

# The "Covert" Relationship Between the Mother and Her Unborn Child

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## **Abstract**

Studying the relationship between the mother and her unborn child from an ethnopsychanalytical perspective, we found a typical pattern when the woman had a previous death experience of a child (abortion, fetal death, neonatal or perinatal death, death of a child). One of the most common defenses used by the woman during such a pregnancy is what we call the "covert" relationship with her unborn child. In this special relationship the mother acknowledges her pregnancy but denies, represses, and/or disavows most of the common maternal feelings and activities, such as: dreams, fantasies, curiosity, and planning about her unborn baby. A case story is described to exemplify this defensive pattern. Similarities with the so-called "clandestine" psychoanalytical patient and problems of management are also discussed.

## **Zusammenfassung**

Bei einer ethno-psychoanalytischen Untersuchung der Beziehung zwischen der Mutter und ihrem ungeborenen Kind fanden wir ein typisches Muster, wenn die Frau vorher die Erfahrung des Todes eines Kindes gemacht hatte (Abtreibung, fötaler Tod, neonataler oder perinataler Tod, Tod eines Kindes). Eines der häufigsten Abwehrmittel, die von diesen Frauen während der Schwangerschaft benutzt wurde, war das, was wir die „verborgene“ Beziehung zum ungeborenen Kind nennen. Bei dieser spezifischen Beziehung an-

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erkennt die Mutter ihre Schwangerschaft, aber sie verleugnet oder unterdrückt die meisten der üblichen mütterlichen Gefühle und Aktivitäten wie: Träume, Phantasien, Neugier und Planungen für das ungeborene Baby. Ein Fallbeispiel wird beschrieben, um dieses Abwehrmuster zu verdeutlichen. Ähnlichkeiten mit dem psychoanalytischen Patienten, der den Behandlungsprozeß und -erfolg nicht zugeben darf, die Behandlung gewissermaßen als blinder Passagier macht, werden diskutiert.

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Studying the relationship between the mother and her unborn child, we found a typical pattern when the woman had a previous death experience of a child (miscarriage, fetal death, neonatal or perinatal death, death of a child).

One of the most common defence mechanisms used by the woman during such a pregnancy is what we call the "covert relationship". The mother consciously restrains herself, keeps silent, and conceals (and/or she unconsciously denies, represses, and disavows) most of the common maternal feelings and activities, such as: dreaming, fantasizing, and planning about her unborn baby. The fear of another experience of mourning in case of the loss of the unborn child, changes the psychodynamic scenario of these pregnancies.

We will report now a few excerpts from the transcripts of our interviews with one of our patients (we will call her Maria) in order to give an example of the main characteristics of these clinical situations and start discussing the psychological management of such pregnancies.

### **The Clandestine Patient**

This is Maria's comment on the ultrasound session she had the day before:

To tell the truth, I was glad to see the baby as I was worried about his well being . . . I was glad . . . However, you know, at a certain point I was almost unable to loo . . . [to look at him] I did not want to look at him as I was afraid . . . This image, you know, if anything would happen, would come back over and over again into my mind . . . It would be painful . . . On the other hand, it was beautiful anyway as I was able to see him well. It was very different from all the other ultrasounds I had in the past. It was not a superficial, cursory look. I was appeased.

Requested to draw an expectant mother with her inner child, Maria makes the sketch of a woman who is wearing a large dress, but she does not draw the baby. Then she says:

I do not know if she is aware of her pregnancy. Maybe not. Anyway I represented her like this, with a large dress, as I did not like her to be seen in profile. I put this large, pretty dress on her so that she is beautiful, even if pregnant. The idea of drawing the inner baby did not come to mind. She knows she has it inside; there is no need to represent it. The only important thing is that she knows about it. It is something that only belongs to her and her husband.

Such comments and drawings (where the inner baby is "covert", hidden, or disguised) are most common when we deal with these clinical situations. Both of them (the expectant mothers' comments and drawings) express their fear that the unborn child could be threatened not only from the outside, but from the inside as well. As one of our patients (who has been for two years, and still is, in psychoanalytical psychotherapy, for polyabortivity) said: "If I could be unaware of being pregnant, then, perhaps, I could deliver a baby!"

This psychodynamic scenario reminds us of the special situation one can sometimes observe within the classic psychoanalytical setting. We are referring to what Eugenio Gaddini used to call the "clandestine patient" (1981). This is a patient who seems to make no progress in the analytical process, year after year, as if he were not there. Then, gradually, it becomes evident to the psychoanalyst that he is improving (and can go on this way) as far as the therapist is able to let his patient work incognito, as long as the therapist restrains himself from making him become prematurely aware of his positive changes. In other words, this paradoxical patient is able to reach successfully his port of destination only if he feels he is travelling on the analytical ship as clandestine.

In the same way, some pregnant women (particularly those who already experienced some failure in becoming mothers) need a special holding. They need a feeling of being disguised, of being out of sight from any envious looks (external and internal, even from their own!), of being protected by an impenetrable mask of invisibility that should not be uncovered by all the people who escort them in their travel toward motherhood.

Actually the secret story of Maria (and of all the women who lost a baby) is a story of envious looks, of lack of covers (limits/boundaries), of failures in the defences from an external world which can influence the internal physiology (as in gravidical hypertension, diabetes, and toxemia) or from an internal world which is unable to discriminate between what is alien and what is own (as in autoimmune diseases).

### **The Story of Maria**

We are all extremely close together... [...] I am my mother's only female child, then there is my mother and my aunt, who has no children: we are three, then. Actually we are just one. We share everything, and my mother also shared everything with her mother. Tears come into my eyes when I think I did not know my grandmother. [...] She died when they were very young, they were 25 or 26 and she died almost thirty years ago, but they still cry when they speak about her... I am really sorry I could not know her as I am sure we would get along and become one party, we would always agree on everything... Sometimes, you know, I think she might be with my children [in Heaven] [...] I think they might be all together... However it would have been better if we could be here, all of us.

Maria's family has all the characteristics of the syncytial group, a maternal unit without individual limits/boundaries between its members (Nesci and coll., 1990; Aversa and coll., 1990; Lafuenti and coll., 1990; Nesci 1991). According to Maria's emotional experience, even the extreme limit (death) seems to fade away: her own group of the mothers, her own "party", is able to reunite anyway.

That is why Maria started having troubles when she tries to make the passage from daughter to mother within her group. Actually, becoming a mother, in the primordial group of the mothers (Briffault, 1927), meant a readjustment of its internal balance. Choosing as her husband a man who was the son of a similar family (the son of a syncytial group of mothers) did not help her with this problem; it rather doubled it.

The maternal grandparents of my husband had four daughters and one son. They decided to remain as close as possible, physically, to each other [...] They used to meet in the grandmother's house every Christmas and play cards together. [...] My husband also works with his maternal uncle: they run a little company together.

Here we can understand why their marriage, which implied some individuation/separation of both partners from their original families, from their roots, was to become a critical passage. The whole period of time immediately before and after the wedding, was marked by conflicts, breaking off of relationships, and break-downs in the two original syncytial groups as well as in the new nuclear family that was trying to develop from them.

My husband's maternal uncle has three children. Two of them died. They were twins: one died from a brain tumour when he was two years old, while the other died from leukemia... Two days after, I had my first miscarriage... They had no luck... Since then they closed themselves completely, as a family, to all other families which also do not feel any more the traditional wish to meet and stay together. They still meet, at times, but the old Christmas atmosphere of their meetings has just faded away [...] And I can understand them as I also changed completely after that. I lost my usual wish to go out and meet with people... [...] I was pregnant, the first time, during our honeymoon. I was not so happy because... You know... Just married... However I accepted it, eventually, and I was happy... But I had a miscarriage, at the third month. It was so painful [...] actually there was nothing inside: there was only the chamber with no fetus inside, so there was nothing whom one could cling to. [...] Our honeymoon was a continuous flight, even before we got married. My husband was claiming he could be on vacation only for a few days, due to his work. Then he agreed on 8 days, and finally I was able to convince him to take ten days off. During our honeymoon he was [often] calling home, to get news. I did not like it. [...] Then, unfortunately, there was a problem with our airplane the very day of our return back home, so we had to remain one more day [abroad]. You can imagine my husband's reaction, he always worried about his work! He didn't look at me any more! The last day of our honeymoon he didn't ever look at me. I never forgave him for this... He behaved as if it was my fault that the flight was delayed. [...] They paid for our hotel, so I said: 'Let's enjoy this extra day!' No way! He didn't ever look at me until we finally arrived back in Italy. Sometimes I still throw this in his face [...] but I do not think it could have had any influence on our relationship, later on...

Maria's last denial ("I do not think it might have had any influence on our relationship, later on") emphasizes the depth of their crisis. What was at stake, in their honeymoon, was the very separation of the new couple from their own original families, or, maybe, it was just the displacement of the couple from one familiar clan to the other (the place of their honeymoon was much closer to a very distant country, where Maria's original family had been living for many years, than to Italy). Actually, after they came back home, Maria's husband's company began constructing one large building divided in three little houses:

one for Maria's parents, one for Maria's brother (with his fiancée), and one for Maria's new family. This would confirm that their honeymoon prefigured the attempt, by Maria's original family, to prevent its own dismemberment by not giving birth to nuclear families (Maria's and her brothers). In other words, Maria's original family was trying to extend and double itself, rather than creating the best conditions for being surmounted.

However, the original family of Maria's husband was playing the same game. The young man was not able to renounce his privileged relationship with his maternal uncle (which reminds us of the special relationship that men have, in matrilinear cultures, with their mothers' brothers). Even from the other side of the world (which was in metaphor and in reality the world of Maria's original family) he remained linked to his maternal uncle (claiming it was for professional reasons) by a symbolic umbilical cord (the long distance calls). The only way he could accept Maria's universe (the one building divided into three houses) was that he and his maternal uncle would earn some money and construct the house together. As we will see now, this compromise, which has not been completed yet, did not take place without deep tearing and tears.

After six or seven months [from the first miscarriage] I was pregnant again. They were twins, and we were both happy, we were really happy. [...] Then it ended this way [with another miscarriage] and I suffered a lot. I still suffer from it: I feel there is a part of myself which is missing... Whether I am at home or I go out, I feel something of my own self is missing... They were two females. [...] In the first period of my miscarriage I didn't feel like living there [in the apartment of Maria's husband]. It was not because the apartment was his own, as we had chosen the furniture together. It was due to the fact that I felt so much at home in my parent's apartment... [...] Up to the point that, sometimes, I would go to my mother's apartment to have a shower: you know, I was used to my little things, I knew where they were... Then, gradually, [I was able to separate from them]... [...] At the beginning [of my marital life] I was so sad to leave my own bed, my own little room, my own things... And to have another person who was sleeping with me didn't like me at all, physically. [...] [Now I am adjusted to my new condition and I feel that] my apartment is nice; it is very little but it makes you feel at home. [...] Our baby will stay with us, in our own room, at first. We are building a larger house in the meantime. [...] We are together with my brother and my parents: three little units in the same building. I always thought they brought us bad luck as I was pregnant when they started to build them... It was my second pregnancy, you know, and I was so happy as I was expecting two babies and I really had the need for this new house... The apartment where we live now is so little. I remember I was impatient to move in the new house with these twins... In the same period, more or less, my brother broke-off with his fiancée, and my father had a depressive episode... So, I say, I really think these houses brought us bad luck. And now I am almost afraid of making any plan for the future: my brother reunited with his fiancée and they will get married soon, I am like this [pregnant], my father at times feels better... We hope everything could be fine again. [...] Anyway I always go with fear in that house as I am afraid of imagining... of conceiving the images of a beautiful little family where all are happy... So I prefer not to go there, most of the time. I just go there when it is absolutely necessary.

Maria is not only afraid of looking at her unborn baby in the ultrasound screen. She even fears to imagine "a beautiful little family where all are happy", because this family is a nuclear family which is inevitably in opposition with the primordial syncytial structure which it developed from. That is why Maria fears the envious

looks of the syncytial mothers around her, as well as her own syncytiality from which she is hardly able to separate (as from her parent's home). Thus, Maria's story places us back, again, within the regressive scenario of envy and the evil eye (Mancuso and coll., 1992).

Let me tell you the truth. I didn't say to my female friends that I am here, in the hospital, as I don't want to talk about my pregnancy, this time. My husband's relatives also know about this. [Maria obliged her husband not to allow, particularly, one of his aunts to come and visit her in the clinic]. Last night I had a dream. I dreamt some friends were coming to see me in the hospital and I was quarelling with my husband for this reason, asking him: 'Why didn't you tell them?' And, in my dream, there were all these friends and uncles of my husband... and I was by myself and felt so furious that they came to see me while I didn't want it. I would rather be alone, and I finally told them that and they left. I remained alone, then, with some little pills which I had to take. They were transparent [her previous miscarriages? Her feeling to be dangerously transparent to the looks of the other women of her husband's syncytial group and/or of her own? N.o.A.]. [...] I do not take them and I feel anxious: 'What did they give to me?' A few days ago I had another dream. In this dream I had already delivered a baby and I was abroad [in the distant Country where she spent so many years with her parents, N.o.A.]. One of my husband's friend was also there and he was driving the baby buggy. He pushed the baby buggy where the road was dangerously sloping [...] but I was able to reach it, happily.

Commenting on her dream, she said:

This man is the brother-in-law of a friend of mine. She has been my friend for many years and she has been part of my own life... [...] In my last pregnancy I even changed my gynecologist and went to hers, as she told me he was so good... Which I don't think was true. [...] She is the kind of a person who believes she is always right and anything she does is the right thing to do... So I don't want to talk with her about my pregnancy: she would ask me questions, she would like to know everything, and so on... And that's why I don't want to talk with anybody about this pregnancy... I don't want to make her responsible for what happened to me, not at all, but I don't want to involve her, I don't want to involve anyone in order to prevent myself from thinking they are responsible. If it would end badly, I must know I have done what I had to do myself, and nobody else had been involved.

## Conclusions

The relationship between the mother and her unborn child is "clandestine" any time her pregnancy takes place within a scenario of "paranoid working through of mourning" (Fornari, 1966). This also happens in Maria's dream, where the baby buggy is pushed by a third person (not by the mother or the father) toward a catastrophe.

The management of such clinical situations requires, by the team in charge, a holding attitude and an extreme respect for the women's privacy need (which they deeply feel). The team should give shape to a setting where the unconscious fantasies of the pregnant woman can be recognized and her conscious anxieties can be verbalized. At the same time, the members of the health team should be able to work through their own countertransference and protect the patient from

a premature avowal of her unconscious dynamics. In other words, the health professionals should work like a psychoanalyst with a clandestine patient.

However, a difference between the two situations should be emphasized. While the psychoanalyst makes himself available to become the *topos* of his patient's transference and secretly acts out as the auxiliary-Ego of his clandestine patient, the members of the interdisciplinary team should provide the pregnant woman with a group-individual mental space: the *topos* of the evolutive stages of the syncytial unconscious dynamics and fantasies.

Making conscious the unconscious and giving words to fantasies will remain a mental process reserved mostly to the team members. It will not be communicated to the patient verbally but rather in a "covert" way, i.e. in the primordial language of the environments (provided by the team to the pregnant woman), of the time schedules, of the behavioural style of approaching her and her unborn child.

The patient will not understand this message in terms of her individual-Ego, but she will deeply experience it and she will feel supported to construct, through this relationship, the larger mental space which is needed for the successful outcome of any pregnancy. The case story of Maria, in fact, shows very clearly how the most serious obstacle to motherhood is the survival, in the unconscious minds of the two future parents, of a primordial syncytial group which is able to infiltrate everywhere and transform the product of conception into an empty "chamber" [empty chamber is the Italian expression for "blighted ovum", N.o.T.].

Maria's pre-occupation of losing her child again has the unconscious meaning that she feels herself already inhabited [pre-occupied] within her body by this uncanny presence: the primordial group of the mothers.

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