

*EFPP Psychoanalytic
Psychotherapy Review*

Luigia Cresti

**New applications in Baby Observation
The dawn of mother-baby relationship:
exploring “inner maternity” through an
extended use of Infant Observation**

04/2013

Introduction

The present work is the outcome of an experience of observation and research carried out during the last twelve years which explores the intrapsychic path through which a woman accomplishes her “inner maternity”. This research came into being and was developed within a group context, with the aim of exploring the mental events that occur during pregnancy, and moreover of analysing the processes of internal transformation involved in forming a “maternal atmosphere” and the new identity of the expectant mother.

The setting and method adopted have been those mostly used in Infant Observation, albeit with some necessary adjustments; we can therefore speak of **new applications**, or more precisely, of an **extension** of Esther Bick’s method: the observation has been in actual fact “extended” to the period of pregnancy, in a fascinating backward route towards the dawn of the mother-baby relationship¹.

In our Florentine workgroup, titled “Observatory of inner maternity”, founded in 2001 and supervised by Gina Ferrara Mori, several psychotherapists and psychoanalysts who all shared a long practice of Infant Observation joined together. The model based on Bick’s method and for a long time applied in our work has been the unifying element of the group, which considers this method to be the most suitable for observation of the mental state and the emotional environment of the pregnant woman in her family context. Thus this shared project was launched, with the main objective being to explore, according to various vertices, the first building up of the mother-baby relationship and the original vicissitudes that accompany the “project-baby” in the woman’s phantasy (and in her body). The *fil rouge* of our work fluctuates between an imaginative mental attitude (nourished by references to art, literature and cinema) and a more a rational level (through comparisons with other types of research, such as those based on questionnaires, interviews, etc., and considering the assumptions and the theoretical-clinical

¹ The scientific debate of these last few years, both in Italy and abroad, together with the extensive literature available concerning Infant Observation, has recognized the value of the Infant Observation method as a research tool, especially for a deeper understanding of these early and complex emotional processes.

contributions of various – primarily French – authors such as M. Bydlowski and M. Soulé). Each member regularly presented to the group detailed accounts of one’s personal experience carried out in different contexts. The meetings with the women were in fact conducted in a variety of circumstances:

- Preliminary home-visits with parents-to-be, before delivery, as in “classic” Infant Observation
- Meetings with women during the birth preparation courses in Public Health Services.
- In some cases we had the opportunity to follow the course of pregnancy from the beginning until after birth, with home visits – though not exclusively. In my own “pre-Infant Observation” – to which I’ll return further on – I have directly observed the evolution of the complex itinerary of inner construction of motherhood and the relationship of the woman with the foetus before birth, and later with the baby.
- The ultrasound rooms or outpatient clinics, where I observed – and listened to – the emotional responses of women during ultrasound examinations.
- Sessions with pregnant patients in psychoanalytic/psychotherapeutic treatment.²

All our reports, which were all very extensive, were presented and discussed in the workgroup on a regular basis; we applied the same methods used in conducting the “classical” Infant Observation training group.³ The work of the team was structured around three “axes”, as indicated by R. Sandri: the narrative of the observer, the group discussion, and finally the work of transformation, starting from the phantasies aroused in the group itself.⁴ The collection of recordings and written

² The *places* of observation were therefore often different compared to the traditional ones of Infant Observation; *listening*, together with *observing*, was the main sensory channel; the *duration* of the relationship with the mothers ranged from one meeting to more prolonged periods of observation, pre-and post-pregnancy.

³ The meetings were scheduled regularly at two per month for two hours each, and during each one a recording was made. Each group member then wrote a “record”, which was successively read at the beginning of the following meeting.

⁴ See R. Sandri: *Penser avec les bébés*. Editions Erès, Ramonville Saint Agne, 1998

material, a total of one hundred, has been archived so as to document the activity of the group; it contains a wealth of evidence and material on motherhood.

I shall mention here only a few **main ideas** that have emerged from our observations (and which constitute the topics set out in a book of collected writings published in Italy under the title "Un tempo per la maternità interiore"⁵ - A Time for inner maternity):

- The **uniqueness** of each construction of "inner maternity" (similar to the uniqueness of each mother-baby relationship as evidenced by studies on Infant Observation)
- The existence of a particular condition in the woman of "**Psychic Transparency**", a specific mental state during pregnancy in which there is a greater permeability of the Unconscious and Preconscious.⁶
- The constant presence of more or less latent "crisis" situations in women.
- The fundamental importance of the complex identification processes of the pregnant woman *with her own mother* and the clear need for supporting figures, especially female ones.
- The possible interference of health-monitoring technology, which can sometimes induce the pregnant woman to avoid "thinking" and hinder her from building her "baby in the mind", according to her own personal "inner time" flow. (We have coined in this context the term "*pre-maturity* in the mother-child relationship", when the woman is pushed to an early "objectification" of the future baby, who may not yet have a place in her mind).
- All this has given rise to the theoretical idea of "**inner maternity**", which indicates the process of psychosomatic development of female identity and the working out of the complex representations of self and of the baby, elaborated by the woman during pregnancy and afterwards. Along this path, phantasies,

⁵ G.Ferrara Mori (a cura di)- Un tempo per la maternità interiore- Ed.Borla, Roma, 2008

⁶ "A particular psychic functioning characterized by a reduction in the usual resistance of the pregnant woman towards her repressed unconscious" (see M. Bydlowski, *La dette de vie*, PUF, Paris, 1987).

desires, dreams, and anxieties are intertwined, and emotional links and affective relationships are re-organized; a central aspect is the creation of an "inner space", an internal container for the "phantasy baby", in preparation for the relationship with the real "external" baby.

I won't describe at length here the many issues discussed by the Florentine group, and which have successively been presented in our book; I will therefore confine myself to touching on some areas of investigation in which I was personally involved:

1. ***The "pre-infant observation": accompanying a woman in the construction of her new identity as a mother***
2. ***The issue of the "announcement" of/duing pregnancy: Annunciation or Verdict?***
3. ***Observing the ultrasound scan and the inner reactions triggered by it***

1. The "Pre-infant observation"

One of the main aims that inspired the research of the Florentine group was, as I already mentioned, bringing Infant Observation to the beginning of pregnancy⁷. The opportunity arose when a young woman I had known previously, Daniela, unexpectedly expressed her wish to be accompanied on her path towards motherhood. She practically charged me with the implicit task of observing/listening to her experiences from the start of her pregnancy (which then resulted in a twin birth).

I met Daniela at the hairdresser's shop where she works; she immediately came up to me with a smile on her face and excitedly told me (spontaneously) that she was pregnant. During our brief conversation, she even related a dream: "I was inside a sort of big ball, full of murky water and of small particles that didn't allow me to see clearly. I was swimming, and kept going ahead without being able to see clearly, when suddenly I perceived far off, a small head: as I approached,

⁷ The exploration of this area of research had already started in past International Conferences on Infant Observation: in Krakow (2000) with Gina Ferrara Mori, and in Florence (2004) with contributions by J. Couto Rosa and R. Sandri, as well as my own.

*swimming, I saw it was a little girl with a round little face and blue eyes looking at me*⁸

The observation was then conducted at regular intervals throughout the pregnancy, although in an unusual context (first in the shop where Daniela works, then at her home) and continued even after the birth and during the early years of the twins.

This rather peculiar experience allowed me to be a privy witness of the gradual process of construction of inner motherhood, through complex *transformative processes* of the young woman, such as:

- the reorganization of the self, set off by the possibility of dual identification with the foetus and with her own mother, as already indicated by the first dream;
- the re-definition of the relationship with her mother – with the real external one, but especially with the internalized image, a result of her childhood history and the transgenerational chain of feminine identification;
- Daniela's transition from a relationship with "internal objects" (herself as a child/the foetuses) to "external objects" (the twins).

It was also very interesting to note some aspects of **continuity** between the mental representations of the pregnant woman and her relationship with her children after birth; during this passage of time, the different identities and behavioral styles of the little girls in their first years of life were clearly outlined.

2. The Issue of the "announcement"

The strong emotional significance of the "announcement" of her pregnancy, given to me by Daniela – which marked also the beginning of this observation – has led us to reflect on how, in general, the whole process of pregnancy is dotted with a variety

⁸ This dream seems to throw light on the deeper dimension of the relationship with the archaic mother figure (through a normal regressive identification with a foetus-baby), but at the same time, "predicts" the assumption of a maternal role towards the intimate encounter with the forthcoming baby. In brief, it's a delineation of that important work of "recasting" of the identifications with one's own mother which constitutes a leitmotif of pregnancy.

of announcements/revelations (communicated **to** the pregnant woman or **by** the woman herself), which can generate or express various emotions, phantasies and expectations:

- The **signs-announcements** coming to the pregnant woman from her own body, which undergoes continuous internal and external changes, which result from the gestational process, i.e. the future child growing within their body (amenorrhea, breast engorgement, change of taste, nausea, early foetal movements, etc.).
- The **announcements** resulting from **medical examinations**: pregnancy tests, ultrasound exams, genetic testing, gynaecological and obstetric visits, etc. These may sometimes become a response bearing a "**verdict**", such as "am I pregnant or not?"; "will it be a boy or a girl?"; "will it be healthy or not?"; "will it be one baby or twins?" All this can sometimes imply taking difficult or even dramatic decisions.
- Then there are those announcements that the expectant mother communicates to her family, friends, and acquaintances, etc. during pregnancy.

The focus of our group has often been directed to the many psychological implications connected with these communications: in general, we found that the announcement during pregnancy involves a strong emotional impact, and activates phantasies and deep, sometimes conflicting feelings which are sometimes traumatic, requiring both time and space to be processed.

This strong emotional impact is abundantly testified by artistic iconography, which throughout the centuries has reproduced the theme of the Annunciation with multiple and subtle nuances. Both art and literature – starting with the Biblical texts and the Gospels – offer insight into the complex and contradictory mental states that the woman – in this case the Madonna – undergoes before she can fully fathom and consciously accept motherhood. Here, it is sufficient to compare a few images selected from Italian Renaissance art to see how the different narrative scenes effectively express the ambivalence that, to varying degrees, characterizes

the entire process of pregnancy (see pictures)⁹; they also shed some light on the role of the Announcing Angel, who sometimes seems to impose on the woman a too sudden and close contact with reality, causing anxiety and a vague feeling of threat.¹⁰



Picture 1

Returning to the case of Daniela, during her pregnancy an interesting aspect was observed which concerned the various meanings of the “medical communications/announcements” accompanying the ultrasound investigations and other specialized examinations; in particular, what significance was attributed by her to the ways in which the doctors submitted their results? Among the significant aspects that gradually emerged, the foremost concerned the strong emotional effect on Daniela when it was revealed to her that she was to have twins (as I’ll describe later) and the presence of negative feelings triggered by the “impersonal” cold behaviour of the ultrasound technician. In contrast, Daniela reacted positively and showed gratitude to those doctors who patiently gave her the pertinent explanations in an open and detailed way: they thereby seemed to play the role of “good” parental models, giving her sufficient **holding**, and thus strengthening the process of acquisition of maternal identity.

⁹ Compare the Annunciazione by Simone Martini (Uffizi Museum, Florence), Picture 1, and the Annunciazione by Beato Angelico (Cortona Museum), Picture 2.

¹⁰ See Picture 3, the Annunciazione by Lorenzo Lotto (Recanati -Picture gallery)

Finally, can the communications or “announcing words” of the doctor help to strengthen the process of formation of parental identity, as argued by distinguished French colleagues such as M. Soulé or S. Missonier? During all our experiences, we – as observers, therapists, trainers of birth preparation groups, etc. – have realized how important it is to listen to the pregnant woman, to understand and share her emotional states and the more or less conflicting feelings linked to her past history, also accepting those elements of fear and even persecutory anxiety that sometimes follow the announcement of pregnancy. Our participating attention could therefore help to reinforce the pregnant woman’s experience of an “Annunciation” that enriches her, rather than a frightening “Verdict”.



Picture 2

3. The ultrasound examination

We have dedicated special attention to the psychodynamic implications of prenatal screening technologies; in fact it became clear that in many observation contexts, the ultrasound scan was not simply a technical routine, but in the majority of cases it gave rise to a strong emotional experience for all those participating in the examination (ultrasound technician, mother’s partner, observer), and mainly in the mother, whose feelings were the privileged object of our investigation. In our “Observation post”, a rich gallery of future mothers with all their anxieties, expectations, phantasies, memories, populated and enlivened our meetings, evoking thoughts and reflections among observers on the emotional “reverberations” experienced by the mothers’ encounter with the ultrasound images; in our opinion they may have a

significant influence on the construction of the interior relationship with the future baby; we also wondered if the ultrasound encounter with the foetus could “foreshadow” the quality of the future relationship with the baby.

Daniela – the young woman whom I observed throughout her pregnancy and even after – reported her periodic ultrasound tests to me, often in great detail. This type of examination appears to be very significant emotionally: indeed, Daniela, in a dream from her third month of gestation, “anticipates” the experience of the first ultrasound scan, as if unconsciously she is impatient to meet not just an imaginary baby, but a “real” one. In fact, right from the first ultrasound examination, Daniela is required to confront, in a fairly traumatic way, an “external object” characterized by an overwhelming evidence, when she is given the news that there’s not one, but two foetuses! The strong emotions she feels when she is informed of twins cannot however be fully expressed at the time, partly because the ultrasound technician, described as cold and impersonal, shows scarce empathy towards her: in fact Daniela tells me that the lady-doctor, while performing the examination, seemed rather indifferent and without even looking at her, in an almost careless manner told her that “There were two”. Daniela was petrified, breathless and unable to speak, while a small tear ran down her face. Only when she found herself outside the unwelcoming space of the ultrasound room, was Daniela able to give vent to her intense and ambivalent feelings: she reported “hysterical laughter, followed by a single tear”. She did not sleep during the three days that followed.

During the second ultrasound examination the placental sacs appear to be differentiated, and this seems to contribute immediately to mitigating the disquieting phantasies of the “double”, the abnormality. I observe that as she looks at all the successive ultrasound images, Daniela continually makes great efforts to distinguish the two foetuses (comparing their weight, measurements, positions, and then also their different kicking in the womb).

At the time of the “morphological” ultrasound examination, at the fifth month of gestation, Daniela is disturbed by the vision of “pieces of a baby” given by the images of body segments (the size of the limbs, skull, etc. communicated by the doctor seem to activate

in her mind an image of something mechanically assembled, something bordering on the “inquiétante étrangeté” (the uncanny), as mentioned by M. Soulé).¹¹ On the contrary Daniela seems relieved when she can see an overall image or at least she perceives potentially meaningful primitive “gesticulations” (at the fourth month of gestation, the ultrasound technician “presents” her with a foetus scratching its head, or which seems to be opening its mouth).



Picture 3

It is interesting to note here that the working out of these experiences is initially difficult and is tinged with “persecutory” feelings; however, when the ultrasound scans begin to show the “reality” of the foetuses (between the third and sixth month, Daniela’s dreaming brusquely decreases).

In general there seems to be a gap between the image (**objective**) and phantasies (**subjective**), but when the image is seen, it inevitably has a significant impact on the mother’s phantasies, or rather on the parents’ phantasies; some authors in fact call the ultrasound scan a “revolution of representations” in the sense that it can strongly affect and also shuffle

¹¹ This aspect of motherhood, where the mind of the woman needs to “represent” the foetus as a **whole baby**, seems to find its expression in art: see Marx Reichlich, *The Visitation*, Art Gallery of Munich, Picture 4.

them. For example, viewing ultrasound images may interfere with the process of “objectifying” the foetus/baby that the mother needs to accomplish gradually¹², according to her own inner time; but this process is sometimes speeded up and “forced” onto her by the monitoring technology. Moreover, what meanings do the various images provided by the ultrasound (e.g. the detection of heart beat, foetal movements, face, etc., or the description of various body parts) have on the future mother and her partner? And what emotional responses may be prompted when the mother is informed of the sex of the foetus?



Picture 4

These issues, plus many other questions discussed by our group, derive not only from the “pre-infant observation” to which I alluded earlier, but also from my experience of “participant observation” carried out in an outpatient clinic of the Public Health Service in Florence, at the moment of the ultrasound examination. From this unusual “observation post” I was able

¹² See Bydlowski M.-Golse B., *De la transparence psychique à la preoccupation maternelle primaire. Une voie de l'objectalisation.*, 2001

to witness the emotional reactions of women, and also those of their partners and other family members and the significant role played by the ultrasound technician, which was related to the way he/she interacted with the women and how he/she delivered the array of information.

4. In the ultrasound scan-room: an unusual extension of Infant Observation

At this point I'll briefly report my experience of observer in the ultrasound scan-room, which allowed me to better understand the emotional responses activated in the pregnant women when given the results of medical monitoring. I attended ultrasound examinations together with an ultrasound technician-gynaecologist, who was interested in the psychodynamic aspects of medical investigation, over a period of one year, at regular intervals, observing a total of 57 ultrasound examinations. Along with Italian patients, there were also many non-European women: patients from different countries and of differing mentalities, ages, socio-economic status and differing degrees of social support.

I will now describe the context in which the examination took place: the gynaecologist receives the prospective mother, assisted by a nurse; any family members accompanying the patient are also allowed to enter. The observer, sitting apart, is presented by the doctor as “a fellow psychologist interested in the observation of the ultrasound examination”; on being told this, the reaction of the women and their partners varied from apparent indifference of some – who seemed to consider me as a mere nurse – and others who during the examination turned to me as a designated interlocutor, entrusted to deal with their state of mind or educational problems (e.g. how to communicate the results of the ultrasound scan to the siblings).

I think it's interesting to reflect on what it means for the mother to simultaneously meet two specialists, one concerned with the body and the other with the mind: can it be compared to a “binomial consultation” – as described by Monique Bydlowski – where the availability of two interlocutors can facilitate the integration of somatic and psychological experience of women? In the following paragraphs I will try to give

an excerpt of my observations:

Valentina, 39 years old, first pregnancy, twelfth week, accompanied by her husband

The lady doctor explains who I am, the couple looks at me, both smiling. The patient lies down on the couch and the gynaecologist, shortly after starting the examination and after having stopped the image on the head of the foetus, says to the woman: "Can you see it moving? First I'll take a look and then I'll explain everything to you". Her husband, who is sitting apart, gets up and comes closer to the bed and leans forward, looking attentively at the monitor. The patient turns her face towards the screen and asks: "But is it in a horizontal position?".

The doctor: "Yes. Look at the head."

Patient: "A big head!"

The lady doctor now describes in detail the movements of the foetus; the mother smiles, but I think that at the same time she starts weeping, she's moved. The doctor then explains all the details of the images (head, the heart beating, hands, feet, the movements). The father leans more forward, the mother continues to smile.

Patient: "So, how many weeks am I?"

Doctor: "We are in week 13". And then she asks the woman's age and if it is her first child; the woman answers diligently (day, month and year of her birth). The lady doctor then asks her if she is thinking of doing an amniocentesis test, and the patient, who, in the meantime has gotten off the bed and is getting dressed, replies that she does not know, because in any case they have decided they would keep the baby regardless. Then she turns to me and says, smiling: "We are really very happy ... I was not expecting this, it was quite a surprise." The doctor repeats: "Yes, quite a nice surprise." While the couple wait for the photos, the woman looks at me as if she wished to speak to me longer; with a happy expression on their faces they take leave, thanking both of us.

It seems that in this case the woman entrusts the observer with the task of sharing her emotions. The "humanized" description of the foetus and its vitality

as expressed by the female ultrasound technician sets off strong emotions in the couple; the father approaches after the foetus has been identified and is seen to move!

Comments

Since I cannot describe at length here the various situations encountered, which all differed according to the patients' socio-cultural and cross-cultural profiles, as well as in their particular emotional and relational scenarios – I will only highlight some *internal reactions* activated in the women and their partners during the ultrasound examinations:

- The different "emotional climates" of the women undergoing an ultrasound scan appear to be linked, at least in part, to the chronological stage of their pregnancy: for example when the pregnancy is still at an early stage – during the first ultrasound test – the "prematurity in the mother/baby relationship" is evident (Ferrara Mori, 2006), fruit of the early "objectification" of the baby; and it seems as if that inner baby is not truly "thinkable" or "visible" (in some of the observed cases, the experience of previous miscarriages, in my opinion, somewhat aggravated the emotional distance between the woman and the inner content of her body). On the other hand, in some cases, I witnessed that some of the women were more receptive to perceiving the foetus, even the embryo, as a baby, as an individual with unique characteristics, or even resembling the woman herself!
- As for fathers, they generally were present and sharing woman's feelings in our cultural context (the majority of Italian women were always accompanied by their partner), thereby playing an important role in **supporting** the woman during the process of acquisition of maternal identity. The women coming from Eastern Europe, Albania, China, and South America came on their own, or at most accompanied by another woman; some of these women sometimes showed hints of rejection and reduced emotional participation during the examination. But what about the **internal reactions of the fathers?** In several fathers – especially those expecting their first child – I've often noticed a certain reluctance in

accepting the reality of the foetus; only the ultrasound technician's description of the movements of the foetus and its sufficiently big dimensions seemed to encourage them to come closer, as if the latter facilitated the identification of the father-to-be with a strong and vital "penis-baby".

- What effect did the *words* of the ultrasound technician have on the pregnant women and their companions? What I repeatedly observed was that all the women showed a strong need to receive detailed explanations, and these often served to allay their anxieties; the "**humanization of the foetus**", through the words chosen by the ultrasound technician, perhaps helped to mitigate the **perturbation** (the "disturbing strangeness", in Soulé's terms) that the ultrasound image, especially of the embryo, seemed to inspire.
- I also wondered which of the points highlighted by the ultrasound technician seemed to be of greater significance for the women and their partners. From my experience I could see that besides noting the importance of the **vitality** of the foetus, the image of the **face** was the one that affected both parents more strongly, perhaps because this image allows a kind of "**personalization**" of the baby. Moreover, and as already mentioned, it was highly important for the parents to perceive the baby in its **entirety**. A source of intense anxiety for both parents is the possible discovery of **multiple foetuses**, that could perhaps result in phantasies of a menacing invasion inside.
- It would be also interesting to study more closely the emotional reactions of the other family members present at the examination: how are the older siblings affected, for example. Could their participation be positive, since the parents, in a way, include the older

child in their creative project? Or, as some French authors suggest, one needs to consider the possible negative aspects, as the older child would find himself confronted with the parents' sexuality, through a representation of the "primal scene"?

It is evident from the above that the field of observation can be widely extended, and include the multiplicity of the inherent psychodynamic aspects of the ultrasound scan. I feel that it was very useful and enriching to compare our work with the numerous studies and clinical-theoretical assumptions regarding these issues, as expressed by the French psychoanalysts and researchers (M. Soulé, M. Bydlowski, and others) and by researchers from other countries (Nara Caron in Brazil, Alessandra Piontelli in England, Romana Negri in Italy). But some of these works, in my opinion, disregard the importance of **listening/observing the subjective emotions of the prospective mother**. Differently, in our study, this aspect represented the distinguishing "vertex" for our observation. Last but not least, I want to emphasize the emotional and cognitive ferment in both the observer present at the ultrasound scan and in the discussion group; we observed many counter-transference emotions and identifications with the various "actors" in the ultrasound scenario.

Author

Luigia Cresti
Psychotherapist, I.O. Teacher
EFPP Delegate for A.F.P.P.
(Associazione Fiorentina di Psicoterapia Psicoanalitica)
Florence, Italy
lcresti2@tin.it

EFPP Psychoanalytic Psychotherapy Review

Editor in Chief	Gila Ofer, PhD
Editor	Peter-Christian Miest, lic. phil.
Editorial Board	Pierre Benghozi, MD · Athena Chatjoulis, PhD · Simona Nissim, MD
Associate Editors	Mário David · Åke Granberg, PhD · Tomislav Gajic, MD PhD · Christine Leroy, MA · Manuela Porto, MD · Jan van de Sande, MD · Ulrich Schultz-Venrath, Prof. Dr. med. · Michael Stasch, Dipl.-Psych. · Cathy Troupp, MA

The EFPP Psychoanalytic Psychotherapy Review is published under an **open access Creative Commons license (CC-BY)**. Under the terms of this license, authors retain ownership of the copyright of their articles. However, the license permits any user to download, print out, extract, reuse, archive, and distribute the article, so long as appropriate credit is given to the authors and source of the work. The license ensures that the authors' article will be available as widely as possible and that the article can be included in any scientific archive.