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Pregnancy: Theoretical Considerations

MALKAH T. NOTMAN, M.D. and
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FOR A WOMAN, KNOWING THAT she is capable of bearing children has been critical in the development of her sense of femininity, gender identity, and self-esteem, even if as an adult she chooses not to actually have children. The awareness of her reproductive potential is part of her self-image.

The social changes of the past two decades have brought with them shifts in family patterns and lifestyles. With more effective control of contraception possible, and many more women working, women have been seeking fulfillment in terms other than a career of motherhood. Having a baby, although a pivotal event psychologically and physically, may not provide the only path to attain status as an adult woman. The implications of these changes for the development of those women who do not have children are now being explored by those concerned with adult development.

Many women have been delaying pregnancy, thus becoming mothers at a time when individuation, ego development, and consolidation of self have progressed to a level different from that of a younger women. This trend raises questions about the effects of the life stage of the individual on the significance and course of the pregnancy.

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There is new interest recently both in pregnancy and in psychoanalytic contributions to understanding it. When one considers the central place of sexuality in developmental and clinical psychoanalysis, the psychoanalytic literature on pregnancy and reproduction has been relatively limited. Knowledge about sexual functioning has been expanded by data from outside psychoanalysis.

The sparsity of psychoanalytic work regarding pregnancy may reflect the same factors that have been responsible for the relative lack of scholarly and research attention to other aspects of women's lives, such as menarche, menstruation, and menopause.

Appropriately enough, women writers have been major contributors to understanding the nature of the experience of pregnancy. Helene Deutsch's descriptive clinical work (1945), which focuses on women's reproductive lives was written over a period of years and published almost half a century ago. Benedek and Rubenstein started about the same time. They published *The Sexual Cycle in Women* in 1942 and their studies of psychoanalytical natural and endocrine functioning in 1952. The focus on actual experience of pregnancy rather than its symbolic meaning has also been relatively recent.

It was a prevailing idea among analysts that being pregnant was not compatible with being in analysis, considering the intrapsychic changes brought about by pregnancy, although once begun, analysis was not necessarily interrupted when pregnancy occurred. Deutsch considered the libido to be "turned inward" (1945—all quotations are from Volume 2) in pregnancy and that the woman's narcissistic investment in her body and self interfered with transference and investment in analytic work. In addition, she opposed interfering in a life situation that was better left "undisturbed in order to develop into real experiences" (Deutsch, 1945, p. 161n). Possibly this attitude resulted in fewer cases of women analyzed during a pregnancy, particularly during a normal pregnancy, and thus indirectly in less attention being paid to pregnancy in the literature on development.

After presenting an overview of psychoanalytic concepts about

motivation for pregnancy and the “procreative urge,” we shall focus on the developmental function of pregnancy.

Pregnancy was not an important focus for Freud. As has Chasseguet-Smirgel (1970) pointed out, and earlier Horney (1926), Freud derived his views about female psychology and sexuality from theories about men and male sexuality. He acknowledged the limitations of his understanding in his well-known comment (1932), “That is all I had to say to you about femininity. It is certainly incomplete and fragmentary and does not always sound friendly” (p. 135).

Freud believed that early sexuality was originally masculine “the sexuality of little girls is of a wholly masculine character” (1905, p. 219). The little girl felt castrated, and the baby she came to want was the symbolic substitution for the “missing” penis. He postulated two sources for the wish for a baby; the anal baby, which was associated with a passive feminine attitude, and the penis baby derived from the active masculinity of the phallic phase, after which the original wish for a penis is replaced by the wish for a child (Freud, 1925).

According to Freud, the wish for a baby is not really the same as a wish for a pregnancy or a wish to be a mother. Nor did he connect this wish with the capacity for motherliness in the sense of the ability to relate to a child as an object. Freud never directly considered procreation as a wider goal.

Early psychoanalytic writers sought the sources of procreative wishes or drives in instinctual drives and other biological forces. In humans the biological components of the wish to reproduce have been difficult to delimit, since in humans instinctual life is overlaid by many learned responses and by the impact of socialization. In animals one can trace sexual behavior as responses to specific hormonal variations; in humans this is only partially true, and the particular biological influences are more difficult to isolate.

The procreative urge, the wish to reproduce, has complex origins. The wish for pregnancy and for a child can be considered components or aspects of this larger wish, but the two are not entirely overlapping. Equally, parenthood, involving the relation-

ship of caring for and nurturing another, was largely ignored by psychoanalytic writers, until, according to Anthony (1984), 1970 with the publication of *Parenthood* (Anthony & Benedek, 1970). Anthony underscores the differences between earlier psychoanalytic writings on parenthood, in which the perspective of the parent has not usually been the focus, and later works, which focused on the parenting experience itself.

Parenthood evokes early affects and physical experiences of the parent as a child (Sadow, 1984) as well as upon identifications from all periods of life. Parenthood has been considered a developmental process (Panel, 1974; Schwartz, 1984) or phase (Benedek, 1959) which enables the individual to assume adult roles and fulfill adult societal expectations. An element of the procreative wish is therefore to be an adult like the parents, even if, as is often the case in teenage pregnancy, the actual process of becoming mature is short-circuited. One wishes to fulfill both narcissistic and oedipal wishes through parenthood. Erikson, in his concept of generativity as a developmental goal of adulthood (1963) describes "the concern is establishing and guiding the next generation" (p. 267), although he distinguishes "generativity" from actual procreation and includes creativity in his concept.

Becoming a parent provides a small piece of immortality, an extension into the future, and offers the illusion of being godlike in the creation of life. In fantasy, pregnancy can occur in a man, or creation can occur without it, as in Michelangelo's painting on the ceiling of the Sistine chapel, in which God is directly giving life to man. As a life transition, becoming a parent has been relatively neglected. For some becoming a parent appears more stressful than the pregnancy itself (Cohler, 1984).

Motherhood, as distinct from pregnancy, like the experience of becoming a parent, received little attention in the early analytic literature. Kestenberg (1956) pointed to the relative paucity of references to maternal needs and motherhood. The clinical literature did not directly address the motivation for motherhood except as a wish that arose from other developmental experiences.

Similarly, the actual process of pregnancy, as well as the development and problems of maternal attitudes, capacities, and behaviors were not central concerns to psychoanalytic theory. Although Freud later came to reconceptualize the nature and strength of the girl's preoedipal relationship to her mother, he did not alter his ideas about the origin of the wish for a baby and its substitutive nature. In the context of a caution that "feminine" was not to be equated with passivity and "masculine" with activity, Freud described the activity characteristic of mothers: "A mother is active in every sense towards her child; the act of lactation itself may equally be described as the mother suckling the baby or as her being sucked by it" (1932, p. 115).

As material from the psychoanalyses of women accumulated and some psychoanalysts specifically interested in these subjects contributed to the literature, the early ideas about a woman's wishes for a child were extended and changed. Interest shifted to consideration of actual maternal experiences and attitudes. Deutsch wrote about the "active ingredients" of the "joys of motherhood"; she described this form of activity as an aspect of the maternal function which was not "of an aggressive, masculine character" but "closest to the phylogenetic and the instinctual" (1945, vol. 2, p. 18). She looked for explanations of the stereotypical characteristics of motherhood in instinctual as well as psychological sources. She described the polarity of sexuality and motherliness and emphasized that these were different aspects of women, and that the relationships were complex. Deutsch emphasized "masochistic loving and giving" as characterizing both femininity and motherliness (p. 131). On the basis of her observations from psychoanalytic work with women, she believed that a deep-rooted passivity and a specific tendency toward introversion are characteristics of women. She addressed the interrelationship of emotional and biological processes. She also believed that some unconscious hostility to the fetus characterized almost every pregnant woman, an idea that did not gain recognition in the then-prevalent obstetrical view of pregnancy as a blissful state.

Deutsch found it difficult to decide to what extent motherliness was biologically determined and due to "a deep rooted instinctual background" (1945, p. 20).

Kestenberg (1956) explored the same question. She described the development of maternal feelings as an integral part of the development of female sexuality, seeing the sources of motherly feelings in the sensations and libido derived from the vagina and the little girl's awareness of this part of the body.

Benedek also addressed herself to the psychobiology of pregnancy, describing it as a "critical phase" (1959) in the life of a woman and a "biologically motivated step in the maturation of the individual which requires physiologic adjustments and psychologic adaptations to lead to a new level of integration that, normally, represents development" (1970, p. 137). She saw the emotional manifestations as deriving from the instinctual tendency to bear children. She and Rubenstein (1952) studied the affective correlates of the cyclic endocrine changes of the menstrual cycle as measured with the techniques available at the time. Their observations led them to hypothesize different emotional manifestations of different phases of the menstrual cycle; they found the "deep-rooted passivity and tendency towards introversion" Deutsch described mostly in connection with the postovulative phase of the cycle. Benedek concluded that "the emotional manifestations of the specific receptive tendency and the self-centered retentive tendency are the psychodynamic correlates of a biological need for motherhood" and that, therefore, "motherhood is not secondary or a substitute for the missing penis, nor is it forced by men upon women 'in the service of the species,' but is the manifestation of the all-pervading instinct for survival in the child that is the primary organizer of the woman's sexual drive, and by this also of her personality" (1970, p. 139). Pregnancy revived developmental conflicts, which influenced women's feelings about motherhood and their attitudes toward their children. She also believed that the urge toward reproduction did have a biological basis and emphasized the interrelationship of the psychological and the physiological.

Benedek traced the changes in narcissism during the course of the pregnancy, as had Deutsch. She thought "the metabolic and emotional processes replenish the libido reservoir of the pregnant woman [and] this supply of primary narcissism becomes a well-spring of her motherliness" and that "hope arising from the libidinal state of pregnancy is often the motivation of motherhood" (1970, pp. 141-142). Since the pregnancy revives "receptive dependent needs" in the pregnant woman, she suffers if these needs are not met by the environment. Benedek, in conceptualizing motherhood and motherliness as arising in part from the response to the child and as the organizer of a woman's sexual drive, anticipated later investigators, who stressed the nonsubstitutive nature of the wish for a child and saw it as a primary part of feminine orientation and fulfillment (Chasseguet-Smirgel, 1970; Kestenberg, 1976; Stoller, 1976).

Although Benedek and others saw the identification with her mother as an important determinant of a woman's emotional attitude toward motherhood and her mothering behavior, they did not particularly stress the central role of the preoedipal identification with the mother in the *wish* for motherhood. They searched for explanation in the biological or instinctual origins of mothering behavior and in female drive organization.

In recent years we have witnessed a return to ideas expressed by Horney (1926) and Thompson (1950), namely, that the wish for a child and the origin of mothering feelings arise from positive feminine identity and in identification with the reproductive function of the mother, rather than being substitutive or reparative (Tyson, 1982) or resting entirely on a biological basis. Chasseguet-Smirgel questions the "images of women as deficient, as containing a hole or wound," which seem to her to be in opposition to the imago of both the good, omnipotent mother and the terrifying, bad omnipotent mother (1970, p. 114).

Contemporary understanding of mothering feelings emphasizes the role the infant plays in eliciting responses from the caretaker, and also the reciprocal nature of the development of motherly feelings as a response to the infant's needs and to the experience of

caring for the baby (Stern, 1974; Klaus & Kennel, 1976). The concepts of attachment elaborated by Bowlby (1969) and Spitz (1946) to describe the process of the development of a strong relationship between the infant and parent have been extended to include the development of the parent's attachment (Ainsworth, 1973; Brazelton et al., 1974; Kennell & Klaus, 1983). The biological basis of parent-infant attachment has also been considered from the point of view of its function in evolution (Papoušek & Papoušek, 1975). They have emphasized the importance of the infant's state in determining parental responses.

Direct extension to psychoanalytic propositions from these studies is difficult, but their implications lead to a broader conceptualization of the origins of and ideas about procreative drives, parenting, and mothering.

Femininity

In order to better understand the dynamics of pregnancy, we need to reconsider our ideas about the nature of femininity. Femininity is a term that has been used in many different ways. It is not a uniform concept. Descriptive and normative aspects of femininity have been confounded. Only recently has the role of environmental factors in creating those characteristics and behaviors which were once thought to be innate, or intrinsically derived from sexual or reproductive roles, been fully recognized and acknowledged. We now accept that early expectations of parents and caretakers which are determined by the assigned gender of the infant specifically affect the behavior of the parents toward the baby (Moss, 1967). In turn, these environmental influences interact with genetic potential to determine the infant's development, including the expression of gender differences.

Freud (1932) outlined the characteristics he believed to be feminine. Deutsch (1945) elaborated these further and described the triad of feminine masochism, passivity, and narcissism as part of the nature of femininity. She linked the development of

femininity in little girls to the renunciation of early phallic activity and to a turn to passivity, in addition to giving up active clitoral masturbation. The procreative functions of the mother were not part of this formulation, except in relation to the girl's postulated wishes to have a baby.

The question of whether early vaginal sensations existed and whether the little girl was aware of the vagina or other organs that could contain a baby were considered from data from work with adults and not from observations of children. Clower (1976) notes that the differences between the masturbation of girls and boys were also not recognized, nor was the uniqueness of the clitoris.

A small group of analysts, including Jones (1927, 1933, 1935) and Horney (1924, 1926), believed penis envy to be secondary and defensive as a flight from femininity; the majority of analysts, however, dismissed this view. Since then, a number of authors have addressed themselves to the question of feminine identity, its endogenous sources and childhood manifestations (see *Journal of the American Psychoanalytic Association, Supplement*, 1976), and have attempted to create a concept of femininity consistent with child as well as adult observations and research data, and viewing female development as an entity rather than based on male development. This task remains complicated, however, since components of femininity are not uniformly agreed upon, nor is the role of childbearing in the developmentally mature female clearly defined.

Sociocultural variables are extremely important in shaping all concepts of normality, femininity included (Stoller, 1964, 1968, 1976; Clower, 1976; Kleeman, 1976; Parens et al., 1976; Tyson, 1982). Data from child observations have amply supported the girls' early awareness of the vagina, as well as documenting actual patterns of masturbation, and the complex origins of a child's sense of sexual identity (Stoller, 1974; Clower, 1976; Kleeman, 1976; Roiphe & Galenson, 1981). Margaret Mead (1974) pointed out that Freud saw the vagina not as an entry to the womb but merely as a displacement from the clitoris. She emphasized that he overlooked the entire process of procreation as a creative act, and

devalued the process of producing a baby, a view also held by Thompson (1942), and Cohen (1966) even prior to the recent growth of interest in the psychology of women.

Erikson (1963) proposed a concept of feminine identity formation which was not based on the "missing penis" but on what *was* part of the female body. He stated: "the female child . . . is disposed to observe evidence in older girls and women and in female animals of the fact that an inner-bodily space—with productive as well as dangerous potentials—does exist" (p. 267). He presented observations of the play of preadolescent children aged 10, 11, and 12 to document the differences in their creation of "male and female spaces." Although recognizing the contribution of societal influences in the thinking and behavior of children of that age who have already developed clear gender-role concepts, he at first also believed these "male and female spaces" represented the awareness of fundamental differences related to the differences in "the groundplan of the human body." Erikson criticized the "atomistic" thinking of Freud and proposed a more complex development. He stressed the "critical importance of women's procreative task" as a way of being "uniquely creative" at the same time that he emphasized the new potential for intellectual, communal, and political participation of women.

This view was also criticized by Lee & Hertzberg (1978) who thought it ignored the importance of social role stereotyping in the concepts that children have about themselves, and in their thoughts and actions. Erikson did present, however, a view that described feminine development with attention to the symbolic representations of the female body and its potential for pregnancy.

In the more recent delineation of feminine development, some new concepts have emerged. Stoller (1976) differentiated the term *sex* as referring to biological character, including genetic endowment, genitals, and hormonal status, from *gender*, which he defined as the psychological and cultural concomitants of sex. "Core gender identity" he defined as the child's perception of himself or herself as a boy or girl. Silverman (1981) emphasizes

that the cognitive component begins to form when the girl's parents recognize her as a female.

Silverman summarizes studies that document the cognitive correlates of sensorimotor development. The little girl's view of herself as a girl "appears to be an integral, very early developing part of her self-representation" (p. 584). Whether vaginal awareness is present or not in the very young girl is not crucial to the development of her awareness of her gender. "According to Kleeman, Kohlberg, Money and Ehrhardt, and Stoller, it is cognitive maturation and development . . . that established the little girl's view of herself as female" (Silverman, 1981, p. 584).

Silverman further outlines the process by which the little girl recognizes herself as being the "same" as the mother, and the special bond this creates, including the concept that she can do the "same as mother" and have babies. This both conflicts with her efforts at differentiation and helps her to separate as "a worthwhile female in her own right." The degree of success she achieves depends on her mother's ability to help her "negotiate the . . . [crises] of the separation-individuation process" (p. 585). In part it also depends on her father's response to her as a female.

Stoller's concept of "primary femininity" (1976) refers to a preconflictual femininity resulting from the preoedipal relationship with the mother. Body ego and self identity derive from the girl's identification with someone whose body is the same as hers. Body sensations become part of the self concept and are connected with "knowing" that one's own body can eventually bear children, as the mother's body can. According to Stoller, the second, postoedipal phase in the development of femininity results from resolution of the oedipal conflict and contributes another layer of femininity. These concepts describe the development of girls not as a variant of the boy's, (i.e.: as missing something and being defective), but as following a separate line of growth. Tyson (1982, p. 61) describes a "developmental line of gender-identity, gender role, and choice of love object." She sees the discovery of the anatomical difference between the sexes as contributing to the development of symbolic thinking and to the capacity for wishful

fantasy. She sees the character of the mother-child relationship (or primary caretaker-child relationship) as an important determinant in the development and course of penis envy. Where the mother-child relationship has been poor (Tyson, 1982) or in cases where there has been an illness or trauma (Galenson and Roiphe, 1976) penis envy comes to represent a general sense of worthlessness, inadequacy, and/or damage. When the relationship is good or "good enough" and the mother is comfortable with her own femininity, the child may react with "increased fantasy life and imaginative play, greater confidence in her sense of her own body, and increased feminine identification with her mother" (Tyson, 1982, p. 74).

The wish for a baby is part of this development. It has been reported to exist in very young children (Parens et al., 1976), and can be understood as a manifestation of gender-role identification and feminine and maternal ego-ideal (Blum, 1976). Menarche and adolescence provide stimuli for the further development of gender identity, reviving conflicts from earlier developmental levels and narcissistic issues relating to changes in the body and in self-concept (Ritvo, 1976). Social-role pressures contribute to changes in activity for girls in adolescence, and self-esteem conflicts can intensify (Notman & Nadelson, 1977). The ego ideal is modified in response to relationships with new identification figures, and concepts of femininity can be altered, including expectations of childbearing (Blos, 1979).

Psychological Preparedness for Pregnancy

Pregnancy demands the capacity to adapt to the "invasion" of one's body, to nurture the "parasite" as part of oneself, and also to regard it as a separate being. The fetus is first part of oneself and then increasingly a creature with a life and form of its own. Tolerance of this benign intrusion and the growth of the baby-

within requires adaptation to changing internal boundaries between self and other, as well as changes in body image. The findings of developmental psychologists on gender differences may help in understanding this process.

On tests of "field independence," males score higher than females (Maccoby & Jacklin, 1974, p. 1055). A "field independent" individual is defined as someone skilled in tasks that require focusing only on selected elements of a stimulus display and ignoring the context. A "field dependent" individual is much more likely to include the context in the perception of the task and in the response. While there is some question as to how far these findings can be generalized beyond visual-spatial tasks, they may have interesting implications for the qualities of psychological tolerance for ambiguity and for a style of cognitive functioning that is consistent with less sharp psychic boundaries, such as those between the pregnant woman and her fetus. This "contextual" orientation fits the psychological situation of pregnancy.

Recent writers on the psychological development of girls and women have called attention to the differences in how women and men form attachments (Gilligan, 1982; Surrey, 1984; Notman et al., 1986). In the process of maturation, girls do not relinquish attachments to the extent that is considered normal in boys. Separation and individuation are considered maturational achievements and necessary to all mature adulthood. It is clear, however, clinically, that patterns of relationships are different from women, and separation itself can be conceptualized differently in describing normal adult women. Blos (1980, p. 16) refers to the greater "fluidity" for the girl between the infantile attachment to both parents and her adult personality consolidations "without being necessarily encumbered in her advance towards emotional maturity." It is thus considered normal for a girl to have a more ready access to her early ties. A greater fluidity, to borrow Blos's term, involving boundaries and attachments to objects is important for the capacity to tolerate the internal fetus. We believe this process is central to the adaptation to pregnancy.

Pregnancy as a Developmental Crisis

In the 1950s and 1960s a number of longitudinal studies of pregnancy were reported. Bibring (1959) and her group (1961) and Wenner, Jessner and their group (1969) approached pregnancy from a psychoanalytic point of view, using observations, interviews, and testing. The Bibring study (1961) has not been fully reported; the concepts which were proposed further developed earlier ideas of pregnancy as a developmental experience, and Erikson's formulations of developmental crises, and presented the hypothesis that pregnancy was a normal developmental crisis in the sense of a critical period which must be negotiated in order to proceed to the next stage. That is, a pregnancy presented the opportunity for a critical maturational experience. Bibring's group compared pregnancy with menarche and menopause. Although in the light of current findings there is some question about the "critical nature" of menopause, all three phenomena were considered to demand new libidinal and adaptive solutions, sometimes in opposition to earlier ones. Conflicts from earlier developmental periods were revived, requiring new and different resolutions. These three phenomena constituted significant turning points in the life of a woman, after which the woman was no longer the same as before. They were testing grounds where mastery depended on the resolution of the "crisis." Bibring defined the developmental process in terms of the relationship of the woman to her sexual partner, herself, and the child.

Benedek (1959) introduced and developed the idea that pregnancy has a developmental function. the process involved regression, the loosening of defenses, and the potential for a reorganization of these defenses, with shifts in the organization of the self concept. Bibring described the sequence, and the alteration of a woman's object, libidinal, and narcissistic positions. First was the necessity to accept the intrusion, and to incorporate and successfully integrate the "foreign body" in the early months. Then, ushered in by quickening, which emphasized the real fetus, the baby was perceived as a new object. The last phase was the

preparation for the separation and the delivery. Currently, advances in technology, magnified fetal heart sounds and ultrasound images available to both parents, have meant that the first "objective" indication of the reality of the fetus occurs long before quickening for many women. The awareness of the separateness of the fetus is thus less connected with one's inner sensory experience.

The Wenner group studied the emotional aspects of pregnancy through the last two trimesters of pregnancy and until three months postpartum. They observed that pregnancy redefined femininity, that women were flooded with memories and feelings about their mothers, and they confirmed the observations of others that regression during pregnancy is normal. They described a struggle between identification and differentiation, and stressed the importance of the capacity for and tolerance of regression. They also confirmed the importance of the relationship with the preoedipal mother.

Overview of the Pregnancy

At the beginning of pregnancy, there is characteristically a preoccupation with the news of the pregnancy and the anticipated changes. A first pregnancy is clearly the most significant in the transition to motherhood, but later pregnancies can evoke unresolved issues from earlier pregnancies or early experiences. Identification with the baby in relation to its sibling order, sex, and life circumstances also plays a role in the significance of a particular pregnancy. Ambivalence has not always been recognized as normal and probably universal in our culture. Emotional lability, with rapid swings of moods and unexpected reactivity to inner and outer experiences sometimes are a surprise to the woman and her husband or family.

The revival of the relationship to the mother is one of the central aspects of pregnancy. This may take the form of conscious memories, fantasies, wishes, and affects, or it may be defended

against. Nostalgia for childhood or the mother is characteristic. A pregnant teenager who had been adopted as a child was rejected by her adoptive mother when the family learned of her pregnancy. She spent her pregnancy, deeply depressed, in a home for unwed mothers. She expressed her longing directly, saying, "When you have a baby growing inside of you, you want to be close to the person inside of whom you grew."

In the first trimester the pregnant woman is confronted with her own vulnerability, sometimes for the first time. Concerns about control—oral and anal struggles—can be revived, stimulated by the need to restrict diet, alcohol, or medications. Gratification at the success of becoming pregnant, heightened self-esteem, feelings of "femininity," and closeness to other women and their experiences can alternate with anxiety, depression, and ambivalence. The wish for a baby and the preparation for motherhood are not entirely the same as the responses to the pregnancy itself. The psychological work of the pregnancy requires adaptation. An extremely important component is the past relationship to the mother. Important influences affecting the course of the pregnancy range from current relationships to maternal figures to a supportive therapist.

Quickening usually occurs in the early part of the second trimester. Since it is a subjective sensation appearing before fetal movements are visible, it is generally described earlier in multiparas who are familiar with the sensations. The pregnancy becomes visible as the uterus rises above the symphysis pubis. This "showing" can be gratifying, fulfilling exhibitionistic wishes, and also embarrassing, for pregnancy is clear evidence of sexuality, and may also constitute an announcement of guilty sexual wishes. The increase in size can also have the meaning of fulfillment of phallic fantasies as the body expands and protrudes. The increase in breast size is gratifying to women who have felt their breasts to be inadequate.

The second trimester is usually a time of relative well-being physically, accompanied by an increase in energy. In the third trimester, physical distortion produces discomfort and is usually

distressing to some degree. The approaching labor and delivery can be preoccupying. Anxieties reflecting early childhood fantasies about impregnation and birth may be stirred up and are focused around delivery. Fantasies of abdominal or anal birth, concerns about the adequacy of the birth canal and about being damaged are common. Concerns about fetal abnormalities reflect unconscious fantasies and guilt. The particular configuration of anxieties reflects each woman's orientation: for example, the expectation of suffering can be the expression of masochistic fantasies as well as realistic or culturally influenced.

Cultures vary considerably in the extent to which a woman's regressive wishes are supported and fostered. In some settings it was customary to provide a special person, a woman who cared for the women in labor as one might for a child. With the advent of sterile technique and the focus on preventing obstetrical infection, the interpersonal as well as the surgical environment became sterile. Bibring and her colleagues noted the lack of supports available to many young families who were living far from the extended family. Support in the delivery room and during labor has since been found to be associated with shorter labor.

Pregnancy at Specific Developmental Stages

Pregnancy has most often been discussed as an experience for the mother or the family without specifically considering the actual developmental phase of the mother or of the couple. But a pregnancy in a teenager is quite different from one in a woman in her midtwenties or midthirties, and again different from that in a woman who is approaching the end of her reproductive period. At each of these times the developmental tasks, achievements, the social context, supports, as well as ego state can be very different. The maturational potential of the pregnancy in providing a stimulus for reworking the relationship to the mother, the balance between narcissism and object relationship in relation to the fetus,

and the relationship to the father will have been affected by life experiences and their resulting intrapsychic consequences.

For example, an adolescent pregnancy and a pregnancy in a 40-year-old woman provide two models of different life phases with different maturational attainments. The adolescent has to simultaneously integrate development into womanhood from childhood, consolidate identifications and gender role identity, and adapt to the pregnancy itself. For most older women pregnant for the first time, considerably more maturation has already occurred, with consolidation of gender identity, differentiation, and individuation. Preoedipal and oedipal aspects of her relationship with her mother have ordinarily been experienced and reworked in a number of contexts; choices have been made which have realized some potential capabilities and have sealed off others. Relationships have been formed which bring to fruition some wishes, fantasies, and talents. Erikson (1963) elaborated the traditional idea that a woman's development and identity are connected with her choice of husband and with his identity. This observation supports traditional social patterns and values while appearing to state a psychological truth but does not include her actual life experience, since a woman who has already spent many years on her own is less likely to be quite so adaptable to her husband.

The confirmation of femininity and of body functioning which a pregnancy makes possible has an additional dimension for the older woman. It is particularly reassuring to her to feel that she is functioning properly, and that signs of aging which may be perceived in other ways have not interfered with her reproductive possibilities. But age-appropriate concerns can also be revived: the body expansion and distortion can give rise to uncertainties about the body and its normality, possibly resulting in displacement and anxiety about the fetus.

Clinical data document that even with considerable psychological maturation, earlier intrapsychic developmental tasks may remain incompletely resolved. The revival of the relationship with the mother, unconscious guilt, fantasies and concern about dam-

age, concern about dependence and independence, and about the capacity for caring and mothering, appear similar in adult women, whether younger or older.

A pregnancy can thus open a pathway for consideration of feminine identification, revive tasks long postponed, and present the possibility of new access to unconscious conflicts, wishes, and fantasies.

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