# The Mother as the Child's First Family: III. The Enlarged Family

E. Gsell, M. Scardino, A. Cilumbriello, and L. Zichella

The First Chair's Department of the Obstetrical and Gynaecological Clinic, Rome University "La Sapienza", Rome, Italy

#### **Abstract**

In this paper we will concentrate on pregnancy as a period of crisis, transition and growing vulnerability not only for the mother but also for the father and the whole family, within a social structure often incapable of offering the support needed at such a significant and delicate stage of their lives. In our psychotherapeutical work we use group analysis because we think it helps both parents to integrate the experience of pregnancy into a familiar and social dimension. We will consider group analysis in its rôle as a social vessel, providing the care and support which is often lacking in today's society, and as an instrument which teaches them to communicate while retaining their autonomy and respecting the other's similarities and differences. Through group analysis the parents deepen their relationship, and transmit to the baby, before and after its birth, a more balanced and egalitarian way of structuring familiar and social relationships. Provided there are no medical reasons to the contrary, we consider sexual relations during pregnancy an important moment of communication between the parents and their unborn child. By this means father and child have a more direct relationship which, together with the direct relationship between mother and child and mother and father, allows the child to structure, since prenatal time, a behavioural code enabling him to establish, after his birth, adequate relationships with the members of his family and of society.

Correspondence to: E. Gsell, The First Chair's Department of the Obstetrical and Gynaecological Clinic, Rome University "La Sapienza", Rome, Italy

Paper presented at the 10th World Congress of the International Society of Prenatal and Perinatal Psychology and Medicine (ISPPM) "The Unborn Child Within the Family", Cracow, Poland, May 15-17, 1992.

#### Zusammenfassung

In dieser Arbeit werden wir die Schwangerschaft in einem erweiterten Sinne betrachten: als eine Periode der Krise, des Überganges und der größeren Verletzbarkeit nicht nur für die Mutter, sondern auch für den Vater und für die ganze Familie innerhalb einer sozialen Struktur, die heute immer weniger imstande ist, ihnen die in dieser Zeit notwendige Unterstützung zu gewähren. Die von uns angewandte gruppenanalytische Psychotherapie dient einerseits als Ersatz für diese mangelnde Unterstützung, andererseits stellt sie ein wichtiges "Lehrinstrument" dar, durch welches die Eltern die Kommunikation und die Beziehung zueinander und zu dem Kinde vertiefen und ausbauen können. All dies kommt dem Kind zugute, das schon sehr früh erlernt, die familiären und sozialen Beziehungen im Sinne des gegenseitigen Verständnisses und Respektes zu gestalten. Im selben Sinne glauben wir auch, daß, wenn keine medizinischen Gründe dagegensprechen, sexuelle Beziehungen während der Schwangerschaft einen positiven Wert haben: sie fördern den Kontakt unter den Eltern und zwischen diesen und dem ungeborenen Kind, das somit auch mit dem Vater in eine direktere Beziehung kommt. Dank dieser mehrseitigen Beziehungen - zwischen Vater und Mutter, Mutter und Kind, Vater und Kind - kann das Kind schon in pränataler Zeit einen "Verhaltenskodex" aufbauen, der ihm erlaubt, im postnatalen Leben die Beziehungen zu Familie und Gesellschaft angemessen und positiv zu gestalten.

\*

In our two previous papers, we outlined the psychotherapeutical methods – hypnotherapy and group analysis – adopted in the First Chair's Department of the Obstetrical and Gynaecological Clinic at Rome's University "La Sapienza" to improve the woman's experience of pregnancy and help establish good bonding between her and her unborn baby. In this study we will concentrate on pregnancy as a period of crisis, transition and growing vulnerability not only for the mother but also for the father and the whole family, within a social structure often incapable of offering the support needed at such a significant and delicate stage of their lives.

In our psychotherapeutical work we use group analysis (incorporating hypnosis) because we think it is helpful both in the psychological restructuring of the woman and the integration of her experience of pregnancy into a familiar and social dimension.

# Pregnancy as a Crisis for the Mother

Many authors, as Bibring (1959), Oates (1989), Frank (1990), Kübber (1987) consider pregnancy as a period of crisis for all women, not just neurotic women. According to them, this period is often characterized by an unconscious drive

towards the resolution of unsolved psychological conflicts and the readjustment of the psychic equilibrium which can, in the absence of psychological support, give rise to neurotic unbalance and a difficult relationship with the child. Other studies, by Jarrahi-Zadeh et al. (1969), Kumar and Robson (1984), confirm the pregnant woman's increased emotional and psychological sensitivity frequently involving emotional disturbances such as anxiety, worry, depression and mood swings, which we daily observe in our clinical work. We agree with Affonso and Sheptak (1989) that the woman, who during the pregnancy is often disoriented by various unknown psychological factors, needs to be helped in her process of searching for a meaning, the search providing many opportunities for growth and development which have to be grasped and nurtured. The pregnant woman needs this help particularly because, as stated by Nadig (1990) and Bibring (1959, 1981) in our urban and industrialized society pregnancy has become an individual psychic effort, because the lack of rites of passage, which introduce significant developmental moments into a collective social context, and of a supportive and understanding environment, compells her to entrust herself to her partner, within an isolated nuclear family which only rarely is able to provide her with all the support she needs. Furthermore, as stated by Oates (1989), Dellisch (1987) and Nadig (1990), the division between "work" and "life", between family and social activity, often forces women to choose between maternity and the preservation of their rôle as an active member of society.

## Pregnancy as a Crisis for the Father

If only little consideration is given in our society to the needs of the expectant mother, even less is given to those of the father to be who is, according to Shapiro (1987) and Kübber (1987), emotionally as pregnant as the mother. However, he lacks both social support and reference points and is therefore the target of contradictory messages from society which, on the one hand, encourage him to actively support the woman during pregnancy and delivery, and on the other hand deny him the opportunity of freely expressing his emotions. Some men compensate for this situation by developing psychosomatic symptoms which can express competition, envy, ambivalence or identification. Thretowan and Conlon (1985) have defined these symptoms as the "couvade", syndrome, the "couvade" being the ritual imitation of pregnancy and of delivery by the father in primitive societies. According to Kübber (1987), prenatal classes do not offer fathers adequate space for their emotions to be expressed, contained or worked through and Nickel (1987) suggests that it would be useful to add some psychologicallyoriented seminars to the traditional prenatal classes. Our work leaves us in full agreement with this suggestion. Many authors, as Ringler et al. (1984), Langer et al. (1990), Nickel (1987), Kübber (1987) state that even with the traditional format, prenatal courses are of great importance to the father who becomes through them less anxious, more self-assured and develops more involvement, interest and concern for his child, an attitude which has been called "engrossment" by Greenberg and Morris (1974). According to a study by Nickel (1987) children of "prepared fathers" seemed happier and were more responsive, smiled more to the father and cried less when they were separated from their parents, thus showing more self-confidence and emotional balance than children whose fathers had not attended prenatal classes. According to Palkowitz (1985) one should not idealize too much the positive effect of the father's presence at each stage of pregnancy and delivery on his care and attachment to his child. The father's indirect influence also has a very important bearing on the future father-child relationship, thus the support he gives to the family, his relationship with the mother, his prenatal personality traits and his attitude towards the pregnancy are all important. Nugent (1991) states that the significant rôle of the father in the development and socialization of his child cannot be adequately understood if one does not study the relationship he has with his partner, the interdependence of rôles and functions between the various members of the family considered as a system. We would finally like to stress, as with Gauda (1987), Shapiro (1987), Palkovitz (1988), Tomlinson (1990) and Nugent (1991) how difficult the father's rôle is within our society, which keeps criticizing but has up to now been unable to replace the old sociological model of mother as housewife and father as breadwinner. For the Italian psychoanalyst Fornari (1981), on the contrary, the rôle of the father is independent of time and space. He says that the bonding between mother and child can only exist because the father, by his presence, allows them to mentally transfer upon him and thereby rid themselves of the death anguish (primary paranoia) which they feel coming from each other during the delivery. This anguish the father in turn needs to direct outwards through work and social conflict. In our experience, however, the father plays throughout the pregnancy the important rôle of social container, taking over the mother's social tasks while she is in need of concentrating exclusively on herself and on her regressive needs induced by the unconscious action of her child on her unconscious.

## Pregnancy as Crisis for the Family

For the family also pregnancy is a time of transition and crisis. According to studies made between 1981 and 1991 by Waldron and Routh (1981), Belsky et al. (1983, 1985, 1991), Belsky (1988), Wallace and Gottlib (1990) there is, on average, a slight but progressive decline in the marital relationship during the last trimester of pregnancy and the first months postpartum. The mother, especially when her child is still very small, can be disappointed or impatient in her demanding new rôle which she might have underestimated, especially if her cultural level is not very high. A detrimental effect on the marriage could also result from more time spent on practicalities than on emotional exchange and the decrease in the amount of leisure time. Other studies from the same period (Snowden et al. 1988) have put in perspective the distructive effect the birth of a child can have upon the family stressing that while babies certainly bring change, they do not bring couples together whose marriages are in danger of falling apart and they do not create severe disruptions in marriages that are faring well. However, lack of self-confidence, the fear of not being able and competent parents can have a negative influence on marital satisfaction while, states Tomlinson, the availability of resources, the skill to use them, the social approval of the marriage and the support given to the family by the father positively influences family dynamics even in such periods of transition. Finally, according to Belsky and Rovine (1990) and Heinicke (1984), the quality of the family's development depends on parents' prebirth personalities, their mental relationship, their social interaction and their life-style. We will now show how we take into consideration all these elements in our clinical work.

#### Group Analysis (Incorporating Hypnosis)

In the preceding conferences we have pointed out the therapeutical effects of group analysis. In this work we should like to stress some of its other aspects. We will first consider its rôle as a social vessel, providing the care and support which is often lacking in today's society. This social vessel allows pregnancy, a fundamental developmental stage of the woman's life and a delicate and precious period of crisis and transition, to become an important moment of transformation, growth and change to a new identity. In both these functions group analysis (incorporating hypnosis) uses the method of regression. If regression within the therapeutical function helps to cure the woman's psychological disorders within that of containment and support, regression carries out the (far greater) task of the transformation of the woman's personality. According to Jung (1981), regression can lead to the possible discovery of a new way of adapting to reality and projecting one's existence. Through the matrix of group regression, Ancona (1983) states, a fusion with the others occurs, leading to a process of working through which allows the subject to lose his old psychic skin, gain a new one and thus achieve a new individuality.

The woman does not, however, live in isolation. At her side most often is a partner who, as we have seen, is strongly influenced by the state of the woman, who has the same needs and fears as her but who, because of social conditioning, cannot express them on a conscious level. We should therefore prefer the partner to take an active part in the sessions of group analysis. Very often, however, it is not always possible for him to be present, either because he does not want to come or because the woman excludes him. However, even if absent, he is indirectly involved through her experience and mediation. In the group she furthermore learns to be self-contained and becomes able to contain him. In addition, her ability to communicate improves, thus changing her relationship with him for the better.

The ability to communicate retaining one's autonomy while respecting the other's similarities and differences is another important result coming from group analysis (Brown 1988). By these means the parents deepen their relationship, and transmit to the baby, before and after its birth, a more balanced and egalitarian way of structuring familiar and social relationships.

These relationships will therefore be, using the terminology of Olson's (1979) circumplex family model, neither "enmeshed" nor "separated" but "connected". In transmitting these models the mother certainly has the principal role, because, as with Ancona (1983), we are convinced that the mother-child relationship represents the first social group relation. Therefore an "enmeshed" mother will teach her child to be dependent from the prenatal stage and the birth be a traumatic separation for both of them. The "separated" mother will force her unborn child to live in what Hau has defined a "intrauterine hospitalization" and birth

will represent, even if only transiently, the freedom from not a very cosy home. For the "connected" mother birth will not represent a traumatic event but the beginning of a different relationship with her child. Motherhood will, as Nadig (1990) states, have a social character and the child will not be experienced in a self-centered way but will also belong, from prenatal time, to others, the father, the family, society.

If, as we have seen, the father plays a significant role in the psychosocial evolution of the child, it seems fundamental that he has not only the above mentioned relation through the mother with the baby in the womb but also a more direct one, through voice and touch. Sexual intercourse in pregnancy is of particular importance in this context. During pregnancy, sexuality is influenced by the various physical, hormonal and psychological changes to which the woman is submitted. Many studies, as Solberg et al. (1973), Kumar et al. (1981), Alder (1989), show how women can have, especially if primiparae, a diminution of libido during the first but especially the last trimester of pregnancy, which leads her to seek sexual intercourse with her partner less frequently. The fear of hurting the fetus or of giving rise, through the contractions of orgasm, to premature labour and delivery often weighs on maternal sexuality. According to Solberg et al. (1978) and Grudzinskas et al. (1979) there does not seem to be a linear relation between sexual intercourse during pregnancy and incidence of premature delivery. A study by Aigner (1987) shows, on the contrary, that sexual intercourse in pregnancy has a positive effect on the general physical condition (blood circulation, muscular reactions) and the mood of the woman.

A greater awareness of the physiological and emotional aspects of sexual intercourse in pregnancy can, in our opinion, prevent anxieties and fears which cause the woman to live her sexuality differently in this period than before. This does not happen in other cultures, as is proved by the playful sexuality of the Maya culture, studied by Nadig in the already quoted work (1987).

In the group meetings we therefore invite parents not to avoid sexual relations during pregnancy, provided that there are no medical reasons to the contrary, but to consider it instead an important moment of communication between them and their child. In so doing father and child have a direct relationship which is added to the direct relationship between mother and child and mother and father, forming a triangular surface, through which the child can, from prenatal time, structure a behavioural code allowing him to establish, after his birth, adequate relationships with the members of his family and of society.

## III. Case History: Gioia and Massimo

After 10 years of marriage, Gioia (33) and Massimo (40) decide to have a child. Having done without one for such a long time, Massimo says one day, is the proof of ten years of good management in their relationship. Their child is therefore a desired child of a united couple who almost always come together to the group sessions which they had already started before the onset of pregnancy in order to solve those interior problems which prevented them from passing from the state of the child to that of the parent. If Massimo does not come to the session, Gioia

feels lost, she says she does not know how to manage without him. He is now the only important masculine person in her life and counts more than anything else. Gioia easily feels abandoned, betrayed by men, whose first personification is the father whose "shadow" Massimo had to help her destroy before he could be loved by her enough for them to have a child. Together they succeeded in doing so. Ever present is the image of her mother who, like the other feminine figures of her family of origin, has a conditioning effect on her. However, the child she bears in her makes her feel like "rubber", protected, as if he were in a "well-sealed" room. She understands that she could not communicate with her mother in the past because she was unable to recognize her as a mother, but she wishes that the discomfort of a lifelong struggle against internal and external hostile figures continues only after the birth of her child. During the initial sessions she claims her right to remain closed in her microcosm, without being touched by the anguish of the others because she says, even if the others deny it, that in her condition she cannot be of any help. The other participants observe with a certain hope and envy - the "closed" attitude of Gioia, an attitude which will, as we shall see, evolve. They say that this attitude, even if it might seem hard and egotistic, expresses her love for herself, her child and for Massimo. Through the analytical work of the group, Massimo has stopped being, at 40, a child, what is more an unwanted one. Today he feels free from a mother who disgusted him and towards whom he is now full of affection. In addition to his being a husband he is also a father now, the father of a desired child whom he has considered, since before his birth, as a human being who understands, feels and reacts. Gioia tells that one day she had felt that the child inside her had hiccups and that it passed after the father had started talking to him. "I don't like hiccups" Massimo explains "for the child it must be even worse. I imagined entering with a finger and giving him a message on his chest." These are only a few moments of a pregnancy experienced by a couple within a group in which Gioia has learned that pregnancy and delivery are not only a private "affair". The child she had is serene, calm and sociable. The child Gioia and Massimo have brought back to the group session looks around with self-assurance and attentive gestures. We observe him with emotion and amusement, with the sensation that the world is not completely unknown to him. Who knows ...

#### References

Affonso, D. D. and Sheptak, S. (1989). Maternal Cognitive Themes During Pregnancy. Maternal-Child Nursing Journal 18(2), 147-166

Aigner, G. (1987). Die Bedeutung der Sexualität in der pränatalen Zeit. In: Peter G. Fedor-Freybergh (Hrsg.) *Pränatale und perinatale Psychologie und Medizin*, Saphir, pp. 504–511

Alder, E. M. (1989). Sexual Behaviour in Pregnancy, After Childbirth and During Breastfeeding. *Baillière's Clinical Obstetrics and Gynaecology* 3(4), 805–821

Ancona, L. (1983). I fondamenti della gruppoanalisi. In: F. di Maria, G. Lo Verso (eds.) Il Piccolo gruppo, Bulzoni Editore, Roma, pp. 69–96

Belsky, J. et al. (1983). Stability and Change in Marriage Across the Transition to Parenthood. J. of the Marriage and the Family 45(August), 567-577

Belsky, J. (1985). Exploring Individual Differences in Marital change Across the Transition to Parenthood: The role of Violated Expectations. J. of the Marriage and the Family 47(November), 1037-1044

Belsky, J. et al. (1985). Stability and Change in Marriage Across the Transition to Parenthood: A second Study. J. of the Marriage and the Family 47 (November), 855–865

Belsky, J. and Rovine, M. (1990). Patterns of Marital Change Across the Transition to Parenthood: Pregnancy to Three Years Postpartum. J. of the Marriage and the Family **52**(February), 5–19

Belsky, J. et al. (1991). Patterns of Marital Change and Parent-Child Interaction. J. of

the Marriage and the Family 53(May), 487-498

Bibring, G. (1959). Some Considerations of the Psychological Processes in Pregnancy. Psychoanal. Study Child 14, 113-121

Bibring, G. et al. (1981). A Study of the Psychological Processes in Pregnancy and the Earliest Mother-Child Relationship. Psychoanal. Study Child 16, 9–72

Brown, D. G. (1988) Bion e Foulkes: al di là degli assunti di base. In: Malcolm Pines (ed.) Bion e la psicoterapia di gruppo, Borla, Roma, pp. 228–261

Dellisch, H. (1987). Prävention psychischer und psychosomatischer Störungen schon in der Schwangerschaft - eine Utopie? In: Peter G. Fedor-Freybergh (Hrsg.) Pränatale und perinatale Psychologie und Medizin, Saphir, pp. 513-519

Fornari, F. (1981). Il codice vivente. Boringhieri, Torino

Frank, J. B. (1990). Pregnancy and Leadership: Case Study from an Inpatient Unit. Psy-

chiatry 53, 77-84

Gauda, G. (1987). Elternbilder gestern und heute: Modelle für die Entwicklung der Elternidentität. In: Peter G. Fedor-Freybergh (Hrsg.) Pränatale und perinatale Psychologie und Medizin, Saphir, pp. 479-489

Greenberg, M. and Morris, N. (1974). Engrossment: The Newborn's Impact Upon the

Father. Am. J. of Orthopsychiat. 44(4), 520-531

Grudzinskas, J. G. et al. (1979). Does Sexual Intercourse Cause Fetal Distress? The Lancet (September), 692-693

Heinicke, C. M. (1984). Impact of Prebirth Parent Personality and Marital Functioning on Family Development: A Framework and Suggestions for Further Study. Developmental Psychology 20(6), 1044–1053

Jarrahi-Zadeh, A. et al. (1989). Emotional and Cognitive Changes in Pregnancy and Early Puerpuerium Brit. J. of Psychiatry 115, 797-805

Jung, C. G. (1955). Freud and Psychoanalysis. Bollingen Series XX, Princeton University Press (1961)

Kübber, S. (1987). Vater werden als Chance in der Entwicklung des Mannes. In: Peter G. Fedor-Freybergh (Hrsg.) Pränatale und perinatale Psychologie und Medizin, Saphir

Kumar, R. et al. (1981). Childbearing and Maternal Sexuality: A Prospective Survey of 119 Primiparae. J. of Psychosomatic Research 25(5), 373–383

Kumar, R. and Robson, K. M. (1984). A Prospective Study of Emotional Disorders in Childbearing Women. Brit. J. Psychiat. 144, 35–47

Langer, M. et al. (1990). Couple Relationship, Birth Preparation and Pregnancy Outcome: a Prospective Controlled Study. J. Perinat. Med. 18, 201–208

Nadig, M. (1990). Dia gespaltene Frau – Mutterschaft und öffentliche Kultur. Psyche **44**(1), 53–70

Nickel, H. (1987). Die Bedeutung des Vaters für die Betreuung und Entwicklung von Säuglingen: Eine empirische Untersuchung über den Einfluß von Vorbereitungskursen für werdende Väter. In: Peter G. Fedor-Freybergh (Hrsg.) Pränatale und perinatale Psychologie und Medizin, Saphir, pp. 45–60

Nugent, K. J. (1991). Cultural and Psychological Influences on the Father's Rôle in In-

fant Development. J. of the Marriage and the Family 53(May), 475-485

213

Oates, M. (1989). Normal Emotional Changes in Pregnancy and the Puerpuerium. Balilières Clinical Obstetrics and Gynaecology 3(4), 791-804

Olson, D. H. et al. (1979). Circumplex Model of Marital and Family System: I. Cohesion and Adaptability Dimensions, Family Types and Clinical Applications. *Family Process* 18(1), 3–28

Palkovitz, R. (1985). Father's Birth Attendance, Early Contact, and Extended Contact with Their Newborns: A critical Review. *Child Development* 56, 392–406

Palkovitz, R. (1988). Sources of Father-Infant Bonding Beliefs: Implications for Childbirth Educators. Maternal-Child Nursing Journal 17(2), 101–113

Ringler, M. et al. (1984). Paare bei der Geburt: Zum Stellenwert einer Kurzvorbereitung auf das gemeinsame Geburtserlebnis. Z. Geburtsh. u. Perinat. 188, 41–44

Shapiro, J. L. (1987). The Expectant Father. Psychology Today (January), 36-42

Snowden, L. R. et al. (1988). Marital Satisfaction in Pregnancy: Stability and Change. J. of the Marriage and the Family 50(May), 325–333

Solberg, D. A. et al. (1973). Sexual Behaviour in Pregnancy. The New England J. of Medicine (May), 1098–1103

Thretowan, W. H. and Conlon, M. F. (1965). The Couvade Syndrome. *Brit. J. Psychiat.* 111, 57–66

Tomlinson, E. et al. (1990). Family Dynamics During Pregnancy. Journal of Advanced Nursing 15, 683–688

Waldron, H. and Routh, D. (1981). The Effect of the First Child in the Marital Relationship. J. of the Marriage and the Family 43(November), 785–788

Wallace, P. M. and Gottlib, I. H. (1990). Marital Adjustment during the Transition to Parenthood: Stability and Predictors of Change. J. of the Marriage and the Family 52(February), 21–29