

ethical ISSUES

By David Jones

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Although this account of Amelia, who has urges to kill her baby, is completely fictionalised the dilemma it poses is not uncommon.

Amelia was referred to me by an ex-client who she met at a party and to whom she had talked about her anxieties. She did not want to go to her GP, where she is a private patient, for fear that it would lead to her being put on pills and that her parents would be told. She grew up in Hampstead Garden suburb the only child of parents who, in Amelia's eyes, are a stable and contented couple for whom money has never been a problem.

An attractive healthy looking woman in her early thirties, a little taller than average and appearing strong, Amelia is nicknamed English Rose by her friends. She wears smart casual clothes chosen with her mother's help. Before marriage she had been a part time mainly unpaid helper with a charity and now fills her days at the gym, on the tennis court and swimming with a group of women friends who attended the same school. She married

husband cooks Sunday lunch and cleans the silver

two years ago. She does not see much of her husband during the week. He is a director of a large international company and leaves home at 6.30am and returns at about 9pm when he eats and goes to bed. Although his work sometimes takes him abroad he seldom misses a weekend at home. His main contribution to daily running the household is to cook Sunday lunch and to clean the silver. The couple have a live in nanny who looks after their baby girl and a general housekeeper who comes in on a daily basis.

Amelia talks rather quickly in jerky spurts. She sits very still but makes small repetitive movements with her hands and feet. Her voice is round and modulated and often sounds as if she is on the verge of being breathless.

Most of the first 6 sessions are taken up with Amelia's account of what has happened during the previous week. Much of this is chit-chat about family and friends and the content, though not her demeanour, would suggest that her life is going well. When I press her to tell me something about the anxieties that brought her to therapy she gives the following sort of example. 'Daddy gave me a lovely surprise. He is so wonderful. I came home and found he had had a new walnut table delivered. I just walked in and there it was. Brilliant.' She anxiously assented to my giving her an interpretation of this and other material so I told her that I had a sense of her both wanting and not wanting her territory to be taken over and that I sensed fears about being smothered out of existence. Her response was to agree with what I said and to become much more agitated. The next 3 sessions were of the anxious chit-chat type.

**overwhelming desire to smother
her baby**

By the tenth session I feel I am not meeting her. I sense I am getting in her way. Anxious, I talked with my supervisor who suggested I might say just that to her. The effect of saying, in the next session, that I thought I was somehow hindering her had the immediate effect of her speaking ever more quickly and less coherently than usual. At the end of the session, as she was paying me, she blurted out that she has strong impulses to smother her baby and that she is frightened of being alone with her. I felt uneasy and mindful that under UK law I have a duty of care to my client and also to her baby. My next client was due in 15 minutes. What do readers think I should now have done?

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