathologies such as obsessive-compulsive disorder (OCD) (e.g. Abramowitz et al., 2006; Maina et al., 1999) with most guidelines concerning the treatment of postnatal OCD involving pharmacological and psychological management (Challacombe and Salkovskis, 2011). While the biomedical view of a mother's thoughts of deliberate harm serves to problematically reinforce notions of the 'at risk' and 'risky' woman, particularly as a mother, in the psychological literature on OCD there is acknowledgment that obsessive and intrusive thoughts of (murderous) harm are in fact common to all people on an occasional basis (Rachman and De Silva, 1978), including men as fathers (Abramowitz et al., 2003).

Research focusing on the postpartum experiences of non-depressed mothers has also highlighted the fact that this population, like mothers with depression, can similarly experience intrusive infant-related thoughts of harm, irrespective of demographic characteristics (Hall and Wittkowski, 2006; Jennings et al., 1999). Particularly pertinent to the current article are claims in the psychological literature on postpartum (non)depression and OCD that having negative thoughts after

childbirth, including thoughts of intentional harm, is not always a symptom of postnatal psychosis (Fairbrother and Abramowitz, 2007; Fairbrother and Woody, 2008; Hall and Wittkowski, 2006). This research suggests that flashes of negative and destructive thoughts are common amongst new mothers in the early postpartum period and thus a familiar aspect of this stage of motherhood. Fairbrother and Abramowitz (2007), for example, argue that problems with postnatal obsessive behaviour only arise when new mothers (and fathers) negatively appraise their thoughts of harm as catastrophic by overestimating both a parent's responsibility for preventing harm and the probability of harm to the infant. What these authors propose, therefore, is the application of cognitive-behavioural treatment to help modify faulty interpretations of normal postpartum thoughts of harm and eliminate associated obsessions. Hall and Wittkowski (2006) similarly call for the acceptability of negative thoughts through making their commonality known to new mothers, with this commonality held up as useful information for psychological intervention (see also Jennings et al., 1999). In Hall and Wittkowski (2006), in particular, what is left unchallenged is the subtle assumption that ideations of harm are (at least potentially) undermining of good mental health and good mothering. Hence invocations of the 'healthy', and by extension 'good' mother, as well as a safeguarding clinical gaze for the discernment of riskiness remain apparent despite attempts to depathologize the experience. It is, however, one thing to normalize by encouraging acceptance of the undesirable and hence turning troubled mothers into 'heroes of adjustment and assimilation' (Goffman, 1990[1963]), but it is quite another thing to understand infant-related thoughts of harm as already normative (Baraitser, 2009), and it is this that we want to make a case for.

To do so we align with critical feminist theory that attempts to sidestep the usual binary of idealization–denigration against which the mother, and the feminine, have traditionally been understood and vilified (Baraitser, 2009). In the analysis that follows we therefore explore women's own accounts of their destructive thoughts with a critical eye on the externalizations and incorporations of thoughts of harm, the subjectifying effects of these, and the enabling social and psychic contexts in which thoughts of harm are constituted and variously experienced. Our aim is to highlight a positive potential of unplayed-out thoughts of harm for a shaping of a more workable and constructive ethics of motherhood. We engage with critical ways of understanding ambivalent mothering but in specific relation to thoughts of harm, conceptualizing ambivalence as not merely useful for a child's own development and autonomy but also for a mother's renewed and vital sense of self. In this we account for thoughts of harm against the constitutive and debilitating image of the 'good' (flawless) mother. In particular, we are concerned with ways in which a mother can assimilate her destructive thoughts, when and if they occur, through psychologized attributions or by relating to her thoughts of harm as an aspect of heightened vigilance, emotional range and invigorated self-awareness. Within the psychological literature, it is feminist psychoanalytic theories of maternal ambivalence that offer a way of rethinking the strange and mundane aspects of mothering and maternal subjectivities, as we now go on to discuss.

## **Purposes of maternal ambivalence**

For the majority of women, motherhood is something they have experienced, or can expect to experience, at some point in their lives. Yet as Woollett and Phoenix (1991: 28) have pointed out, mothers themselves 'are rarely considered as having an existence of their own or a perspective on what they do as mothers'. This follows Chodorow and Contratto's (1982) still relevant claim that although feminists have taken issue with the fantasy of the perfect mother, the ideal nevertheless remains predominant. As Hays (1996) has argued, the dominant discourse that surrounds 'western' motherhood is one of intensive mothering. Not only is motherhood privileged as the ultimate fulfillment of womanhood (Marshall, 1991), a mother is expected to provide the right environment for her child's optimum development, be sensitive to its needs above her own, and to find the work of childrearing continually satisfying and rewarding lest the child become delinquent and the mother herself marked as unfit (as a consequence of Bowlby's (2003[1958]) influential attachment theory). As feminist theorists have argued, however, motherhood is not necessarily devoid of (defended against) feelings of resentment, hostility or destructive impulses, not least because a mother is obliged to manage the tensions between maintaining an autonomous identity on the one hand, and her primary caregiving responsibility on the other (e.g. Baraitser, 2009; Lupton, 2000; Parker, 1995; Woollett and Phoenix, 1996). Others have attended to ways in which class (Braun et al., 2008) and 'race' (Reynolds, 2001) also serve as significant contexts for the shifting identifications of 'good' and 'bad' mothers.<sup>1</sup>

Indeed, many mothers can experience motherhood in ways that do not always sit well with ideas of what good mothering, in flawless terms, is supposed to be. In exploring the interplay of conflicting emotional states involving 'feelings of love, hate, obligation, pride, envy and guilt, among others' (Hollway, 2006: 67), feminist psychoanalytic theorists have variously drawn on Winnicott's (2003[1949]) notion of the good-enough mother to address the issue of what is commonly referred to as maternal ambivalence. In the majority of early psychoanalytic accounts, ambivalence is primarily related to a mother's ability to hold in her feelings of love and hate for her baby. This, however, is a kind of idealized ambivalence that does seem to reinstall notions of the fantasy mother who can do it all (Kraemer, 1996). It also addresses the purpose of ambivalence in terms of child development rather than a maternal subjectivity that is not collapsed with the needs of a fragile child (Baraitser, 2009; Raphael-Leff, 2010).

Rozsika Parker (1995) has suggested that maternal ambivalence is as much a part of a mother's development as it is her child's, and one that can exact a price on women. She argues that it is the clash between a mother's love and hate for her baby that spurs a mother on to 'objectively' understand her relationship to her child, to think more clearly about what it needs, and to prioritize what she needs and desires for herself. Problems only arise when she becomes anxious about her unloving thoughts and feelings (as in Fairbrother and Woody, 2008), and Parker understands this anxiety as a consequence of the impossible cultural expectations

that a mother can feel she must live up to (see also Lupton, 2000). More recently, Wendy Hollway (2006) has elaborated on the inevitable struggle between a baby's ruthless narcissism and its mother's desire for independence in relation to subjectivity. Highlighting a dynamic tension that flows through the inter-subjectivity of the mother–infant dyad because of opposing needs and characteristics, Hollway maintains that 'the resulting dynamic tension in any caring relationship is not only the source of conflict, frustration and occasional breakdown, but also a creative source of change and the crucible of the capacity to care' (2006: 82). Thus maternal ambivalence is conceptualized as both an inevitable and potentially constructive phenomenon in relation to the mother herself.

Lisa Baraitser (2009) has similarly explored a corroding and thus generative potential of mothering that can be highlighted if we keep a view on a mother's subjectivity that is structured through her relation to the child (see also Hollway, 2001). Focusing on the experience of raising young children, Baraitser explores the small, everyday moments of unexpected and often painful disruptions that mothers encounter; moments, for example, like bursting into tears for no apparent reason, crossing a street, or not knowing how to put a nappy on. Baraitser sees these seemingly mundane moments – or maternal moments of undoing – as equipping the maternal with unexpected sensibilities, heightened sentience, and a renewed awareness of self, objects, emotional range and creativity. Importantly, moments of disruption are not accounted for in terms of how they can be overcome, and ambivalence is not simply viewed as that which must be masterfully managed for the sake of either mother or child. Rather it is the effects that interruptions and ambivalence have on a maternal subjectivity that Baraitser is keen to highlight. In this 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, with the same, un-renewed raw materials.

For Baraitser, then, motherhood in all its psychic, bodily and everyday fraughtness can potentially be the foundation of a reconfigured maternal subjectivity and provide new possibilities for the feminine. Similar to our current purpose, she moves towards a differently shaped ethics of motherhood by critically rethinking the purpose of ambivalence and counteracting a maternal subjectivity traditionally steeped in loss, annihilation and melancholia (Baraitser, 2009). For Baraitser, in the mundane yet fertile moments of maternal undoing a subjectivity is returned to a mother in an unrecognized and reinvigorated form. Similarly, for Raphael-Leff (2010) 'healthy' ambivalence is an inevitable aspect of inter-subjective experience between a mother and child, where women as mothers have opportunity to renew emotions and reactivate past experiences through day-to-day exposure to a baby's raw emotions and other forms of 'contagious arousal'. While Baraitser's engagement with a mother's (and child's) destructiveness does not explicitly extend to thoughts of harm, we suggest that her consideration of destructive impulses in relation to alterity (encounter with the child as Other) is useful for rethinking the purpose of thoughts of harm.

In what follows we aim to elicit a sensitive and critical understanding of what can be a common and distressing, but also a creative, aspect of motherhood. Like

Baraitser, we are not attempting to give credence to the abusive or ‘murderous’ but we are highlighting non-acted out thoughts of intentional harm as a productive aspect of motherhood and maternal subjectivity. In this we 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.

## **The study**

In our psychosocial analytic approach we focus on the constitutive dynamics of discursive repertoires, social forces and psychic life. This study can therefore be situated within a growing trend in the social sciences to keep hold of the discursive and social dimensions of subjectivity (or personhood) while not letting go of notions of psychological depth and internal life. What the psychosocial turn essentially involves is a concern for what holds discourse and interiority in place at the level of the subject (see Blackman et al., 2008), whether ‘interiority’ is conceptualized in psychoanalytic terms as an always present unconscious (e.g. Hollway, 2006) or in psycho-discursive terms as the effect of discourse (e.g. Wetherell and Edley, 1999). In this latter approach, that we are perhaps contentiously positioning as ‘psychosocial’, discourse is privileged as the site for investigating identity-making without reliance on the psychoanalytic premise that people’s experiences are mediated through unconscious defences (see Billig, 1999).

In our analysis we take up the psychosocial by addressing the complex relationship between discourse and psychically embedded narratives that lie beneath what can be spoken (see Baraitser, 2009; Grace, 2010). In this we theorize subjectivity as involving a unique mix of self-accountings and emotionally charged (un)conscious investments and defences that are actively shaped by discourse (e.g. discourses of normative and non-normative mothering) and contingent on the wider social context (e.g. cultural expectations of motherhood). In the analysis, then, we highlight particular psychic mechanisms through which participants relate to their unwanted destructive thoughts – and themselves as mothers – while keeping in view the discursive repertoires and cultural expectations that are associated with the psychological mechanisms deployed.

Six semi-structured in-depth interviews were carried out with new/recent mothers who self-reported experiencing thoughts of intentionally harming their newborn infants. This less than ideal number of interviews reflects the difficulties of recruiting women for the study, particularly in not wanting to recruit through mental health services. Four participants were recruited through websites and online discussion groups dedicated to parenting and two via word of mouth. Five respondents identified as White British and one as White European (born and living in the UK). All participants self-identified as ‘middle-class’ and heterosexual, and ages ranged between 24 and 42 years. With the exception of one participant who had further educational qualifications beyond school, the other women were university graduates. Interviews lasted for an hour and were conducted in participants’ homes in London and the south east of England in 2009.

All participants were biological mothers with at least one child under the age of 18 months. It is their most recently born child that respondents are primarily talking about in relation to thoughts of harm. Hence the accounts of deliberate thoughts of harm presented in this analysis relate to infants up to the age of 18 months.

Three of the women were first-time mothers, one of whom was pregnant with her second child. The other three women were not first-time mothers, with two participants having three children and the other two children. Two of the non-first-time mothers reported experiencing thoughts of deliberate harm when their older children were infants. Five of the women were in live-in relationships (married or not married) with the father of her most recent child, one of whom had two children from a previous relationship. The sixth woman was not currently living with her male partner. All of the women were in employment prior to the birth of their first child. At the time of interview, three participants were employed in semi-professional and professional jobs, all returning to their previous jobs after six months. Of the other three women, one was a full-time mother with her male partner in professional employment, one returned to higher education after eight months, and one was self-employed but had not worked since the birth of her last child who was under six months at the time of interview. All participants reported being satisfied with the level of emotional and practical support they received as new mothers. No participant showed signs of distress during or after the interview. The recorded interviews were transcribed verbatim and all names have been changed.

Before and during interviews all respondents confirmed having thoughts of harm towards their most recently born child. Across the sample, infant-related thoughts of harm were characterized as ideations of intentional rather than accidental harm that might be indirectly caused. Consistent with Fairbrother and Woody (2008), the thoughts of deliberate harm experienced by participants ranged from physical harm to infanticide; for example, shaking and smothering the baby, throwing the baby down stairs or out a window, dropping or drowning the baby on purpose, pushing a pram onto train tracks, and giving the baby away or leaving it in the garden. All participants similarly described their thoughts of intentional harm as being initially frequent and distressing, but these diminished in frequency and distress during the first postnatal year. The women reported no previous history of mental health issues prior to interview, and none had been medically diagnosed with postnatal depression. During interviews two women did talk about being postnatally depressed, something self-diagnosed. No participant received therapeutic treatment of any kind in the early postpartum stages, although at the time of interview one had begun to see a psychiatrist at her own request in an attempt to gain clarification over the origin and meaning of her thoughts. Given that there is no evidence that unwanted thoughts of intentional harm are related to harming behaviours, it is not surprising that none of the women actually harmed her child or reported seriously considering it.

Participants were asked to describe their infant-related thoughts of harm in terms of their content, when they occurred, triggers, how they felt about them,

and how the thoughts (and themselves) may have changed over time. Moments of extreme tiredness, stress and frustration were usually referred to as contexts for the 'spur of the moment' thoughts that could occur anywhere and at any time. Times when the baby wouldn't stop crying, wouldn't sleep or was overly agitated were typically cited as principal triggers. Feelings of guilt, shame and shock in having the thoughts were commonly expressed. Discussions also centered around participants' ideas of good and bad mothering, their expectations of motherhood, and how they saw themselves and other women as mothers.

## Analysis

As discussed earlier, the predominant discourse of the idealized 'good' mother has come to thoroughly saturate women's perceptions and doings of motherhood (e.g. Woollett and Phoenix, 1991). What we therefore attend to in the first section of the analysis is ways in which participants deployed aspects of the 'good' mother discourse – and the co-existing production of what it is to be a 'bad mother' – as constitutive frameworks for understanding their thoughts of harm.

### *Doing what may not come naturally*

In the women's accounts of their motherly imaginings and practices, the looming figure of the flawless mother was more or less explicitly invoked as an ideal that set the standards for how they should function as mothers. In the two extracts below, Laura and Sarah reflect on their early imaginings of themselves as mothers.

#### *Extract 1: Laura*

I kind of had the pre-conception that I could do it all. You know, all the books say all these things you could do with the baby and I was sort of thinking, 'Yeah I can do all these twenty-five activities with the baby every day. I will be brilliant'. You know? You just want to be perfect. You don't want to do anything wrong. As soon as they poo, you know, you want to have them changed. As soon as they're sick, you want to have them in completely clean, laundered clothes. You want to be perfect with not a hair out of place.

#### *Extract 2: Sarah*

Well, I guess I aspire to, you know, meet all their needs in terms of the sort of eating, sleeping and keeping them well rested and well fed and in a good mood, and those sort of obvious things that you can kind of check list, but to do it in a really calm, nurturing, responsive way.

Portrayals of intensive mothering practices (Hays, 1996) are unambiguous in these quotations. In her use of the extreme case formulations of being 'brilliant' and



'perfect' as a mother, Laura's pre-conceived idea of exemplary mothering is made explicit and reinforced. For Laura this unequivocal high standard could be achieved by being up to the task in ways that would eliminate any wrongdoing or imperfection on her part. Sarah's account of her own motherly aspirations similarly includes ticking off a kind of checklist of care while extending the idea of good mothering to include clear emotional competence. In these extracts a mother's competence, and moreover a desired maternal identity, are made dependent on a baby's discernable show of being cared for, entertained and happy. Raphael-Leff (2010) refers to this particular orientation to motherhood as the 'facilitator' where unconscious satisfaction is gained through identification with both the maternal ideal and idealized baby-self (how a mother views her own mother's pregnancy and mothering). In Laura's case, comparisons were made with her mother's easy childbirths and her dutiful attendance of every sports day, and the family sitting up neatly at every evening meal.

In the following extracts, Sarah and Laura account for their ongoing experiences of motherhood in stark contrast to how they spoke about once imagining it.

### *Extract 3: Sarah*

It's interesting. People have often commented, 'Oh you're a really great mother, you're really relaxed'. And I think, at my best, I am very relaxed and, you know, good at it, whatever that is. And people comment. And I think that's why I guess I feel so bad that, at the same time, there are times when I don't feel like that easy, relaxed mother at all.

Here Sarah talks about her aspiration for an in-control and relaxed emotionality as being the cause of internal conflict, one that is compounded by other people's appraisals of a relaxedness that Sarah is at pains to demonstrate and know herself by (extract 2). Sarah's success as a facilitating mother (Raphael-Leff, 2010) is for her defined by how relaxed and thus how competent she could feel despite her prevarication around what the good mother is. Implicit here is that mothering should come easily to 'a really great mother', with greatness and perfection being conditional on the ability to demonstrate ease. As illustrated by this extract, the notion of a naturally occurring, anxiety-free motherhood is ill conceived. While Sarah says that at times she can feel 'very relaxed', thereby setting up the possibility that good mothers can experience both relaxation and stress, at the very least the ideal of the stress-free mother can lead to the kind of 'bad' and unrelaxed feelings that Sarah refers to.

In vivid opposition to her imaginings of being the all-attentive and perfect mother (extract 1) Laura describes experiencing the absence of maternal love after giving birth and her thoughts of giving her baby away (something that might be considered an aspect of intentional harm, Fairbrother and Woody, 2008).

#### *Extract 4: Laura*

I was kind of angry at (my baby). It was like, 'Why are you here?' I completely rejected him from birth. It was like, 'I don't want you'. And for the first few days it was like he didn't have a name. 'I don't want it.' You know, it was easy to sort of desensitize myself to him. 'Yeah, I don't want him. He can go away and I'll be happy again'. . . I'd heard everyone talk about the whole, quote/unquote, 'rush of love' that you feel. And when I didn't feel it I felt so guilty. It was like, great. My mum had it three times. My sister had it. What do I get? – 'I don't want it'.

Laura's earlier imaginings of herself as the devoted facilitating mother was complicated by the non-occurrence of an anticipated natural and spontaneous 'rush of love' that seems to follow acute childbearing pain (that she gives an account of elsewhere in her interview). Laura's account of how she felt immediately after giving birth to her son is vivid in its depiction of a conscious and almost deliberate rejection of him. In this lapse of imagined maternal perfection by way of birth complications and the absence of instant mother–child bonding, Laura recounts perceiving her baby as a kind of intruder and how easy she found her desensitization. It is as if in not experiencing an immediate swell of love for her baby Laura's defence was to dehumanize and remove him completely. Effectively demonizing herself as the wicked uncaring mother seems to be the only other identificatory option available to her at the time. Within the idealization–denigration binary that pervades the construction of western motherhood (Baraitser, 2009), Laura can be only angel or demon. This, together with the sense of guilt that Laura speaks of feeling can be understood as part of a self-pathologization that feminist theorists have identified as occurring in the gulf between idealizations of maternal function and a woman's personal experience (e.g. Baraitser, 2009; Nicholson, 1998; Raphael-Leff, 2010; Woollett and Phoenix, 1996).

For Laura and other participants, the presence of negatively construed emotions such as frustration, anger, bad feelings and guilt is seen as something that goes against the established norms of good mothering and that interferes with a preferred kind of maternal identity and self-knowing. Similar to Sarah's desire to keep her less than relaxed demonstrations of motherhood hidden (extract 3), Sylvia talks about how adhering to her standards of good mothering involved the active repression of undesirable emotions and harm-related thoughts.

#### *Extract 5: Sylvia*

I want to hold myself to higher standards. I get worried, I do worry about, sometimes if I have negative thoughts, if I do get depressed about something in particular, I worry that that will spill over and contaminate (my baby) in some way. You know? And I definitely control, even if I'm having a negative thought, on the surface I will be very happy. Whereas before you could see, you know, I would let my emotions be on my face, or whatever.

Not only does Sylvia perceive herself as being a less-than-good mother when feeling negative, she identifies herself as a potential contaminator and threat to her baby, as having to somehow contain her owned negativity lest it ‘spill over’ and infect her child. Here the less-than-good (or bad) mother who experiences a negativity that can include even momentary thoughts of harm is synonymized with danger. As Parker (1995) has observed, a mother can be concerned that she has already somehow damaged her baby by having destructive thoughts, with such concern, of course, being conditional on an already in place notion of the child as a pure and innocent object that must be protected at all times (Woollett and Phoenix, 1996).

Related to her concern about the harm she might cause her child, Sylvia also speaks of being worried that depressive feelings and negative thoughts (intentionally destructive and otherwise) would interfere with the ideal mothering she strove for. In defence of this, she is clear about her attempts to subdue the negative, not least by maintaining a ‘happy’ façade and keeping her thoughts of harm to herself, as seems to be the common (and perhaps inevitable) practice of women who experience them (Barr and Beck, 2008). Like Sarah, Sylvia’s strategy for ideal mothering and for managing destructive thoughts involved a full and constant emotional suppression. This clearly reflects the containing function that psychoanalytic theory has depicted mothers as ideally performing (Baraitser, 2009; Raphael-Leff, 2010). What would seem to enable such emotional suppression is a process of constant self-surveillance and monitoring as aspects of a ‘technology of self’ (Foucault, 1988) that is integral to Sylvia’s doing of high-standard motherhood. Compelled to responsibly enact motherhood in normalized ways, Sylvia deployed such a technology of self as a way of transforming herself into a particular kind of in-control and thus non-threatening mother. In aligning with the good mother who is necessarily devoid of all negative things, she felt obliged to relate to herself and others in very different ways from what she was used to prior to becoming a mother. For Sylvia, a different subjectivity emerged in motherhood that involved the closing off of a one-time emotional range and sense of authenticity.

In the next section we move on to explore ways in which new and recent mothers can variously construct, defend against and identify with their thoughts of deliberate harm, particularly in relation to the pervasive discourse of the ‘good’ mother that, as illustrated above, can strongly influence how women envisage, value and exercise their capabilities as mothers. What we especially want to highlight is the contrasting ways in which participants perceived their thoughts of harm as being alien to mothering and maternal subjectivity, or as part of them.

### *Excluding and including thoughts of harm*

One way of psychologically managing the negative associations attached to thoughts of harm was for the women to distance themselves from the phenomenon by way of externalizing it and not recognizing the thoughts as their own. Respondents frequently attempted to explain their thoughts of harm in terms of

something that was 'other' to them or the fault of 'another person inside me'. In this there was a common tendency amongst participants to deploy the psychological strategy of splitting as a way of retaining the good within oneself while assigning the bad to an objectified and externalized object. This kind of rationalization allowed respondents to identify as having bad things done to her rather than done by her and generally made destructive thoughts easier to acknowledge and talk about. In this way a mother is also able to counter a 'spoiled identity' by still positioning herself within the boundaries of the good mother domain and thus pass as (never quite) normal (Goffman, 1990[1963]).

In our dataset another strategy that worked to externalize thoughts of harm as not the fault of the mother was attributing thoughts of harm to postnatal depression. Further to extract 4 above, Laura talks about how understanding her thoughts as being symptomatic of psychological illness was instrumental in helping her to manage them. In this next extract she perhaps inevitably relinquishes wickedness for biological imperfection given her limited explanatory and identificatory options.

#### **Extract 6: Laura**

I'd just assumed it was the postnatal depression, 'cos there's all sorts of leaflets about that. So I'd just figured that once that was over with, 'Whoohoo'. You know? I'd just attributed it as a symptom of that. And I just decided to bracket it under that. 'Cos if you say to someone on the street, 'Oh I had postnatal depression', it's less, it's not really a stigma anymore 'cos so many people have it and understand it. So you say that to people and they're like, 'Oh yeah, you poor dear'. You know? And they don't go 'Urgh'.

For Laura, thoughts of deliberate harm could be explained by the less stigmatizing notion of postnatal depression as an 'objective and easily identifiable phenomenon' (Nicholson, 2001: 163), at least as this is collectively understood. Deploying psychological discourse to bracket off her thoughts of harm as a symptom of postnatal depression brought some relief to Laura and ultimately enabled her to retain an image of herself as a good (enough) mother in her own eyes and in the eyes of others. In attributing her thoughts of harm to postpartum depression, Laura externalized them as not belonging to her, deploying postnatal depression as a container for harm-related thoughts. Accordingly, she is able to position herself as a victim of something more palatable and socially acceptable than the uncaring impulses she speaks of in extract 4, thus projecting herself as someone more worthy of sympathy than blame. However, blame for a woman's (postnatal) depression is not far removed from medicalized notions of the faulty, excessive and uncontrolled female body that can readily fall prey to it (Nicholson, 1998; Ussher, 2006, 2010). The deployment of postnatal depression as a strategy for avoiding the stigma attached to thoughts of harm can thus have significant implications for women, not least in reinforcing the medicalization of less-than-good mothering

and attributing blame to a defective body that in belonging to a woman is somehow more understandable and hence acceptable. In Laura's self-diagnosis of depression as a way of evading an even greater stigma, the biomedical linkage between post-natal depression and a mother's thoughts of harm is brought into question as one that involves a series of heavily gendered investments and conditions.

In contrast to this psychologization of thoughts of harm as symptomatic of illness, some of the women spoke about adopting a more inclusive perspective and explained their thoughts of intentional harm as enhancing their protective impulses as a mother rather than bringing them into question.

### *Extract 7: Yvonne*

One thing that comes to my mind, for instance, is when I, because it's still happening now, except that I've now worked out that, well, it's fine. They are here, and that's it. But I would be next to a dangerous place, for instance the tube station, and I would see the rail. And I would think, 'Oh I could push that pram into the rail'. And I would just be, 'Well why would I do that?'... And then I have to go, 'Oh I have to go that side because it's dangerous'. My way now of coping with this now is to actually think, 'Maybe I have these thoughts because I need to realize this is dangerous, more than anything else, and I need to move out'.

While her thoughts of intentional harm were still occurring at the time of interview, Yvonne talked of having worked them out to the point where it became 'fine'. 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. Yvonne speaks of becoming more accepting of the thoughts inasmuch as she understood them as a kind of extension of, and prompting for, her maternal instinct. In the above extract Yvonne is passively engaging with her thoughts of harm as intrusive and as in some way not a part of her ('They are here, and that's it'), yet at the same time she proactively absorbs them as a useful and indeed necessary part of her maternal vigilance and subjectivity. In sharp contrast to attachment theory (Bowlby, 2003[1958]), the two polarities of maternal destructiveness and vigilance are collapsed and both are made the condition for an alert and responsive mothering. Raphael-Leff (2010) calls the kind of mother who can tolerate mixed emotions the 'reciprocator'. In this style of mothering, healthy ambivalence is accepted as part of the complex and conflicted experience of mothering and a baby's needs are compassionately regarded as separate from the mother's.

The subjectifying effect of this particular conception of thoughts of harm lies with Yvonne's positioning of herself as not so much a dangerous mother (like the contaminator of extract 5) but as the surveyor and mediator of danger. Her thoughts of harm were not alien to this scene but were part of what made it up and rendered it complete for the benefit of both mother and child. In Yvonne's case this proactive inclusion of destructive impulses seemingly led to an explanation

being 'worked out' in much the same way that Parker (1995) describes. The co-existences of love-hate and care-destruction can be seen as prompting un/conscious awareness of a range of affects and responses in a productive way, allowing Yvonne to identify as a mother who can provide quality care for her child without the usual trappings of the perfect mother ideal and the associated imperative of emotional self-regulation (Raphael-Leff, 2010). In the following extract Janet gives a similar account of the positive function of her thoughts of harm.

### *Extract 8: Janet*

I think you experience a lot of extreme emotions when you have children and I've no explanation for why that is, but I think part of it, it's almost like a jarring. I don't know. To me it's almost like in your face how vulnerable they are. It's reminding you as a parent that they could go that easily and you could smother them like that, or you could drop them and it's over. It's almost like, I don't know, something coming into your mind to say you must be afraid, I don't know, and fearful and vigilant. . . In some ways I was just thinking like it was a part of, almost an extension of that, you know, worrying about them and what can harm them. It was almost like they're so vulnerable, and I could do that (throw the baby down the stairs) and it would be done. That's maybe just how I've made sense of it, left on my own with it. . . You know, that awareness of their extreme vulnerability in the world, really. I don't know, but I think it's partly to do with extremes of emotion and sleep deprivation and hormones and everything like that really. Just the sheer extremes of emotion really, of the peaks and troughs that go with it. And I think they (infants) drive you really to the limits of your emotional experience really in a way other things don't. I think it has, it's totally changed me.

Like in the previous extract, 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'. That Janet identifies her infant's vulnerability as a trigger for her thoughts is consistent with Fairbrother and Abramowitz's (2007) cognitive account of post-natal thoughts of harm. On the one hand she positions herself as both a potential cause of harm *and* as the guardian of her child's vulnerability. On the other hand these polarities are again collapsed as Janet talks of having recognized her own destructive potential as an extension of maternal vigilance, with these being equal and necessary aspects of what being a mother is for her. Similar to extract 7 above, a caring maternal vigilance is constructed as an instinct based on fear with this trepidation itself dependent on recognizing one's own destructive potential as a mother as much as the dangers in the world. Such a working out of care can be seen as mustering co-existing maternal *and* infant subjectivities that involve not separations of innocence and wickedness, strength and weakness, or guardian and guarded, but an un/conscious awareness of vulnerabilities, innocence and dangers that are a part of both mother and child and produced through their

inter-subjectivity. While for Janet the weakness of her infant was to be protected, her baby was also the producer of disruptive force in terms of a mother's sleep deprivation and bodily fluctuations. Thus through the subjectifying conduit of the mother-child relationship the vulnerabilities, harmings and indeed the very potentiality of each come to incorporate and subjectify the other. Janet's thoughts of harm are bound up with, rather than a mere threat to, this productive inter-subjectivity wherein both mother and child produce, respond to, and fill out the other, not least as dangerous and endangered.

Ways in which Janet can be seen to have productively included her thoughts of harm in her mothering run parallel to Baraitser's (2006, 2009) emphasis on the potentiality of maternal subjectivity wherein familiar ways of being are called into question.

In other words, motherhood not only presents us with ethical dilemmas but also challenges our notion of subjectivity itself, causing us to radically rethink who we are. Motherhood is a practice that interrogates the subject, due to the daily demands of the otherness 'without' – that is, the mother's relation to her actual child. (Baraitser, 2006: 222)

What Baraitser (2009) and Parker (1995) similarly highlight is that simply normalizing motherhood to be able to cope with both love and hate downplays a creative maternal subjectivity that involves a mother's invigorated experience of herself, her child and her world. We want to suggest that merely accepting the infant-related thoughts of harm as a normal and commonplace aspect of motherhood has the same effect. Yvonne and Janet can be seen to have not just absorbed their thoughts of harm as being normal for mothers and therefore risk sliding back into being good mothers in ideal ways. We suggest that these two new mothers were more importantly relating to their thoughts as an aspect of how they came to productively recognize themselves as mothers. In the process, motherhood is furnished with a very different kind of normativity, but one that is not *made* normal by merely confronting something undesirable and by constantly policing boundaries around perceived domains of cleanliness, order and control.

As Baraitser (2009) argues, the mother may destroy the infant in fantasy (while obliged to survive the destructiveness of the infant itself, extract 8) but in this encounter she risks and gives up a subjectivity that is returned to her as something else. What can be returned is a self-knowing that is associated with a heightened sensitivity of one's emotional extremities, strengths and weaknesses. While emotional extremities and perceptions of danger can move through the mother as thoughts of harm these do not begin with her, represent illness or wickedness, or remain hers to own and contain. Janet, after all, spoke of her motherhood and the 'sheer extremes of emotion' that accompanied it as having 'totally changed' her by way of, amongst other things, experiencing thoughts of harm and constructively incorporating these into a new self and worldly awareness.

## **Conclusion**

In this article we have explored ways in which new/recent mothers spoke about, responded to and negotiated their thoughts of intentional harm. A strong sense of good mothering in terms of being always and inevitably loving of a child was seen to function as a condition for respondents seeing anything that falls outside of this limited maternity as indicative of less-than-good mothering at best, and non-contained danger and wickedness at worst, with both ends of the axis accompanied by feelings of distress, guilt and shame. What we have highlighted in contrast to this (self-)pathologizing assimilation thoughts of harm is an alternative relation to the thoughts as serving a purpose in the enactment of maternal vigilance and care.

While others have similarly attempted to redress the negative and distressing appraisals of harm-related thoughts by accentuating them as a normal aspect of the postpartum experience (Fairbrother and Woody, 2008; Hall and Wittkowski, 2006), we have tried to highlight an association between a different relationship to thoughts of harm and a re-configured maternal subjectivity. This is a subjectivity that is not collapsed with the desires and needs of the baby in a kind of symbiotic oneness, but one that can involve energized senses of self and receptive function that flow through a mothers' relation to her child. We argue that recent moves to depathologize destructive thoughts by simply normalizing the experience as a common aspect of 'standard' mothering (Fairbrother and Woody, 2008; Hall and Wittkowski, 2006) does not in itself aid better understanding of the creative potential of thoughts of harm and who and what a mother can be in relation to such thoughts, her child and her own regenerated sense of self. Through our empirical account we have attempted to further encourage thinking about a mother's non acted-out thoughts of harm as if they are an already and perhaps necessary aspect of mothering (Baraitser, 2009). The implication of this is that the normalization of harm-related thoughts is not the only available (or indeed best) strategy for relieving the distress that can accompany the thoughts; potentiality as a rejuvenating stance and strategy stands to be more thoroughgoing as a non-pathologizing frame and basis of a more liberating normativity. Within this frame, destructive ideations related to infants (where not acted upon) could be usefully conceptualized more as tools than interruptions to be clinically managed by way of either biological or psychological interventions.

Psychosocial analysis, as we have framed it, has been useful for helping to highlight aspects of participants' understandings and psychological negotiations of thoughts of harm. Despite attempting to get at psychological depth as an aspect of subjectivity, the language-oriented method of interview is however limited for this purpose (see Blackman et al., 2008). It has, for instance, not enabled a sharper focus on the preconscious fantasies, desires and projections that cannot be articulated but that nonetheless impact on the motherly imaginings and experiences of participants (Raphael-Leff, 2010). And nor does it enable a more comprehensive understanding of the constitutive flows of affective transferences that occur as a new mother and baby relate and that inevitably energize thoughts of harm as much



as discourse and social context. Affective dynamics that cannot be straightforwardly revealed through talk require more explicit attention if constructive ways of experiencing thoughts of harm are to be more fully explored and the thoughts themselves not so easily categorized as anti-mother and anti-life.

### Note

1. Braun et al. (2008) show how working-class mothers can show a preference for paid work in contrast to middle-class and professional mothers. These authors make the point that working-class mothers in the UK (and elsewhere) are caught between having to identify as good citizens through paid employment while risk being defined as inadequate given the middle-class emphasis on intensive mothering. In relation to 'race', Reynolds (2001) argues that African-Caribbean mothers in the UK can similarly emphasize work status in identifying as 'good' mothers because black women have been historically positioned as worker for many reasons, not least of which are slavery, colonialism and economic migration.

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**Louise Murray** is a graduate of the University of Bristol, UK (English) and the University of East London, UK (Psychology). She is currently studying for a master's degree in social work, specializing in child protection, and has a particular interest in working with perpetrators of domestic violence. She is also a mother of two young children.

**Mark Finn** is a senior lecturer in psychology at the University of East London, UK. His current research focus is on normative and non-normative intimate relationships, such as monogamous and openly non-monogamous relationships, with particular interest in subjectivities and exploring chaos as a site of production. He has also published research on transgenderism, fatherhood and health-related quality of life from poststructuralist and psychosocial perspectives.