

# A Visual Exploration of the Psychodynamics in Problematic Pregnancies

## Case Studies in Analytic-Aesthetic Arttherapy

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**Abstract:** In this lecture I shall discuss unconscious motivations that may determine the termination of a pregnancy, for example unresolved pre- and perinatal and early childhood traumata of either father or mother or transgenerational traumata of the family. Abortion often seems to be an “emergency measure” taken in response to intolerable unconscious pain and/or dread. Because of a deep anxiety to kill the child later on, the embryo/foetus has to be aborted. The existence of the real child in the womb has become confused with the traumatised “inner child” of either father or mother. Through spontaneous painting in Analytic-Aesthetic Arttherapy these inner conflicts generate very powerful and strong images.

**Keywords:** Analytic-aesthetic arttherapy, psychodynamic conflicts during pregnancy, abortion, transgenerational dynamics, psycho-historical dynamics

### **Introduction**

Psychodynamic conflicts during pregnancy frequently bring the proximity of life and death to the surface. These are addressed daily in psychotherapeutic and arttherapeutic practice. It may be that the child ‘decides’ to leave, or the mother ‘decides’ to terminate the pregnancy. These decisions appear to be made in response to either inner or outer circumstances. During therapy unconscious and transgenerational dynamics can be addressed and included in the decision-making process. To carry a child full term, miscarriage, premature birth, still birth or abortion are not that far apart. In order to get away from accusations of guilt that often dominate conflicting emotions in pregnancy, it is necessary to consider psychodynamic aspects in order to provide a platform for broader and more humane questions about the difficulties and the beauties of passing life on.

### **Abortion – an Insoluble Problem?**

The number of abortions in Germany is only slowly receding. For decades they have been almost constant. Between 1996 and 2005 official figures tell us that the number has been reduced from 131 000 to 124 000. These figures can be traced to an improved advisory service which offers assistance irrespective of the final decision made. However when compared with the declining birth rate in Germany there has hardly been any change.

As much as one may lament that one of the most prosperous societies in the world can neither convey to its citizens vital information nor offer them an economic safety net in order to make abortions superfluous there is a consensus that abortions should be illegal yet not subject to punishment.

This consensus arose out of intense debates held over the last few decades and at present there is a kind of truce: everyone knows that the problem (and it is a problem for any society) cannot be solved in the near future and hence there are no further heated debates. Societies appear to argue about problems whose solutions can already be anticipated.

New approaches to find solutions can only be led by an improved advisory practice. But even then the problem is not addressed at its core.

Why have the figures for abortions been relatively constant for decades? A psychocultural perspective may point to a psycho-historical dynamic which cannot be resolved by the individual yet which can only be understood by considering individual cases. Which is to say that due to an unconscious collective dynamic it is unavoidable that every society in the world 'needs' a certain number of abortions because at present no other options are available for certain affects.

The lecture will demonstrate that for many couples that cannot make a decision in favour of their conceived child there are inner, particularly unconscious reasons as well as a hostile outer environment like lack of financial security and/or conflicts within the relationship. These unconscious reasons arise out of personal pre- and perinatal conflicts, childhood trauma and transgenerational conflicts within the family that are not clarified but retain such a strong affect that they have to be acted out: it is the only way these deeper causes can become articulated.

This appears to be the deeper cause for the fact that the number of abortions remains relatively constant in Germany as well as in other countries: We are facing a psychohistorical stage of maturing which requires a collective dynamic to act out deeply held anxieties and needs via the means of abortions because the psychodynamics of these relationships does not appear to be manageable either by the collective nor by the individual.

An optimistic prognosis would anticipate a reduction of abortions through the ongoing improvement of advisory agencies by adapting psychotherapeutic skills that are able to address deep anxieties as well as a public debate which distances itself from the polarities of the past that either looked upon abortion as murder or 'my belly belongs to me'. It is of no effect to judge human action if one has not gone through the trouble of really trying to understand that this is not just about couples choosing abortion but also about couples that do not have the confidence to educate a child and to maintain a loving home for it. The immense number of abortions which mirrors the ubiquitous situation of problematic pregnancies should cause every thoughtful observer to reflect on what is actually happening here, why in such numbers, and why do these numbers remain constant over such a long period of time.

The psychoanalyst speaks of the obsession for repetition if a person has to re-enact certain stress situations over and over again even though these situations are dangerous, destructive or harmful to the individual concerned as well as to those in his/her proximity. Recent neuroscientific research confirms this observation by



Studio

showing regularly recurring neurobiological patterns when for example sorrow as a result of trauma has not yet been given space, has not lived out.

Abortion is an act that addresses life and death. The apparent necessity of many abortions can be traced partly to overdimensional fears of not to be able to love a child or to fear the temptation to have to kill it once it has been born due to ignorance or lack of opportunity to address one's own troubled embryonic existence or childhood trauma.

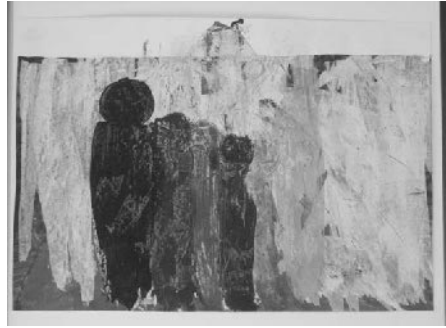
From a psycho-historical perspective it is a necessity to look for the actual causes of abortions in order to support and further the developmental and democratisation processes of modern society. Numerous excesses in human history appear to be caused by a collective abortion-problematic or alternatively cause it. This vicious circle turning once this way and then that needs to be broken. A society that still requires a high number of abortions is not yet safe for the individual. The reverse projection of the practice of abortion is that the citizen of such a society has no sense of security, causing him or her a deep, paranoid anxiety which in turn furthers antisocial structures and an authoritarian striving for power. The paranoid is anti-social and anti-family! The problematics of abortion are inherent in the more extreme facets of capitalism: only one can win (survive). Whilst in a healthy society where competition is based on fairness every citizen is enabled to contribute according to her or his talents for the well-being of society.

### **Counselling on Pregnancy Options in Analytic Arttherapy**

- Single sessions or group therapy
- Spontaneous painting and drawing
- During a pregnancy or the pregnancy starts during the time of therapy
- Method: Analytic-Aesthetic Arttherapy (Evertz), a depth psychology method including pre- and perinatal psychology and psychotraumatology

### **Parenthood**

- Both men or women have the opportunity to construct a new self-identity.
- Two options are available to prepare for the new life:
  1. Self-realisation and growth – the own inner self expands.



### Images of Families

2. The child as threat – the field of personal opportunities is perceived as reduced.
  - The child becomes a screen on which the parent s unresolved problems are projected.
  - It is normal that the idea of the possibility of abortion is part of the identification with one’s child.
  - Fundamental disturbances what unresolved pre- and perinatal and early childhood trauma of either father or mother like handicap the inherent potential of the child. – By contrast fundamental shortcoming (“basic fault” (Balint) and incompatibility between parents can enable special creativity of life (talents).

#### *The psychodynamics of a problematic pregnancy (conscious)*

1. Stress (wrong time, wrong conditions, wrong partnership, no money etc.)
2. Fear to pass on life (world-desasters, personal difficult childhood experiences)

#### *The psychodynamics of a problematic pregnancy (unconscious)*

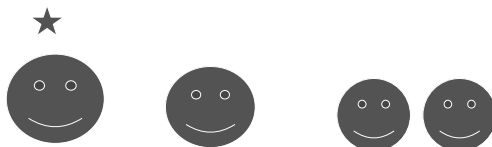
3. Unconscious: the pregnancies of the parents were overshadowed by trauma (strong ambivalences, illness, psycho-social stress, etc.)
4. Unconscious: transgenerational trauma being passed on (death during confinement, death caused by abortion, psycho-social stress, etc.)



“No language, dead child, not survived”, a drawing by an unwanted 32 old woman.

### First Case Study

A chronicle of siblings 1940–2006



Female client, born 1940, brother born 1950, twins born 1954.

Four children: the client is the firstborn and she is now 65 years old, at the age of 50 she was diagnosed with cancer of the womb, at the age of 25 she had an abortion, none of her siblings have any children. During the therapy sessions she often confounds the cancer and the fetus. She re-encounters her pregnancy and experiences her womb and the womb of her mother as a frozen place. Only now can she express her sorrow for the lost child, she realizes this child would have been the only family descendant of the next generation.

### Life-Death-Tension

In terms of intent no clear distinction can be made between an early miscarriage (often unnoticed by the mother), efforts for premature birth, premature birth, abortion, stillbirth, cot-death. Usually an unconscious dynamic is at work.



[First Case Study] The fetus as threat (like the cancer).



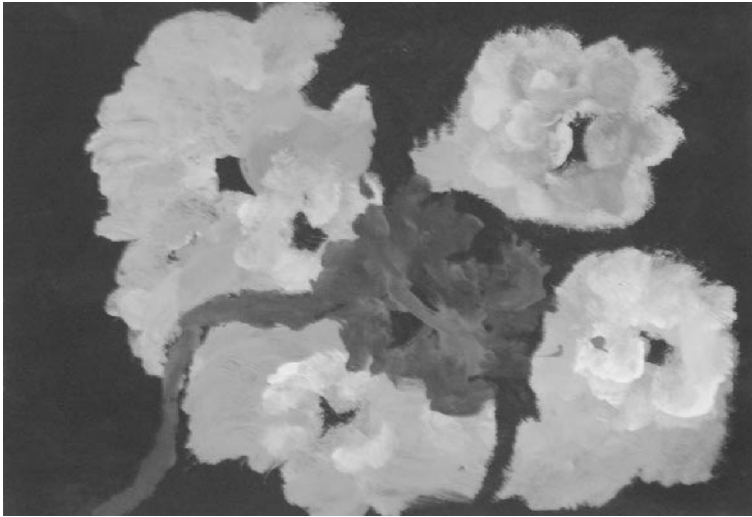
[First Case Study] The acceptance of the lost child.



[First Case Study] The lost child as a boy of 10 years.



[First Case Study] The bloody abortion and the sorrow-rose.



[First Case Study] The deep sadness in the flower-womb.



[First Case Study] The body in mourning clothes: a sad body.



[First Case Study] The grief over her lost love as fetus and baby, and over the abortion.



[First Case Study] Her own “inner child” discovers the heart.



[First Case Study] The discovering of a precious stone in her belly



[First Case Study] A new idea of love for herself





[First Case Study] A new feeling is growing up out of ruins of sadness.

*“Natural Abortion?”*

- 40–70% of implantations do not succeed because the host environment cannot tolerate the foreign cell or vice versa.
- Resistances cannot be overcome by empathy. (That is to say the mother’s experience of ambivalent feelings is often more intense than her partner is willing to accept.)
- Therefore a natural abortion is not an unusual event, but as natural as a successful pregnancy.
- Nevertheless recollections and sorrow remain and both need time, space and resonance.

*The passing on of life is threatened, when*

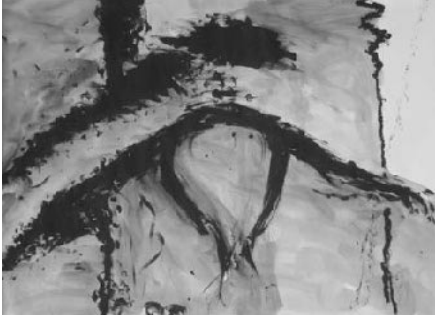
- Couples make a conscious decision not to have children
- Couples are infertile (often one of the partner will take on this role – and is often fertile with another partner)
- Conception is followed by natural abortion
- Conception takes place only in order to abort
- Conception takes place in order to abort or to give birth (one couple got three children and aborted five children in alternation)

*Conscious decision to terminate pregnancy*

- Possible unconscious motivation: to escape annihilation through merging with the object.
- Unconscious dynamic: a re-enactment of one’s own early trauma – to gain control of death.
- Unconscious desire: to break the trauma-circle – to expel the “inner child of fear” – the couple confuses the real child and their “inner child” (= especially the psychic parts of childhood trauma).

## Second Case Study

A fifty years old client is able to express her pre- and perinatal situation in many paintings. The depression and cancer experience of the last 15 years comes clearer in her biography as a unwanted child.



[Second Case Study] A bad triangulation (above left), a form like a scythe: the possible dead in grey atmospheres (above right), a figure and a pelvis-form: a depressive fight (left), like a scene of war: a figure in confusion and dissociation (right).



[Second Case Study] A first red colour: a first bonding between two psychic parts.

The mother of the client was under a high pressure in the pregnancy. She couldn't imagine her child as a widening and extension of herself, but she felt the child as threat in difficult psycho-social circumstances.



[Second Case Study] The traumatised “inner child” can be symbolized in a cold surroundings, her selfsacrificing in depression and paralysis (left). At least she can accept the traumatised “inner child” (right).

*Psychodynamically speaking only couples can abort a child*

- Triangulation begins with conception, not at birth! The role of the father is underestimated: men shirk their role, they are involved in the abortion, or urge abortion, or do not know about it (= do not want to know). But the father and his life story affect the decision: by 50%.
- The problematic of abortion arises because a being that is half-foreign grows inside the mother’s body, a being that is making itself, a being that ruthlessly demands room: the mother acts in self-defence against endo-parasitic fantasies.

**Third Case Study**

Female patient, 28, student



[Third Case Study] The reciprocity of experience of fault and motherhating

Abortion at the age of 18, she describes the abortion 10 years later as an almost unconscious sequence of events and recognizes her own aggression toward her mother's ambivalent feelings whilst she was a foetus. These archaic-destructive impulses are expressed in her paintings of motherhood. The foetus is a parasite that consumes the mother and the mother is a devil.

*The most frequent psychodynamic of a problematic pregnancy*

The unconscious confusing of the inner traumatised child (i.e. early childhood, pre- and perinatal traumata) and the real child growing inside the womb.

**Fourth Case Study**

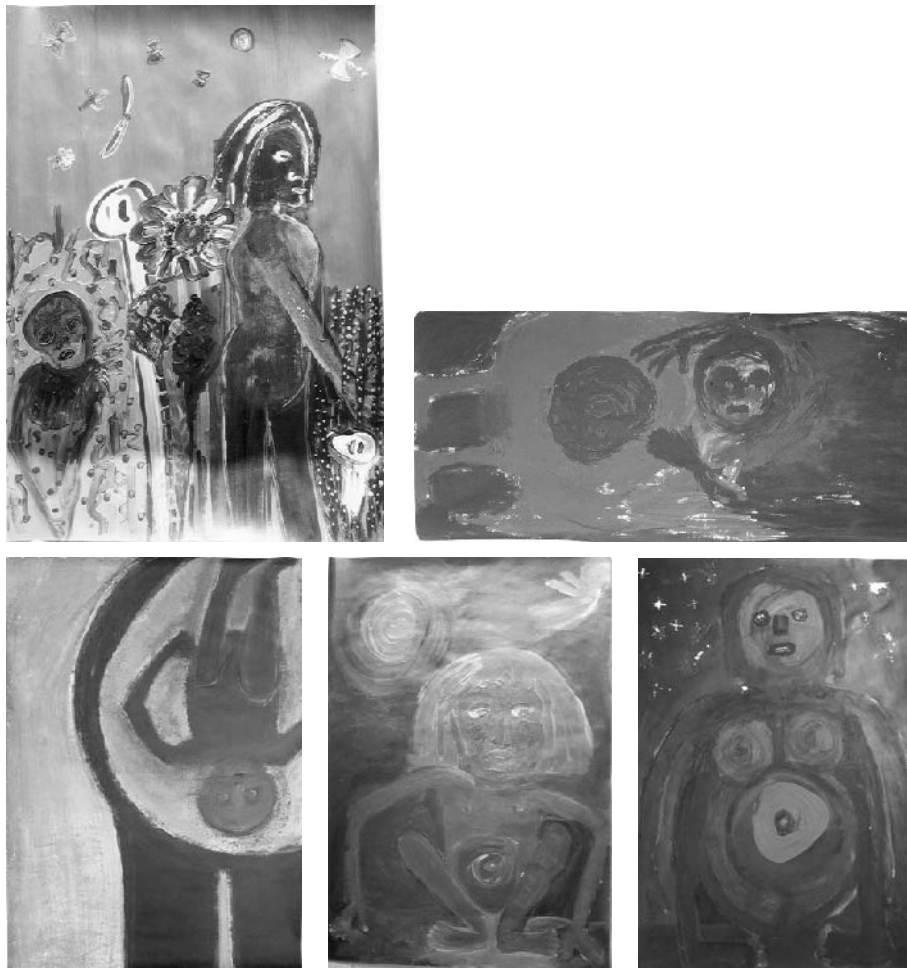
A chronicle of siblings 1945–2006



Six children: the patient is the sixth, she is now 44 years old, not wanted. She was born prematurely during the 7th month, spent two month in an incubator, she is now pregnant for the third time, the first child was born, the second child was aborted, during this third pregnancy she seeks therapy. Her greatest fear is to give birth to a monster.



[Fourth Case Study] The confusing of her own prenatal story and the new child: a pregnant foetus!



[Fourth Case Study] Various paintings about this confusing.

*Abortion as a temporary solution*

Abortion is an attempt to solve a problem for which there appears to be only one solution. As long as unconscious dynamics are hidden they demand to be acted out. Most of the clients who seek therapy during pregnancy cannot see other solution due to the intensity of the conflict their soul is experiencing. The confusion between one's own unconscious experience and the real pregnancy can often not be solved within the shortness of the time available.

*Abortion as self-defence*

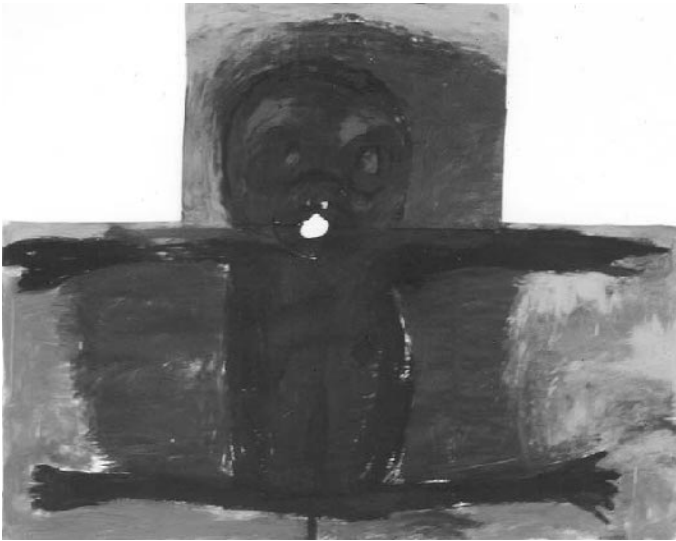
Meistermann (1991) speaks of abortion as a woman's self-defence in the face of an (unconscious) fantasy of a monster growing within. A monster that spreads within her and that will devour her and her life – that is exactly the fantasy that the (Great) mother had during her own pregnancy.



[Fourth Case Study] The prenatal dissociation.



[Fourth Case Study] Her "inner child": there is no heart!



[Fourth Case Study] The prenatal crucifixion.

It is almost impossible to carry a child until birth when confronted with such images. The paintings shown here are symbolised body-experiences, which up until they were painted had been entirely unconscious.



[Fourth Case Study] The inner child of fear can be born – now the real child can carry to term.



[Fourth Case Study] The paintings are now more friendly. After this process she could carry the child to birth, and now this little boy is in school and he likes sports and music.

### *Counter-transference*

Whilst confronting extreme and ambiguous prenatal sensations they have experienced in their early life clients often suffer from bellyache, a desire to abort,

paralysis and resignation as well as the feeling that only one will survive the therapy if nothing drastic happens.

*What causes abortion?*

“We appreciate that a mother cannot simply have a positive, idealistic relationship to the baby growing inside her body but also has to have a realistic objectrelation. The latter may be negative, but the mother must be able to sense the baby, to feel it. She has to know what the embryo wants and does. She has to reflect all the aggressions the growing embryo commits – only then can she accept it even if her own health is being damaged and her own interests are restricted. She has to know the forces that clash, between her and the growing embryo. And she has to have the courage to imagine these battles as vividly and as complex as she can.” (Meistermann-Seeger 1991, unpublished)

*What brings about the termination of a pregnancy?*

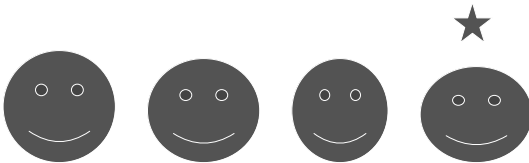
1. Destructive experiences during the mother’s and/or father’s pre- and perinatal existence (abortive tendencies)
2. Lack of identification
3. Acute psycho-social strains intensify these normally unconscious and repressed fears of one’s own biography

*What causes the termination of a pregnancy?*

- Collision: deficient intrauterine bonding which causes lack of foetal self-confidence and an unawareness of body boundaries versus the newly growing child
- Collision: the rejected intrauterine mother representative versus one’s own fantasies of (idealized) motherhood
- Collision: infantile desire for reproduction and immortality versus the acceptance of mortality

### **Fifth Case Study**

Siblings 1968–2006



Four children (all girls): the patient is the fourth child, 33 years old, diagnosed as a borderline case, three abortions, whilst in therapy the fourth pregnancy commences. She doesn’t know at this point, if she will complete the pregnancy. During the therapy her mother’s strong ambivalent feelings during pregnancy become apparent, enabling the patient to understand her aggression: one abortion for each of her older siblings (who got more love). Now she wants to have the child – she can divide between her own traumatised pregnancy and her new child.

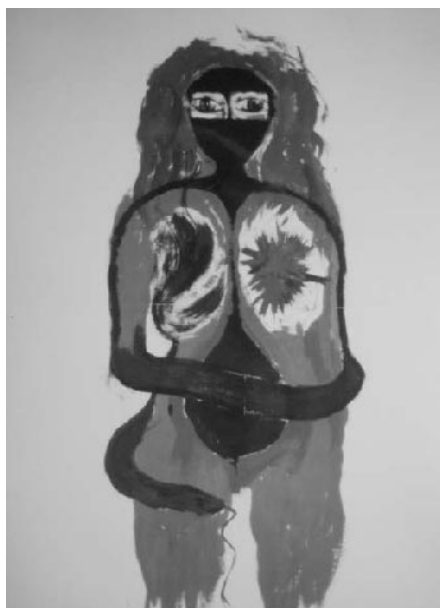




[Fifth Case Study] The fundamental painting for her change: a foetus kills a embryo, 170 × 130 cm.



[Fifth Case Study] The intrauterine mother-representation.



[Fifth Case Study] The beginning of the perception of her own body.

## Vision

An expanded therapy and advisory practise alongside more liberal discourses about pregnancy so conflicts during pregnancy can be seen for what they are: existential moments of crisis accompanied by real scene-setting causes and future potential. There is no family without abortive structures.

### *What causes abortion?*

“The child has to find a positive attitude toward the task of unifying the two genetic gifts given by ist parents. This terrific burden (and beautiful gift) we all have to carry/accept. The child is thrown into the weave of the parents relationship with all ist lust, greed, sorrow, fear, excitement and ecstasy. In terms of this dowrythe childis as identified with the father as with the mother. The mother can only construct an objective identification with the child through the interiorised father. If that does not happen the child remains in a tomblieke condition, digging itself deeper into the mother. The child becomes utterly dependent on her.” (Meistermann-Seeger 1991, unpublished)

### *It is difficult to prevent abortion*

1. An already existing tendency to aggression is increased/nurtured by the parasitical guest. The destructive tendencies originate from one s personal prenatal existence.
2. Actual difficulties increase the fear.
3. Lack of object identification prevents the acceptance of pregnancy. The idea “pregnancy” cannot act as replacement.
4. The father’s aggressive tendencies originating from pre- and perinatal experiences are added.

### *Prenatal counselling*

An advisory service is good provided:

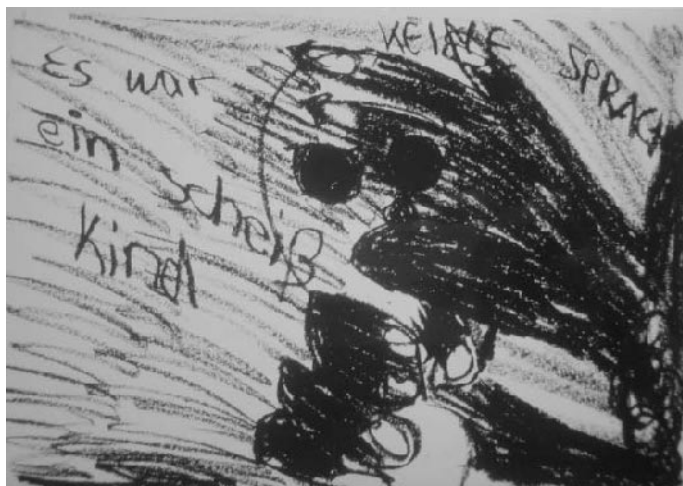
1. The client has freely asked for assistance.
2. The counsellor does not impose any values.
3. The sessions are confidential and independent of third parties.
4. There is no pre-determined outcome.
5. It helps the client to find their own decision.

### *Abortions in Germany*

1996 130 900	relatively constant data:
1997 130 890	50% single/married
1998 131 795	40% 1st child
1999 130 600	6% below 18 years
2000 134 600	71% 18–34 years
2001 135 100	16% 35–39 years
2002 130 400	7% 40-older
2003 128 000	3% med./crimin.
2004 129 600	80% exhaustm.



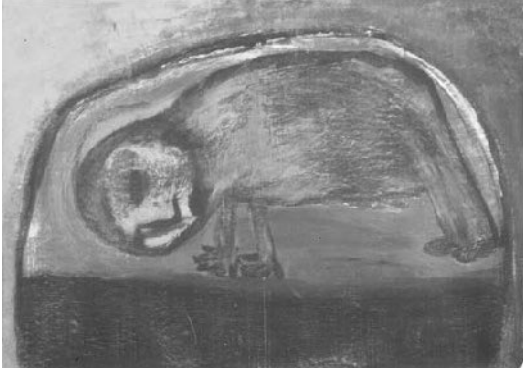
Psychotic fears: enclosed by the hostile object – there is no escape – a “uterus-feeling” of couples which aborting – there seems no other way.



“It was a crap-child – no language”, drawing of a 32 year client.



A moment of an accepting and lovely contact between mother and child.



Near deadly atmospheres in the uterus.



Triangulation.

2005 124 000

8% Mifegyne (+)

Approximately 130 000 abortions per year are an indication of the collective need to resolve early childhood trauma, but at present it is only a temporary solution. We are facing a psychohistorical dynamic that needs to be addressed. Children that have died leave a gift for their parents: if sorrow is possible maturity follows. (Federal Office of Statistics)

*Autoaggression of mankind*

- The paranoia is antifamily and antisocial.
- Destructive introjects works through the individual, and likewise by the collective.
- The human race can only survive through growing awareness of experienced traumata, in order to reduce and avoid future “man-made-disasters”.
- A second enlightenment includes new levels of self-reflection, which incorporates the most current research of the pre- und perinatal psychology and psychotraumatology.

*Abortion as a psycho-cultural problem*

1. Reverse projection: as long as there are abortions within society no one can feel truly safe.
2. One of the consequences are excessive forms of capitalism: “Only one can win (survive)”, instead of life-affirming competition.
3. Fear of abortion causes necessity for abortion in the collective unconscious-ness (war and destruction).
4. So far we do not know of any society that can forego abortion. This is and will be a problem of the ontological in-security of mankind for the next thousand years (?).

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