

Defeating the death mother

There is much to be learned by looking beyond the myth of the all-loving mother and exploring the taboo of maternal hatred, says **Julia Vaughan Smith**

The unwanted and unloved child carries a deep psychic wound. An infant is vulnerable to their relational environment, being totally dependent on others to get their essential needs met for love, food, warmth, safety, touch and protection. They read their mother's face and respond to what they see; to paraphrase Donald Winnicott, her face is their first mirror.¹ If they don't see love in her eyes, their system will react. Even before they can properly see they can sense her response, and if they feel unsafe their neurophysiology similarly goes into fight, flight and freeze. The same happens if growing up they are repeatedly belittled and shamed. The trauma response remains in their body and psyche and leaves an opening for the 'death mother' to enter.

The death mother archetype symbolises an internalisation of an external figure from these early years and describes an internal dynamic. Although brought into awareness by the late Marion Woodman, a Jungian psychoanalyst, and more recently developed by the anthropologist and author Dr Daniela Sieff,² little is written about this concept, perhaps because it speaks the unspeakable - that some mothers, whether birth, adoptive, foster or someone in a mothering role, feel ambivalent about the child or children in their care. Some may even struggle to love the child, or hate them.

Although a difficult idea for many as it challenges the pervading myth of the all-loving mother, the death mother carries the wish that her child, or some part of them, did not exist, and wants them dead. More than just negative or critical, the death mother 'stifles growth and imprints our cells with profound fear and hopelessness'.³ Those who encounter the death mother develop an unconscious ambivalence about being alive - fully living comes with a fear that they will be punished or killed for it.

Maternal ambivalence

Although a Jungian concept, I can see its application to many trauma modalities - the internalised death mother could be seen as a part, or parts, within internal family systems⁴ or as survival trauma responses,⁵ which are 'potentially destructive as they are a response to the behaviour of somebody we should be able to love and trust'.⁶

Although a child can of course be wounded by both their father and mother, and there are many different family structures, in many families the mother remains the key caregiver, particularly in the early years, and also has had a nine-month relationship with the infant and shared the birth experience.

Since Winnicott wrote in 1949 of 18 reasons a mother may hate her baby, it is notable how few authors have been drawn to further exploration of the taboo subject of maternal

ambivalence or hatred.⁷ The most prominent include Barbara Almond, who explored women's fears of giving birth to a monster or a child they dislike,⁸ Dorothy Bloch, who wrote about children's fear of infanticide,⁹ and Rozsika Parker, who argued that it is a common experience for mothers to swing between love and hatred for an infant, from conception onwards.¹⁰ In an interview for *The Guardian*, she was reported as saying about her book: 'I had children quite late in life - after I had accepted childlessness. Because they were such an unexpected gift, the coexistence of love and hate seemed especially unforgivable, and I was forced to face it.'¹¹ Asked if hate was the right word and wouldn't frustration do, she replied: 'I did play around with terms like positive and negative. But in the end, nothing quite seemed to capture the raw feelings that so many parents have as hate.'

The cultural and societal myth of the all-loving mother places women in an impossible position and silences them, stopping them accessing emotional support and help - they think they are the only ones who experience this and fear being judged and pathologised. It is seen as unnatural for a mother not to love and want her child, and if they speak of it they are rarely treated with compassion and understanding. When there is deep shame, a parent may withdraw even more from the child, or blame them for their feelings and treat them cruelly.

Many mothers/caregivers are able to tolerate and contain flashes of hatred of their baby, as they also experience love. Other mothers, due to their own trauma dynamics, may be unable to tolerate this ambivalence and, for some, the hatred may be prominent and lasting. Often this is because the mothers themselves are carrying the death mother archetype, perhaps inherited from their mother, who inherited from their mother, going back generations.

Sometimes a mother struggles with the demands of mothering as they conflict with other wants within her that are restricted by cultural expectations, opportunity and support. Woodman felt the death mother was born out of despair and 'the crushed hope of an un-lived life'.⁶

In mothers who are traumatised, the management of the terror and rage that are part of their trauma dynamics can leave little room for an emotional connection with their child. The embodiment of the ambivalence,



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hatred, fear, overwhelm or lack of interest in the child begins the internalising of the death mother archetype. It has also been argued that all children carry an innate fear of their parents, who hold their early lives in their hands, in the form of evolutionary knowledge in our cells about the risk of neonaticide and infanticide.¹²

Therapy

The death mother can manifest in clients in many ways - all destructive. Clients who carry the death mother within are likely to give up on their dreams, aspirations and creative endeavours, persuading themselves there is no point, or they can't do it, or it costs too much, to dismiss their desire. Alongside this they may

feel waves of despair and loss of hope, with everything seeming worthless or a waste of time. Their urge to grow becomes a negative force, often experienced as ongoing exhaustion and a yearning for escape.¹³ It can result in a paralysis or low-level depression, unable to move forward or think clearly. When tired or vulnerable they often look for an external or internal all-loving or kind mother who will hold and reassure them. Instead, they can be confronted by the death mother in others or within. The internal death mother orders them to betray themselves, to diminish themselves and their talents, leaving them thinking, 'Why did I ever think I would be able to do that?' While the internal critic is

a common experience of many, it doesn't carry the same level of venom as the death mother.

The roots of ambivalence towards life start with the eroding of their natural vibrancy in childhood, as their uniqueness is not welcomed. Keeping themselves small protects them from the pain of their real experience of not being wanted or loved at some level by their mother, and of having their hopes continually crushed.

The death mother can be a powerful presence in the room when working with an affected client - Woodman compares looking the death mother in the eye to being turned to stone by Medusa.⁶ The challenge is to help clients recognise this presence for what it is and to realise that they can love, want and protect ▶

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themselves - they don't need to stay imprisoned in these dynamics; they can develop their own internalised loving, compassionate mother. Part of this may involve giving up the illusory hope that one day, if they try hard enough, they will feel loved and wanted by their mother.

The work can also focus on building up protective resources to help the client develop a healthier set of beliefs, thoughts and feelings. We can help them build the capacity to withstand their internal death mother's attacks without collapse, which might involve developing positive self-talk, being in nature, listening to music that soothes or inspires, journaling and making a commitment to living and to feeling alive.

Creativity

As well as developing their capacity for self-compassion and self-care, clients must connect with their resources of curiosity and creativity. One death mother survivor said, 'My experience of this dynamic is that it kills off my creativity, depressing my self-belief and exhausting me. Then another voice within me activates, and I hate myself for my lack of creativity and energy. I seem to allow my energetic spirit to die by doubting myself.'¹⁴

Why does this presence in our psyche attack creativity? There is a biological reason in that the hormones produced when under continued stress have an impact on how we learn and create, making it harder to concentrate and focus. One theory is that creative people often challenge the status quo in society and so may be feared or silenced.¹⁵ In a family where the death mother stalks, the child's creativity is feared in case it challenges the power and influence of the mother or caregiver carrying the death mother. Mothers and other caregivers who have never fulfilled their own creative potential can kill off sparks of creative energy in their child that remind them of their own un-lived life.

An important part of helping clients separate from the internal death mother is encouraging them to learn how to play again. Play helps such clients access space within their own psyches, free from the constraints that have been constructed by others, including their mothers, enabling them to engage with what gives them joy and hope. They may need time to work out what kind of play they are drawn to, but the important thing is that it has no duty or work associations.

'Mothers who have never fulfilled their own creative potential can kill off sparks of creative energy in their child'

The second element is being able to face the truth - that they did see hatred, ambivalence, fear or disinterest in the eyes of their mother or caregiver, and felt it in her handling of them and in how she behaved towards them. The truth may also be that they weren't wanted, although none of this is about them being unlovable. Acceptance is part of a transformation process and takes delicate therapeutic work as they have to go deep inside themselves.¹⁴

All trauma shuts down creativity and curiosity, and when a person accesses these resources and connects with their healthy parts they can create more spaciousness around the death mother, more room for life to expand. Bringing the inner death mother out of the unconscious into conscious awareness in the safe space of the therapy room can be the first step in helping a client develop the capacity to resist being sucked into deep despair and to recognise what dynamic is operating within them. It allows them to hold compassion for themselves and accept that as children they had no choice but to yield to the power of the death mother, but now they can reconnect with their strength. Woodman summed up the process in a poem:¹⁶

*Medusa appears, dark and devouring
there to do battle.*

*When we wake to her
we cannot move.*

She turns our creativity to stone.

Do not give up.

Keep telling her,

Your voice is not mine.

Do not give up.

Use all your courage.

Use all your strength. ■

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