Bodies and Motherhood: Through the Body to the Psyche

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Contemporary psychoanalytic theories exploring ambivalence around ‘motherhood’ place an emphasis on unconscious psychic conflicts that contribute to a delay in childbearing. Nancy Chodorow (2003) locates this conflict in a ‘constellation of fantasies and defenses’. In her hypothesis, Chodorow asserts that that ‘unconscious mother daughter-sibling fantasies, anchored by a deadened aggression against both self and object, destabilizes and undermines fertility’ (Chodorow, 2003, p.1181). I propose that the access point of unconscious fantasies and conflicts is in the corporeal experience of fertility (in which I include fertility treatments, miscarriage and pregnancy).

Uncovering psychic conflicts around childbearing could be a valuable and productive treatment outcome. However, exploring and interpreting these conflicts with patients may present a clinical dilemma. Chodorow (2003) describes the challenge in working with patients, in which it is ‘too late,’ as ‘irretrievable’ and ‘absolute’. Further, patients’ ambivalence might not only reflect internal psychic conflict but external circumstances that limit options to have children. Painful feelings of regret and shame could foreclose a potential for deeper understanding. I am claiming that once a decision is made to pursue childbearing, certain conflicts emerge through what the individual experiences in their body. I approach an understanding of these conflicted experiences through a lens of dissociation (Bromberg, 1998). Patients unknowingly place out of awareness beliefs and feelings in relation to their desire (or lack thereof) to have children. Once felt within the body, for some, dissociated aspects of an individual’s experience come into focus. Meaning, associated with childbearing and parenthood, is formulated in the corporeal. To illustrate my claim I will present three brief case vignettes: Rori, Sam and Cora. Connections to dissociated conflicts and experiences crystallized through the visceral experience of pregnancy, fertility treatments and miscarriage, respectively. In the course of their treatment we developed links to unconscious and dissociated narratives, parental identifications, and internalized gendered expectations. Although all of these themes were present for each patient described, I delineate them for the sake of clarity.

Rori
Rori is a 40 year-old cis-gendered female with whom I have been working for four years. When therapy commenced she was the mother to a two-year old. Rori described many moments of joy with her young child and concurrently felt intense self-doubt and anxiety in her parenting abilities. Initially, Rori understood this anxiety as a response to the unpleasant physical symptoms of pregnancy. During her first trimester, she suffered from extreme fatigue and nausea. The discomfort of the pregnancy seemed to activate a feeling of despair, as well as regret. She was terrified that she had made an irrevocable decision that perpetuated a cycle of panic and helplessness. In these beginning stages of her pregnancy Rori’s awareness remained concretely attached to her body. As her pregnancy progressed, and some of the fatigue and nausea lifted, Rori continued to struggle with a feeling of malaise accompanied by guilt. She felt deep shame around not feeling more ‘excited’ but quite the opposite. I struggled to help Rori explore possible unconscious origins contributing to feelings of despair and guilt. For some time, I departed from an analytic stance and felt compelled to be directive and supportive. Yet this did not ease Rori’s distress. Over the course of several sessions, I noticed a feeling of emptiness and deficiency in my body. I also registered a sense of profound shame and guilt in, what felt to be, futile interventions to relieve Rori’s internal turmoil. Her inquiries

into my own personal experiences of pregnancy activated feelings of deficiency and shame that paralleled Rori's. I had never had biological children and it seemed for Rori I could not relate to her experiences. Rori absorbed expectations of expectant motherhood, and internalized her lack of enthusiasm as a personal failing. As cis-gendered identified women, we had placed these experiences of 'maternal failure' out of awareness. We were now able to give a voice to her yet unformulated narrative. This included internalized gendered expectations of motherhood. She was able to put words to the gendered societal messages she absorbed that contributed to her development as a 'woman'. Rori described feeling less than adequate due to her lack of excitement and pleasure while pregnant. Her feelings contradicted the societal messages that tied a woman's value not only to her capacity to bear children but also to accepted expressions of desire for the pregnancy and motherhood. Due to both these perceived and real 'judgments', as Rori described, she did not feel there was space for other less pleasant feelings or negative reactions to her own pregnant body.

In accessing loss within myself, we also discovered a maternal history of multiple miscarriages. Rori was aware that her parents had a great deal of difficulty conceiving her. Earlier in her therapy Rori made mention of this in our discussions of her being an only child. She did not reveal more details and so there was a gap in this aspect of her familial history. Rori was somewhat unaware of this and the story around her mother's miscarriages did not crystallize until we were able to think about her difficulties together. Rori eventually associated her conflict relating to conceiving a second child, as well as her guilt and despair, to the relationship with her mother's history. She also was more attentive to her mother's interactions with Rori around the pregnancy. Rori often stated that she felt her mother was critical of how she was caring for herself. She felt this was an intrusion and expressed feeling as if she was not human but a 'vessel' and object to others. When we explored this further we unpacked Rori's experience of her mother's envy. At the same time Rori's guilt was more pronounced in relation to her parents' unmourned loss of the second child they had wished for but was not possible. As we were able to access the complex unconscious associations and narratives, Rori felt an increased sense of hope. Her anxiety, though not eliminated, was significantly relieved with an understanding of what she carried in her body and psyche.

Sam

Sam is a 35-year-old self-identified transgender male. He and his cis-male partner of three years wanted to 'start a family'. They had discussed various options including reproductive technology, adoption, and surrogacy. In therapy sessions Sam and I explored the significance of a biological child. Sam described, on the one hand, an attachment to his genetics, and on the other hand, wanting to escape 'genetics'. Sam's mother had been diagnosed with bipolar disorder when he was a child. He recalled periods of her debilitating depressive episodes followed by manic symptoms. Sam's father, overwhelmed by caring for his wife, was limited in his capacity to be an emotionally available caregiver to Sam. Sam remembered longing for his father's attention. He often described a deep, unmet longing for a connection to his father. While we explored themes of unmet needs, Sam was also undergoing his transition, which involved beginning testosterone injections. As Sam became more pleased and comfortable with his body he noticed feeling conflicted about the testosterone irreversibly interfering with his fertility as a female.

The attachment he felt to his genetics was a core theme in the conflict. After careful consideration, Sam, and his partner, made the decision to pursue IVF. Sam began to reduce his testosterone, and eventually began the cycle of hormone injections in the hopes of producing oocytes to form embryos. The hormone treatments caused physiological changes to which Sam had strong, unexpected responses. With these changes Sam experienced a loss of what he referred to as his 'male self'.

Simultaneously he described reconnecting with a part of himself he felt he ‘left behind’. Physiological changes activated a range of emotions and held a great deal of meaning for Sam. He also was able to identify binary splits in his idea of ‘femaleness’ and ‘maleness’. Sam reported feeling ‘weepy’ during the IVF cycle, attributing this to the hormone’s effects. A deeper exploration of the weepiness revealed both feelings of loss as well as identification with both his mother, who, he had witnessed frequently crying during depressive episodes. The temporary loss of his, as Sam described, ‘male self’, intensified the lost connection to his father. He pictured himself as a parent, and expressed fears of being abandoning. At the same time he experienced a sense of optimism and hope in creating a cohesive and functional family. He also recognized both the possibility as well as fantasy of healing past wounds left by broken parental attachments. Sam’s transitioning body became a source of both loss and connection with both parents.

Cora

Cora, a single, cis-female in her thirties, had longed for a child for some time. She had initially sought therapy for an underlying chronic experience of anxiety with panic from which she could not find relief. Over the course of her first year of treatment Cora identified the source of her panic as time passing, the time she felt she had in order to biologically conceive. Cora stated she had always felt the desire to be a mother but did not feel she could do so without a partner. With this insight and feeling the pressure of time, Cora asked a male friend with whom she had a platonic friendship to conceive (through IVF) and co-parent. At first Cora felt a sense of optimism and her panic temporarily lifted when the first round of IVF was successful. During the second month of her pregnancy she reported a cessation of symptoms she earlier experienced. Cora arrived at one of her sessions distressed. She was sure that she had miscarried. This was confirmed in an ultrasound after which Cora experienced a deep devastation and despair. Cora elected to have a procedure that would prevent her from having to miscarry naturally over the course of a period of time. Though she had opted for the procedure so she did not have to go through further pain of ‘naturally miscarrying’, she also felt a great deal of shame.

There were real and perceived judgments by others. A doctor had informed Cora of a faint fetal heartbeat to dissuade her from having the procedure, though the pregnancy was no longer viable. The experience was traumatic for Cora and held multiple meanings. Her identity as a woman, as well as one who wanted to be a mother, was threatened. The miscarriage and the experience of the D&C brought to light deeply-held insecurities and inadequacies. Cora, similar to both Rori and Sam, had internalized gendered expectations that implicitly valued her worth as a woman to, as she described, ‘her womb’. As she was ‘on the table’ she could vividly feel something being ‘taken’ from her that she felt was irretrievable. Cora poignantly and painfully expressed that, though she considered herself a ‘feminist’, she could not ignore the part of her that she felt was deficient. She recounted interactions with female friends who had biological children that left her feeling inferior. She noted an undercurrent of dismissal when Cora attempted to participate in conversations about raising children. The brief months of pregnancy filled in for the sense of what she did not realized she experienced as ‘lacking’ within her. Miscarrying and the D&C, in her words, ‘left me more feeling more deficient’. These experiences along with familial expectations contributed to feeling unworthy. Feelings of unworthiness were notable in contrast to a thriving life that included close and intimate relationships, varied interests and talents, as well as academic and career achievements.

Over the course of months the acute physical experience of trauma subsided and Cora has been able to consider options such as adoption or finding other ways to fulfill her desire to engage with children in her life. In the meantime, Cora and I are working together to help her both mourn her loss while building a foundation of her worth and value that is not tied to ‘her womb’ or motherhood.

In each of the above vignettes I illustrate the complexity of feelings that emerged with pregnancy and motherhood. This included patient's experiences relating to pregnancy, assisted reproductive treatments, and miscarriage, respectively. My work with Rori, Sam and Cora revealed yet unknown beliefs and narratives that were not previously accessed through interpretation and exploration of psychic conflicts. They made themselves known in the visceral domain. Through the registering of bodily experience in psychoanalytic work we were able to expand awareness of previously unknown beliefs, family histories, and identifications.

References

Bromberg, P. (1998). *Standing in the Spaces: Essays on Clinical Process Trauma and Dissociation.* New York: Psychology Press.

Chodorow, N. (2003). Too Late: Ambivalence about Motherhood, Choice and Time. *Journal of the American Psychoanalytic Association, 51*: 1191-1198.

Stern, D. (1987). Unformulated Experience and Transference. *Contemporary Psychoanalysis, 23*: 484-490.