

Exploring the complexity of being both a psychologist and mother: a psychosocial study

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Declaration

I declare that this research project is my own, unaided work. It has not been submitted before for any other degree or examination at this or any other university.

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Abstract

Psychodynamic psychotherapists through their vocational training, and especially through developmental and psychoanalytic theories, are exposed to intense discursive and theoretical psychological models of ideal motherhood and childhood development that they use to inform their therapeutic practice. How this knowledge impacts their mothering experience and practice has not been explored. This study examines how the identities of psychotherapist and mother inform, shape, enrich and conflict with one another, for a group of nine psychodynamic psychotherapist mothers who are based in Johannesburg, South Africa. Primarily, the findings of this study suggest that the identity shifts involved in becoming both a psychotherapist and a mother are a continuous process. Alongside the negotiation of the relational demands of an infant, psychotherapist mothers, in particular, experience transitions in their relationships to theory. The voice of theory, which was found to act as a third that is analytic and/or anti-analytic, was a very important theme that was found to influence their mothering experiences and identities. The experience appears to be one of constantly evolving re-integration. Overall, the challenge for psychotherapist mothers is to reflect on their relationships to theory as a psychotherapist, in order to acknowledge and explore those aspects that feel punitive and those that feel helpful.

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Living the theory: Exploring the complexity of being both a psychotherapist and mother

Psychodynamic psychotherapists through their vocational training, and especially through developmental and psychoanalytic theories, are exposed to intense discursive and theoretical psychological models of ideal motherhood and childhood development that they use to inform their therapeutic practice. How this knowledge impacts their mothering experience and practice has not been explored. This study examines how the identities of psychotherapist and mother inform, shape, enrich and conflict with one another, for a group of nine psychodynamic psychotherapist mothers who are based in Johannesburg, South Africa. Primarily, the findings of this study suggest that the identity shifts involved in becoming both a psychotherapist and a mother are a continuous process. Alongside the negotiation of the relational demands of an infant, psychotherapist mothers, in particular, experience transitions in their relationships to theory. The voice of theory, which was found to act as a third that is analytic and/or anti-analytic, was a very important theme that was found to influence their mothering experiences and identities. The experience appears to be one of constantly evolving re-integration. Overall, the challenge for psychotherapist mothers is to reflect on their relationships to theory as a psychotherapist, in order to acknowledge and explore those aspects that feel punitive and those that feel helpful.

Keywords: *motherhood; psychotherapist; identities; analytic; anti-analytic; third*

Psychodynamic psychotherapists through their vocational training, and especially through developmental and psychoanalytic theories, are exposed to intense discursive and theoretical psychological models of ideal motherhood and childhood development that they use to inform their therapeutic practice. How this knowledge impacts their mothering experience and practice has not been explored. There is a growing body of research that gives voice to women's subjective experience of motherhood, examining the complicated space of motherhood from the mother's perspective (Baraitser, 2006; Choi, Henshaw, Baker, & Tree, 2005; Green, 2015; Kruger, 2003; Lupton, 2000; Mauthner, 1999; Oberman & Josselson, 1996). Despite the broadening focus of the research to a more representative and diverse array of women, including lesbian, immigrant and

working mothers (Arendell, 2000; Green, 2015; Kruger, 2006), the experiences of female psychotherapists who are also mothers is an underrepresented area.

Although a woman's motherhood subjectivity is one of her most defining and relational identities, no mother is only a mother (Hollway, 2008). Women hold multiple identities that intersect with one another. The transformative experience of motherhood is postulated to have implications for the woman's other relationships and subjectivities. The development and shift in her capacity for containment, reverie and ambivalence – born out of the intersubjective mother-child dyad – is likely to permeate her other relationships and subjectivities (Baraitser, 2009; Green, 2015; Hollway, 2001; Raphael-Leff, 2010). The intersection and interaction between subjectivities and other relationships may be even more pronounced in mothers who work as psychotherapists. Psychotherapists have greater exposure to object relations theories and are familiar with their demands on the mother. In addition, psychotherapists are trained to provide containment for their clients and therefore the 'performative acts' for both their identity as a mother and as a psychotherapist are likely to intersect and influence one another. This study explored how these two identities inform, shape, enrich and conflict with one another.

While a few studies can be found on the impact of clinical practice on the families of therapists (Golden & Farber, 1998; Zur, 1994) and a few on experiences of being a psychotherapist, mostly in the area of burn-out (Rupert, Miller, & Dorociak, 2015), no studies could be found that investigated 'therapists as parents' from the perspective of the parent, or more specifically, the mother. This study hopes to fill that gap in the literature and contribute to the collection of mothers' voices.

Identity and sense of self

This study draws on a psychosocial approach that understands identities in the context of relations, practices and biographies while also examining the intersubjective, intrapsychic and discursive process involved in constructing these identities, which are fluid and often in contradiction to one another (Frosh, 2003; Hollway, 2008). It is assumed that the identity and experience of an individual is actively constructed in and through culture – a process in which social practices interface with individual psychological processes to give rise to specific identity positions (Frosh, 2010). In the context of motherhood studies, mothering is performed within a specific social context but each mother will locate herself in various specific motherhood identity positions, positions in which she will have personal investment, and will have a unique sense and experience of motherhood. These

identity positions are accounted for by the social structures in which the individual mother is embedded and also by the dynamics of her psychological processes, including her object relations (Frosh, 2010; Saville Young & Frosh, 2010). In this study, subjectivity is understood as the female psychotherapists' notions of self that incorporate their multiple identities, their experiences and understandings, both conscious and unconscious, in a meaningful way (Lupton, 2000). In line with the psychosocial perspective, identities and subjectivities are considered to be plural, fluid, relational and in-process.

Mothering identities

Psychodynamic psychotherapists are schooled in psychoanalytic theory and it informs their way of being in the world. It is therefore necessary to critically review how motherhood is portrayed in psychological theory since this theory informs the psychotherapist's thinking in her therapy room but also in her mothering practices.

Mother as Object

Up until the 1970s psychotherapists took an instrumental view of motherhood in which they saw mothers as critical in producing physically, emotionally and psychologically healthy children (Gerson, Alpert, & Richardson, 1984; Kruger, 2006). This instrumental ideology grew out of the work of early psychoanalytic theorists, especially that of Klein, Winnicott, Bowlby, Mahler and Bion, and looks at the mother-child dyad from a child-centred perspective (Oberman & Josselson, 1996). Motherhood in society is considered to be a universal and natural state in which women intuitively know how to care for their children and passively respond to their children's needs as if they are an empty container into which a child's needs can be deposited and attended to in a manner that ensures healthy psychological, physical and emotional development (Hollway, 2001; Kruger, 2006; Seagram & Daniluk, 2002). Psychology, and particularly the object relations theories of Klein, Winnicott, Bion and Bowlby, have been criticised for constructing motherhood from this essentialist perspective, in which mothers are constructed as objects in their children's lives. This instrumental motherhood discourse has infiltrated and shaped Western cultural ideology around motherhood leading to accounts of what constitutes 'good' mothering or 'normal' development (Mamabolo, Langa, & Kiguwa, 2009; Mauthner, 1999).

Psychoanalytic theory, which encompasses object-relation and attachment theories, focuses on the nature and quality of early relationships, especially in the form of the mother-child dyad, and

assumes that the emotional inner world of the adult is built upon the foundation of experience with this essential (m)other (Kruger, 2006). One of object relations theory's central tenets is the assumption that the quality of all future relationships, as well as future psychological health, depends on the infant's experience of his/her mother as caretaker. From this perspective the mother is constructed as an 'object' with respect to her child as she is construed as a 'mirror', 'bad/good breast' or 'container', depending on the theory, at the disposal of her child's needs rather than a subject in her own right (Baraitser, 2009; Hollway, 2001; Oberman & Josselson, 1996).

Even though object relations theories provide insightful understandings of the psychological, emotional and moral development of children and how mothering practices influence children's development, it has been criticised for exhibiting a lack of interest in the mother's experiences and subjectivities, other than how her mental states influence her availability to the child (Oberman & Josselson, 1996). In addition, if a child develops psychopathology or experiences psychological distress later in life, it is seen as deriving from maternal failure (Chodorow, 2004). Hence, psychoanalytic thinking around motherhood has been labelled as 'mother-blaming' and may be seen to be responsible for creating the myth of the 'perfect' mother in society (Kruger, 2006).

Mother as intersubjective

Contemporary psychoanalysis, building on the object relations theories, recognises the complexity of maternal subjectivity as incorporating bidirectional patterns of interactions between the mother and child (Raphael-Leff, 2010). Motherhood is defined by a relationship. It is almost impossible to consider motherhood without referring to the constantly changing dependent other, namely the child (Baraitser, 2006; Hollway, 2008; Jeremiah, 2006). Baraitser (2009) frames the context of what it means to attempt to articulate maternal subjectivity as intersubjective with the central question, "what is it like to encounter a child?" (p. 9). Intense emotional states are evoked through the lived encounter of the mother with her child in which the mother needs to actively struggle to manage her own and her child's ambivalence, and act as a container for her infant's unprocessed fears and anxieties (Baraitser, 2009; Hollway, 2001). Within this perspective, Klein, Winnicott and Bion's theories are reconceptualised from the standpoint of the mother as a subject rather than an object. Specifically, Butler's (1988) theory of performativity positions mothers, not as passive victims of social context or constructs, but rather as actively engaged in constructing their maternal subjectivity (Choi et al., 2005) through the 'doing' of motherhood. Postulating motherhood as a practice avoids artificial stagnation of the construct and opens up the possibility for transformation

through subversion of cultural norms by enacting alternative [maternal] practices (Butler, 1988). Maternal performativity goes against the essentialist view and grants the mother agency to express her motherhood subjectively, in which maternal subjectivity is considered to be diverse and plural, not singular (Choi et al., 2005; Jeremiah, 2006). This intersubjective approach considers how the development of ambivalence, maternal failure and containment alters maternal subjectivity. However, it is not an autonomous maternal subjectivity that is invoked in this approach, but rather an intersubjective maternal subjectivity since it arises as a result of being in relationship (Hollway, 2001). Maternal subjectivity is thus an ongoing, dynamic emotional and relational interaction within a unique mother-child dyad that entails maternal development. Maternal development is considered to mirror that of the child's self-development through the development of the capacity for maternal ambivalence, containment and reverie (Baraitser, 2009; Hollway, 2001).

The emergence of this perspective in the literature in the late 1990s, which acknowledges the complexity of motherhood and the need for ambivalence, does not seem to have filtered through to society as a dominant motherhood discourse. Instead it appears to have highlighted the discrepancy that exists between the motherhood ideologies in society and within the literature and the reality of the experience of motherhood (Mauthner, 1999; Nicolson, 1999).

Women who become mothers are subject to a life-long struggle as they negotiate their identities (Baraitser, 2006; Hollway, 2016). Psychotherapist mothers, in particular, seem to have a complex task, negotiating their role of psychotherapist with the role of motherhood. The 'mother as intersubjective' literature forms an interesting backdrop against which to explore how two of the dominant subjectivities of female psychotherapists, namely that of being a psychotherapist and that of being a mother, permeate, impact and shift one another. In order to explore the intersection of these two subjectivities, and more specifically to understand the influence of this group of mothers' identities as psychotherapists on their experiences and understandings of motherhood, and vice versa, it is necessary to unpack the literature around therapist identities.

Psychotherapist identities

The identity of a psychotherapist is intimately linked to the therapist's personal identity since it is recognised that the therapist's fundamental tool in psychotherapy is her 'self'. Psychotherapists use themselves to understand their patients. Their personal identities and experiences inform their understanding and view of the world. From this perspective, individuals who are training to become

psychotherapists need to integrate their personal identity and their role as therapist in order to bring their whole self to their therapeutic work (Hart, 1985).

Individuals who seek to train and practice as therapists have often experienced significant psychological distress in their formative years leading to a desire for them to understand and transform the emotional pain of others through empathic listening and containment (Barnett, 2007; Ivey & Partington, 2014; Reich Rubin, 2009). The term 'wounded healer' has been ascribed to psychotherapists where psychological wounding is considered to be at the heart of an individual's unconscious desire to become a therapist. This desire is fuelled by the individual's need to seek reparation and healing from their own wounding through providing a healing space for others (Ivey & Partington, 2014). This emotional wounding in the therapist sensitises them to emotional pain in others and engenders the essential skills of empathy, insight and acceptance within the therapist that are necessary for working with the psychic pain of others (Stone, 2008; Wheeler, 2007). Thus it is likely that female psychotherapists, who are also mothers, would have endured some degree of emotional wounding in their childhood that has played a role in both their desire and journey towards becoming a therapist and may be linked to an unconscious desire to heal their own emotionally damaged internal parental figures (Ivey & Partington, 2014).

Becoming a psychotherapist entails a journey of transformation as with time, the role of psychotherapist needs to transform from 'what I do' to 'who I am' as the experiences and understandings of being a therapist are incorporated not just in the individual's practice in the therapy room but in the way that the individual views and is in the world (Hart, 1985; Tsuman-Caspi, 2012). Ideally psychotherapists integrate their personal and professional identities so that there is increased consistency and congruency between these two aspects of their selves. Not all therapists, however, integrate their identity as a therapist with their personal identity. Some therapists split these two identities and keep their professional lives separate from their personal identity (Hart, 1985).

The psychotherapist's identity is never static but rather entails a continuous process of learning where her identity is created in the interaction between the self and the environmental context. It is a very personal and interpersonal endeavour and the emerging identity is always shaped by the unique professional, cultural and relational contexts of the individual therapist (Tsuman-Caspi, 2012). In addition to these contexts, the therapist's individual relationship to psychological theory

can shape their identity. Psychoanalytic theory, in particular, has been conceptualised as a pre-given third that can be used to provide a useful space from which to think, free the mind and conceptualise in the therapeutic space (Britton, 2004; Straker, 2006).

Methodology

Female psychotherapists' experiences of motherhood are understood to be socially constructed by their exposure to dominant cultural motherhood ideologies perpetuated by the media, their families of origin and other mothers, as well as influenced by their personal histories and resulting intrapsychic structures. Psychoanalytic theory in particular, which presents an intense discursive and theoretical psychological model of ideal motherhood, was considered a dominant ideology constructing these women's understandings of motherhood. Drawing on Hollway (2016) the psychosocial perspective entails an account of subjectivity that is dynamic, multiple and fluid. This perspective emphasises the complex intersection of multiple subjectivities in which the participants exhibit agency in how they construct their subjective position in relation to dominant discourses and psychological processes (Hollway, 2011).

The aim was to explore in-depth how two of the dominant subjectivities of a group of female psychotherapists, namely that of being a mother and that of being a psychodynamic psychotherapist, influence one another. Purposive, snow-ball sampling was used to recruit participants in which emails were sent to psychoanalytic reading groups in the Johannesburg area inviting psychotherapists to volunteer for the study. Nine participants, all female psychodynamic psychotherapists who are also mothers (to at least one child between the ages of 2 and 8), were interviewed. All qualified and practiced as a psychotherapist prior to becoming a mother. While the participants were predominantly white, heterosexual, married mothers, some diversity with regards to ethnicity and sexual orientation was present in the group. This diversity did not reflect significantly in their experiences, however. This was likely due to the focus on the shared characteristic of being both psychotherapists and mothers.

The importance of language in constructing meaning was considered in order to enable the exploration of these women's subjective experiences, through attending to their words and underlying meanings as voiced by the participants themselves (Hollway, 2016; Mauthner, 1999).

Semi-structured individual interviews were conducted that focused on eliciting the subjective voices of female psychotherapists on their experiences, understandings and identities as mothers and psychotherapists, and the meanings that they ascribe to these subjectivities, both consciously and unconsciously. The interviews provided the participants with a platform from which to explain their experiences, in addition to their responses to the interview process. Requests for clarification until meaning was understood minimised misinterpretation of their accounts and afforded participants the opportunity to deviate from the original line of enquiry (Mamabolo et al., 2009). Questions were included that aimed to elicit information on the personal biography of the female psychotherapists, especially in reference to their own childhood and relationship with their mothers, as guided by the psychosocial research principles outlined by Hollway and Jefferson (2005). Questions also aimed at eliciting participants' understandings of their therapeutic identities and how these intersect with their roles as mothers. It was acknowledged that much of what participants shared in interviews was determined by the context of the interview and that both the interviewer and the theoretical assumptions underpinning the project also shaped what was found in the fixed text (Cartwright, 2004; Josselson, 2011). Thus the interview data was considered to be co-constructed.

The psychosocial perspective emphasises that it is not only the words used by the participant that are important but also the unconscious, non-verbal communication, in the form of inchoate transference-countertransference impressions, that form an important part of the interview data (Cartwright, 2004; Hollway, 2016). Thus, both what was said as well as what was not said or could not be expressed in words in the interview process was noted in order to gain an in-depth account of the intersection of the multiple subjectivities of female psychotherapists.

A psychoanalytically-informed narrative analysis was used to analyse and interpret the data. It is acknowledged that there are multiple ways in which to interpret the same text and the interpretative framework structured the understanding that emerged from the interview data. Thus the interpretation that emerged was subjective and one of many possible interpretations (Josselson, 2011). The narrative analysis was informed by Hollway's (2011) approach to psychosocial research. Using this perspective to analyse interview data involves identifying how participants draw on dominant discourses available to make meaning, exploring the personal biography of the participant, analysis of the research relationship utilising the concept of 'countertransference', applying psychoanalytic concepts (such as splitting, projection and

identification) to interview data and paying attention to absences and narrative contradictions and inconsistencies within individual interviews as indicative of the 'defended subject' (Hollway, 2011; Saville Young & Frosh, 2010). Analysis entailed identifying themes that emerged across the interview data and also the verbal and non-verbal incidents of ambivalence, contradictions and paradoxes in the accounts to reveal how female psychotherapists' experience and understand their intersecting mother and psychotherapist subjectivities.

Rigour was ensured through discussion with a supervisor until agreement was reached on the preliminary results of the narrative analysis. It is hoped that this step strengthened the credibility of the analysis by tempering the potential bias of individual subjective interpretations and identifications (Mamabolo et al., 2009; Morrow, 2005). In addition, specific examples in the form of quotes have been included to enable readers to appraise the fit between the narrative data and the interpretation (Elliott, Fischer, & Rennie, 1999). The author's theoretical orientation and subjective life experiences that are relevant to the study are disclosed in order to help readers to orient themselves regarding the author's presuppositions and subjective role in shaping the outcome (Elliott et al., 1999; Mauthner, 1999). It is hoped that these strategies have enhanced the credibility and trustworthiness of the data and data analysis processes.

Reflexivity

As Arendell (2000) states, "everyone was mothered and many are mothers and these experiences can impede study and understanding [of motherhood]" (p. 1194). As a researcher in this study, the author was aware that she was drawn to this project due to her location as a woman who is currently engaged in journeying towards becoming a psychodynamic clinical psychotherapist and who is also a mother of a 9 year old daughter. Having mothered before training as a psychotherapist, allowed for some distance through difference in experience, but being a woman and a mother was an advantage in the interview process since it allowed the author as a researcher to empathise with some of the experiences of the mothers who were interviewed (Shelton & Johnson, 2006). At the same time, however, this position may also have influenced interpretations of the participants' experiences, both those that did and those that did not align with the author's own personal experiences and understandings. Thus, personal reflexivity in the form of a journal to reflect on thoughts, emotions and responses elicited during the research project were critical to ensure that the author's voice did not drown out or dominate those of the participants. In reflecting on the interviews, the author contemplated that although the psychotherapists were restrained in

the interviews there were certain questions that elicited powerful transference-countertransference responses in which the affect was profoundly present in the room. In these moments the author noticed herself having interesting reactions evoked within her where she found herself on occasion to be very aligned with the therapists in common struggles, such as against judgement and the shared sense of guilt as a mother. At other times, however, the participants' responses evoked envy within the author as she was acutely aware that these mothers had psychological knowledge to scaffold and ease their early mothering experiences that she had not had. Consultation with a supervisor ensured that narrative data that was at odds with the author's own personal subjectivity as a mother was not overlooked and that the data that resonated with her was not overrepresented in this paper. It was also noted that in the preparation of this paper, the author felt strongly about not including analyses of individual participants' early childhood experiences and the possible effects of these on their experiences of mothering. This was likely a response to the participants' notable fears of judgement and scrutiny by their peers. Instead, more generalised links between childhood experiences and the quality of participants' narratives have been made, in order to respect the privacy of the participants who bravely volunteered for this study.

Ethical Considerations

To ensure confidentiality, participants have been given pseudonyms and all identifying information has been disguised or removed from the paper. The participants all volunteered to be interviewed and were informed of their right to refuse to answer any questions and their right to withdraw from the study at any point.

Given the nature of psychoanalytic psychosocial interpretation in narrative analysis of the interview data, the concept of 'informed consent' is somewhat of an oxymoron since participants could not know what they would unconsciously disclose during the course of the interview (Josselson, 2011). In order to manage this challenge, the final paper was sent to the participants for their approval prior to submission for publication. In addition, the author endeavoured to interpret the data respectfully, mindful that the interview data is merely a reflection of people's lives and experiences.

Results and Discussion: Journeying through motherhood as a psychotherapist

The following discussion focuses on the journey in which these psychotherapists came to and continue to grapple with, resolve and integrate their multiple and intertwined identities as mothers

and psychotherapists, in order to tease out the unique and common threads that inform how being a psychotherapist and a mother shapes the experience of each identity. The complexity that being both a mother and a psychotherapist brings to this group of women's experiences of motherhood is highlighted, with a focus on the unique contribution of 'psychological mindedness' to their journeys. Similar to other mothers, these psychotherapists' journeys into and through motherhood is a relational journey which occurs in the context of a unique mother-child dyad. However, within these mother-child relationships, the focus was on how their identities as psychotherapists and mothers shape and influence each other.

Primarily, the findings of this study suggest that the identity shift entailed in becoming both a psychotherapist and a mother entails a continuous process. Alongside the negotiation of the relational demands of an infant, psychotherapist mothers, in particular, experience transitions in their relationships to theory. The experience appears to be one of constantly evolving re-integration. Claire captured the complexity of her relationship with theory as she reflected on the impact of psychology on her mothering:

So I guess the psychology, what is it giving me? It gives you a way of trying to take the good from one thing, not the bad; to integrate stuff and I really appreciate that... It's almost an ability to think. So, it's not that you have an answer but you have a freedom to sort of unpack what's going on here... [theory] gives you, again it's not a map or a blueprint, but it's a handhold, it's a footing to put something on to. In some ways it would have been very distressing if I didn't have a framework to put it in... (Claire).

Shobna, likewise, illustrated how her relationship with theory had become more nuanced and real as she entered and negotiated motherhood:

Before I became a mom, I think I was quite idealistic in my sense of being a good enough mother and in trying to meet [my child's] needs, physical needs but emotional needs as well... [that I needed to be] all kind and sweet and gentle and understanding and loving always. Like that was my idea of this good enough mother. Like an all-encompassing goodness. Whereas I think that over time I have realised that being good enough means also being real and genuine with them and that it is okay for me to feel frustrated and show them

that. Or, talk about my experience or feelings for whatever they are going through as opposed to being something that doesn't really exist (Shobna).

Being a mother is just one of multiple identities that women hold and, instead of changing a woman's identity, motherhood adds to this multiplicity (Baraitser, 2009; Hollway, 2001). Rather than coexisting alongside one another as multiple fragmented selves, Hollway (2001) argues for the possibility that the multiple identities held by individuals, which are fluid in nature, may inform and shape one another in complex ways. In this study, the female psychotherapists' identities are understood from within the psychosocial paradigm as about 'becoming' and as the "names we give to the different ways we are positioned by, and position ourselves within, the narratives of the past" (Hall, 1990, p. 225 in Frosh, 2010). For this group of women, being a psychotherapist and a mother are just two of their multiple identities, however, both appear integral to each woman's subjective 'sense of self'.

All of the psychotherapists reflected on how their psychological training was an integral part of who they are and how they function in the world. Thus, it was to be expected that their constructions of motherhood would be partly fashioned by their training and theory. Sophia illustrated this point and how this led to her understanding of what motherhood entailed:

I think being a psychotherapist is quite integral to me. Being me..... Like why I need to be the way I am and who I am and how I am... trying to remain thoughtful... In a situation [with her infant], you know just trying to think it through, trying to think what is being expressed in this moment. What is it that we need to work through, survive in this moment? (Sophia).

In this understanding Sophia recognises that the fundamental tool that psychotherapists use in their psychotherapy is the self. Therefore a psychotherapist's mothering identity and practice will be informed by her experiences and understandings of being a therapist. These appear incorporated not just in practice in the therapy room but in the way that the individual views and is in the world (Hart, 1985; Tsuman-Caspi, 2012).

Likewise, mothering shifts the way in which a woman views and is in the world. Just as becoming a therapist entails a shift in identity, so too does becoming a mother. Carol captured this shift as she explained her experience in becoming a mother:

It definitely changes you. I mean I think you are never the same. You can recapture aspects of self. But you are never the same once you are a mother. And um, I suppose your whole sense of the world becomes a different place too as a mother as you think about how the world is going to be experienced by your children... Your children are your constant mirrors (Carol).

Carol highlights that motherhood is a process in which there is a fundamental shift in a woman's identity and that this shift is brought about in response to another's needs (Hollway, 2001; Jeremiah, 2006). Thus motherhood is relational. Although each mother will experience a shift in her identity through the process of becoming and being a mother, the nature and shape of that identity will be dependent on the mother-child dyad. Therefore, it is almost impossible to consider motherhood without referring to the constantly changing dependent other, namely the child (Baraitser, 2006; Hollway, 2008; Jeremiah, 2006). Contemporary psychoanalysis, building on object relations theories, recognises the complexity of maternal subjectivity as incorporating bidirectional patterns of interactions between the mother and infant (Raphael-Leff, 2010). This complex interaction was captured by Nqobile:

And each child is different and each experience is different, that is where, that is how it has influenced me. That each child is different and each child experiences, sees the world differently and they are individuals, they are not textbook, they don't come with a manual, as everyone says, but it is like every experience is different... being a mom is similar to transitioning from being in your [first psychology training] year into your internship year - the shock... You know when you start practicing being a psychotherapist. In [the first year] you are trained to formulate, in [your internship] you put it into practice, the formulation. Then throughout your career, you are always fine tuning your formulation muscle. I think that the same thing happens with mothering. It gets better and better and better, however, not without practice. You make mistakes, I make them daily... it is a journey in which you learn every day and every day is a different script (Nqobile).

Nqobile's reflections echo those of contemporary psychoanalytic theory that conceptualises motherhood as fluid, interdependent and 'messy'. It acknowledges that motherhood involves continuous maternal development in which women engage in a lifelong struggle to transition from an autonomous, unified, non-mother to an interdependent, 'messy', motherhood self (Baraitser, 2006; de Marneffe, 2006). Lauren captured the complex intersection between these two, fluid, dynamic, evolving and central identities – that of being a mother and that of being a psychotherapist – as she reflected that:

...being a psychotherapist is actually an identity as opposed to a job. I think that it is actually quite hard to tease out the ways that being a psychotherapist impacts on mothering or vice versa. It really feels like it is part of the weave. It is an integral part of the weave and that when you try to reduce it and name it...I feel like the whole is greater than the sum of its parts. I think that it's the overwhelming sense, that there is definitely a reciprocal relationship between those two identities (Lauren).

For this group of psychotherapists, the identities of being a mother and being a psychotherapist are both understood as journeys in relationship with an 'other', that shift the self and, in turn, impact every other relationship and interaction in complex ways. It is difficult to tease apart these identities within these women as there is a complex interplay between them in which they both inform and shape each other. As Lauren warned it is important not to oversimplify this complex interaction since the "whole is greater than the sum of its parts". However, it is postulated that it is still useful to tease out elements, mindful that each woman's experience is unique, to find the common threads that inform the complex relationship between identities as a psychotherapist and a mother.

In reflecting on what makes the journey into and through motherhood different for psychotherapists as opposed to other women, it became apparent that this group of mothers are consciously reflective around their mothering practices and that in this reflection some of the spontaneity is stripped from the process. They reported feeling both supported but also constrained by their knowledge of psychological theory around childhood development and mothering that informs their practice as psychodynamic psychotherapists. In talking about whether she thought that being a psychotherapist led to her mothering differently to other mothers, Catherine reflected on non-psychotherapist mothers:

I think it does and I think the way that it does is that they [non-psychotherapist mothers] probably don't reflect on what they do nearly as much. They don't question, you know, I think they don't worry that you know that incident is going to be difficult forever. It's happened and it's done and [they] move on... (Catherine).

The gift and constraint of theory emerged as juxtaposed. While theory provides a space from which to think, at times, it can also strip the spontaneity and joy from mothering, where the psychotherapist is not able to be fully present in the moment and delight in her child's development because of 'her way of being in the world', which entails always needing to think. This was captured by Shobna as she pondered:

I think that I am influenced by a psychological mindedness in terms of my children. I think I can be more thoughtful about some of their experiences or what they are playing out or you know why my son loves that book in particular and try to make meaning of it and try to understand things...[but] the pressure of it all didn't allow me to enjoy my baby so much. In just taking the absolute pleasure in who he was and what he was doing and just in this little thing. I think having all of this knowledge and all of this stuff really brings so much of... um, like a, I don't know what word to use besides pressure, but it brings like this massive sense of responsibility and your baby doesn't need that (Shobna).

In this way, psychological theory can be considered to act as a pre-given third, in which it is either an analytic or anti-analytic third. Psychoanalytic theory has been conceptualised as a pre-given third that can be used to provide a useful space from which to think, free the mind and conceptualise in the therapeutic space (Straker, 2006). In this way, it can be considered to act as an analytic third, opening up the space to think. However, on occasion, as Benjamin (2004) points out, this pre-given third can also act as an anti-analytic third, closing down thinking space and constraining freedom of thought. As an anti-analytic third, theory can feel punitive, judgemental and can be used to fuel judgement of the self and others.

What does it mean to be a psychotherapist mother?

The intensity of motherhood

This group of psychotherapist mothers found the shift in their identity that ensued upon becoming a mother to be unexpected and were surprised by the sheer intensity of their mothering experience. Despite their psychological training and familiarity with the psychological literature around motherhood and childhood development, all of the mothers felt unprepared for motherhood. Lauren captured the intensity of her experience in becoming a mother as she relates how she was unprepared for how all-consuming mothering is for her as she lends her child her mind:

It has been, it's been, shew, it's been unlike anything I have ever experienced in my life. It's been unlike anything I could have predicted or imagined. Um, it's been all-consuming. It has been, ja, I suppose those, it, it all sounds like I am saying all of that in a weighted way but the bottom line is that it is the best thing I have ever done. Because, uh, without a shadow of a doubt, I don't have any kind of regrets or doubts but I think that I, a lot of people said to me, wow, do you know what you are letting yourself in for? Do you know what you are doing, especially as a single parent? Um, and I was like, how hard can it be? And I am sure that, you know, I'll be able to carry on running and going to movies and, you know, I'm sure I'll make a plan, and then of course this thing hits and it is just completely, completely all-consuming ... And then I thought to myself it is because I never have a 'mind-nap' (Lauren).

Although psychotherapists are used to lending their clients their minds, they only do so for 50 minute periods and so the intensity of the continuous need to offer her child her mind caught Lauren off-guard. Lauren was not alone in this experience but rather reflected a common thread in which all of the psychotherapist mothers expressed how they experienced mothering as emotionally and physically intense, and that managing this involved a necessary shift in their identities. The psychotherapist mothers spoke about how their identities had shifted from an independent, autonomous self to a more merged, 'messy' 'mom-self' through the experience of mothering. Catherine illustrated how her identity shifted from an autonomous, unified non-mom self to a more interdependent self and how she surprised herself in the process:

...I used to get irritated with people on Facebook or, um, WhatsApp whose profile picture was themselves and their husband or themselves and their child. Because I kind

of felt like this is your profile and I swore I would never do that, [but] I have. And I really had to question myself “how come now my identity is not just...individual?” That she [her daughter] forms part of my identity... Not understanding how your identity becomes merged with something or someone... I think that I just underestimated the power of the experience (Catherine).

Catherine’s experience of motherhood led to a deeper and more nuanced understanding of the power of motherhood to transform a woman’s identity, which was unavailable to her before.

Although the psychotherapists were unprepared by their studies for the life-changing shift in their identities they all drew on psychodynamic theory to inform their mothering practice. They presented a child-centred and reflective motherhood construction based on a blending of intensive and instrumental motherhood ideologies represented in the literature, in which a good mother was reflective, thoughtful and provided optimal conditions to ensure a secure attachment. The psychotherapist mothers’ constructions of motherhood were based on their definitions of a good mother, which they conceptualised as being child-centred, involving a mother who is thoughtful, reflective and holds her child in mind. This finding is in agreement with those of both the Lupton (2000) and Seagram and Daniluk (2002) studies in which Western, middle-class mothers theorised a good mother as one who was selfless and ultimately responsible for ensuring that their child’s physical, psychological and emotional needs were fully met in preparation for the challenges that they would face outside the home and during the rest of their lives.

Claire captured how the psychological concept of containment provided the context in which the instrumental mothering ideology emerged for her as she was deeply cognisant of how her child’s experience of the first 1000 days would influence the rest of his life:

[Bion’s concept of] breaking down you know beta into alpha elements. But it’s really about that the mom has an active role... I mean like a bird eating a worm that the baby can’t break down the experience on their own. You have to chew it for them and give back something more palatable and manageable. And like, I think that has really helped me to know how much I am needed. That it really is my responsibility that he can’t manage... I really believe in this concept of the first 1000 days. And that’s when

your, all your neurology is being laid down and everything else you are sort of working on stuff that has already happened... (Claire).

Likewise, Carol in reflecting on her identity as a mother drew on psychological theory in recognising the need for her to lend her children her mind in order to help them to develop:

But I suppose it has very much to do with becoming a parent is, um, allowing your child to borrow your brain and you need to be willing to do that in order to help them to learn about self-soothing and that their little central nervous systems are so under-developed (Carol).

The scaffolding of their mothering experiences with an instrumental motherhood ideology led these psychotherapists to experience mothering as being intensive, all-consuming, exhausting and rewarding. As a result of their training in object relations theories, many of these mothers felt a pressure to 'get mothering right'; that as a psychotherapist they have been schooled in developmental theory and therefore need to be good mothers:

Motherhood is hard, I love it, but it is really hard. Like nothing can prepare you for it. Ja, and the guilt of saying that is a big thing, but the good stuff overrides it. I don't know. But I have it particularly hard, um, I have a very demanding child, just like [her] mommy and daddy, and also I think that the reason it is so hard is because I am so hard on myself. You know, watching everything, you know stimulating everything. I must have this play, I must have that play and trying to get it all right and be the best mom (Andrea).

Andrea captured the guilt that accompanies the feeling that as a psychotherapist she needs to cope and 'get it right', since she has psychological knowledge regarding how her mothering impacts and shapes her child's development. However, at same time she recognised that she is human and is capable of making mistakes:

So, I sit between this place where I am like this is what I should do, this is what I want to do, so you know in that sense I find that hard... But it is almost like, I've always had this opinion that knowing too much is actually dangerous, you know, so in that sense I will see things and

almost want to look into it further but I am a little bit scared to, because we make mistakes (Andrea).

Andrea's narrative highlighted how mothering was particularly anxiety provoking in the first year of her child's life, in which she was deeply aware of the importance of stimulation and attachment but also how their relationship and her experience is intersubjective and created within the context of a unique mother-child dyad. For all these psychotherapists, the first few years of motherhood were experienced with a mixture of anxiety, joy and loss.

Tessa captured quite intensely the initial losses that she experienced in the transition to motherhood. As she talked about being a prisoner in her own household and the lack of freedom that the initial transition entailed, she captured just how hard that was and what a loss this could feel like to a new mother. Later she again referred to motherhood as an 'attack':

...It's emotional, it's much harder to step out of than as a therapist and be objective... because it feels emotional and it feels personal... and well a child's tantrum can feel personal. It feels like this is about me, this is attacking of me... with the first child it feels so big, and so overwhelming. It feels like, that feeling of annihilation, that it is going to kill you, feels very real (Tessa).

However, within her narrative Tessa also captured the growth and learning that accompanied the motherhood journey as she talked about how "some personal identity things required finding again" (Tessa) and that she was able to enjoy her subsequent children more because she learned that time was precious and that the difficulties would continue for only a finite time. In this way, her experience led to relaxation and an increased ability to embrace growth. So there was a sense in which her identity resolution emerged with the recovery of a new self that then fed into the experience and construction of being a mother:

...I think that the biggest adjustment I suppose was the losses, which I think no one prepares you for... everyone speaks about how you will become a mother and what you will gain by becoming a mother. No one speaks I suppose about what you will lose... when my third child came around, I embraced things a lot more. I knew that she

wouldn't be up all night, every night forever and that one day it would be over... so I began to appreciate those things more (Tessa).

Tessa portrayed the experience that was common to all of these psychotherapist mothers in which their identities as mothers are continually shifting. These psychotherapists were aware that, like any identity, their mothering identity shifts and evolves as their child grows. As Hollway (2001) states "every developmental move (regress as well as progress) is inevitably and interminably produced and reproduced (and changed) intersubjectively" (p. 28). These shifts are brought about in the context of a unique intersubjective relationship with a child who is developing and changing, but also appeared to reflect the psychotherapist's journey as she shifts in her relationship with psychological theory. Since psychological theory forms an integral part of a psychotherapist's identity and informs her engagement with the world, these shifts were evident in their talk about their own psychological and mothering practice.

The judgement-empathy tension

All of the psychotherapists used psychological theory and their own practice as a therapist to inform and shape their motherhood identity and practice. At times, theory was experienced as more forgiving and supportive. At other times, it was experienced as more punitive. Psychoanalytic theory, on occasion, was found to raise the psychotherapists' anxiety and fears with respect to their mothering practice. They were acutely aware of how their way of being with their child shapes their child's development and there was a common fear that judgement of their ability as mothers and psychotherapists would ensue should their child be diagnosed with a developmental disorder. In this way, psychoanalytic theory acts as an anti-analytic third (Straker, 2006), inhibiting thinking and raising their anxieties and fear concerning their own mothering experiences. These fears reflected subscription to an implicit theoretical discourse that the mother alone is responsible for her child's development, and a societal discourse that, by virtue of their profession, they should be perfect mothers.

Although the psychotherapists were quick to acknowledge how the psychological theories evoke anxiety in their mothering practices they struggled to articulate the more judgemental aspects of their profession - that to have a child with a developmental diagnosis may be seen as deriving from maternal failures. This notion was implied in many of the narratives, but never stated directly. These absences within the individual interviews are seen as indicative of the 'defended subject'

(Hollway, 2011; Saville Young & Frosh, 2010). Nqobile came closest to articulating this in the following quote:

And so that is why I am saying [this is] such a nice research topic... What do other psychotherapists think? ...I became curious...maybe we should actually write about our experiences, but obviously without over-exposing ourselves (Nqobile).

In this quote Nqobile hinted at a fear of judgement by colleagues of her mothering as a psychotherapist – what do other psychotherapist mothers think? While we spoke about it, it seemed accompanied by fear of judgement: What happens if we overexpose ourselves and are found wanting?; and an unspoken fear: What does it reflect about us as professional psychotherapists if our children are found to have developmental difficulties given the links to mothering in psychological theories? The unspoken fear hinted at in this quote was shared by most of the psychotherapists as revealed in subtle ways during their interviews. They were very conscious of who would be reading and scrutinising their transcripts and their mothering. There was a feeling of restraint and composure in the majority of the interviews, possibly because of their knowledge that their mothering would be scrutinised but also perhaps because their way of being in the world as therapists entails strong personal boundaries in which self-disclosure is taboo. However, the one question that elicited strong transference-countertransference was the last question: “If you could mother your child again, what would you do the same and what would you do differently?”. In responding to this question, the pain that these therapists carry as mothers was captured, not so much in the words but in the affect that was profoundly present in the room. Shobna tearfully related:

So, with my youngest I think about this a lot and think what did I do with my oldest that I want to do differently and I think in some way, actually I am going to get emotional thinking about it, in some way I think, he has given me the opportunity to do that [choking up and tears]. Sorry. Like, I think, I think that the first time around, despite trying so hard, or because I tried so hard, the pressure of it all didn't allow me to enjoy my baby so much... they just want to be held and they just want to be loved and they just want to be fed and they just want to be played with [choked up with tears]. Like it is actually that easy. That doing all those things and having a mind for them, being with them is what they need the most (Shobna).

Catherine, who answered with thoughtful restraint throughout the interview, shared a similar sentiment to Shobna at the end as she related what she felt she would do differently as she reflected on her journey through motherhood:

Shew, um.... Hmm... I'm a bit stumped. Um, so I think perhaps the early stuff went really well and so I would do the same... [however], the most terrible guilt [for a trip away from her child] from when she was six months old. And I guess, what would I do differently? I guess I would trust, I would trust in both the importance of being together, and, and make that happen but also in her resilience... I wish I hadn't felt so guilty about the upcoming gap for so long. And I think what it meant [is] that she could survive without me and the difficulty with that, you know... because it really did play on my mind and I would sit there sometimes when she was staring up at me and I'm thinking 'I am terrible I am going away for 8 days'... it's kind of being aware that you are going to fail her in any way and I wish I had just been better... You have given me lots to think about. I feel quite wistful now, interesting (Catherine).

These two extracts capture some of the pain and regret of the psychotherapist mothers that could not be fully voiced or articulated but which was powerfully present in the room. The unspoken fears of being judged and found wanting as mothers was also present in the many times that the author found herself joining the therapists in acknowledging the difficulties of mothering in order to alleviate the perceived but unspoken judgement levelled against mothers. An unworded acknowledgement of psychodynamic theory's 'mother-blaming' was prominent in the narratives. As psychotherapists, they held knowledge of what can go wrong and how the mother is often seen as responsible for this. Shobna captured this fear as she reflected:

And then I think influenced by me being a psychotherapist and knowing that breast feeding is not just about nutrition but it is also about attachment and that special bond that I wanted with my baby, that I so desperately wanted to achieve and um, has always been foremost in my mind actually as a mother... something that I worry about endlessly... I think that even before they were born the thing that I worried about the most was their attachment and the other thing was autism. So again, it was again about the connection and more about the relationship. Like I really worried about being good enough and what that meant. And, I

guess I work in a setting where I see a lot of disrupted attachment and so I am acutely aware of some of the signs of that (Shobna).

In this reflection Shobna hinted at how her knowledge of psychological theory places her under enormous pressure to get mothering right. She was deeply aware of her impact as a mother on her child's development and that if her child develops psychopathology or experiences psychological distress later in life, it is seen as deriving from maternal failure (Chodorow, 2004).

In Kleinian terms, development can be considered to involve the lifelong struggle to integrate love and hate into ambivalence. Parker extended Klein's concept of ambivalence to mothers and observed that it is very difficult for mothers' to acknowledge their hate for their children in a society in which maternal love is assumed to be natural and anything other than love for one's child is pathologised (Parker, 1997; Parker & Bar, 1996). This seemed to feel especially difficult for psychotherapists as mothers to acknowledge, given the pressure to mother perfectly. Anything less was expressed to feel like a failure both as a psychotherapist and as a mother. Catherine provided an example that highlighted how being both a psychotherapist and a mother placed enormous pressure on her to get things 'right' since when her child struggled she felt that it reflected on both her ability as a mother and also as a psychotherapist:

...if someone's child is struggling to settle with school they are not going to find themselves failing on two counts, you know their profession and their mothering. They might find themselves failing on one count (Catherine).

Although psychoanalytic theory invoked judgement and anxiety on occasion, there was also evidence within this group of psychotherapists that their relationships with psychoanalytic theory were also able to open up a forgiving, thoughtful space. The psychotherapists drew on concepts such as rupture-repair and Winnicott's (1953) good enough mothering in order to scaffold their engagement with mothering and thereby enhance their experience and ameliorate their anxiety. In this way, psychoanalytic theory acts as an analytic third and this enabled them to think, metabolise and contain their own mothering experiences (Straker, 2006).

The psychotherapist mothers found Winnicott's notion of the 'good enough' mother, who provides an environment in which the infant experiences 'optimal' frustration in the form of maternal failure

to be protective. In describing the 'good enough' mother, Winnicott (1953) writes, "the good enough 'mother' is one who makes active adaptation to the infant's needs, an active adaptation that gradually lessens, according to the infant's growing ability to account for failure of adaptation and to tolerate the results of frustration" (p. 94). He goes on to outline how this active adaptation includes "easy and unresentful preoccupation with the infant" (Winnicott, 1953, p. 94). Winnicott's theory makes allowances for maternal failure; the mother must fail to meet her infant's every need in time in order to allow the child to undergo psychic differentiation from the mother. Claire acknowledged the need for maternal failure, and in this way, she granted herself permission not to be perfect:

...you could be saying the right things and you could be so sensible but it's the emotional stuff that matters the most. Like did you feel deeply, deeply loved?... I definitely believe in that concept of too good a mother and that has helped me to make mistakes... that is such a forgiving concept, I love that... (Claire).

While comforting at points, Winnicott's theory can also be considered anxiety provoking, in that it places heavy demands on the mother, since the child's emotional and moral development depends solely on the mother's capacity to relate to the infant in an intuitive and unresentful manner, with just the right amount of frustration built into her interactions with the infant. Winnicott (1953) goes so far as to state that "there is no health for the human being who has not been started off well enough by the mother" (p. 95). The psychotherapist mothers selectively drew on his concept of good enough mothering to ameliorate their anxiety and did not articulate the more anxiety-provoking aspects of his theory.

Shobna expressed how object relations theories can at times feel punitive and anxiety provoking but she also experienced theory as supportive, providing a useful scaffold that enabled her to think and make sense of the messiness and primitive experiences of being a mother of an infant:

...attachment theory obviously but I think more so than that, Winnicott and Bion. I think I have really thought so very much about those theories in my journey in motherhood. You know my son's attachment to his little bunny as his transitional object and you know holding onto that and the concept of being a good enough mother, that Winnicott talks about, and what that means in terms of the holding, the physical environment as well as the emotional

environment. And then I think that's the thought that always comes to me, is that nameless dread, you know that feeling you have at two in the morning when you do have a crying baby and you do feel so helpless and you are trying to make sense of this primitive experience and trying to hold onto yourself and your baby, I often think of that. Lots of those concepts have come to life for me. That sense of falling forever and what that might feel like for me and for a baby, has really come into experience through my journey as a mother (Shobna).

At times, engagement with theory seemed to assist these mothers to maintain their own differentiated subjectivity in order to process their infant's thoughts, without succumbing to the anxiety that identification with the vulnerability of infancy evokes (Hollway, 2008).

However, emerging from the narratives was a sense that these psychotherapist mothers are constantly engaged in attempting to balance the tension between psychological theory as punitive (anti-analytic) and containing (analytic). This tension was captured by Nqobile as she recounted the complexity of her relationship with theory. She tried to hold and acknowledge both the punitive and supportive aspects of her psychological training in her journey through motherhood:

So, theory sometimes it can be punitive but at the same time it can be containing because you know that process needs to happen for [children] to learn. Emotional growth comes through that frustration and allowing, because my son gets frustrated because he crawls maybe one, two, three steps and then he moans and wants you to pick him up but I say no, boy, come, come, you are almost here, you are almost here. Whereas instinctually you almost want to show him how. So, you say no, no, Winnicott did say that you need to be frustrated to move and you will move but those are some of the things, yoh, it's a huge balancing act (Nqobile).

Although their relationships with psychological theory were central in shaping their maternal identities, theory was not the only way in which their identities as psychotherapists impacted their mothering journeys. Lauren expressed how her psychological training had been so thoroughly integrated into her identity that in addition to having psychological literature providing an analytic third from which to think about her experiences and interactions with her child, she felt that her

experience as psychotherapist had also shaped how she is in the world and how she mothers her child:

No look, I feel very, very grateful for my psychological training since I think it has prepared me to be a mother, not because it has taught me about development but I feel like I have grown so much in my own self and I am, I am, and that said I think I feel as much as in the first couple of years I thought I was never going to feel not tired again. I feel like being an older parent I think it has really served me well because it really gave me time to sort out my stuff actually. Um, although I wasn't doing that deliberately. And so doing my training and being a therapist and doing all of the working through that happens um through that process has definitely helped me to be more um, to be more of a container to use jargon but it just makes sense to me. Um, I think that I wouldn't be, you know this whole notion of creating a pause between the impulse and the act that I know my younger self would have been much more reactive, much more uh, much more responsive to my emotions to my affect world whereas now I can check that and I can think and you know think about what is happening so in that way it has prepared me (Lauren).

Importantly, beyond a simplistic dichotomy of experiences in which psychoanalytic theory and psychological training form either an analytic third or an anti-analytic third, a more mixed and complex picture emerged, where psychotherapists reported active engagement with their experiences of theory. They remained reflective around the role of theory in their mothering and reported changes and development in these relationships. This grappling and engagement with theory speaks to Butler's (1988) theory of performativity, in which women are not seen as passive victims of social context or constructs but rather are actively engaged in constructing their maternal subjectivity (Choi et al., 2005). Postulating motherhood as a practice, which for these women entailed continuous adjustment of theory through experience, appeared to open possibilities for transformation and the enactment of alternative [maternal] practices (Butler, 1988). These mothers had agency and had found ways to express their motherhood subjectively, capturing the plurality of the experience (Choi et al., 2005; Jeremiah, 2006).

Journey to Integration

In their journeys into and through mothering this group of psychotherapist mothers engaged in a process of constant negotiation with the anti-analytic third aspects of the theory and those parts of

themselves that had not yet been integrated. All of the psychotherapists used theory to open up the thinking space and ameliorate judgement but also experienced anxiety due to theoretical knowledge. However, the extent to which they experienced the theory to be punitive or protective appears to be dependent on their relationship with theory. There was a complex interaction between the psychotherapist's personal identities, their professional roles and their mothering identities. While psychological theories informed their thoughts and actions, their personalities and histories also appeared to shape the way in which theory was used in their therapeutic and mothering practice (Hart, 1985; Raphael-Leff, 2010).

In this group of psychotherapist mothers some of the mothers found psychological theory to be alienating and anxiety-provoking, while others seemed to have reclaimed theory as their own in that they had internalised the psychological theories in a more nuanced and life-enhancing manner. This nuanced relationship with theory was captured by Carol as she reflected:

And I think that there are various theories, they all come together and I think that you eventually just, I think it is so important to learn independent thought around theory and to not turn theory into any sort of grand narrative in the way that you approach being in the world out there (Carol).

In this reflection Carol illustrated how she feels that it is incumbent as a psychotherapist to develop, in time, a theoretical framework, that, in the words of Swartz (2012), is “both familiar and elastic, growing and returning to basic assumptions, and available to be put into words” (p.203), so that the individual's relationship with psychological knowledge may serve as a container that enables rather than shuts down thinking in the therapeutic space.

Claire managed to capture quite powerfully how her relationship with theory holds emotion:

...but I resist some theories... the theories that hold more of the aggression or hostility I've found less user-friendly... but helpful in that rather than make me paralysed or anxious it helps me interrogate and doubt and so, not being scared of it. You have to be able to hold your theory, so that you look it in the eye and you don't run away from it... so I wonder if you only hold the [theories] that somehow facilitate something. You almost forget in the moment the harder [theories] (Claire).

Claire captures the paradox of theory for her in that she finds it opens up space to think, which she finds immensely helpful, while at the same time the theory feels aggressive and intrusive and, in some way, needs to be negotiated, and perhaps sometimes defended against, in order to facilitate rather than impede her mothering experience.

Andrea's narrative relayed a particularly anxious relationship with theory in which she feels cut off and alienated by psychological theory, which she experiences as judgemental:

...but honestly this is my own sense of inadequacy as a therapist. Like theory has never been my strongest, I'm just going to put it out there. So even this interview, the inadequate therapist in me wanted to say no because I don't want someone to know that... I'm just trying to be a mom and not trying to be a psychotherapist mom... And it is so funny because before I had children I kept psychology and life very separate and all my friends will tell you that. I just don't, I have always been very rigid about that, my work is my work but when it comes to being a mom, it just filters through... (Andrea).

Andrea related how much she has resisted integrating her identity as a mother and as a psychotherapist and yet during the interview she recognised that both of these identities are an integral part of who she is in the world and that they cannot help but inform one another and shape her identity:

And I just think we take for granted how much of the psychotherapist becomes part of our identity. You know at the beginning I spoke to you about me the psychotherapist and me the mom, such splitting, because the reality is that they are both part of who I am, and maybe I just need to accept that. That it is a new, kind of, part. There is part of you that doesn't want to marry the two because it is hard work to marry the two. Because the more you know, the harder you have to work on it... but that's it because it is me fighting the shift, because it is naturally happening. And it is funny because we are always moms to our clients and then suddenly we become a mom and we don't want to marry that with psychology (Andrea).

In her narrative, Andrea captured that the journeys into and through both motherhood and psychology are not smooth transitions. Rather, both entailed a time of resistance to integration.

Andrea highlighted how this transition is not a once-off process but rather involves a continual interplay and dialogue between multiple identities. As her experiences as a mother and psychotherapist shift through encountering and processing aspects of psychological theory that were previously encountered as judgemental or anxiety-provoking, so the anti-analytic third is shifted and converted into an analytic third in which space is created to think about, experience and integrate different aspects of the mother and psychotherapist selves.

Evident in the narratives was that each psychotherapist has a unique relationship with theory and it is postulated that each of their relationships with theory are likely influenced by their internalised object relations, based on their own childhood experiences of being parented as well as their personalities. It would appear that how objects and theory have been internalised – what has been internalised and what is transferred onto theory in particular moments – determines whether theory is experienced as predominantly punitive or protective. Those participants who were able to articulate clear links between difficult aspects of their own upbringings and their current struggles as mothers, were also those who seemed to have grappled the most with their relationships with theory. The psychotherapist mother's identity is never static but rather entails a continuous process of learning where her identity is created in the interaction between the self and the environmental context. It is a very personal and interpersonal endeavour and the emerging identity is always shaped by the unique professional, cultural and relational contexts of the individual therapist (Tsuman-Caspi, 2012). Carol captured this constant processing:

I often say that...lots of memories of childhood bubble to the surface when you have children and you are faced with the primitive sort of unprocessed emotions... The more and more you delve into your memories and your childhood and your own process there is always more to sort of add to the picture of why you are like you are, and why you do what you do, and why you react to what you react to (Carol).

Becoming mothers gave these psychotherapists the opportunity to grapple with unprocessed emotions and childhood experiences but also allowed them to engage with psychological theory around motherhood from the perspective of a mother. Prior to entering motherhood, these psychotherapists principally drew on their experiences and identifications as a child but their transition to motherhood created a shift in their focus and engagement with their psychological knowledge and practice. Their experience as mothers also appeared to have shifted their practice

and knowledge in a subtle, visceral way that the psychotherapists found difficult to articulate. Lauren reflected this shift:

I remember when I was able to start thinking again because there was quite a long time when I really, really struggled to think. It felt like his [her son] mind was all that I had access to and I couldn't hold anybody else's mind in mind for quite some time in my practice and so I felt like I was doing nuts and bolts work. But um, when I started to be able to think more about people it felt as though I had, it was just like, you know those pictures that you used to get where there would be all these little dots but if you looked in a particular way you would see the three dimensionality. It's a bit like that, I have a much more dimensional understanding, um, but at a very visceral level of where people are at... But also, in terms of being able to access patients, not even around children or whether they have children, but just around childhoods. I mean it is just a different experience... [it] just gives you a different lens, a completely different lens... I can't emphasise how marked that was, that sense of a shift in my, in my capacity as a therapist (Lauren).

Likewise, Shobna expressed how her experience of mothering shifted and influenced her relationships as well as her psychological practice:

I felt my mom's mothering style was maybe.... Like she couldn't really hold lots of my feelings and my anxiety, like I think I needed or wanted more from her and sometimes would feel quite cross with her for not being able to give me that sort of emotional holding. And then after becoming a mother, I think that relaxed in me because I understood how incredibly helpless a mom can feel when there is nothing really you can do um, and how taxing that emotional energy can be.... I think being a parent has allowed me to have a deep sense of empathy for [parents] because it is so hard. And because those ghosts come so...you know parents' own ghosts come in the most uncanny sort of way and can take hold of a situation and sometimes a parent can't control that (Shobna).

This reflection by Shobna captured how her identity and relationship with theory but also with her own mother and her patients has shifted through her experience as a mother. She reported increased empathy as she engaged with the perspective of being a mother that was not available to her before. In this way, the transformative experience of motherhood has impacted her other

relationships and subjectivities. The development and shift in her capacity for containment, reverie and ambivalence – born out of the intersubjective mother-child dyad – permeates her other relationships and subjectivities (Baraitser, 2009; Green, 2015; Hollway, 2001; Raphael-Leff, 2010). In relating their experiences as mothers and psychotherapists this group of psychotherapists were careful to express that they felt that becoming a mother was not essential to practicing as a psychotherapist but that they definitely found that it enhanced, deepened, softened and broadened their engagement with their clients as well as with psychological theory.

Conclusion

Each psychotherapist reflected unique and common themes as they shared their motherhood journeys. There were stories of joy, of loss, of being overwhelmed, of demands and conflicts, of achieving new and positive aspects of identity, and of growth. As a group, these psychotherapist mothers were subject to very similar pressures and experiences as other non-psychotherapist mothers, in as much as they did not feel immune to the social constructs around motherhood imposed by society. The dominant discourse in this regard is that of the ‘good’ mother who copes easily with the all-consuming, life-changing transition into motherhood. The pressure experienced by these mothers, however, seemed to be exacerbated by their role as psychotherapists. Their professional roles as ‘experts in mental health and/or child development’ added additional pressure to be ‘perfect’ and to be seen to raise a healthy child.

Their roles as psychotherapists also raised the theme of their relationships to psychological theory. Although psychoanalytic theory can provide a useful framework in which to think about mothering and the impact of an individual’s experience of mothering in shaping their psychology, it can also shut down empathy and thinking if it is approached from a mothering-blaming, punitive perspective. The topic of motherhood is a charged topic that can invite guilt, shame and feelings of inadequacy if the object relation theories are applied judgementally. Rather, the challenge is to consider how therapists can use the psychological literature and theory in an empathic way. This was particularly pronounced within this group of psychotherapists in their roles as mothers. The voice of theory, which was found to act as a third that is analytic and/or anti-analytic, was a very important thread throughout the interviews that coloured their mothering experiences and identities. Engagement with these psychotherapist mothers highlighted how psychoanalytic theory can be used to create a thinking, creative, empathic space and/or an anxiety-provoking and condemning space in which psychoanalytic theory is invoked as a pathological superego, which “is

dissociated from ego functions like attention, enquiry, remembering, understanding... [It] is not trying to know; it is denuding and condemning... It is full of prejudice, sceptical of all renaissance; its aim is to destroy links within the self and between the self and its objects" (Moss, 2000, p. 1325). In these moments, the mothers found themselves overwhelmed by fear of failing their children and unable to hold onto the 'good enough'.

This group of psychotherapist mothers all negotiate their own mothering experience in the context of being a psychotherapist, which involves a way of being in the world that entails thinking in ways that are influenced by particular theories, which empowers them but at the same time strips them of their spontaneity and raises their anxiety. However, their ability to think and draw on psychological theory opens up the space for them to think, including about theory. It was found that the participants both think about theory and their relationships to it, and use theory to articulate and negotiate their anxieties. It also became clear that their experiences as mothers helps them to think about theory in ways that are more empathic and nuanced, in which they are able to move beyond the binary where a mother is considered to be as either 'good' or 'bad'. This binary presentation of motherhood obfuscates the complex intersection of multiple, diverse, and sometimes contradictory, subjectivities that are a part of the tension inherent in these psychotherapist mothers' positions and lived experiences of motherhood (Baraitser, 2006; Hollway, 2016). Through the 'performance of motherhood' (Butler, 1988), and this process of engagement with psychological theory and practice, in the context of their own experience as mothers, these psychotherapists' relationships with theory are modified, become more nuanced and are integrated into their identity. Agency in their constructions of themselves as psychotherapists and mothers is demonstrated. Thus the identities of this group of psychotherapist mothers can be considered to be fluid and entail a continuous process of transformation that brings together who they are as people with their role of psychotherapist and as mother. It is not a once-off transformation but rather a continuous interaction of their multiple identities (Hart, 1985).

Overall, the challenge for psychotherapist mothers is to reflect on their relationships to theory as a psychotherapist, in order to acknowledge and explore those aspects that feel punitive and those that feel helpful.

References

- Arendell, T. (2000). Conceiving and investigating motherhood: The decade's scholarship. *Journal of Marriage and Family, 62*(4), 1192-1207.
- Baraitser, L. (2006). Oi mother, keep ye' hair on! Impossible transformations of maternal subjectivity. *Studies in Gender and Sexuality, 7*(3), 217-238. doi: 10.2513/s15240657sgs0703_1
- Baraitser, L. (2009). *Maternal encounters: The ethics of interruption*. New York: Routledge.
- Barnett, M. (2007). What brings you here? An exploration of the unconscious motivations of those who choose to train and work as psychotherapists and counsellors. *Psychodynamic Practice, 13*(3), 257-274.
- Benjamin, J. (2004). Beyond doer and done to: An intersubjective view of thirdness. *Psychoanalytic Quarterly, 73*, 5-46.
- Britton, R. (2004). Subjectivity, objectivity, and triangular space. *Psychoanalytic Quarterly, 73*, 47-61.
- Butler, J. (1988). Performative acts and gender constitution: An essay in phenomenology and feminist theory. *Theatre Journal, 40*(4), 519-531.
- Cartwright, D. (2004). The psychoanalytic research interview: Preliminary suggestions. *Journal of the American Psychoanalytic Association, 52*(1), 209-242.
- Chodorow, N. J. (2004). Psychoanalysis and women: A personal thirty-five-year retrospect. *Annual of Psychoanalysis, 32*, 101-129.
- Choi, P., Henshaw, C., Baker, S., & Tree, J. (2005). Supermum, superwife, supereverything: Performing femininity in the transition to motherhood. *Journal of Reproductive and Infant Psychology, 23*(2), 167-180. doi: 10.1080/02646830500129487
- de Marneffe, D. (2006). What exactly is the transformation of motherhood? Commentary on Lisa Baraitser's paper. *Studies in Gender and Sexuality, 7*(3), 239-248. doi: 10.2513/s15240657sgs0703_2
- Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology, 38*, 215-229.
- Frosh, S. (2003). Psychosocial studies and psychology: Is a critical approach emerging? *Human Relations, 56*(12), 1545-1567.
- Frosh, S. (2010). Psychosocial textuality: Religious identities and textual constructions. *Subjectivity, 3*(4), 426-441.

- Gerson, M.-J., Alpert, J. L., & Richardson, M. S. (1984). Mothering: The view from psychological research. *Signs, 9*(3), 434-453.
- Golden, V., & Farber, B. A. (1998). Therapists as parents: Is it good for the children? *Professional Psychology: Research and Practice, 29*(2), 135-139.
- Green, F. J. (2015). Re-conceptualising motherhood: Reaching back to move forward. *Journal of Family Studies, 21*(3), 196-207. doi: 10.1080/13229400.2015.1086666
- Hart, A. H. (1985). *Becoming a psychotherapist: Issues of identity transformation*. Paper presented at the Annual meeting of the Eastern Psychological Association, Boston, MA, USA.
- Hollway, W. (2001). From motherhood to maternal subjectivity. *International Journal of Critical Psychology, 2*, 13-38.
- Hollway, W. (2008). The importance of relational thinking in the practice of psycho-social research: Ontology, epistemology, methodology and ethics. In S. Clarke, P. Hoggett & H. Hahn (Eds.), *Object relations and social relations: The implications of the relational turn in psychoanalysis* (pp. 137-162). London, UK: Karnac.
- Hollway, W. (2011). Through discursive psychology to a psycho-social approach. In N. Bozatzis & T. Dragonas (Eds.), *Social psychology: The turn to discourse* (pp. 209-240). Athens: Metaixmio.
- Hollway, W. (2016). Feminism, psychology and becoming a mother. *Feminism & Psychology, 26*(2), 137-152.
- Hollway, W., & Jefferson, T. (2005). Panic and perjury: A psychosocial exploration of agency. *British Journal of Social Psychology, 44*, 147-163.
- Ivey, G., & Partington, T. (2014). Psychological woundedness and its evaluation in applications for clinical psychology training. *Clinical Psychology and Psychotherapy, 21*, 166-177.
- Jeremiah, E. (2006). Motherhood to mothering and beyond: Maternity in recent feminist thought. *Journal of the Association for Research on Mothering, 8*, 21-33.
- Josselson, R. (2011). "Bet you think this song is about you": Whose narrative is it in narrative research? *Narrative Works: Issues, Investigations, & Interventions, 1*(1), 33-51.
- Kruger, L.-M. (2003). Narrating motherhood: The transformative potential of individual stories. *South African Journal of Psychology, 33*(4), 198-204.
- Kruger, L.-M. (2006). Motherhood. In F. Boonzaier, P. Kiguwa & T. Shefer (Eds.), *The gender of psychology* (pp. 182-197). Cape Town: UCT Press.
- Lupton, D. (2000). A love/hate relationship: The ideals and experiences of first-time mothers. *Journal of Sociology, 36*(1), 50-63.

- Mamabolo, I., Langa, M., & Kiguwa, P. (2009). To be or not to be a mother: Exploring the notion of motherhood among university students. *South African Journal of Psychology, 39*(4), 480-488. doi: 10.1177/008124630903900409
- Mauthner, N. S. (1999). Feeling low and feeling really bad about feeling low: Women's experiences of motherhood and postpartum depression. *Canadian Psychology, 40*(2), 143-161. doi: 10.1037/h0086833
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology, 52*(2), 250-260.
- Moss, D. (2000). On hating in the first person plural: Thinking psychoanalytically about racism, homophobia and misogyny. *Journal of the American Psychoanalytic Association, 49*, 1315-1334.
- Nicolson, P. (1999). Loss, happiness and postpartum depression: The ultimate paradox. *Canadian Psychology, 40*(2), 162-178.
- Oberman, Y., & Josselson, R. (1996). Matrix of tensions: A model of mothering. *Psychology of Women Quarterly, 20*(3), 341-359. doi: 10.1111/j.1471-6402.1996.tb00304.x
- Parker, R. (1997). The production and purposes of maternal ambivalence. In W. Hollway & B. Featherstone (Eds.), *Mothering and ambivalence* (pp. 17-36). London: Routledge.
- Parker, R., & Bar, V. (1996). Torn in two: The experience of maternal ambivalence. *Journal of Analytical Psychology, 41*(4), 611-612.
- Raphael-Leff, J. (2010). Healthy maternal ambivalence. *Psycho-analytic Psychotherapy in South Africa, 18*(2), 57-73.
- Reich Rubin, L. (2009). On becoming a psychoanalyst. *Contemporary Psychoanalysis, 45*(4), 483-503.
- Rupert, P. A., Miller, A. O., & Dorociak, K. E. (2015). Preventing burnout: What does the research tell us? *Professional Psychology: Research and Practice, 46*(3), 168-174.
- Saville Young, L., & Frosh, S. (2010). 'And where were your brothers in all this?': A psychosocial approach to texts on 'brothering'. *Qualitative Research, 10*(5), 511-531.
- Seagram, S., & Daniluk, J. C. (2002). "It goes with the territory". *Women & Therapy, 25*(1), 61-88. doi: 10.1300/J015v25n01_04
- Shelton, N., & Johnson, S. (2006). 'I think motherhood for me was a bit like a double-edged sword': The narratives of older mothers. *Journal of Community & Applied Social Psychology, 16*, 316-330. doi: 10.1002/casp.867
- Straker, G. (2006). The anti-analytic third. *Psychoanalytic Review, 93*(5), 729-753.
- Stone, D. (2008). Wounded healing: Exploring the circle of compassion in the helping relationship. *The Humanistic Psychotherapist, 36*, 45-51.

- Swartz, S. (2012). The broken mirror: Difference and shame in South African psychotherapy. *International Journal of Psychoanalytic Self Psychology*, 7, 196-212.
- Tsuman-Caspi, L. (2012). *The identity formation of psychotherapists in training: A dialectical and personal process*. (Doctor of Philosophy), Columbia University, New York, USA.
- Wheeler, S. (2007). What shall we do with the wounded healer? The supervisor's dilemma. *Psychodynamic Practice*, 13(3), 245-256.
- Winnicott, D. W. (1953). Transitional objects and transitional phenomena - A study of the first not-me possession. *International Journal of Psycho-Analysis*, 34, 89-97.
- Zur, O. (1994). Psychotherapists and their families: The effect of clinical practice on individual and family dynamics. *Psychotherapy in Private Practice*, 13(1), 69-95.

Research Proposal

1. Research Aims

The aim of this study is to explore how a group of female psychodynamic psychotherapists experience motherhood, through an interrogation of the complex interaction that results from being both a psychodynamic psychotherapist and mother. Using a psychosocial perspective, this research aims to understand how both the female psychotherapist's own individual psychological processes (psycho) as well as the psychological training and ideological representations of motherhood, in society and the psychology literature (social), influence the female psychotherapists' own unique understanding, meaning-making and agency in motherhood. Although this study is conducted in a South African context, it does not claim to be representative of the entire South African female psychotherapist population. Instead it is limited to psychodynamic, English-speaking female psychotherapists who practice in Johannesburg, who are hypothesized to most likely align with the instrumental motherhood discourse as presented in the object relations theories, given their training as psychodynamic psychotherapists.

2. Rationale

There is a growing body of research that gives voice to women's subjective experience of motherhood and examines the complex and complicated space of motherhood from the mother's perspective (Baraitser, 2006; Choi, Henshaw, Baker, & Tree, 2005; Green, 2015; Kruger, 2003; Lupton, 2000; Mauthner, 1999; Oberman & Josselson, 1996). However, despite the broadening focus of the research to a more representative and diverse array of women, including lesbian, immigrant and working mothers (Arendell, 2000; Green, 2015; Kruger, 2006), the unique population of female psychotherapists has been underrepresented in this area.

In addition, the research literature highlights how being a mother is just one of multiple identities that women hold and that, instead of changing a woman's identity, motherhood adds to this multiplicity (Baraitser, 2009; Hollway, 2001). Rather than coexisting alongside one another as multiple fragmented selves, Hollway (2001) argues for the possibility that these multiple identities, which are fluid in nature, may permeate and interact with one another in complex ways. In this study, the influence of this group of mothers' identity as a psychotherapist on their experiences and understandings of motherhood is of particular interest, given that the role of a psychotherapist may

be likened to that of a mother providing containment for her infant, and so it is anticipated that these two identities may intersect in complex and unique ways.

3. Theoretical Framework

The psychosocial perspective is an emerging discipline that examines the complex interplay of the psychological and social components in the formation of personhood. This perspective understands the social constructions and psychological processes of humans as inextricably intertwined and argues that the conventional psychological/social dichotomy is an artificial separation (Frosh, 2008; Hollway, 2011; Saville Young & Frosh, 2010). This stance is encapsulated by Frosh (2003) when he states “the social is psychically invested and the psychological is socially formed, neither has an essence apart from the other” (p. 13).

The psychosocial approach incorporates two separate domains. The one domain separates and examines the ‘psychological’ and ‘social’ components independently before recombining them, in what Frosh (2010) considers, “a relatively unexamined way” (p. 427). The other domain, which this study shall draw on, constitutes a critical psychological perspective in which the intersection of the ‘social’ and ‘psychological’ components are explored in how they contribute together in the production of human subjectivity (Frosh, 2010; Frosh & Baraitser, 2008). The critical approach values personal experience, affect, intersubjectivity and agency while at the same time recognising that ‘the personal is always political’ (Frosh & Baraitser, 2008). The challenge implicit in this approach is to acknowledge and hold the individual and social components of personhood in mind while not separating them out or privileging one over the other. Frosh (2010) summarises this objective succinctly when he defines psychosocial studies as those that “focus on conceptualising and researching a type of subject, which is both social and psychological, which is constituted in and through its social formations, yet is still granted agency and internality” (p. 428). Frosh and Baraitser (2008) offer the image of the Moebius strip, in which the inside and outside, top and bottom all flow together as one in order to help conceptualise how, in the psychosocial perspective, the ‘psychological’ and ‘social’ components are not oppositional but rather two sides of the same thing. By providing this image, Frosh and Baraitser (2008) highlight how researchers in this space need to consider that, although cultural discourses, such as those around motherhood, pre-exist the individual subject, culture does not impose a specific construction on the individual but rather constructs an array of subject positions. The particular subject positions that an individual inhabits are mediated by a complex intersection of the social and cultural context as well as individual

psychological processes, which are conscious and unconscious (Hollway & Jefferson, 2005; Saville Young & Frosh, 2010).

Psychological studies tend to explore questions regarding social and personal identity and identity positions. A psychosocial approach understands identities in the context of relations, practices and biographies while also examining the intersubjective, intrapsychic and discursive process involved in constructing these identities, which are fluid and often in contradiction to one another (Frosh, 2003; Hollway, 2008). Social constructionism focuses on how social beliefs and discourses become 'internalised' passively by subjects. In contrast the psychosocial perspective seeks to examine how identity or subjectivity is actively constructed both individually and culturally. Thus it examines how the identity and experience of an individual is actively constructed in and through culture while being cognisant of the ways in which social processes interface with individual psychological processes to give rise to specific identity positions (Frosh, 2010). In the context of motherhood studies, mothering is performed within a specific social context but each mother will locate herself in a certain specific motherhood identity position, a position in which she will have personal investment, and will have a unique sense and experience of motherhood. This identity position is accounted for by the social structures in which the individual mother is embedded and also by the dynamics of her psychological processes, including object relations (Frosh, 2010; Saville Young & Frosh, 2010). In this study, subjectivity is understood as the female psychotherapists' notions of self that incorporate their multiple identities, their experiences and understandings, both conscious and unconscious, in a meaningful way (Lupton, 2000). In line with the psychosocial perspective, identities and subjectivities will be considered to be plural, fluid, relational and in-process in this project. Identities within the psychosocial paradigm are about 'becoming' and are the "names we give to the different ways we are positioned by, and position ourselves within, the narratives of the past" (Hall, 1990, p. 225 in Frosh, 2010).

Psychoanalysis and the psychoanalytic concepts of projection, internalisation, identification, as well as the unconscious, have been employed in psychosocial studies in order to conceptualise how social discourses and subject positions are actively internalised resulting in an individual's personal investment in a particular discursive position (Frosh & Baraitser, 2008). Psychoanalysis, however, is not a unitary approach and thus there are two main approaches utilised in psychosocial studies, namely the Kleinian/object-relations approach and the Lacanian approach. These two approaches differ in how they make sense of narrative material. The Kleinian approach seeks to go "behind" the

text and identify the “anxieties, defences and particular ways of relating that developed in infancy and recur throughout their lives” in order to provide a coherent, possible formulation as to how particular individuals come to occupy the positions that they do (Saville Young & Frosh, 2010). The Lacanian approach looks to fragment the narrative text and highlight the incoherence that is present in an attempt to open up the text and provide new possibilities for conceptualising subjectivity (Branney, 2008; Saville Young & Frosh, 2010). An object relations approach will be used to interpret the data arising from the interviews with female psychotherapists in this study.

Wendy Hollway is recognised as an important British social psychotherapist who has been instrumental in developing the Kleinian approach within the psychosocial perspective (Frosh, 2008). Hollway’s key analyses are achieved through the use of top-down discourse analysis, in which she is concerned with communication as a medium through which people construct themselves, together with aspects of object relations psychoanalytic theory, in which narrative is primarily determined by unconscious processes and relational dynamics and is considered to be suggestive of “underlying psychic structures that organise individuals’ internal worlds in particular ways” (Frosh & Baraitser, 2008). Hollway, in defining her use of the term ‘psycho-social’ writes:

In this perspective, we are *psycho-social* because we are products of a unique life history of anxiety- and desire-provoking life events and the manner in which they have been transformed in internal reality. We are *psycho-social* because such defensive activities affect and are affected by material conditions and discourses (systems of meaning which pre-exist any given individual), because unconscious defences are intersubjective processes (i.e. they affect and are affected by others with whom we are in communication), and because of the real events in the external, social world which are discursively, desirously and defensively appropriated (Hollway, 2006, p. 468).

Hollway’s model thus incorporates psychoanalytic concepts in both the psyche and social components. Using this perspective to analyse interview data involves exploring the personal biography of the participant, analysis of the research relationship utilising the concept of ‘countertransference’, applying psychoanalytic concepts (such as splitting, projection and identification) to interview data and paying attention to absences within individual interviews as indicative of the ‘defended subject’ (Hollway, 2011; Saville Young & Frosh, 2010).

This research project is psychosocial in that the female psychotherapists’ experiences of motherhood are understood to be socially constructed by the dominant motherhood ideologies

prevalent in society, especially as presented in the psychology literature in this context. The accessibility of the ideologies that construct motherhood is postulated to be mediated through the psychotherapists' vocational training, in which they are exposed to intense discursive and theoretical psychological models of ideal motherhood, in addition to their exposure to the cultural ideologies perpetuated by the media, family of origin, nuclear family and other mothers, as well as their own psychological processes, conscious and unconscious.

4. Literature review

With the psychosocial context in mind, the literature review outlines the discourses surrounding motherhood as presented in the psychological literature – both feminist and psychodynamic – and traces the development of the psychological conception of mothers from mother as object, to mother as subject to mother as intersubjective. Judith Butler's concept of performativity will be explicated in order to explore how mothering may be seen as 'maternal performativity' affording women agency in their construction of their identities. In addition the object relations theories of Klein, Winnicott, and Bion is unpacked and reconceptualised in light of the emerging literature concerning mother as intersubjective. The psychological theory of intersubjectivity is also presented in order to conceptualise how the subjectivities of the female psychotherapists may be constituted through psychological processes as well as psychological and social discourses. A brief section on therapist identities is also included. This covers the processes entailed in the initial development of the psychotherapist's identity during their psychological training and highlights the fluidity of this identity that is constantly refined and shaped throughout the psychotherapist's life.

4.1 Mother as object

Motherhood in society is considered to be a universal and natural state in which women intuitively know how to care for their children and passively respond to their children's needs as if they are an empty container into which a child's needs can be deposited and attended to in a manner that ensures healthy psychological, physical and emotional development (Hollway, 2001; Kruger, 2006; Seagram & Daniluk, 2002). Psychology, and particularly the object relations theories of Klein, Winnicott, Bion and Bowlby, have been criticised for constructing motherhood from this essentialist perspective in which mothers are constructed as objects in their children's lives. This instrumental motherhood discourse has infiltrated and shaped Western cultural ideology around motherhood leading to accounts of what constitutes 'good' mothering or 'normal' development (Mamabolo,

Langa, & Kiguwa, 2009; Mauthner, 1999). This has been perpetuated by studies that investigate mothering in relation to childhood psychopathology.

Psychodynamic theories of development focus on the mother-child dyad from a child-centred perspective. Even those psychodynamic theories that do seek to explore interpersonal issues related to maternal care, such as those of Klein and Horney, still focus on the impact of the mother on the child and neglect to engage with the child's impact on the mother's subjectivity (Oberman & Josselson, 1996). One of object relations theory's central tenets is the assumption that the quality of all future relationships, as well as future psychological health, depends on the infant's experience of his/her mother as caretaker. From this perspective the mother is constructed as an 'object' with respect to her child as she is construed as a 'mirror', 'bad breast' or 'container', depending on the theory, at the disposal of her child's needs rather than a subject in her own right. Thus her subjective experience is erased and the mother's interest and needs are seen to be fulfilled by gratifying those of her child (Baraitser, 2009; Hollway, 2001; Oberman & Josselson, 1996).

Melanie Klein (1987) in describing the development of an infant in the first year theorised that initially the mother has no self from her infant's perspective but rather is represented by her breast as a 'part object' in which the infant splits the good (gratifying) and bad (frustrating) breast. The infant experiences anxiety in the first few months of life in the form of persecutory fears that arise from the infant's desire to destroy the 'bad breast' responsible for failing to meet his/her needs. The splitting defence is utilised to protect the infant from the possibility that the 'bad' and 'good' object is the same thing. Thus the infant splits the object (mother) into a separate 'good' and 'bad' breast, which effectively results in the separation of love and hate and is the characteristic psychological state ('paranoid-schizoid') for infants in the first few months of their life (Hollway, 2001; Klein, 1987; McLeod, 2009).

The paranoid-schizoid position precedes the depressive position which emerges during the second half of the first year of life. The depressive position emerges as the infant develops the capacity to acknowledge that 'good' and 'bad' reside in the same object (Klein, 1987). The depressive position is characterised by experiencing the mother as a whole object and is accompanied by feelings of guilt and loss at the destructive impulses that the infant directed at the loved object during the paranoid-schizoid position. Klein (1987) theorises that the successful development of the depressive position is an essential aspect in the psychological development of the infant. The

depressive position results in the development of the capacity for ambivalence in children as the loved and hated aspects are combined in the same whole object. The two positions are dynamic and oscillation between the two occurs throughout life (Hollway, 2001; Klein, 1987; McLeod, 2009).

The core dynamics of splitting and ambivalence are first experienced in relation to one's mother, in which the mother is conceptualised as an object, and the infant only starts to develop a selfhood when the mother is perceived as frustrating. Thus from a Kleinian perspective separation is a "defensive response to distress" and is achieved as a desire to separate from the 'bad' object (Oberman & Josselson, 1996). In Klein's exploration of the development of the infant in the first year in the context of the mother-infant dyad there is no consideration given to the mother's subjective experience in this process (Hollway, 2001; Oberman & Josselson, 1996).

Winnicott theorised a more positive mother-infant dyad in his conceptualisation of the development of selfhood. According to his theory the 'good enough' mother provides an environment in which the infant experiences 'optimal' frustration in the form of maternal failure, which is necessary for the infant to begin the process of separation (Oberman & Josselson, 1996). In describing the 'good-enough' mother, Winnicott (1953) writes, "the good enough 'mother' is one who makes active adaptation to the infant's needs, an active adaptation that gradually lessens, according to the infant's growing ability to account for failure of adaptation and to tolerate the results of frustration" (p. 94). He goes on to outline how this active adaptation includes "easy and unresentful preoccupation with the infant" (Winnicott, 1953, p. 94). Winnicott's theory makes allowances for maternal failure; the mother must fail to meet her infant's every need in time in order to allow the child to undergo psychic differentiation from the mother. This theory places demands on the mother in that the child's emotional and moral development depends solely on the mother's capacity to relate to the infant in an intuitive and unresentful manner, with just the right amount of frustration built into her interactions with the infant. Winnicott (1953) goes so far as to state that "there is no health for the human being who has not been started off well enough by the mother" (p. 95).

Winnicott (1960) theory, while allowing for a little more focus on the mind of the mother (maternal preoccupation), still provides an instrumental view of motherhood. It positions the mother as an object of her infant's requirements for successfully negotiating development and separation but

fails to consider how the 'omnipotent and narcissistic' demands of the infant impact on the mother, as a subjective individual (Hollway, 2001).

Bion theorised the mother-infant relationship in terms of containment in which the mother, through projective identification and maternal reverie, receives and metabolises her infant's fears and anxieties that the infant is incapable of processing for itself. Bion (1993) described this process as:

If the infant feels that it is dying it can arouse fears that it is dying in the mother. A well-balanced mother can accept these and respond therapeutically: that is to say in a manner that makes the infant feel it is receiving its frightened personality back again but in a form that it can tolerate – the fears are manageable by the infant personality. If the mother cannot tolerate these projections, the infant is reduced to continued projective identification carried out with increasing force and frequency (p. 114-115).

The mother lends her infant her mind and helps the infant develop the capacity to think and process intolerable fears and thoughts (called beta-elements). The mother processes the introjected anxieties in her psyche and then returns them in a more acceptable, processed form (called alpha-elements) (Baraitser, 2009; Bion, 1993; Hollway, 2008). Bion (1993) theorised that the failure of a mother to contain her infant's fears, either by denying access to her mind or by succumbing to the anxiety herself, leads to long-term psychological issues, such as thought disorders, for her child. Thus Bion's theory places the development of the capacity for thought solely as the mother's responsibility and considers the mother to be a passive, empty container who is an object to be used to fulfil her child's needs rather than a subject in her own right (Baraitser, 2009; Hollway, 2001).

The psychological mechanisms and defences described by the reviewed theories, especially that of projective identification and splitting, continue to be used throughout life and will form part of the defences and unconscious communication analysed in this study.

Even though the object relations theories provide insightful understandings of the psychological, emotional and moral development of children and how mothering practices influence children's development, there is a lack of interest in the mother's experiences and subjectivities (Oberman & Josselson, 1996). In addition, if a child develops psychopathology or experiences psychological distress later in life, it is seen as deriving from maternal failure (Chodorow, 2004). Hence,

psychoanalytic thinking around motherhood has been labelled as 'mother-blaming' and is seen to be responsible for creating the myth of the 'perfect' mother in society (Kruger, 2006; Mamabolo et al., 2009).

4.2 *Mother as subject*

From the 1960s feminist psychotherapists called for psychological research to shift away from the psychoanalytic positioning of women as objects of their infant's needs to consider mothers as subjects in their own right with their own needs and feelings (Hollway, 2001; Letherby, 1994; Oberman & Josselson, 1996). From the feminist perspective motherhood is a social construct in which women are socialised into the motherhood role through psychological and social discourses. Motherhood is therefore contextual, fluid and open to being changed through political or social processes (Jeremiah, 2006; Mamabolo et al., 2009; Nicolson, 1999). Feminist positions on motherhood split into a perspective that motherhood is oppressive to women and should be avoided and a perspective that women are naturally relational and that motherhood should be celebrated as a rich and complex undertaking (Mauthner, 1999; Oberman & Josselson, 1996). Kruger (2006) characterised these two strands of feminism as rational feminism and romantic feminism, respectively.

4.2.1 *Rational Feminism*

Rational feminism is formulated on the premise that men and women are equal and thus seeks to erase differences between men and women in the pursuit of this equality (Hollway, 2016). From this perspective, motherhood is devalued and is theorised in negative terms as oppressive and constraining to women (Jeremiah, 2006; Kruger, 2006). In its most radical form, rational feminism argues that women should be "freed from the tyranny of reproductive biology" (Letherby, 1994). The emergence of the romantic feminist movement was precipitated by the alienation of women, both inside and outside the feminist movement, in response to the demands by rational feminists that women choose between individuality and family (Simons, 1984).

4.2.2 *Romantic Feminism*

Romantic feminism emerged in order to reclaim and revise maternity in response to rational feminism. This perspective valourised the feminine and is based on the premise that men and women are different and, more specifically, that women are relational and need connection while men are autonomous and independent (Hollway, 2016). This approach is based on the work of

feminist psychoanalysts Chodorow, Ruddick and Dinnerstein, as well as the work of Rich (Jeremiah, 2006).

Adrienne Rich viewed motherhood as both an 'experience' and 'institution' in which the 'personal is political' as the basic premise for motherhood. Thus Rich theorises that mothers are enmeshed in socio-political and cultural contexts and this affects their mothering experience. Rich envisioned the maternal subject as thoughtful, complex and shaped by societal discourses around motherhood that are informed by patriarchy (Jeremiah, 2006). Although Rich provided a useful perspective on the mother as a complex subject who is in dialogue with societal motherhood discourses, the theory has been criticised for falsely separating subject and ideology, and for presenting institutions and discourses as static and singular rather than fluid, multiple and fragmented (Jeremiah, 2006).

Nancy Chodorow provided an alternative psychoanalytic perspective on motherhood that accounts for how the maternal subject is created and constructed through both psychological processes and cultural and political structures (Oberman & Josselson, 1996). Chodorow (2002a) argues that women's psyches are layered in 'relational constellations' where the women's relational triangle is completed by her child. Hence, she asserts that women have a need for the self-in-relationship and argues that the capacity of women for connection and empathy, which characterises mothers, is fundamentally different from that of men and is created through intersubjective and intrapsychic relation to their mother (Chodorow, 2002b). Although Chodorow's theory provides for the intersection of psychological processes and societal discourse in the reproduction of mothering in culture, it has been criticised for prioritising the psychological aspects of this process and failing to explore the societal role in more depth (Jeremiah, 2006; Nicolson, 1999).

Ruddick defines mothering as a 'kind of work' which is relational (involving mother-infant interactions), active and contextual (Jeremiah, 2006). In addition to maternal work, Ruddick uses the term 'maternal thinking', in which she conceptualises that women have a natural capacity for empathic relationships based on their ability to think in a more open-ended and holistic manner than men in order to deal with the demands of mothering (Oberman & Josselson, 1996).

Jessica Benjamin (1990) challenged the traditional psychoanalytic perspective regarding the origin of the psychic structure in which one person is afforded the subject position (infant) while the (m)other must serve as the object and instead argued that it is important that mother and child are

both subjects in their interactions with another. Benjamin argues that to become human an infant needs to receive recognition from the infant's mother and that it is essential that this recognition is given by a mother who is a subject in her own right and who is psychologically differentiated from her child (Benjamin, 1990; Hollway, 2001; Jeremiah, 2006). Thus she argues for a shift from the subject-object position presented in traditional object relations theories to a subject-subject position in which there is a tension between the mother's and child's need and desires (Baraitser, 2006). Although Benjamin theorises the subjective position of mothers in her work, as do Chodorow and Ruddick, her theory has been criticised for utilising an essentialist view of motherhood in which women instinctively intuit the needs of their children and who naturally have what can be considered as 'maternal instincts' (Jeremiah, 2006; Kruger, 2006). In addition, Baraitser (2006) emphasizes how Benjamin's conceptualisation of maternal subjectivity still focuses on the child and neglects the mother's perspective.

Although rational and romantic feminism both theorise the subject positions of mothers, they are binary and exclusionary since they present motherhood as either 'good' or 'bad'. Through binary presentation of motherhood, feminism obfuscates the complex intersection of multiple, diverse, and sometimes contradictory, subjectivities that are a part of the tension inherent in women's positions and lived experiences of motherhood (Baraitser, 2006; Hollway, 2016).

4.3 *Mother as intersubjective*

Although feminist psychotherapists acknowledged that motherhood is constructed, contextual and thus fluid and multiple, both the relational and romantic feminists, in theorising of mothers as subjects, constructed motherhood as passive and universal (Choi et al., 2005; Jeremiah, 2006). Recent psychological scholarship has employed Judith Butler's (1988) theory of performativity, which was conceptualised in relation to gender, in order to open up the dialogue around the agency of mothers. Using this perspective women are not seen as passive victims of social context or constructs but rather are actively engaged in constructing their maternal subjectivity (Choi et al., 2005). Butler's notion of 'maternal performativity' conceptualises motherhood as an active practice, "a doing" in which "mother is seen as a verb" (Jeremiah, 2006). The mother constructs her motherhood through performative acts, which are repeated over time in line with socially-sanctioned behaviour. Postulating motherhood as a practice avoids artificial stagnation of the construct and opens up the possibility for transformation through subversion of cultural norms by enacting alternative [maternal] practices (Butler, 1988). Thus, according to Butler's concept of

performativity, “to vary the repetition of maternal practices is to exert maternal agency” (Jeremiah, 2006, p. 25). This conceptualisation of maternal performativity goes against the essentialist view and grants the mother agency to express her motherhood subjectively, in which maternal subjectivity is considered to be diverse and plural, not singular (Choi et al., 2005; Jeremiah, 2006). Butler’s theory of performativity, while providing a useful framework in which to consider the agency of mothers, neglects to explore the manner in which social processes interface with individual psychological processes in this endeavour. In addition it ignores the relational aspects of mothering, in which mothering is performed in response to another’s needs (Hollway, 2001; Jeremiah, 2006).

Motherhood is defined by a relationship. It is almost impossible to consider motherhood without referring to the constantly changing dependent other, namely the child (Baraitser, 2006; Hollway, 2008; Jeremiah, 2006). Baraitser (2009) frames the context of what it means to attempt to articulate maternal subjectivity as intersubjective with the central question, “what is it like to encounter a child?” (p. 9). Contemporary psychoanalysis, building on the object relations theories, recognises the complexity of maternal subjectivity as incorporating bidirectional patterns of interactions between the mother and infant (Raphael-Leff, 2010). Intense emotional states are evoked through the lived encounter of the mother with her child in which the mother needs to actively struggle to manage her own and her child’s ambivalence, and act as a container for her infant’s unprocessed fears and anxieties (Baraitser, 2009; Hollway, 2001). Within this perspective, Klein, Winnicott and Bion’s theories are reconceptualised from the standpoint of the mother as a subject rather than an object. This intersubjective approach considers how the development of ambivalence, maternal failure and containment alters maternal subjectivity. But it is not an autonomous maternal subjectivity that is invoked in this approach, but rather an intersubjective maternal subjectivity since it arises as a result of being in relationship (Hollway, 2001).

Contemporary psychoanalytic theorising conceptualises motherhood as fluid, interdependent and ‘messy’. It acknowledges that motherhood involves continuous maternal development in which women engage in a lifelong struggle to transition from an “autonomous, unified, non-mother to an interdependent, ‘messy’, motherhood self” (Baraitser, 2006; de Marneffe, 2006). It also acknowledges the lifelong balancing act of struggling between satisfying their own needs and desires and those of another (Hollway, 2008). Maternal subjectivity is thus an ongoing, dynamic emotional and relational interaction within a unique mother-child dyad that entails maternal

development. Maternal development is considered to mirror that of the child's self-development through the development of the capacity for maternal ambivalence, containment and reverie (Baraitser, 2009; Hollway, 2008).

Hollway (2008) extends Bion's theory of containment to consider the impact on the mother as she introjects and digests her infant's projected anxieties and desires. As she lends her infant her mind, Hollway (2008) postulates that the mother is forced back into identification with the vulnerability of infancy but at the same time she needs to maintain her own differentiated subjectivity in order to process her infant's thoughts without succumbing to the anxiety. Thus, in this way Hollway reinterprets the mother's role in the containment relationship as very active, involving feeling, thinking (in the form of maternal reverie) and acting on the part of the mother. This capacity for containment and reverie will impact the mother's subjectivity and development (Hollway, 2008).

In Kleinian terms, maternal development can be considered to involve the lifelong struggle to integrate love and hate into ambivalence. Parker extended Klein's concept of ambivalence to mothers and observed that it is very difficult for mothers' to acknowledge their hate for their children in a society in which maternal love is assumed to be natural and anything other than love for one's child is pathologised (Parker, 1997; Parker & Bar, 1996). Therefore mothers split love and hate in their relations with their children and Parker argues that development of maternal ambivalence is important since it enables mothers to think in more realistic ways about their child's needs (Hollway, 2001). In addition, Hollway (2001) conceptualises that the mother is affected and impacted by her infant's shift from total dependence, in which the mother is split and an extension of the infant's self (paranoid-schizoid position), to a relationship with a child who has the capacity, however fleeting, for the depressive position and the ability to relate to the mother as a separate entity. In this exchange the mother changes. As Hollway (2001) states "every developmental move (regress as well as progress) is inevitably and interminably produced and reproduced (and changed) intersubjectively" (p. 28).

Although a women's motherhood subjectivity is one of her most defining and relational identities, no mother is only a mother (Hollway, 2008). Women hold multiple identities that intersect with one another. The transformative experience of motherhood is postulated to have implications for the women's other relationships and subjectivities. The development and shift in her capacity for containment, reverie and ambivalence – born out of the intersubjective mother-child dyad – is

likely to permeate her other relationships and subjectivities (Baraitser, 2009; Green, 2015; Hollway, 2001; Raphael-Leff, 2010).

The intersection and interaction between subjectivities and other relationships may be even more pronounced in mothers who work as psychotherapists. Psychotherapists have greater exposure to object relations theories and are familiar with their demands on the mother. In addition, psychotherapists are trained to provide containment for their clients and therefore the 'performative acts' for both their identity as a mother and as a psychotherapist are likely to intersect and permeate one another. It is anticipated that the subjectivities of the psychotherapist mothers will enhance and permeate one another, but the psychotherapists may still struggle to acknowledge their feelings of hate or ambivalence in their construction and experiences of motherhood. The 'mother as intersubjective' literature forms an interesting backdrop against which to explore how two of the dominant subjectivities of female psychotherapists, namely that of being a psychotherapist and that of being a mother, permeate, impact and shift one another. In order to explore the intersection of these two subjectivities, and more specifically to understand the influence of this group of mothers' identity as a psychotherapist on their experiences and understandings of motherhood, it is necessary to unpack the literature around therapist identities.

4.4 The psychotherapist identity

The identity of a psychotherapist is intimately linked to the therapist's personal identity since it is recognised that the therapist's fundamental tool in psychotherapy is his/her self. Psychotherapists use the self to understand clients. Their personal identity and experiences inform their understanding and view of the world. From this perspective, individuals who are training to become a psychotherapist need to integrate their personal identity and their role as therapist in order to bring their whole self to their therapeutic work (Hart, 1985).

Individuals who seek to train and practice as therapists have often experienced significant psychological distress in their formative years leading to a desire for them to understand and transform the emotional pain of others through empathic listening and containment (Barnett, 2007; Ivey & Partington, 2014; Reich Rubin, 2009). The term 'wounded healer' has been ascribed to psychotherapists where psychological wounding is considered to be at the heart of an individual's unconscious desire to become a therapist. This desire is fuelled by the individual's need to seek reparation and healing from their own wounding through providing a healing space for others (Ivey

& Partington, 2014). Psychological studies concerned with the therapist as a wounded healer indicate that wounding most frequently arises from parental rejection, parental failure and the need to assume the symbolic parental role within their family of origin (Barnett, 2007; Orlinsky, 2005; Stone, 2008). This emotional wounding in the therapist sensitises them to emotional pain in others and engenders the essential skills of empathy, insight and acceptance within the therapist that are necessary for working with the psychic pain of others (Stone, 2008; Wheeler, 2007). It is not the extent of the wounding but rather how these wounds have been processed that is important since it is the processing of pain that leads to the insight and self-awareness necessary to facilitate connection with and transformation of the pain that clients bring to therapy (Barnett, 2007; Ivey & Partington, 2014). Thus it is likely that female psychotherapists, who are also mothers, would have endured some degree of emotional wounding in their childhood that has played a role in both their desire and journey towards becoming a therapist and may be linked to an unconscious desire to heal their own emotionally damaged internal parental figures (Ivey & Partington, 2014).

A psychotherapist's identity is first developed during their psychological training and involves the dialectical processes of differentiation and psychological separation (Jacobsson, Lindgren, & Hau, 2012; Tsuman-Caspi, 2012). Differentiation incorporates the development of skills, ideas and attitudes within a personal therapeutic repertoire that reflect a unique and particular professional journey while psychological separation involves the development of a subjective sense of oneself as a psychotherapist as separate and yet at the same time connected to other psychotherapists (Tsuman-Caspi, 2012). During the development of the therapist's identity there is a bidirectional interaction between the psychotherapist's personal identity and professional role, where the psychological theories that the individual encounters inform the thoughts and actions of the individual but in which the therapist also shapes the way in which theory will be enacted in their therapeutic practice (Hart, 1985).

Ideally psychotherapists integrate their personal and professional selves so that there is increased consistency and congruency between these two aspects of their identities. With time, the role of psychotherapist needs to transform from 'what I do' to 'who I am' as the experiences and understandings of being a therapist are incorporated not just in the individual's practice in the therapy room but in the way that the individual views and is in the world (Hart, 1985; Tsuman-Caspi, 2012). Not all therapists, however, integrate their identity as a therapist with their personal

identity. Some therapists split these two identities and keep their professional lives separate from their personal identity (Hart, 1985).

The psychotherapist identity is never static but rather entails a continuous process of learning where the identity is created in the interaction between the self and the environmental context. It is a very personal and interpersonal endeavour and the emerging identity is always shaped by the unique professional, cultural and relational contexts of the individual therapist (Tsuman-Caspi, 2012). In addition to these contexts, the therapist's individual relationship to psychoanalytic theory can shape their identity. Psychoanalytic theory has been conceptualised as a pre-given third that can be used to provide a useful space from which to think, free the mind and conceptualise in the therapeutic space (Britton, 2004; Straker, 2006). In this way theory can be considered to be an analytic third (Ogden, 1994) in which it opens up the space to think. On occasion, as Benjamin (2004) points out, this pre-given third can also be considered to hinder thinking if it constrains freedom of thought. In this way theory can be what Straker (2006) terms an anti-analytic third in which it closes down the thinking space, introduces mindlessness and feels punitive, judgemental and can be used to fuel judgement of the self and others, including clients. This relationship with theory is generated by a particular set of circumstances that implicates the therapist's unique social as well as personal contexts and discourses (Straker, 2006).

The psychotherapist identity is fluid and entails a continuous process of transformation that brings together who they are as people with their role of psychotherapist. It is not a once-off transformation but rather a continuous interaction and intersection of the multiple identities of the therapist (Hart, 1985). Within the context of this study it is anticipated that the two dominant identities of women who are both mothers and psychotherapists will inform, shape and hopefully enrich one another.

5. Methodology

5.1 Research Questions

This research project is guided by the following two research questions:

How do these female psychotherapists' understand the influence of psychological theory on their experience of motherhood?

How do these female psychotherapists' understand their negotiation of psychological theory and personal experience in their motherhood journey?

5.2 Research Design

The design of this project falls into the qualitative tradition and subscribes to the perspective posited by Letherby (1999) that the “best way to find out about people’s lives is for people to give their own analytical accounts of their experiences” (p. 360). The focus of this research project is on exploring how being a psychotherapist influences these mother’s experiences and understandings of motherhood from a psychosocial perspective. Drawing on Hollway (2016) the psychosocial perspective entails an account of subjectivity that is dynamic, multiple and fluid. This perspective emphasises the complex intersection of multiple subjectivities in which the participants exhibit agency in how they construct their subjective position in relation to dominant discourses and psychological processes (Hollway, 2011).

Qualitative research acknowledges the importance of language in constructing meaning and enables the exploration and unpacking of subjective experiences through attending to the words and underlying meanings as voiced by the participants themselves (Hollway, 2016; Mauthner, 1999). Qualitative research is not focused on discovering universal ‘truths’ that are generalizable but rather is interested in generating rich, detailed, contextually-relevant and nuanced personal information (Kruger, 2003; Namey & Trotter II, 2015). Given the focus of this study on the participants’ intersecting subjectivities, qualitative research in the form of in-depth semi-structured interviews is considered to be appropriate as the data source. Semi-structured interviews grant participants a platform from which to explain their experiences, in addition to their responses to the interview process. This hopefully negates misinterpretation of their accounts by the researcher and affords participants the opportunity to deviate from the original line of enquiry (Mamabolo et al., 2009). In addition, qualitative research acknowledges that the self is multiple and multivocal and hence the choice – both conscious and unconscious – of what participants share in interviews is determined by the context of the interview. In the interview context both the researcher and the theoretical assumptions underpinning the project shape what will be found in the fixed text (Cartwright, 2004; Josselson, 2011). Thus the interview data is considered to be co-constructed.

The psychosocial perspective emphasises that it is not only the words used by the participant that are important but also the unconscious, non-verbal communication, in the form of inchoate transference-countertransference impressions, that form an important part of the interview data (Cartwright, 2004; Hollway, 2016). Thus, in this project, it is important to pay attention to and

record what is said as well as what is not said or cannot be expressed in words in the interview process in order to gain an in-depth account of the intersection of the multiple subjectivities of female psychotherapists.

The interview data generated in this study will be analysed by utilising narrative analysis in order to address the research questions. Narrative analysis acknowledges that there are multiple ways in which to interpret the same text and the interpretative framework will structure the understanding that emerges from the interview data. Thus the interpretation that emerges will be subjective and one of many possible interpretations (Josselson, 2011). Narrative analysis in this project will be informed by Hollway's approach to psychosocial research. Analysis will entail identifying themes that emerge across the interview data and also the verbal and non-verbal incidents of ambivalence, contradictions and paradoxes in the accounts to reveal how female psychotherapists' experience and understand their intersecting mother and psychotherapist subjectivities.

5.3 *Participants*

The sample in this study will not be randomly selected as the aim is not to make statistical generalisations of the data (Nicolson, 1999). Rather, the aim is to explore in-depth how two of the dominant subjectivities of a small cohort of female psychotherapists, namely that of being a mother and that of being a psychodynamic psychotherapist, impact, permeate and intersect one another. The sample will be comprised of approximately eight participants who meet the inclusion criteria of being a female psychotherapist who is also a mother of at least one child between the ages of 2 and 8; is a psychodynamically-oriented educational, clinical or counselling psychotherapist; and qualified and practiced as a psychotherapist prior to becoming a mother. Purposive, snow-ball sampling will be used to recruit the participants.

A decision was taken to limit the study to mothers with pre-latency phase children. It has been posited that different developmental challenges emerge in pre- and post-adolescent children and that, given the intersubjective nature of motherhood, these differences can shape a participant's understandings and experiences of motherhood (Seagram & Daniluk, 2002). By extension it is probable that different challenges emerge prior to and during latency and thus the cohort is limited to mothers who have children who are younger than 8 years of age. In addition, although most motherhood research focuses on the transition of women to motherhood, the researchers have decided to explore the subjectivities in women who have already made the adjustment to

motherhood. It has been argued that it is more difficult to be reflexive as a new mother who is adjusting to the physical, emotional and psychological demands made on her in her transition into motherhood. Since motherhood is a lifelong journey it has been proposed that there is value in exploring the experiences and understandings of women who have already adjusted and have begun to engage in the process of separation and individuation from their child (Choi et al., 2005; Shelton & Johnson, 2006).

The inclusion of only psychodynamically-oriented educational, clinical, and counselling psychotherapists is based on the premise that psychodynamic psychotherapists have been exposed to the psychoanalytic conceptions of Klein, Winnicott, Bion and Bowlby on mothering in their training and utilise these theories to inform their practices. Clinicians from other theoretical orientations may not consider motherhood from a similar perspective, in which the mother is viewed predominantly as an object. Hence, the decision was taken to reduce the complexity of the research by limiting the sample group to psychodynamically-oriented psychotherapists who subscribe to object relations motherhood literature. Research and organisational psychotherapists are excluded from this study since they are not explicitly exposed to the psychological theories of motherhood in their specialised training.

This study is limited to women who trained and practiced as psychotherapists prior to becoming mothers since it is assumed that psychotherapist mothers will draw primarily on their psychological knowledge, especially on the maternal function involved in being a psychotherapist, rather than on social and cultural discourses to inform their mothering experiences and practices. Therefore, unlike other mothering populations, their motherhood subjectivities are posited to be shaped by their psychological training and practice, which existed prior to their journey into motherhood.

5.4 Data Collection

Data will be collected through semi-structured individual interviews that will be focused on eliciting the subjective voices of female psychotherapists on their experiences, understandings and identities as mothers and psychotherapists, and the meaning they ascribe to these subjectivities, both consciously and unconsciously.

The psychosocial framework, in which both the psychological and social components are important, will be used to inform the interview process. The interview questions have been constructed in

consultation with the supervisor through engagement with the psychological literature on motherhood. The interview schedule includes questions aimed to elicit information on the personal biography of the female psychotherapists, especially in reference to their own childhood and relationship with their mothers, as guided by the psychosocial research principles outlined by Hollway and Jefferson (2005). It also includes questions aimed at eliciting participants' understandings of their therapeutic identities and how these intersect with their roles as mothers.

In addition to taping and transcribing the interview data, summary notes will be written up by the researcher after each interview to record any impressions regarding the process of the interview, and will especially detail any 'feeling states' that arise during the interview. From a psychoanalytic perspective this information, together with the verbal interview data, is essential for exploring the intrapsychic processes and the unconscious construction of meaning in individual narratives (Cartwright, 2004; Frosh, Phoenix, & Pattman, 2003; Hollway, 2008).

The interview begins with two broad questions: "Please tell me what motherhood has been like for you?" and "Please tell me what being a psychotherapist has been like for you?". These questions are designed to open up discussion around their identities as 'mother' and 'psychotherapist' and it is hoped that it will allow the participant to not feel constrained by the interview questions but will rather enable participants to voice their own experiences (Mauthner, 1999). The remainder of the interview schedule will be used as a guide to ensure that all themes are fully explored but that the content is not limited in the process.

5.5 *Data analysis*

Data will be analysed using narrative analysis. Narrative analysis has no defined way to analyse data but rather is informed by the researcher's theoretical framework (Squire, 2008; Squire, Andrews, & Tamboukou, 2008). Narrative analysis works with both what is said and what is not said within the context of the interview. This method of data analysis seeks to decode or interpret the co-constructed narrative from a specific theoretical orientation in order to explore the multiple, often contradictory, layers of meaning embedded within the narrative to provide answers to conceptual questions posed by the study's research questions (Josselson, 2011). According to Squire et al. (2008) there are multiple levels of analysis of narrative texts since in an interview the participant will not only draw on social discourses in constructing their narrative but will also justify their own individual subjective position(s). From an object relations psychosocial perspective, narrative

analysis attempts to identify what is left unsaid or unsayable through identifying omissions, disjunctions, inconsistencies and contradictions within the participant's narrative. At the same time the analysis explores the connection between the individual and cultural narratives (Josselson, 2011; Squire, 2008).

In this study the female psychotherapists' narratives will be analysed for social influences utilising Emerson and Frosh's (2004) five structural levels of narrative interpretation with a view to identifying how these women deploy psychological discourses about issues of identity regarding multiple roles within the manifest content of their personal narratives. In addition, the narratives will also be analysed for how the psychoanalytic concepts of defences and anxieties are presented in the latent content as indicative of important unconscious meanings of psychological experiences that cannot be expressed (Cartwright, 2004; Josselson, 2011). The narrative analysis of the transference-countertransference (psycho) aspect in this study will draw on the work of Cartwright (2004) and Hollway and Jefferson (2005).

Emerson and Frosh (2004) outline five structural levels incorporating core characteristics and interpretative questions that can be utilised in narrative interpretation. The first level seeks to unpack the organisation of the text through considering how the text has been organized as speech. The second level examines the syntax and cohesion of the narrative by asking two key questions: Why has (have) the speaker(s) made this particular connection at this point? How does this connection make sense within the logic of particular narrative sections and of the overall, jointly produced interview? The third level considers the mainline and off main-line plot. This level of interpretation is informed by the question, "what is the main point or significance of this plot?" The fourth level seeks to identify the psychological subjects present in the narrative by considering three key questions: Who or what is the psychological subject of this stanza? Why does the narrator change subjects or shift positions/points of view? Are there patterns in these changes? The fifth and final level of analysis involves classifying the focusing system. This final level of analysis is informed by two clarifying questions: Why is this focus so important? How does it fit with other focused material?

Cartwright (2004) outlines three main steps in the analysis of interview data using a psychodynamic approach to unpack the latent unconscious content regarding psychological experiences that cannot be expressed. The first step involves analysing the 'feeling states' and corresponding

thoughts and perceptions in order to understand how psychoanalytic knowledge is co-constructed. This step is equivalent to that of Hollway and Jefferson (2005) in which the research relationship is analysed utilising the concept of 'countertransference' in order to consider what the countertransference response might signify. The countertransference also provides the researcher with clues as to the nature of object relations during the interview. The second step entails discerning the core narratives that emerge from the interview (Cartwright, 2004). During this step the researcher searches for themes or plots that can be related to the topic of the interview without losing sight of the interview structure as a whole. This is in line with gestalt principles in which it is important to avoid fragmenting data and rather it is necessary to keep the whole interview in mind when trying to make sense of a particular part of the puzzle (Hollway & Jefferson, 2005). This step is based on the assumption that themes that are repeated are indicative of stable and significant intrapsychic aspects of an individual (Cartwright, 2004; Hollway & Jefferson, 2005). The third step of the analysis explores the identifications and object relations present in the interview data. This process of analysis is concerned with understanding how an individual, unconsciously and consciously, locates herself in the narrative in relation to objects and provides insight into the participant's objects and related defensive organisation (Cartwright, 2004). Given that this study is informed by a psychosocial paradigm, an additional step is required where the participant's dominant psychodynamics will be analysed in light of the social constructions surrounding motherhood that the psychotherapists draw upon in their narratives. It is assumed that their understandings of their experiences will be influenced by their psychodynamics and their contextually-embedded ideologies in interaction. It is thought that their personal histories may influence how they position themselves in relation to dominant discourses and vice versa. Personal narratives often emerge around people's experiences in their lives of 'breaches between ideal and real, self and society' (Emerson & Frosh, 2004) (p. 9). Thus it is important from a psychosocial perspective to conceptualise how motherhood discourses from the external world impinge on participants in ways that shape and reshape their intersecting subjectivities (Hollway, 2011).

In order to enhance the rigour in this qualitative study, the preliminary results of the narrative analysis will be discussed with the supervisor in order to elicit her input and evaluation of the subjective interpretations of the data. It is hoped that this step will strengthen the credibility of the analysis by tempering the potential bias of the subjective interpretation and identifications made by the researcher (Mamabolo et al., 2009; Morrow, 2005). In addition, in the final paper specific examples in the form of quotes will be included to enable readers to appraise the fit between the

narrative data and the interpretation of them (Elliott, Fischer, & Rennie, 1999). The researcher's theoretical orientation and subjective life experiences that are relevant to the study will be disclosed in order to help readers to orient themselves regarding the researcher's presuppositions and subjective role in shaping the outcome of this research project (Elliott et al., 1999; Mauthner, 1999). It is hoped that these strategies will enhance the credibility and trustworthiness of the data and data analysis process.

5.6 Reflexivity

Qualitative research involves interpretation of research data that has been acquired through a process in which the researcher has played a critical role in shaping both the research process and the final product (Watt, 2007). Reflexivity, in the form of journal writing, is thus essential because humans can never be neutral. As Letherby (1999) writes, "researchers cannot have empty heads... and so it is important to acknowledge the intellectual and personal presence of the researcher in all stages of the research process" (p. 361). In addition, Mauthner (1999) encourages researchers to acknowledge their subjective role in shaping the outcome of the research project by explicating their own location in relation to their research topic and participants.

As Arendell (2000) states, "everyone was mothered and many are mothers and these experiences can impede study and understanding [of motherhood]" (p. 1194). As a researcher in this study, I am aware that I am drawn to this project due to my location as a woman who is currently engaged in journeying towards becoming a psychodynamic clinical psychotherapist and I am also a mother of an 8 year old daughter. Being a woman and a mother could be an advantage in the interview process since it could allow me as a researcher to empathise with some of the experiences of the mothers who will be interviewed (Shelton & Johnson, 2006). At the same time, however, it could also bias my interpretations of the participants' experiences, both those that do and those that do not align with my own personal experiences and understandings. Thus, personal reflexivity in the form of a journal to reflect on thoughts, emotions and responses elicited during the research project will be critical to ensure that my voice does not drown out or dominate those of the participants. In addition to the journal, my supervisor will be consulted in an attempt to ensure that data that is at odds with my own personal subjectivity as a mother is not overlooked and that the data that resonates with me is not overrepresented in the final paper.

5.7 Ethical Considerations

The protection and rights of the participants in this study are crucial when considering the ethics related to this research project. This section will give a brief outline of how the autonomy and confidentiality of the participants will be achieved in this project in which the researchers seek to understand how this group of mothers' identity as a psychotherapist influences their experiences and understandings of motherhood while at the same time ensuring that no harm is caused in the process.

Ethical clearance for this research project has already been obtained by the supervisor from the University of the Witwatersrand (Protocol number H16/04/03) and will also be obtained internally prior to commencing interviews.

Participants will be emailed a participant information sheet (Appendix A) inviting them to participate and outlining the purpose and requirements of the study. The voluntary nature of participation in this study is stated and they will be assured of the confidentiality of their responses and interview materials. To ensure confidentiality, participants will be given pseudonyms and all identifying information will be disguised or removed from the paper. The participants will also be informed of their right to refuse to answer any questions. In addition they will be informed of their right to withdraw from the study at any point with no repercussions, including once the data has been analysed and prior to the paper being published. After the paper has been accepted for publication, the interview recordings will be deleted and, subject to participant's permission, the anonymised transcripts will be archived for use in future research studies.

Informed consent for the interview and audio recording will be obtained in writing prior to proceeding with the interview (Appendices B and C). Given the nature of object relations psychosocial interpretation in narrative analysis of the interview data in this project, the concept of 'informed consent' is a bit of an oxymoron since participants cannot know what they will unconsciously disclose during the course of the interview (Josselson, 2011). In order to ensure that the rights of the participants are upheld, the final paper will be sent to the participants for their approval prior to submitting it to a journal. In addition, the researcher will endeavour to interpret the data respectfully, mindful that the interview data is a reflection of people's lives and experiences.

It is not anticipated that participants will experience distress during interviews. However, if any of the participants become distressed as a result of the interview, the need for a psychotherapeutic space to explore their experiences will be discussed. All of the participants are likely to be in a position to afford private psychotherapy, and it is likely that most will already be in their own psychotherapy as is common practice for psychodynamically oriented clinicians. Thus, the phone numbers for free psychotherapeutic services will not be provided. Rather, if necessary, suggestions for suitable psychotherapists will be made.

References

- Arendell, T. (2000). Conceiving and investigating motherhood: The decade's scholarship. *Journal of Marriage and Family, 62*(4), 1192-1207.
- Baraitser, L. (2006). Oi mother, keep ye' hair on! Impossible transformations of maternal subjectivity. *Studies in Gender and Sexuality, 7*(3), 217-238. doi: 10.2513/s15240657sgs0703_1
- Baraitser, L. (2009). *Maternal encounters: The ethics of interruption*. New York: Routledge.
- Barnett, M. (2007). What brings you here? An exploration of the unconscious motivations of those who choose to train and work as psychotherapists and counsellors. *Psychodynamic Practice, 13*(3), 257-274.
- Benjamin, J. (1990). An outline of intersubjectivity: The development of recognition. *Psychoanalytic Psychology, 7*(S), 33-46.
- Benjamin, J. (2004). Beyond doer and done to: An intersubjective view of thirdness. *Psychoanalytic Quarterly, 73*, 5-46.
- Bion, W. R. (1993). *Second thoughts: Selected papers on psycho-analysis*. New Jersey: Jason Aronson Inc.
- Branney, P. (2008). Subjectivity, not personality: Combining discourse analysis and psychoanalysis. *Social and Personality Psychology Compass, 2*(2), 574-590.
- Britton, R. (2004). Subjectivity, objectivity, and triangular space. *Psychoanalytic Quarterly, 73*, 47-61.
- Butler, J. (1988). Performative acts and gender constitution: An essay in phenomenology and feminist theory. *Theatre Journal, 40*(4), 519-531.
- Cartwright, D. (2004). The psychoanalytic research interview: Preliminary suggestions. *Journal of the American Psychoanalytic Association, 52*(1), 209-242.
- Chodorow, N. J. (2002a). The cycle completed: Mothers and children. *Feminism & Psychology, 12*(1), 11-17.
- Chodorow, N. J. (2002b). Response and afterward. *Feminism & Psychology, 12*(1), 49-53.
- Chodorow, N. J. (2004). Psychoanalysis and women: A personal thirty-five-year retrospect. *Annual of Psychoanalysis, 32*, 101-129.
- Choi, P., Henshaw, C., Baker, S., & Tree, J. (2005). Supermum, superwife, supereverything: Performing femininity in the transition to motherhood. *Journal of Reproductive and Infant Psychology, 23*(2), 167-180. doi: 10.1080/02646830500129487

- de Marneffe, D. (2006). What exactly is the transformation of motherhood? Commentary on Lisa Baraitser's paper. *Studies in Gender and Sexuality*, 7(3), 239-248. doi: 10.2513/s15240657sgs0703_2
- Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38, 215-229.
- Emerson, P., & Frosh, S. (2004). *Critical narrative analysis in psychology: A guide to practice*. Basingstoke, UK: Palgrave MacMillan.
- Frosh, S. (2003). Psychosocial studies and psychology: Is a critical approach emerging? *Human Relations*, 56(12), 1545-1567.
- Frosh, S. (2008). On negative critique: A reply. *Psychoanalysis, Culture & Society*, 13(416-422), 416.
- Frosh, S. (2010). Psychosocial textuality: Religious identities and textual constructions. *Subjectivity*, 3(4), 426-441.
- Frosh, S., & Baraitser, L. (2008). Psychoanalysis and psychosocial studies. *Psychoanalysis, Culture & Society*, 13, 346-365.
- Frosh, S., Phoenix, A., & Pattman, R. (2003). Taking a stand: Using psychoanalysis to explore the positioning of subjects in discourse. *British Journal of Social Psychology*, 42, 39-53.
- Green, F. J. (2015). Re-conceptualising motherhood: Reaching back to move forward. *Journal of Family Studies*, 21(3), 196-207. doi: 10.1080/13229400.2015.1086666
- Hart, A. H. (1985). *Becoming a psychotherapist: Issues of identity transformation*. Paper presented at the Annual meeting of the Eastern Psychological Association, Boston, MA, USA.
- Hollway, W. (2001). From motherhood to maternal subjectivity. *International Journal of Critical Psychology*, 2, 13-38.
- Hollway, W. (2006). Paradox in the pursuit of a critical theorization of the development of self in family relationships. *Theory and Psychology*, 16, 465-482.
- Hollway, W. (2008). The importance of relational thinking in the practice of psycho-social research: Ontology, epistemology, methodology and ethics. In S. Clarke, P. Hoggett & H. Hahn (Eds.), *Object relations and social relations: The implications of the relational turn in psychoanalysis* (pp. 137-162). London, UK: Karnac.
- Hollway, W. (2011). Through discursive psychology to a psycho-social approach. In N. Bozatzis & T. Dragonas (Eds.), *Social psychology: The turn to discourse* (pp. 209-240). Athens: Metaixmio.
- Hollway, W. (2016). Feminism, psychology and becoming a mother. *Feminism & Psychology*, 26(2), 137-152.

- Hollway, W., & Jefferson, T. (2005). Panic and perjury: A psychosocial exploration of agency. *British Journal of Social Psychology, 44*, 147-163.
- Ivey, G., & Partington, T. (2014). Psychological woundedness and its evaluation in applications for clinical psychology training. *Clinical Psychology and Psychotherapy, 21*, 166-177.
- Jacobsson, G., Lindgren, T. E., & Hau, S. (2012). Rites of passage: Novice students' experiences of becoming psychotherapist. *Nordic Psychology, 64*(3), 192-202.
- Jeremiah, E. (2006). Motherhood to mothering and beyond: Maternity in recent feminist thought. *Journal of the Association for Research on Mothering, 8*, 21-33.
- Josselson, R. (2011). "Bet you think this song is about you": Whose narrative is it in narrative research? *Narrative Works: Issues, Investigations, & Interventions, 1*(1), 33-51.
- Klein, M. (1987). *The selected Melanie Klein*. New York: The Free Press.
- Kruger, L.-M. (2003). Narrating motherhood: The transformative potential of individual stories. *South African Journal of Psychology, 33*(4), 198-204.
- Kruger, L.-M. (2006). Motherhood. In F. Boonzaier, P. Kiguwa & T. Shefer (Eds.), *The gender of psychology* (pp. 182-197). Cape Town: UCT Press.
- Letherby, G. (1994). Mother or not, mother or what? Problems of definition and identity. *Women's Studies International Forum, 17*(5), 525-532.
- Letherby, G. (1999). Other than mother and mothers as others: The experience of motherhood and non-motherhood in relation to 'infertility' and 'involuntary childlessness'. *Women's Studies International Forum, 22*(3), 359-372.
- Lupton, D. (2000). A love/hate relationship: The ideals and experiences of first-time mothers. *Journal of Sociology, 36*(1), 50-63.
- Mamabolo, I., Langa, M., & Kiguwa, P. (2009). To be or not to be a mother: Exploring the notion of motherhood among university students. *South African Journal of Psychology, 39*(4), 480-488. doi: 10.1177/008124630903900409
- Mauthner, N. S. (1999). Feeling low and feeling really bad about feeling low: Women's experiences of motherhood and postpartum depression. *Canadian Psychology, 40*(2), 143-161. doi: 10.1037/h0086833
- McLeod, J. (2009). Themes and issues in the psychodynamic approach to counselling. In J. McLeod (Ed.), *An introduction to counselling* (4th ed., pp. 81-127). Berkshire: Open University Press.
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology, 52*(2), 250-260.

- Namey, E. E., & Trotter II, R. T. (2015). Qualitative research methods. In G. S. Guest & E. E. Namey (Eds.), *Public health research methods* (pp. 443-482). Thousand Oaks, CA: Sage.
- Nicolson, P. (1999). Loss, happiness and postpartum depression: The ultimate paradox. *Canadian Psychology, 40*(2), 162-178.
- Oberman, Y., & Josselson, R. (1996). Matrix of tensions: A model of mothering. *Psychology of Women Quarterly, 20*(3), 341-359. doi: 10.1111/j.1471-6402.1996.tb00304.x
- Ogden, T. H. (1994). The analytic third: Working with intersubjective clinical facts. *International Journal of Psycho-Analysis, 75*, 3-19.
- Orlinsky, D. E. (2005). Becoming and being a psychotherapist: A psychodynamic memoir and meditation. *Journal of Clinical Psychology: In Session, 61*(8), 999-1007.
- Parker, R. (1997). The production and purposes of maternal ambivalence. In W. Hollway & B. Featherstone (Eds.), *Mothering and ambivalence* (pp. 17-36). London: Routledge.
- Parker, R., & Bar, V. (1996). Torn in two: The experience of maternal ambivalence. *Journal of Analytical Psychology, 41*(4), 611-612.
- Raphael-Leff, J. (2010). Healthy maternal ambivalence. *Psycho-analytic Psychotherapy in South Africa, 18*(2), 57-73.
- Reich Rubin, L. (2009). On becoming a psychoanalyst. *Contemporary Psychoanalysis, 45*(4), 483-503.
- Saville Young, L., & Frosh, S. (2010). 'And where were your brothers in all this?': A psychosocial approach to texts on 'brothering'. *Qualitative Research, 10*(5), 511-531.
- Seagram, S., & Daniluk, J. C. (2002). "It goes with the territory". *Women & Therapy, 25*(1), 61-88. doi: 10.1300/J015v25n01_04
- Shelton, N., & Johnson, S. (2006). 'I think motherhood for me was a bit like a double-edged sword': The narratives of older mothers. *Journal of Community & Applied Social Psychology, 16*, 316-330. doi: 10.1002/casp.867
- Simons, M. A. (1984). Motherhood, feminism and identity. *Women's Studies International Forum, 7*(5), 349-359.
- Squire, C. (2008). Experience-centred and culturally-oriented approaches to narrative. In M. Andrews, C. Squire & M. Tamboukou (Eds.), *Doing narrative research* (pp. 23-45). London: Sage.
- Squire, C., Andrews, M., & Tamboukou, M. (2008). What is narrative research? In C. Squire, M. Andrews & M. Tamboukou (Eds.), *Doing narrative research* (pp. 1-21). London: Sage.
- Straker, G. (2006). The anti-analytic third. *Psychoanalytic Review, 93*(5), 729-753.

- Stone, D. (2008). Wounded healing: Exploring the circle of compassion in the helping relationship. *The Humanistic Psychologist*, 36, 45-51.
- Tsuman-Caspi, L. (2012). *The identity formation of psychotherapists in training: A dialectical and personal process*. (Doctor of Philosophy), Columbia University, New York, USA.
- Watt, D. (2007). On becoming a qualitative researcher: The value of reflexivity. *The Qualitative Report*, 12(1), 82-101.
- Wheeler, S. (2007). What shall we do with the wounded healer? The supervisor's dilemma. *Psychodynamic Practice*, 13(3), 245-256.
- Winnicott, D. W. (1953). Transitional objects and transitional phenomena - A study of the first not-me possession. *International Journal of Psycho-Analysis*, 34, 89-97.
- Winnicott, D. W. (1960). The theory of the parent-infant relationship. *International Journal of Psycho-Analysis*, 41, 585-595.

APPENDIX A

Participant Information Sheet



School of Human and Community Development
Private Bag 3, Wits 2050, Johannesburg, South Africa

Dear Madam

My name is Gillian Sheridan. I am currently completing my Masters of Arts in Clinical Psychology at the University of the Witwatersrand and am conducting research as part of my degree. My research entails exploring the influence that being a psychotherapist has on being a mother. Part of this research involves interviewing eight female psychotherapists about their experiences and understandings of motherhood in light of their psychological training and practice as a psychodynamic therapist. It is hoped that through this process we would be able to explore how the experiences and meanings attributed to motherhood by female psychotherapists' are understood and created within the context of having a deeper understanding of the psychology of motherhood than other female populations.

I would like to invite you to participate in my research and to share your mothering experiences with me. Participation in this study will involve being interviewed by me. The interview should take between 60 and 90 minutes. The interviews will take place at a mutually agreed time and place where privacy and confidentiality can be assured. At all times, your right to confidentiality will be respected. Confidentiality will be maintained by ensuring that no identifying information is disclosed in the research. The researcher, and possibly the research supervisor, will be the only people who will be aware of your identity and participation in this research. Participation is voluntary and you may choose not to answer any questions that you do not want to. There are no right or wrong answers and you may stop the interview at any time with no negative consequences. In addition you may withdraw from the study at any point with no repercussions, including once the data has been analysed and prior to the paper being published.

The interview will be digitally recorded and only I will have access to the digital tapes. It is necessary for me to record the interview in order for me to remember as much detail as possible. Your interview will not be heard by anyone else other than me. The digital interviews and anonymised transcripts will be kept in a password-protected file on a computer which only I will be able to access. The printed transcripts will be kept at my home and at the university in locked offices. Although I know who you are, confidentiality will be maintained by not disclosing any information that may identify you in the paper. I will assign a pseudonym to your information in the paper. Direct quotes from your interview will be used in the paper, however, no identifying information will be included and they will be used with quotes from other interviews. After the paper is finished your interview recording will be deleted and with your permission, the anonymised transcript will be archived with my supervisor for use in future research studies. These studies will also maintain your confidentiality.

It is our intention to publish the results of this study. Before publishing the paper, we will send you the final draft for your input. My contact details and those of my supervisor are attached to this form. If anything should arise in the interview that is distressing for you, please let me know if there is anything I could do to help you access psychotherapy, where you could explore these issues further.

If you do choose to participate please can you fill out the two consent forms attached and give them back to me; the one is consent to participate and the other is consent for the audio recording.

Please feel free to contact either me or my supervisor if you would like any further information, have any further questions, or would like to report any negative affects the study has had on you.

Thank you for your time and consideration.

Kind regards

Gillian Sheridan

(Clinical Psychology Student)

0825493205

Email: gillian.sheridan@cantab.net

Dr. Katherine Bain

(Research Supervisor)

011 717 4558

Email: Katherine.Bain@wits.ac.za

APPENDIX B

Consent Form (Interview)

I, _____ give consent to being interviewed by Gillian Sheridan for her study on exploring the complexity of being both a psychotherapist and mother. I understand that:

- Participation in this interview is voluntary.
- I may refrain from answering any questions that I do not want to answer.
- I may withdraw my participation and/or my responses from the study at any time.
- All information provided will remain confidential, although direct quotes may be used in the journal paper.
- If I am quoted a pseudonym (Respondent X, Respondent Y etc.) will be used.
- None of my identifiable information will be included in the journal paper.
- I am aware that the results of the study will be reported in the form of a research report and journal paper for the partial completion of the degree, Masters of Arts in Clinical Psychology.
- The research may be presented at a local/international conference and be published in a journal and/or book chapter.
- There are no direct benefits for me in participating in this study.
- There are no anticipated risks for me participating in this study.

I agree to the anonymised transcript being archived for future research purposes:

Yes___ No___

Signed _____

Date _____

APPENDIX C

Consent Form (Audio Recording)

I _____ give consent for my interview with Gillian Sheridan for her study on exploring the complexity of being both a psychotherapist and mother. I understand that:

- The recording will not be heard by anyone other than the researcher.
- The anonymised transcript will not be seen by anyone other than the researcher and her supervisor.
- The anonymised transcripts will be kept in a password-protected file on a computer which only the researcher and her supervisor will be able to access. The printed transcripts will be kept in locked offices.
- No identifying information will be used in the transcripts or journal paper.
- Although direct quotes from my interview may be used in the journal paper, I will be referred to by a pseudonym (Respondent X, Respondent Y etc.).

Signed _____

Date _____

APPENDIX D

Interview Schedule

- 1) Please tell me what motherhood has been like for you?
- 2) Is motherhood as you expected?
- 3) What would you say has influenced you in your journey as a mother? Family of origin? Psychology? Culture? Other mothers?
- 4) In terms of your own upbringing: please tell me a little about what your experience of being mothered was like. What would you say was difficult for you in this relationship? What was good? How would you describe your relationship with your father?
- 5) Given your experience as a mother, has your conception of your own mother shifted from before you were a mother to now? If so, how?
- 6) How much free will/choice do you think you have had in your motherhood? What, if anything, have you tried to do differently or the same as your own mother?
- 7) What do you think is the dominant understanding of what it is to be a mother within your particular social bracket?
- 8) What role has your psychological training and practice played in your life as a mother if any?
 - i) Do you feel it has helped you? Hindered you? Has it led to any emotions? How have you handled these feelings?
- 9) What is the difference for you in your role as a mother and as a psychotherapist? Given that a psychotherapist has been compared to being a mother, providing containment for your clients? How do you separate out these roles?
- 10) Do you think being a psychotherapist has made mothering different for you, when compared to mothers who are not psychotherapists? Please elaborate.
- 11) What role would you say your husband has played in parenting? Is your husband a psychotherapist? If yes/no, please explain how you think this may have helped or hindered your motherhood experience.
- 12) Do you have a definition of a 'good mother'? Did you bring it to your mothering? Has it changed? How did it influence your experience and understandings of being a mother?
- 13) What psychological theories around motherhood and childhood development did you cover in your psychological studies? What psychological theories do you think most influenced your thinking on mothering and what a mother should do?
 - Which of these theories have helped you as a mother?
 - Are there any theories that have made mothering more difficult?

- What does Bion's concept of containing mean to you as a mother?
- 14) Has being a mother influenced/shifted your psychological practice or professional views on motherhood at all? If yes, please could you expand on how?
- 15) What types of feelings do you remember having as you transitioned to motherhood the first time? Were they different with the birth of your second child?
- 16) Would you say that your experiences/understandings of motherhood have changed as your children have grown older? If so, how?
- 17) If you could mother your child again, what would you do the same and what would you do differently?
- 18) Is there anything else on this topic you feel is important for me to know?

APPENDIX E
Ethics Clearance

APPENDIX F

“Turnitin” Report

Turnitin Originality Report GillianSheridanMCLinResearchPaperNov2017.doc by Gillian Sheridan

From Research report

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