

PREGNANCY: THE INSIDE STORY

JOAN RAPHAEL-LEFF



ROUTLEDGE

PREGNANCY

The Inside Story

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We regret that, despite every effort, we have been unable to trace the publishers of 'Stillbirth' by Barbara Noel Scott (p. 98).

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***This book is dedicated to
all those who have a place in my inner world***

Wheels within wheels, wombs within wombs,
Oscillating figure/ground perspective turns:
Mother–daughter–me: cord–links on a chain.
Each uniquely storied
Nestling Russian-doll — dowried
Sorrow–sweet fruition cursed with Eden–pain.

Clocking lunar cycles of bloodshed or gestation
Ova ripen, surge and burst
In firstfruit tithe.
Narrowing, womb-cone of past generation
Awaits procreation beyond our grasp.
Glistening seeds of Eve's sun-honeyed fig —
Eternal fractals on the female tree of life.



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| *Introduction*

Once upon a time there was . . . a twinkle in an inner eye.

This is the story of pregnancy. Unlike most stories, this one begins at the very beginning or even before, with the psychic idea of conception and its destiny in a person's internal reality and external realization. This perspective differs from most psychoanalytic descriptions which take as their starting point the *infant's* developing psychological self. My central focus is on the *parent's experience* – the mother or father as a whole person rather than the object of the child's fantasy or desire. In the literature, granted little subjectivity of her own, a mother is often described in relation to the baby's needs. Yet if, as I believe, the very fabric of our early days is fashioned through interwoven subjectivities – carer's as well as infant's, unconscious as well as conscious – we cannot afford to leave out one part of the equation. Therefore, in this book, most of the time, the usual figure and ground will be reversed. Narratives of pregnancy and early infancy by mothers and fathers expressed from their own viewpoint will take the place of either the hypothetical baby's voice or that of the prescribing expert. Nevertheless, the story is never linear: we parents are also always sons and daughters in our own right. I therefore at times alter my focus to examine a fractal-like series of levels – from the internal world of the individual; to current interpersonal interaction with partner and/or baby, and as children to their own parents; moving beyond that to the realm of patient-therapist, and the relation of psychoanalytic theory to parenting.

There is irony in exploring the emotional processes of child bearing at this point in time, when the facts of life are changing more rapidly than our unconscious capacity to keep abreast of them. It is telling that so much attention has been paid to the biological aspects of reproduction, and so little to the rich seams of imagery, anxiety, and personal growth that accompany pregnancy. In this book I redress the imbalance by focusing on the 'inside' story.

Nor do all stories end 'happily ever after'. Inevitably, we shall venture into those areas where a conspiracy of silence has

sustained fairy tales of blissful pregnancies, painless childbirth, perfect babies, and unconditionally loving parents. Here, as elsewhere, I have let people speak for themselves. Unless otherwise specified the quoted material is from psychotherapeutic records and verbatim notes from discussion groups and workshops. A few are transcribed from audio or video tapes. To maintain confidentiality I've chosen new names – a complex process akin to baby-naming – and disguised revealing details. Where applicable, permission has been obtained.

Supplementing thousands of hours of firsthand data are baby observations and clinical discussions with students I have taught, psychoanalytic psychotherapists I have supervised and, above all, the written work of mentors and exchanges with colleagues. As an informal backdrop, I am also informed by the experience of my own pregnancies, some of which occurred while in analysis myself, and of childbearing in a large number of ordinary parents whom I have come to know in a variety of situations of discussion, observation, group exploration, in-depth research interviews, or workshops and teaching.

Of all human practices, childbearing most emphasizes our basic gender differences, our common biological denominators worldwide and our cultural diversities. I am well aware of the limitations of an ethnocentric view. This book has been written while travelling over five continents between lectures and workshops for childbearing women and men, and health care professionals. As such, it has been influenced by my exposure to a variety of traditional and changing societal practices relating to pregnancy and childbirth.

Childbearing practices reveal a society's basic values and beliefs, as well as attitudes towards bodies, babies, women, and paternal roles. In each society, values are reflected in allocation of resources and the wide array of childbirth choices available – from wholesome home-births to underwater deliveries in darkened rooms to the sound of whistling dolphins, to state-funded projects that offer mother, father, and siblings a three-day 'baby moon' in a five-star hospital-hotel, to modernized, centralized, antiseptic births where compartmentalized women labour silently alone, without family members or even a midwife.

My *clinical sources* include close to two hundred pregnant women, expectant partners, and parents, seen individually or in couples in one- to five-times-per-week analysis or psycho-

analytic psychotherapy for two to seven years each, or in ongoing weekly therapeutic groups during pregnancy and the first year of motherhood. The *non-patient sample* includes many all-female or mixed groups, both lay and professional, seen in the context of workshops and discussion groups (many tape-recorded), which I have conducted here and abroad over the past eighteen years. In addition, for eight years I spent three mornings a week in a large parent-run playgroup I set up in 1977 within a London community centre, comprising some two hundred families. In this setting I participated daily in informal parental nattering, conducted systematic observation of twenty-three mother/baby pairs from infancy for two years, and three modest questionnaire studies at one-and-a-half year intervals (n=81), as the population changed.

Although this sampling is inevitably flawed by a middle-class self-selective bias, it does have an advantage in representing people who are economically freer to act from internal choice or compulsion rather than external necessity. Inevitably, a further bias is that of the dominant culture and colour. Nevertheless – unspecified for reasons of confidentiality – some of the individuals I quote are of Afro-Caribbean, Indian, or South American origin, in addition to others who have come here from various European or North American countries. Where appropriate, I focus on religious backgrounds or ethnic minorities in our own society, or illustrate a point with fragments from other cultures which question tacitly held theoretical presumptions of universality. It is pleasing that in recent years several larger-scale or longitudinal studies in the UK and in various countries abroad, – such as Israel, United States, China, Sweden, Japan, South Africa, Canada, and Hong Kong – are in the process of testing the models I put forth in this book, and I await their further findings.

Methodological flaws notwithstanding, above all I have endeavoured to use my studies as a means of exploring parenthood and eliciting information rather than imposing value judgements or preconceived ideas. People differ: there are as many parenting styles as there are parents, and I have tried to express this diversity while also tracing similarities. The questions I have asked relate to psychosocial experiences and emotional processes of childbearing:

What meaning does childbearing have in the internal work of a woman or man? How do unconscious forces influence our

becoming parents? What does it feel like to have another person inside you? What is an expectant partner's emotional experience of pregnancy? What do we know about fetal capacities and who/what does the fetus seem to represent for each parent? What are the emotions and dreams of pregnancy and which fantasies and fears surround birth? How do we become who we are in relation to our babies and our own baby selves? Do expectations of an imaginary baby dovetail with the one who arrives? How are we affected by exposure to the naked needs of a newborn? What happens to an intimate relationship when partners procreate? How does antenatal imagery affect the interactional climate postnatally? . . .

We shall explore the issues distilled in the questions above more or less in the order in which they appear here. The initial chapters discuss the emotional upheaval in internal worlds reflected in the fantasies and dreams of pregnancy. Then two related models are presented. The first – the placental paradigm – relating to the affect-laden connection of the pregnant dyad appears in Chapter 3. Following an examination of the place of paternity in Chapter 4, the model is fleshed out in Chapter 5 in terms of different unconscious configurations of the baby, and the effect of these on the experience of pregnancy. Chapter 6 describes a variety of changes in close relationships and attitudes to work during pregnancy and early parenthood. Chapter 7 focuses on how technological advances intercept the growing baby – real, imagined, threatened and sadly damaged or lost. Chapter 8 explores some of the fears, fantasies, and facts surrounding birth. Chapter 9 discusses different approaches to parenting and how these affect parenting beliefs and behaviour, seen once again through the Facilitator-Regulator-Reciprocator Model, introduced in Chapter 5 regarding pregnancy. Finally, in the penultimate chapter we look at pre- and perinatal psychotherapy and end in Chapter 11 by examining issues relating to psychotherapy in early parenthood. For therapists, an Appendix identifies people who may be at risk during the period of childbearing.

This whole area of procreation is highly charged, and human emotions are rarely simple. I have tried to convey some of the complex richness of mixed feelings and the variety of unconscious determinants that underpin our interactions. Clearly, given the individualized nature of our internal worlds, there can

be no one 'inside story'. Although descriptive, my models try to capture the diversity of parental beliefs and behaviour, homing in on the plurality of motivational forces and symbolic processes in each individual while identifying certain clusters of meaning that are fairly consistent over time and across people who share the same parental 'orientation'. I have also allowed for dynamic shifts attributable to changes within the parent's internal world and psychosocial reality. Of necessity, at times for the sake of clarity, I have had to oversimplify or highlight certain features at the expense of others, to make a point. However, I have endeavoured to preserve some of the multilayered complexity of the many versions of our internal narratives.

In recent times we have come to realize that the female half of the human race has long been described in borrowed terms, and defined by concepts which have proved inappropriate. In a world of changing opportunities, mothers can no longer afford to be treated as selfless vehicles for nurturing and gratification of their offspring as advocated in the past, nor should they agree to be scapegoated as the cause of all their children's present and future difficulties. If we are to grasp our own experience, I believe we women can no longer be framed within a masculine model but must respond to the growing urge to take ourselves seriously – by listening to our inner voices, and speaking out our own truths and desires grounded in our unique 'psycho-bio-social' vicissitudes. Although translated into shared language, the meaningful significance of our subjective self-definitions can only evolve by contemplating the way we have internalized external values imposed upon us, and the ways in which having an actively reproductive female body shapes imagery and psycho-bio-social configurations in a woman's inner world.

Note that I say 'a woman' rather than 'women'; there is a tendency to treat mothers as though they constitute a common unified identity. I have attempted to illustrate some differences between expectant mothers, and the way in which each woman's female sex also intersects with familial, subcultural, ethnic, and local parameters to form her unique identity. Psychoanalysis itself began with accounts of female voices and 'speaking' bodies, yet in time those early patients of Freud's came to be replaced by male patients and standards. Given the predominance of men's voices in literature and social institutions, I

make no apologies for the preponderance of female speech quoted in these pages.

If I have to highlight one conclusion from my work, it is that there can be no one premeditated Right Way. Each individual parent's and professional's orientation towards care giving reflects the current chapter of their cumulative inside story constantly written and rewritten in joint authorship with their intimates. To paraphrase Kermit the Frog, accepting that we are each the sum total of our life's stories, we can only take what we have and fly with it. In that spirit I offer this book.

1

Conceived Fantasies

A group of pregnant women relate their stories at a workshop:

'I was utterly convinced I was sterile when I didn't conceive the first time', says Rita, a teacher, early on in her pregnancy. 'Then I missed a period, but I still couldn't believe it, so I had an extra test to make absolutely sure.'

'Mine was an unplanned pregnancy', Nina says, stroking her twenty-three week 'bump'. 'It took me a while to come to terms with it, and even now I'm terrified I may have made the wrong decision.'

'When I had my coil removed, I imagined I wanted a daughter, thinking I'd dealt with all those old mother/daughter tensions. But as soon as I became pregnant, everything was thrown up again. Now I dread having a girl', volunteers Pat reflectively.

'Whatever my baby's sex, I believe its personality was forged by the passionate way it was conceived: in the white-heat longing, when David and I finally came together', Diana, who lives separately from her partner, tells the group.

'We were much more prosaic', replies Nancy, stretching her bare legs. 'As we turned thirty-five, I felt we were getting a bit long in the tooth, and said, "How about it?" Luckily, he felt the same, and my body responded despite my age.'

'You've all had it easy', says Andrea, who lives with her female partner. 'When we decided we wanted a baby, I had a terrible job finding a suitable donor for self-insemination. We didn't want frozen sperm, it's so impersonal . . . As it turned out, it was worth waiting – we found a super guy, who has become a friend, and, hopefully, will be attentive without being too intrusive.'

The Inside Story

A woman discovers she is pregnant. Having taken root in the

uterine space the miniscule, fertilized ovum will have a far-reaching influence in drawing the woman into the depths of her psychic space, tap-rooting powerful unconscious representations from her inside story which begin to permeate her dreams, fantasies and emotional life.

Conception is the beginning of a bizarre story. In pregnancy, there are two bodies, one inside the other. Two people live under one skin – a strange union that recalls gestation of the pregnant woman herself in the uterus of her own mother many years earlier. When so much of life is dedicated to maintaining our integrity as distinct beings, this bodily tandem is an uncanny fact. Two-in-one-body also constitutes a biological enigma, as for reasons we do not quite understand, the mother-to-be's body suppresses her immunological defences to allow the partly foreign body to reside within her. I suggest that psychologically too, in order for a woman to make the pregnancy her own, she has to overcome threats posed by conception. Its meaning flows from the placenta of her emotional reality embedded in the circumstances of her social reality.

The inside story differs for each pregnancy; every mother infuses it with her personal feelings, hopes, memories, and powerful unconscious mythologies. An imaginary baby is juxtaposed on the embryo implanting in her fertile womb. Even before conception, the unknown baby is drawn into an expectant woman's psychic reality, invested with illusion and ascribed a place among the many images of significant primary figures in her internal world. Under conditions of mental health, such configurations are rarely fixed: like the coloured bits in a kaleidoscope, constituents of the inside story are constantly being reactivated and processed, creating new formulations. In the turbulence of pregnancy, the continuous stream of internal narratives is simultaneously refracted through inextricably welded prisms of the psychic, physiological and social domains.

Each of us contains an inner world, inhabited by fluctuating fantasies and unconscious imagery from many versions of our internal relationships. Internal 'voices' may clash, and our various potentialities sometimes seem to engage in complex interaction among themselves. These highly personalized configurations not only colour our moods and perceptions, but at times inner conflicts and scripts come to be played out externally. People outside are enlisted to recreate emotional

climates from the past by unconsciously acting in scenes we unconsciously allocate them. We each also unwittingly play roles in the expectations of others. Old themes are repeated as we unknowingly attempt to perpetuate and replay in external reality interpersonal exchanges which have not been resolved – trying to understand or make ourselves understood, or hoping to recapture a previous sense of self.

Thus, there is a continuous interweaving of external and internal realities, as through displacement, projection or the enactment of unconscious fantasies in the outside world, we actualize wishes and rid ourselves of intolerable states of mind. We make use of recurrent patterns to get others to provide recognition, confirm our beliefs, materialize our apparitions, and feel our feelings or carry our burdens. Transformed, externalized aspects of ourselves are then taken back inside us to modify internal voices and representations, for better or for worse. Even when we are alone, mental life has a lively interpersonal substantiality despite its ‘imaginary’ quality, and some internal presences can be more real and influential than their flesh and blood counterparts. Lacking insight, we perpetuate old structures in new conditions, unable to break free of the grip of the past.

From the pregnant woman’s point of view, another being has in actuality come to reside inside her as her body becomes physically occupied by another. The embryo is separate yet part of the woman’s interior, already gendered, but to her of unspecified sex.

As Donald Winnicott says of the child’s teddy or security blanket, we may say that the fetus belongs to that unchallenged, intensely imaginative intermediate area of experiencing to which inner reality and external life both contribute. Perhaps we may even go so far as to say of the fetus, as Winnicott states of the transitional object, ‘that it is a matter of agreement between us . . . that we will never ask the question “Did you conceive of this or was it presented to you from without?”’ (Winnicott, 1951, p. 239). It is only as birth approaches that the inside story recedes. For example, twenty-three-year-old Rachel referred herself for therapy during pregnancy because of great anxiety. She felt she had to maintain continuous vigilance to keep the fetus alive, never for a moment allowing her thoughts to stray from it. This constant pressure is intensified by experiences of competitive rivalry with her mother and sisters whenever they meet, which she fears creates a hostile environment that endangers her baby.

However, even when she is alone Rachel has to ward off attacks from an image of her mother residing inside her, who is felt to be envious and resentful. She has spent her entire pregnancy convinced her baby is male and relating to him as 'the strong, special, brave little son' her father craved but never had. After months of therapy, it is now a few days before she gives birth (to a daughter):

'Labour is throwing something away. Why did I say that? No, labour is expulsion. No! It's like snakes shedding a skin. The baby inside is not the one that will emerge. The one I'll get is the real one, the inside one is fantasy . . . I'll miss him when he's born . . . Can something exist that can't be tangible or seen? . . . I look in the mirror and don't know who I'm looking at. The baby takes so much. Having another person in there leaves little room for myself, as if I can't be self-appraising while pregnant because I'm too absorbed in giving and listening in to the baby; my inner relationship with the baby . . . I am its medium . . . I'm afraid of not relating to the new baby after knowing this raw, slimy, throbbing baby inside.'

Rachel realizes that her fantasy baby will have to be relinquished if she is to greet the newborn one as a new individual. Nevertheless, we all to some degree continue to invest people in the external world with properties derived from our multiform internal figures. As we have seen, discrepancies between subjective psychic realities and shared social realities stem from the way in which we unconsciously select and transpose personal meanings between inner and outer worlds, resulting for each of us in individualized vision. Throughout our lives, these dynamics continue to fluctuate, change, regress, and mature as crucial images become assimilated, integrated into our identities, or remain unmetabolized foreign presences stuck inside or rejected, while others undergo repression or fade out of affective prominence in our interpersonal interactions.

When adults come together to form an intimate relationship, each person releases into it unresolved issues from their transgenerational pool of unconscious fantasies. Partners are often chosen to actualize certain potentialities for each other, and the unborn baby becomes party to their drama. Unrelinquished attributions will be incorporated by the newborn baby as part of

his or her self-image, as the parents' preconscious configurations form the basis of the infant's internal world.

The baby's arrival arouses evocative memory fragments, revitalizing dormant processes related to the parents' own infancies, which influence the quality of postnatal interaction, as much as do their caring efforts. Conversely, the infant too propels his or her intense emotions into the care givers, unconsciously locking into existing structures in their internal worlds.

Even in the womb, exchange across boundaries occurs. Improved ultrasound visualization and fiberoptic filming has allowed us to observe the live fetus within the womb, actively ingesting and expelling, chewing, licking, and sucking body parts or the cord, yawning, pushing, kicking, and urinating. What is more, discrimination occurs: the rate of swallowing has been found to escalate dramatically when amniotic fluid is sweetened and is reduced when a bitter substance is injected into the fluid.

This absorption and regurgitation, taking in and spitting out has been regarded as a precursor to the way in which, once born, a baby gradually builds a sense of having an inside and an outside. But it seems to me that a baby does not arrive with preconceptions; understanding of the world and self-knowledge arise out of interpersonal exchange. The care givers are the life blood, and the environment the amniotic fluid. Through these the infant creates meaning, and their images gradually come to supplement actual relationships, impelled by fear of their loss or corruption. By identifying with beloved figures the baby can hold them inside the self for safekeeping, or they may also be internalized as a means of coping with or compensating for deficiencies of the real care giver. Thus, psychic realities of mother, father, and infant intersect and intermesh from conception and even before, contributing to the formation of a family culture.

Internal Conceptions

Conception may surprise a woman who finds herself pregnant when she has hardly begun to think about having a baby, or had time to recover from the last one, or had even been determined to avoid pregnancy. It may be the fulfilment of a long-held childhood dream, or reversal of her child-free existence. Pregnancy may fill an aching, inner void or reflect a broody baby hunger, or it may constitute an unwanted invasion. It may be a first preg-

nancy; a second or third to extend a family; a first with a new partner; or one replacing a previous miscarriage or loss. Conception may be motivated by a compelling need to undo the past, or change the future:

‘I’ve had this strange desire to get pregnant again’, says Rimona, when her baby is six months old. ‘It’s as though I’m needing to repeat something from the beginning, to get the essence of it – get it just right this time. With my first baby I was so depressed I missed out on her babyhood. With this baby, I’ve felt so involved, and so sad not to have been there fully with the first. Having a third would be striking out into the unknown – my mother only had two. I’ve also come from a mother who treats babies competitively: hers should be bigger and more advanced. I feel upset that I had to learn to be soft and loving and appreciative so late, that I had to learn it through other people rather than being instilled with it from having experienced it myself. If I did it again I’d have it in me from the start of pregnancy – that catch-in-the-throat “ah-h-h” people get when looking at a tiny baby . . .’

The pregnant woman may have no steady partner, or a relationship with a male lover, or one with a woman. Planned or unexpected, conception can delight both partners, only one, or neither – or occur in the context of a couple who do not equally welcome a child.

Unconsciously, pregnancy might represent the blissful fantasy of returning to symbiotic fusion in the womb; undoing primal dividedness; or providing proof of sexual desirability. Pregnancy may have little to do with the baby to come:

‘I wanted to be pregnant so much that for all the long months I was trying to conceive I was so envious I couldn’t look at a pregnant woman in the street’, says Suzy, looking back. ‘The state of being pregnant was my absolute aim in life. I couldn’t look beyond the big bump. When I did conceive, I was over the moon! I can do it! I wanted to be pregnant, and didn’t relate it to having a child – that was a real shock.’

The meaning of conception varies greatly, in different women and in the same woman over time. For Suzy, whose deprived

childhood had left her feeling emotionally barren, exploited, and invisible, the state of pregnancy confirmed her creativity, filling her with wonder at her growing substantiality and presence. Longstanding emotional hunger and yearning to be recognized seemed finally satiated, and she revelled in the solicitous care and attention showered on her during pregnancy. Following the birth, however, she became severely depressed, feeling once again emptied and exploited, as her needy, demanding baby claimed a right to her resources for himself.

Timing is crucial. First conception may offer an older woman the cherished last chance to become a mother: 'With menopause looming, this pregnancy seems a doubly precious, unexpected gift', or might pose the life-upheaval threat of turning a teenage girl into one: 'My mother doesn't believe I could look after a baby myself, but I'm desperate to keep it.' It may come too late in a faltering relationship, too soon in a budding one. A woman on her own may have gone about seeking pregnancy methodically, carefully choosing a genetic father for her baby. Her urgency may have been due to a sense of emotional readiness or emptiness, midlife crisis, or a race against tyranny of the ovulatory sell-by date, an attempt to beat a deteriorating physical condition such as diabetes, pending hysterectomy, or HIV infection. Under such circumstances, having a baby may seem too important to postpone until she finds the right partner, and too precious to forgo in the absence of perfect conditions.

Depending on their closeness, and whom he represents in her mind, she may wish to share her news with the baby's biological father, or keep it to herself. She may have found herself pregnant or made a conscious choice to have a child, conceived through sex, professional intervention, or by self-insemination with donor sperm. She may even be serving as a surrogate womb. Some pregnancies follow rape or a casual relationship and involve agonized decisions whether to keep the baby, have an abortion, or give it away for adoption. In her eagerness to erase the father, a woman may deny his existence. In her fantasies, the pregnancy may be hers alone, rather than a coming together echoing the original parental couple who made her.

Undermining the rational control offered by thought and contraception, conception expresses an unconscious story of the body, reflecting lifelong ideas of child-bearing and representations of her procreative, female self. When a little girl has grown up in

loving identification with a satisfied mother who takes pride in her own fertile, sexual body, and who has a pleasurable relationship with a partner she will feel permitted to have a child to express the fullness of her own life. This delicate balance between loving closeness and recognition of distinctness, however, is not always achieved. A dissatisfied mother might have used her daughter to plug the emotional emptiness of her own life, preventing acquisition of a *body image* that is distinctly unique. A hostile or envious mother may have prevented or interfered with the growing girl's enjoyment of her early feminine *sexual identity*, and both parents often fail to respond supportively to their adolescent's attempts to own their bodies. Once grown up, a daughter may feel compelled to use her body to play out internal preoccupations. She may, for example, belatedly try to break out of the maternal magic circle, yet seek a similarly intense emotional mutuality through a baby of her own: 'Its little hands will hold round my neck all the time, so close there's no need for words.' Or she may feel driven to forge separateness from mother through psychosomatic, nutritional, sexual, self-destructive, or reproductive bodily enactments which establish her autonomy. Here, Lucy illustrates how, by-passing thought, the female sexual body may be employed to enact internal conflicts:

'She never knew about my abortions, but I realize now they were directed at her', Lucy, an ex-photographer's model says sadly, with painful insight gained from hard work in psychotherapy some years after her mother's death. 'I never was real to my mother. She loved me more than anything in the world and told me everything, but I was her dolly, with no life of my own. Looking back, I'm so ashamed of my promiscuity, but it was the only way I knew to break free.'

Mysteries of Gestation

However conception occurs, and whatever the fate of the baby postnatally, pregnancy is a quintessentially female experience. Physically, it is in a woman's internal space that the baby is implanted; it is her body that will change. Psychically, the baby is implanted in the soil of her unconscious inner world, gaining substance from her fantasies, influenced by and influencing the climate of her psychic reality.