Psychodynamic Aspects of Pregnancy and the Puerperal Experience

Opinion

During the life cycle, women will undergo different changes that inevitably alter self perception. The unannounced visit of the menarche that brings along other physical changes such as secondary sex characteristics and the dramatic bodily and emotional changes during pregnancy and menopause continuously forces a reconstruction and adjustment to the sense of self. Such dramatic changes sometimes result in conscious and unconscious conflicts related to present and past maturational periods of development. In this paper, I would like to concentrate in the importance of the puerperal experience from a psychodynamic lens in an attempt to phrase conscious and unconscious events that occur in the shift from pregnancy to child rearing.

One of the important aspects of pregnancy that sometimes we women are oblivious is the continuous shift of libido during the entire process. Freud differentiates narcissistic libido from object libido, the first one serving as a fuel to integrate a coherent sense of self that can either be successful during the pre oedipal phase or limited. Once the narcissistic libido is satisfied it can transform into object libido in an attempt to create a relationship with the outside world. It is important to mention that even though one can attempt to hold a close relationship with reality it can be at the service of narcissistic libido using objects in the outside world to solely satisfy narcissistic needs in an autoerotic way.

It is important to mention this distinction in order to talk about the shift of libido during pregnancy. First of all, a woman has to use her object libido to get pregnant that is, she has to reach another object to conceive a baby. Pregnancy is a state that could be understood as a very narcissistic one where many women can feel ultimately “complete”. The feeling of having a human being inside her womb can be very powerful, people will take care of her, sexual experience is often limited and an internal journey takes place as libido is taken inwardly in order to preserve a balanced state that reassures the process.

Citing Blitzer and Murray [1]: “Perhaps the clearest picture of narcissism during pregnancy was painted by Deutsch [2]. She describes the pregnant woman’s typical turning inwards form an interest in her surroundings to herself and her fantasies, and stresses that this turning inwards in the service of the preservation of the species” [1].

When the child is born, this “completeness” is often not felt anymore and women will have to shift violently that narcissistic libido towards the baby, who presents itself as a very distinct object with very personal strong needs, with its own sleeping and eating patterns requiring an unsatisfied fully present mother. This phase is commonly referred to as the puerperal period. Gutman [3] defines the puerperium as the “brutal encounter with unknown parts of the self in addition to the extreme sensitivity and pain caused by the brutal break”. According to Gutman, the puerperium is vulgarly referred to as the forty days after the baby’s birth, commonly practiced in community oriented societies where women took care of the child rearing while men took care of providing food. Gutman argues that in modern society’s women still need “women communities” to alleviate the new mother’s experience helping her with personal needs, domestic chores, and the baby’s intense needs. She believes that forty days are not enough for the mother to recover within our social scheme and that the much needed support for the mother-baby dyad is not defended nowadays. She states that “each woman is very lonely with her situation: the emotional destructuring due to the child’s birth, the lack of a social network, her partner as the only interlocutor and the social mandates that pull the strings of the family’s and personal decisions” [3]. At this stage, many women may feel depressed, for some it will be transitory but for others it could become a permanent state. In addition to a very exhausting physical state, many other unconscious and repressed emotions could arise.

For example, a new mother could begin feeling very dependent again and feel aware about it for the first time in years. The birth of a son gives birth to a mother who will be very anxious and, along with the baby, will experience feelings of life and death. She will hear sounds more intensely; experience the baby’s hunger and pain in order to preserve the baby’s life, etc. This is why some believe that a tumultuous pregnancy could prepare the mother better than a “stress free” pregnancy that some women describe, many because they feel detached from their bodies and the process living a “normal” and agitated life that fiercely ends the day the baby is born. Some women may experience a will to retain as an expression of narcissistic self sufficiency during pregnancy.

Many pre oedipal issues arise and make they themselves present once the baby is born. A new mother could feel very angry and left alone by her mother or partner. Feelings of a pre subjective period of development may arise experiencing a limited distinction between self and other experiencing pleasure.

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and unpleasure intensely and the danger of overstimulation and under stimulation [4]. A good support system is essential during this emotional roller coaster-like process. In Gutman’s [3] words: “every puerperal woman needs the presence of an effective holding, this is a priority, not a luxury”.

Research suggests that post partum depression is many times diagnosed in women who lack support and feel lonely in such intense journey. Many of these women experience anger and strong super ego demands that when not met they submerse into a depressive state. In Blum’s [5] words: “a recent mother, in order to do all the work and endure all the deprivations involved in caring for a newborn, needs to be taken care of. She must cope with her own emotional reactions to the baby’s needs and demands. If she can accept her dependent needs and ensure that she is in fact taken care of, and if she can tolerate her baby’s dependency and her reactions to it, she is unlikely to develop a post partum depression. If she cannot, she may be at risk” [5]. This is why new mothers often seek other mothers’ advice perhaps longing to obtain what Bruchweiler-Stern [6] calls an “affirming matrix” in this urge to “swap information and observe other mothers in action”.

Oedipal issues are also a topic when we attempt to understand a puerperal woman. A new mom abruptly abandons many aspects that defined her previously such as a career. She might experience a strong castration anxiety of losing an important and perhaps phallic position in society and in her family. She could relive this impotence and feeling of dependency once again and resent her husband or people whom she perceives don’t lack the limitations every mother endures. “Moral anxieties and derivatives of castration fears are the main sources of threat. Subjectively accessible intrapsychic ideational conflict, especially around competition and self assertion, is the principle danger” [4].

Unfortunately these days the notion of “job” or “work” is completely detached from the motherhood role. But what exactly is the job of a mother? Stadlen [7] in her book “What mothers do” intends to voice the importance of the mother’s role making it vital to human society. She describes the following situation: “imagine a mother who is cleaning her baby’s clothes. She knows he is asleep but that he can wake up any minute. So after a few minutes the baby does wake up and starts crying, so the mother dries her hands and rapidly goes to carry him. The baby seems altered so she soothes and sings to him a song he likes wondering if he had a bad dream. Which of these activities is her job?” Some would say her job would be to clean the baby’s clothes and some will say that calming a baby is a job. Sometimes people don’t realize that mothers won’t do one thing “or” the other, she they actually work simultaneously various situations that never leave her them personal time. How unfortunate it is that “stay at home moms” are conceived as “non working moms”. How could there be a more important job? This way of conceiving the role of motherhood accentuates castration anxiety in a modern world where a certain position in a certain job will alleviate her need of recognition and will actually receive it.

Mother’s don’t necessarily receive a determined recognition and are completely lost on whether they are doing things the correct way. I sometimes question myself if we, women, are dealing with castration anxiety the wrong way attempting to gain an apparent “liberating” position, but when confronted with motherhood, Oedipal and castration issues maximize and we end up realizing that such position fades away in an instant. I once heard a phrase from a famous Spanish pediatrician called Carlos Gonzalez that resonates constantly in my head ever since I became a mother: “Women have been fooled with liberation” (A la mujer se le ha engañado con la liberación). Is this true? Is it partially true?

Gutman [3] explains: “The panorama for modern and urban women is daunting; even though we think that this is part of the feminine liberation, I think this is a trap: there is no real choice, almost no woman is in the condition to decide how much time she needs to stay with the baby and when is the right moment to reincorporate herself into the workforce”. In a recent video Gutman [8] states the following: “The misunderstanding that us modern women share is thinking that our “sell” is only at work. To tell the truth, a part of our self is as a matter of fact developed there. But another part of our interior self is hidden and remains unrecognizable for ourselves. We have not nurtured nor trained it to coexist with our coveted and applauded parts. That is why that portion of the self is disengaged. There is no public that will admire it. Sometimes there is not even someone to tolerate it”. Perhaps women need to tolerate the paradox that wraps the question related to outside or internal freedom regarding work:

“Maybe it is possible to continue working if it is our desire or our need without the child having to pay the price of emotional abandonment. The difference resides in using the job as a refuge or as a salvation to our own dis capacity to hold an affective relationship with the kids or in displaying a new mother identity or as a salvation to our own dis capacity to hold an affective relationship with the kids or in displaying a new mother identity in the invisibility of the every day life without hurting the bond with them work or not” [9]. According this thought, the real problem resides on whether we can be present with our children regardless if we work or not, can we sustain an emotional bond while we are actually with our kids? So the problem is not necessarily when the mother leaves for work but what happens when she returns. It is an understanding, I believe, that conceals both pre Oedipal and Oedipal issues that arise during motherhood and a much more liberating way to conceive them. Perhaps this is the most challenging task a modern mother will encounter.

Conclusion

Women undergo significant physical changes that arise conscious and unconscious conflicts related to present and early maturational periods of development. Pregnancy and the puerperal experience encounter women with many pre Oedipal and Oedipal commonly unresolved issues that could lead to a depressed and confused state. Modern times often trap women who prior to the pregnant and mother state believe themselves to have acquired a free and liberating position within society. Child
rearing will fiercely face women with unconscious feminine needs that a good “affirming women matrix” could help and alleviate unexpected anxieties.

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