



Women and Psychoanalysis

The Collected Papers of Lucy Holmes

Lucy Holmes

“This collection of chapters, written over a period of twenty years, provides a vivid depiction of the psychoanalytic experience as a laboratory, where all sorts of questions about human development, the therapeutic value of talking, and the nature of cure can be answered by the analyst who really listens.”

Vicki Semel, Executive Director, Academy of
Clinical and Applied Psychoanalysis

“Lucy Holmes’ papers on women pick up where Freud left off on femininity, throwing light on the ‘dark continent’ of the female mind.”

Lucie D. Grosvenor, LCSW, Executive Director
Emerita, Psychoanalytic Psychotherapy Study Center



Taylor & Francis

Taylor & Francis Group

<http://taylorandfrancis.com>

Women and Psychoanalysis

This remarkable collection charts the professional growth of one psychoanalyst from student to seasoned clinician to provide a guidebook for how psychoanalytic theory is conceptualized, created and tested in the analytic session. Specifically, the book traces the development of thinking on the place of women in psychoanalysis and how psychoanalysis has changed how it views and treats women.

Using the techniques of qualitative psychoanalytic research, Lucy Holmes presents new theories of female development grounded in drive theory and expands and enriches Freud's phallogentric ideas about women. Validated by over 30 years of clinical experience with female patients, her work demonstrates how these theories affect women in analysis, in group and in their personal lives. Later papers focus on the process of psychoanalysis itself, using the laboratory of the analytic session to study how talking changes the neurological structure of the brain; to reflect on the concept of "cure" in psychoanalysis; and finally to tackle the tenacity of the repetition compulsion.

Exploring topics across women's lives, such as childbirth, anger, identity, death, humor, leadership and madness, this unique collection of papers is ideal for practicing clinicians and theorists of psychoanalysis.

Lucy Holmes is a licensed psychoanalyst in private practice in New York City, where she is a faculty member and training analyst at the Center for Modern Psychoanalytic Studies, the New York Graduate School of Psychoanalysis and The Center for Group Studies. A former president of the Society for Modern Psychoanalysts, she lectures widely on female development and the technique of modern group analysis. Her previous book *Wrestling with Destiny* was published by Routledge in 2013.



Taylor & Francis

Taylor & Francis Group

<http://taylorandfrancis.com>

Women and Psychoanalysis

The Collected Papers of Lucy Holmes

Lucy Holmes

First published 2021
by Routledge
2 Park Square, Milton Park, Abingdon, Oxon OX14 4RN

and by Routledge
52 Vanderbilt Avenue, New York, NY 10017

Routledge is an imprint of the Taylor & Francis Group, an informa business

© 2021 Lucy Holmes

The right of Lucy Holmes to be identified as author of this work has been asserted by her in accordance with sections 77 and 78 of the Copyright, Designs and Patents Act 1988.

All rights reserved. No part of this book may be reprinted or reproduced or utilised in any form or by any electronic, mechanical, or other means, now known or hereafter invented, including photocopying and recording, or in any information storage or retrieval system, without permission in writing from the publishers.

Trademark notice: Product or corporate names may be trademarks or registered trademarks, and are used only for identification and explanation without intent to infringe.

British Library Cataloguing-in-Publication Data

A catalogue record for this book is available from the British Library

Library of Congress Cataloguing-in-Publication Data

Names: Holmes, Lucy, 1945-author.

Title: Women and psychoanalysis: the collected papers of Lucy Holmes/
Lucy Holmes.

Description: Abingdon, Oxon; New York, NY: Routledge, 2021. |

Includes bibliographical references and index. |

Identifiers: LCCN 2020029334 (print) | LCCN 2020029335 (ebook) |

ISBN 9780367560867 (hardback) | ISBN 9780367560874 (paperback) |

ISBN 9781003096375 (ebook)

Subjects: LCSH: Psychoanalysis. | Women and psychoanalysis. |
Women—Psychology.

Classification: LCC RC451.4.W6 H65 2021 (print) |

LCC RC451.4.W6 (ebook) | DDC 616.89/17—dc23

LC record available at <https://lcn.loc.gov/2020029334>

LC ebook record available at <https://lcn.loc.gov/2020029335>

ISBN: 978-0-367-56086-7 (hbk)

ISBN: 978-0-367-56087-4 (pbk)

ISBN: 978-1-003-09637-5 (ebk)

Typeset in Garamond

by Deanta Global Publishing Services, Chennai, India

For Robert J. Marshall



Taylor & Francis

Taylor & Francis Group

<http://taylorandfrancis.com>

Contents

<i>Preface</i>	xi
<i>Acknowledgments</i>	xv
PART I	
Women	I
Introduction	3
1 The object within: childbirth as a developmental milestone	8
2 The oppression of childbirth	31
3 The internal triangle: new theories of female development	45
4 Women in group and women's groups	62
5 Hell hath no fury: how women get even	75
6 Masculine and feminine: differentiation and integration	86
7 The technique of partial identification: waking up to the world	97
8 Gender dynamics in group therapy	107
PART II	
Psychoanalysis	119
Introduction	121
9 A single case study of a fascination with death	127

10	Marking the anniversary: adolescents and the September 11 healing process	143
11	Humor and psychoanalysis	150
12	Leadership and psychoanalysis	154
13	Myth and psychoanalysis	157
14	Becoming an analyst: learning to live with madness, aggression and the unknown	166
15	Wrestling with destiny	171
16	Why talking cures	179
17	Beyond cure	186
18	Reaching the repetition compulsion	195
19	The analyst in winter	203
	<i>Index</i>	219

Preface

I started work on this project out of a simple desire, encouraged by my students and colleagues, to have all my papers in one place. When the task of assembling the papers was complete, I was able to look at the collection as a whole and realize it had something to say about the intellectual and emotional growth of one analyst. I also saw that the assembled papers had become a sort of instruction book, a manual of exactly how psychoanalytic theory is developed.

Freud was the first psychoanalytic researcher, and the theories he created have an objective reality because they are always grounded in the human body. Male human beings have penises, and women do not. Human beings come into the world totally dependent on an object for feeding and care. The universal vicissitudes of suckling, toilet training, and the growing, troubling awareness that we are not the center of the universe for that crucial object who keeps us alive create mind and develop character. All human beings have to deal with the two central problems of existence: that we are alone in our bodies, and that there are others that we must deal with unless we give in to psychosis.

There is also anecdotal evidence that many of Freud's theories reflect his own personal psychological challenges. His theory of the unconscious was developed in part by the analysis of his own dreams. His ideas about women and the feminine proclivity to hysteria reveal a lot about his relationship with his mother. The concept of the death instinct was created in a world that had become insane, with Hitler invading Austria, and Jews being killed in the streets of Europe.

After she read my first book, my sister commented that my theories about pregnancy and the importance of introjected objects for women were all about myself. I felt exposed and humiliated by this remark at the time, especially because I knew she had a point. But I have come to realize that the arduous task of developing theory, from the literature review to the gathering and analysis of clinical data, is a dreary and daunting task if it is not infused with a narcissistic passion to understand our own issues and character. Taking our

research questions very personally infuses the whole process with relentless enthusiasm and creativity.

I encourage my students and supervisees who want to write to use their own struggles as a place to start. A male supervisee who has suffered with an oppressive sense of shame all his life is now carefully studying his patients who deal with the same issue. He has gone to the psychoanalytic library on the web and is happily devouring everything that has ever been written about shame. The paper and the book he is currently writing are projects he is devoted to, and I think his writings will make a real contribution to the literature. Another supervisee had a patient who was the victim of sexual misconduct at the hands of a professor at the institute where both she and her patient studied. My supervisee was outraged, not least because of the abuse she had endured in her own life, and she led a committee which ultimately expelled the offending professor from the institute. She is currently writing a paper, which she hopes will develop into a book, about the unconscious ways that academic institutions, including psychoanalytic institutes, ignore, deny, and therefore collude with sexual misconduct. Two female therapists I consult with are writing a book regarding women and power and healing themselves in the process. One is Asian and grew up in a family and a culture that devalued women; the other was told by her father that “you can’t climb a tree in a skirt,” a phrase which has become a metaphor in her life to suppress her ambition. The book they are writing together marks the end of their repetition compulsions to be “less than” men.

I was fortunate to experience certain serendipitous convergences in my own professional life, where personal challenges (namely pregnancy, divorce, and the bumpy journey of my own analysis) happened at a time when I was being educated at the Center for Modern Psychoanalytic Studies about qualitative psychoanalytic research. The rigor of really focusing on one control case, developing a “burning question” about something I did not understand but wanted to know about the patient, methodically writing down after every session what the patient actually said, and then analyzing the data collected, demanded a scientific discipline that broadened my ability to think and reason. Out of the stacks of process notes I carefully collected, I had to look for themes and relationships in the material to help me create hypotheses that answered my research question. These hypotheses had to do a good job of explaining the facts, and any hypothesis I generated from the patient’s words had to be tested in future sessions. Did the patient say things in the next weeks and months that confirmed my hypothesis? Did the hypothesis allow me to generate new ideas about the patient as the treatment proceeded? If so, I could be assured that the hypothesis was a good one. While I was gathering data, I was also required to conduct an extensive literature review. What did other psychoanalytic writers have to say about the dynamics present in my control case? Did these writers help me have new ideas about my case and its dynamics?

The qualitative psychoanalytic research required of me at the institute was arguably the most important part of my training. It taught me how to listen objectively and to follow my intense desire to understand my patient relentlessly. Most importantly, it helped me develop passion about exploring things I didn't understand and gave me a road map that has guided me in all of the writing I have done since.

When I experienced pregnancy and childbirth, I knew on a visceral level that those experiences had rewired my mind. This was just a hazy intuition at the time. I didn't really understand what had happened to me, but I knew that I cared deeply about exploring what effect pregnancy has on the female psyche. And thanks to my psychoanalytic training, I had the tools to answer my burning questions about the female mind. The eight papers on women in this collection are products of the extensive research I did in the women's groups I led over a ten-year period. I was able to answer to my own satisfaction, the burning question about why pregnancy is such a developmental milestone in a woman's life and how it creates dynamics in the female mind that affect feminine functioning in groups and in life. My first book, *The Internal Triangle*, was a product of this research.

After I exhausted my exploration of women, I turned my scientific eye on the repetition compulsion. This curiosity was fueled by my own analysis, the patients I work with, and a personal crisis when I decided to end my marriage. Why, I wondered, did human beings recreate situations that had caused them so much suffering in childhood? Children of alcoholics became drunks. People who had suffered abuse early in their lives abused their children. Men with cold narcissistic mothers married cold narcissistic women. My clinical practice provided me a laboratory to conduct research on the repetition compulsion. My own analysis gave me some ideas about how the talking cure can rewire the brain in a way that allows us finally to outgrow our repetitions. My second book, *Wrestling with Destiny*, focused on these issues

When I was 15 years into my psychoanalytic practice, I developed new research questions about what I was observing with my patients. I saw that the people who were the best talkers, the ones who had the least ambivalence about happily "saying everything," were the ones who consistently got better, no matter their diagnosis. My curiosity about the therapeutic value of putting things into words occurred at the same time that I became aware of exciting developments in neuroscience which generated new ideas about how talking rewires the brain. The paper "Why Talking Cures" was the result of this second happy convergence.

Over the years, I had some satisfying outcomes in my private practice when patients who had barely been able to function when they started analysis were beginning to enjoy meaningful, satisfying lives. I was surprised to observe that many of the patients I considered "cured" kept coming back for more analysis, just as I had in my personal analysis. Listening to them helped me generate new ideas about why psychoanalysis can continue to be therapeutic

even when pathological dynamics have been resolved. The paper “Beyond Cure” addressed these issues.

The final paper in this collection illustrates that I am continuing to research challenges that have a personal meaning for me. “The Analyst in Winter” discusses a daunting issue: growing old. Reading the literature, listening to my patients, and doing some self-analysis on my aging body and mind have broadened my perspective and provided some solace to the narcissistic injury of aging and human transience.

My hope is that this book as a whole charts the development of psychoanalytic theory from the catalyst of personal psychic and somatic conflicts, through a literature review enlivened by one’s own unique journey and the questions it generates, to the long process of collecting clinical data and studying how it provides insight.

Acknowledgments

I want to acknowledge my appreciation to the following publications for graciously giving me permission to reprint the following articles:

Modern Psychoanalysis, the journal of the Center for Modern Psychoanalytic Studies, for:

“The Object Within: Childbirth as a Developmental Milestone,” 25:1, 2000.

“The Internal Triangle: New Theories of Female Development,” 25:2, 2000.

“A Single Case Study of a Fascination with Death,” 27:1, 2002.

“Hell Hath No Fury: How Women Get Even,” 29:1, 2004

“Becoming an Analyst: Learning How to Live with Madness, Aggression, and the Unknown,” 31:1, 2006.

“Wrestling with Destiny: The Promise of Psychoanalysis,” 32:1, 2007.

“Why Talking Cures,” 33:2, 2008.

“Masculine and Feminine: Differentiation and Integration,” 34:2, 2009.

“Beyond Cure,” 37:1, 2012.

“Reaching the Repetition Compulsion,” 39:1, 2014.

“The Analyst in Winter,” *Modern Psychoanalysis*, 43:2, 2020.

International Journal of Group Psychotherapy for:

“Marking the Anniversary: Adolescents and the September 11 Healing Process,” 55:3, 2005.

“The Technique of Partial Identification,” 59:2, 2009.

Group, the journal of the Eastern Group Psychotherapy Society, for:

“Gender Dynamics in Group Psychotherapy,” 35:3, Fall, 2011



Taylor & Francis

Taylor & Francis Group

<http://taylorandfrancis.com>

Part I

Women



Taylor & Francis

Taylor & Francis Group

<http://taylorandfrancis.com>

Introduction

As a young student of psychoanalysis, I learned that the theories of Sigmund Freud were deeply rooted in the body. In his “Three Essays on the Theory of Sexuality,” Freud (1905) described the development of human beings from infancy to adulthood as a series of stages: the oral, anal, phallic, latency, and genital. In this model, physical experience creates mental representations. What the body is concerned with at any given time early in a human life creates excitements, frustrations, and gratifications that form lasting psychic structures and individual character.

Freud believed that human beings are innately bisexual, that is to say that infants are more interested in erotic gratification than they are in the sex of the object that provides it. Young children almost universally express the impulse to be both sexes, and the journey to adult sexuality is a challenging one. A crucial part of this journey for Freud was focused on the penis or the lack of one. The fear of losing the penis or the humiliation of never having one, thrust boys and girls into the rigors of the Oedipal complex, where the stormy seas of primitive longings for the mother and rages induced by her treacherous infidelities with the father buffet children around till they land, not always smoothly, on the shores of heterosexuality.

Freud has been criticized for his phallocentricity by many modern psychoanalysts. Feminists have gone even farther, relegating Freud to the quaint and irrelevant annals of history where we store religious orthodoxy and Victorian views on sexuality. I have always found the more strident denigration of Freud wildly ungrateful. Despite the fact that his theories are laced with the taint of the bourgeois, hysterical environment into which he was born, he managed to put conceptual tools in our hands that have revolutionized how human beings think about themselves. Among these are the theory of the primitive unconscious and its power, the deep humanity of bisexuality and homosexuality, the ability of the mind and the fantasies it creates to influence the body, and the “talking cure,” which was the first concept to acknowledge that words can rewire the brain.

Studying Freud expanded my consciousness and engaged my intellect. He simultaneously enriched and enraged me. I wanted to think like he did. The

physicality of his theories made them seem inevitable, grounded in reality in a way I admired. I was less enamored of his ideas about women as anatomically deficient human beings. His description of women as “little men” induced fury and contempt in me.

Still I was suspicious of my own negative feelings about Freud’s theories of femininity and female development. Was I being defensive, I wondered? After all, I was just a student of psychoanalysis. Who was I to question the genius who created it? I tried to accept the sad fact of my symbolic castration. It wasn’t until I became pregnant and gave birth to a child that I felt empowered enough to fantasize about expanding on Freud’s ideas about women. Freud himself had given me permission to try to do this. In 1932, he acknowledged that his theories of femininity were “incomplete and fragmentary,” and he advised his readers to “wait until science can give you deeper and more coherent information” (Freud, 1932, p. 135). After childbirth, I dared to think that it wasn’t science that would expand theories of female development; it was a return to Freud’s focus on the body, preferably piloted by a woman. I set out to create a theory of female development that paid as close attention to the pregnant female body as Freud did to the organed male.

When I was pregnant, gave birth, and nursed my infant, I did not feel castrated. On the contrary, the swelling belly of pregnancy, the orgasmic power of labor and delivery, and the animal pleasure of feeding the infant with my phallic, life-giving breasts left me feeling authentic and strong in a unique way that I had never before experienced. More importantly, I had the conviction, just a sort of unformed intuition at the time, that the experience of pregnancy and childbirth had changed my mind in a profound way. I decided to devote my doctoral work to the study of childbirth as a developmental milestone. I felt totally absorbed in my ambition to create a developmental theory for women that pays as close attention to the feminine body as Freud did to the penis. I wanted a theory that doesn’t look at women as deficient men, but rather as anatomically correct human beings whose bodies can perform massive miracles.

As part of my research for my doctorate, I started my first group, composed of women for whom pregnancy and childbirth were burning issues. They were either pregnant and happy about it or unhappily pregnant and considering an abortion. There were also women in the group who were struggling with infertility, and several who were about to celebrate their 40th birthdays and coming to the realization that further delaying pregnancy was soon becoming a decision to remain childless. My second group was at an obstetrical clinic in the South Bronx. Most of the pregnant women in that group were in their teens, and unlike the group in my private practice, they were dealing with the challenges of poverty and racism. Nevertheless, themes in the two groups were remarkably consistent. As the women in both groups talked, I was constantly amazed by all the “ghosts” in the room. The women were there, of course, but so were their unborn babies, their mothers, and their fathers. I came to the

conclusion that females internalize their mothers and fathers early in their lives in a very vivid way, and when they become pregnant, they project all their fantasies about those parental introjects onto the child growing in their womb. Even more interesting to me was that the process of childbirth seemed to provide an opportunity to eject all those fantasies into the real world, giving the mother a new power over her introjects and the fantasies about them. My groups provided me with clinical evidence of why childbirth is uniquely empowering and how it changes the female mind in a maturational way.

Out of all this passionate energy came my theories of the internal triangle and childbirth as a developmental milestone, as well as a revolutionary zeal about obstetrical practices in the United States, which produced the paper "The Oppression of Childbirth." This diatribe, written just after I received my doctorate, was so polemic that no one would accept it for publication. I include it here with affection for my youthful fervor and with a conviction that it provides an informative and telling history of Western childbirth practices. I also still believe that a lot of what I had to say was and is true.

In the ten years after I had completed my PhD, I was delighted to feel my theories were confirmed. Among the women in my private practice and groups, I discovered much clinical evidence supporting the importance of internalized parental introjects. The papers published about women from 2002 to 2011 were based on this clinical research. "Hell Hath No Fury" focused on the elegant ways that women get revenge without sacrificing their femininity. One of the most important and fascinating techniques they use is an unconscious identification with an internalized object to torture others the way they were tortured early in life.

The other five of these papers deal specifically with women in groups. Gender has enormous importance in group therapy, both in group members and in group leaders. Developing these papers gave me a heightened appreciation of how useful men and women can be to each other in group therapy, and brought me to a conviction I still hold: an important goal in any psychoanalytic treatment is to help women to think more like men, and men to think more like women. It enhances and expands the egos of both sexes to free themselves from the constraints of rigid masculinity or femininity.

It has been almost 20 years since I wrote my first article about female development, and in those years, gender theory has exploded and expanded. The binary of sexual difference has become a rainbow of possibilities with the gay and lesbian community continuing to add initials to its LGBTQ ranks. Older analysts like me have learned to be very cautious about pronouns with people who come to our offices for the first time. At best, this expansion of thinking about sexuality and gender has given voice to the myriad gendered fantasies, states, and embodiments that human beings are capable of, and that have often been unrecognized and debased by society, and unmet by justice (Corbett, 2011). It has also returned us to Freud's idea about the universal human tendency to bisexuality, with the new twist that *all* sexualities

that limit object choice, including heterosexuality, involve the utilization of primitive defenses, such as denial and splitting. In this model, conventional masculinity and femininity, historically considered the gold standard of mental health by psychoanalysis, are essentially symptoms, defensive structures created to repress homoeroticism and other gender anxieties. Harris (2005) describes gender as being “softly assembled,” with each person’s idiosyncratic sexual identity being his or her unique creation. From this perspective, *all* sexual orientations and gender identities require explanation (Hansell, 2011). Certainly this is an idea that modern psychoanalysts should happily embrace, suggesting as it does, that it is therapeutic for any human being, no matter what her or his sexual orientation, to think and talk about how he or she developed and expresses a unique gender identity.

The danger in this perspective, of course, is that heterosexuality becomes “problematized” in the same way that bisexuality, homosexuality, and transsexuality have been in the past (Chodorow, 1992). The rage of human beings who have historically been labeled deviant by many pillars of the mental health field has sometimes led to a bellicose stridency that pits “us” against “them.” Some vocal claims that sperm banks have rendered men obsolete or that a male homosexual couple doesn’t need a woman to make a baby verge on psychotic thinking, denying the animal fact that it takes a sperm and an ovum to create a new human being. Less grounded in reality, but probably even more important, is the idea that human beings need exposure to both the masculine and the feminine to achieve their full potential.

As I worked with the patients in my two childbirth groups, I began to realize that one of the goals I had for the women in the groups was a mental freedom derived from liberating their fantasy life from the rigid ideas culture had imposed on them about gender. Though the women who seemed to derive the most satisfaction from life were able to feel grounded in their procreative, female bodies, they were also eventually able to explore gender in a liberating and enriching way that embraced both femininity and masculinity. In all the groups I have organized since, one of my main objectives has been to help women be as assertive and creatively aggressive as men, while encouraging men to risk experiencing feelings of empathy and comfort that have always been associated with women. Exploring a less rigid and more inclusive gender identity ironically seems to anchor my patients in the reality of their sexed male or female bodies. Opposite sex identifications can be mastered and creatively utilized rather than being repressed (Bassin, 1996).

When *The Internal Triangle* first came out, I was speaking at a conference about my ideas about childbirth and female development. A female colleague of mine, protesting what she experienced as the reductionism of my theories, reported that throughout my presentation she kept thinking, “Don’t fence me in!”

Certainly, psychoanalysis has always walked a fine line between developing theory that illuminates in its explanatory, descriptive capacity and theory

that puts people into boxes. No single theory should begin to presume that it is the final word on something as complex and variant as human sexuality. Taken as a whole, psychoanalytic theory is a progression of ideas in which each new theory addresses the blind spots of the ones that preceded it. If theory fails to function as an open and evolving system, we become guilty of listening *for* a particular theory rather than listening *to* the particular patient in our treatment room (Fiorini, 2017).

I advise my students to immerse themselves in as much psychoanalytic theory as possible, and then use the knowledge they have gained as a tool box, pulling a theory out of the box when something a patient has said in session brings it to mind. In that moment, if any given theory helps the analyst understand the patient on a deeper level, it is a successful theory.

References

- Bassin, D. (1996). Beyond the he and she: Toward the reconciliation of masculinity and femininity in the postoedipal female mind. *Journal of the American Psychoanalytic Association*, 44S (Suppl.), 157–190.
- Chodorow, N. (1992). Heterosexuality as a compromise formation: Reflections on the psychoanalytic theory of sexual development. *Psychoanalytic Contemporary Thought*, 15(3), 267–304.
- Corbett, K. (2011). Gender regulation. *Psychoanalytic Quarterly*, 80(2), 441–459.
- Fiorini, Leticia Glocer (2017). *Sexual difference in debate*. New York: Karnac.
- Freud, S. (1905). Three essays on the theory of sexuality. *Standard Edition*. London: Hogarth Press, 7, 125–245.
- Freud, S. (1932). Femininity. Lecture XXXIII, New introductory lectures on psycho-analysis. *Standard Edition*. London: Hogarth Press, 22, 112–135.
- Hansell, J. (2011). Where sex was, there gender shall be? The dialectics of psychoanalytic gender theory. *Psychoanalytic Quarterly*, 80(1), 55–71.
- Harris, A. (2005). Gender in linear and nonlinear history. *Journal of the American Psychoanalytic Association*, 53(4), 1079–1095.

The object within

Childbirth as a developmental milestone

Childbirth is a developmental milestone in feminine life, as psychically significant for women as the Oedipus complex and adolescence. It provides opportunities for maturation and psychic reconstruction and reconfiguration unique in the life cycle. My two-year work with two groups of pregnant women confirmed that female development is not something that ends when adolescence is over. Rather, feminine developmental issues continue to be reworked in conflict and resolution throughout a woman's life. Dynamics derived from the pre-Oedipal and Oedipal periods are not abolished or abandoned. They are built upon and integrated into the personality in compromises of ever-expanding complexity.

Bibring et al. (1961) defined a developmental phase as a turning point in the life cycle leading to intense disequilibrium which results, in favorable circumstances, in specific maturational steps toward new functions. Given this definition, pregnancy and childbirth qualify as a legitimate developmental phase. Like adolescence and menopause, pregnancy is a crisis which creates profound life changes with which women must deal. Pregnancy demands a reworking of the relationship to one's internalized parental objects, particularly the resolution of the infantile aspects of those relationships. Bibring et al. described the specific task of childbirth as the redistribution of the cathexis of self-representations and of object representations. A specific sequence and alteration of the woman's object libidinal and narcissistic positions occur in pregnancy. This article will detail exactly how these new psychic constructs occur. Deutsch (1945, p. 56) called pregnancy a "kind of late maturation." It is helpful to female growth and functioning because it tends to thrust a woman's inner world into the object field where it can be dealt with in terms of reality. Of course, this maturation can be achieved in other ways, but pregnancy and childbirth, because they are rooted in the body and often cause women to regress to their own pre-Oedipal, indeed their intrauterine life, provide powerful primitive fuel for unconscious change.