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The Role of Aggression in Pregnancy: A Case Study

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“If I have a baby, I’ll die.” This statement was made by a thirty-two year old woman, Mrs. Sally B, toward the end of her first year of analysis. Sally, who had been trying unsuccessfully to conceive a child, had come into treatment because of anxiety and depression suffered as a result of conflict between her wish to have a child and her fear of doing so.

Several months later she tearfully made another statement, “I might kill it. If I have a baby to care for, I might kill it.” This was said after Sally had conceived and spontaneously aborted a pregnancy.

With these and many similar statements, including dreams and fantasies that she reported, Sally B. expressed a fear common to every woman who seeks motherhood ... the fear that her aggressive impulses would overwhelm her libidinal wish for a child and destroy both the child and herself. Although such fears are part of the normal psychological experience of pregnancy (Deutsch, 1945, Bibring, 1950, Spotnitz, 1969), the “normally mature” woman is able to integrate her aggressive and libidinal impulses in a manner that promotes the development of the pregnancy; in Sally B’s case an early toxic relationship with her own mother had produced maladaptive patterns for dealing with her aggressive impulses. It is hypothesized that these patterns internalized her aggression in an unconscious resistance to having a child and were likewise expressed in the resistances she brought to analytic treatment.

Sally was the youngest of four girls born to a New England Italian Catholic family. A fifth girl, born when Sally was 3 years

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old, died at birth. After High School Sally came to New York City against her parents’ wishes to study nursing, but withdrew after the first year because “it was too depressing” and completed her studies in Liberal Arts.

Her case is presented through an examination of six major resistances which occurred in the analysis from the beginning of treatment through the completion of a term pregnancy.

“I Want a Male Analyst” (First Resistance)

The “male analyst” resistance was the first resistance presented in the analysis. It represented the wish for a positive transference and a resistance to experiencing negative transference feelings.

At first, Sally avoided telling me of her wish for a male analyst. Her only “real” problem was her weight and this would not be a problem either except for the fact that she wanted to get pregnant and feared that her excess weight would interfere with a healthy pregnancy.

As each of her denials was accepted by simple reflective statements from me, she went on to reveal more of her true feelings and to gradually accept the idea of continuing the relationship.

P. (Haughtily) You know I really don’t need to be here. I’m really a very strong and healthy person, a very loving person too. My life is a good one. I have a wonderful husband and a wonderful marriage. Sometimes I think my life is almost perfect...

A. That’s wonderful. You have a wonderful life and a wonderful husband, whatever brought you here?

P. Well, I don’t know. It was a foolish mistake. I see that now that I’m here. But you see I want to have a baby soon, to get pregnant. But I have this weight problem and I feel I must lose weight before I get pregnant. I thought coming here might help me with that... but now that I’m here I can see that what I need is a diet, not psychotherapy. (Laughing) Isn’t that so?

A. Of course. Why not do that? You seem like a strong and healthy person who needs a diet ... not psychotherapy.

P. I’m glad you said that, that’s what I think too. But I suppose everyone could use a little therapy ... everyone has a few little problems.

A. Well as long as you are here are there any little problems you want help with?

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P. No, not really. Not now. Maybe I'll try it some other time.

A. Is there something about me that makes you prefer to try it some other time?

P. Oh no, nothing personal, you seem like a very nice lady. There is nothing personal.

A. Is there something impersonal, then?

P. No, no, nothing that I could say. I don't want to insult you, you know. I just don't think I need therapy right now.

A. You don't seem to need therapy now, but just for my information, have I done something to offend you, have I insulted you?

P. Oh no really, not at all. It's not you. It's just that I feel very strongly that if I ever do decide to have therapy, that I must have a man for a therapist.

A. Would you want to be referred to a male therapist, then?

P. Well is that possible?

A. Why not, if a man is what you want why shouldn't you have one?

P. Well, I'll have to think about that.

Sally agreed to return to discuss the possibility of being referred to a male therapist.

Discussion of her wish for a male therapist occupied the major portion of the sessions for several weeks. I inquired about the kind of male therapist she was looking for, his appearance, manner and general characteristics and how and when I should go about finding him for her.

"I suppose I want someone like my grandfather. He was warm and affectionate. He held me on his knee and hugged me, that never happened at home."

Sally expressed her fear of the negative transference with the statement that she did not trust women. Explorations about the general untrustworthiness of women, about my particular brand of untrustworthiness, as well as the information that she could have any feeling she wanted for me, including distrust, seemed to allow her to feel safe enough to continue in the analysis and to further elaborate on her feelings about women. But it was the reflection of her distrust, the communication that I too might distrust women, that was most effective in resolving this aspect of the resistance.

P. I'd stay with you, but I just can't get over this fear I have, the fear that you are a woman and not to be trusted.

A. Do I trust you?

P. Well, I don't know ... I hope you do. (Surprised)

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A. Why should I? Why should I trust you?

P. Because you ... because I think I'm a person who is trustworthy. I make a point of keeping my promises and commitments. I pride myself on my ability to be honest and reliable.

A. But why should I trust you?

P. I've given you no reason not to. (Indignantly)

A. That's true ... but suppose I don't trust you anyway (indignantly) suppose I don't trust women either, why should I?

P. If you didn't trust me ... then you'd be just like my mother ... I couldn't stand that.

A. Why? Why can't we both distrust each other? What harm would there be in that?

P. My mother never trusted me to do anything ... if she gave me a glass of milk, she'd say, "Now, you're going to spill it." When I got a new dress, she'd say, "Well, I'm sure you are going to make a mess of that." But if I said anything (tears) ... if I said, "You never trust me to do anything" She'd yell and say, "That's not true.

Don't say such thing to your mother. A mother always trusts her child and a child must always trust its

mother.”

A. You can have any feeling you want here. I don't mind if I'm distrusted.

When Sally reported that she had decided to remain in treatment with me and to give up the idea of going to a man, I asked what led her to that decision.

“I don't know, lots of things ... but I think the idea that you might distrust me as much as I did you, made me not so afraid of feeling that way. If I do I should just tell you, right?”

A. Right.

Relationship of the Male Analyst Resistance to the Resistance to Having a Child

Sally B's resistance to beginning treatment reflected her resistance to having a child. She reported in the first session that she was considering treatment because she wished to prepare herself to have a child. The thought of having a child filled her with anxiety (“It scares me so”) and the opposite thought, of not having one, filled her with depression (“But when I think of not doing it, of never being a mother, I get so depressed”). Likewise, when she thought of beginning treatment with a female analyst she became

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exceedingly anxious, but when she contemplated not doing so, of leaving and starting over with someone else, she felt hopeless and depressed.

The resistance to having a female analyst (mother) was a projection of her internal resistance to motherhood; as she began to accept being analyzed by a woman she also began to accept that she was a woman who could bear a child.

“Tell Me! Feed Me!” (Second Resistance)

After the patient decided to remain in analysis with me, the reasons why she had resisted beginning treatment became apparent. The origin of her problem with aggression began to enter into the transference communications of the sessions, and the relationship with her mother that she had feared to rekindle began to express itself.

This “Tell Me! Feed Me!” resistance took the form of constant, insistent demands for information, interpretation and explanation, along with a stubborn and defiant refusal to respond to questions put to her. Through these contacts in the sessions a picture of the early relationship with her mother began to emerge, a picture in which Sally was continually demanding her mother's attention and affection and her mother was continually rejecting. In the process of resolving this resistance, the patient and I engaged in a battle which recapitulated a part of that early toxic relationship.

Sally reported that her mother “was always stuffing food into my mouth to shut me up.” Apparently, any expression of emotional need, frustration or anger on her part was quelled with food instead of the emotional communication that she craved and needed to mature. In the analysis Sally attempted to get me to do the same, to stuff her with information so that she would not have to bear the distress of negative emotions.

Spotnitz has spoken of the need for the analyst eventually to be perceived by the patient as worse than the parent, and then as better than the parent. As Sally began to experience and express her negative feelings in the sessions, I was perceived as worse than her mother. “That's why I didn't want a female analyst. I knew you'd be just like my mother ... You're worse than the worst female I have ever known.” As she began to feel that her negative

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emotions were accepted and understood, she experienced me as better than her parent. In the process her ego was enlarged to allow for the acceptance of aggressive and negative feelings.

“Tell Me/Feed Me” Resistance

An example of this type of interaction follows. Sally would come into the room, throw herself on the couch and say:

P. Do you have children?

A. Why do you ask?

P. I just want to know. Do you have children?

A. Why do you want to know that?

P. I just do. I want to know.

A. Yes, I understand that you want to know, but *why* is it important?

P. Important? It's not important. I just want to know.

A. Why should I tell you, then?

P. Because I asked. Because I asked a simple, everyday question and I don't see why you can't tell me.

A. Why should I answer your simple everyday question when you won't answer my simple everyday question?

P. (Screaming) I'm the one who asked the question! Just tell me if you have children!

A. Just tell me why you want to know!

P. No, I won't. I won't tell you anything. You think you're so superior. Why should I come in here and tell you everything about me and you won't tell me even the simplest thing? (Pause) It infuriates me when you make me go through all that petty analysis stuff!

A. You can be infuriated here.

P. Oh. I can. What a bitch you are, you don't even care how I feel.

A. That's right. I don't care how you feel. You can have any feeling you want here. You can feel as furious as you want.

P. I knew it. I knew you'd be just like my mother. She was always making me furious. She would never give me anything. I'd have to beg and squeal and nag and holler. The only thing she ever gave me was food ... she was always stuffing food into my mouth to shut me up. You make me do the same. You make me beg, and squeal and holler, and then you won't even tell me.

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A. You make me do the same, you make me beg and scream and holler and then you won't even tell me.

P. You are infuriating. I think it is absolutely ridiculous that you won't answer a simple question like that. What is it you don't want me to know? If you tell me you have children then I'll know you had sex. You don't want me to know that. You want me to think you are the Virgin Mary or something? You are so smug, sometimes. You act so superior. (Silence, then, plaintively) Why won't you tell me if you have children? I really want to know.

A. Should I answer the question to shut you up?

P. No, I just really need to know.

A. Why do you need to know?

P. Because I want to know if you can understand what it's like to have children. It will help me to think you understand what it's all about, what I'm going through now.

A. Suppose I told you that I have children?

P. Then I'd feel that you could help me better with becoming a mother.

A. Well, what's your guess, do you think I have children?

P. I don't know if you do ... I imagine that you do. I think, "She must have children." I like it when I think you do. It gives me confidence in you. When I think you don't, I feel very hopeless, like I can never have them either.

A. If I have children that means you can have them too?

P. I think I really want to know if you wanted them. If you had them and you wanted them. My mother had children but I know she never wanted them. She just did it for convention, because that's what everyone did.

Another example of how this resistance was expressed occurred during the period when Sally was unsuccessfully trying to conceive. Her persistent demands for information and interpretation centered around a fantasy that she had while driving to the session.

Her manner as she entered the treatment room was irritated, snappish.

P. On my way over here I kept having the feeling that something terrible was going to happen. I was afraid to drive through the tunnel. I kept thinking that if I did, there would be a crash. I kept imagining two cars

colliding with each other, head on. Only there was nobody in the car. But when they hit, the cars started to bleed. That's a horrible thing to think about. It was so vivid and I

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couldn't get it out of my mind. Why did I think such a thing? What does it mean?

A. What does it mean?

P. How am I supposed to know? It means nothing to me. What does it mean?

A. What occurs to you?

P. Nothing. Nothing occurs to me. Tell me what it means.

A. Why should I do that?

P. Because I want to know. You are supposed to know what these things mean. Isn't that what you are paid for?

A. I'm paid to analyze you. That means you tell me what it means.

P. And you do nothing, is that it? You just sit there and I do all the work. Well, I'm tired of doing all the work. Everything is work ... getting pregnant is the hardest work I've ever done. Sex used to be fun, now it's just work. (Silence) What's the matter, don't you know what it means, don't you know what you're doing? You're supposed to be an analyst. Don't you know what these things mean, when someone has such thoughts?

A. Don't you know what it means when you have such thoughts?

P. No.

A. The way to find out is to say what occurs to you.

P. Nothing occurs to me. What occurs to you?

A. Nothing occurs to me. What occurs to you?

P. I don't believe you. I think you are lying. I think you just won't tell me because you think you are so superior.

A. I don't believe you either. I think you are lying and determined not to have any thoughts or associations to it.

P. I don't want to figure it out, I want you to tell me.

A. I can see that, but why? What good will it do you if I tell you what I think it means?

P. It would make me feel better. I won't feel so frustrated and angry at you.

Why not feel frustrated and angry at me? It's okay with me.

P. I know it's okay with you. You're a bitch.

A. That's true. It seems we are both a couple of bitches colliding head on and there are a lot of bloody feelings between us right now. (Pause)

P. Bleeding makes me think of having your period. That means not being pregnant.

A. Not having anyone in the car?

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P. Right, like not having a baby in your uterus. Is that what it means?

A. It seems to mean that you are very worried and concerned about that. Is there some danger?

P. Yes, there's a danger that I won't get pregnant and a danger that I will. I want to have a baby so much but I'm afraid of it, too. (Weeping)

A. That's a natural way to feel. All women are conflicted about having babies.

Relationship of the "Tell Me/Feed Me" Resistance to Becoming Pregnant

The relationship between food and fetus is an old one and is often prevalent in a child's perception of pregnancy. Children frequently imagine that the mouth rather than the vagina is the portal for a baby to enter the mother's body. This

early childhood fantasy was apparently an important element in Sally's unconscious reactions to her wish for a child. Obesity and the compulsion to overeat have been discussed as a defense against pregnancy (Durbak, 1979).

On the oral level, this defense expresses the fear (wish) of acting on one's oral rage by devouring the mother; and it expresses the reverse fear of being devoured by the fetus one is carrying.

These oral conflicts were reflected in the resistance that this patient presented in her treatment and by her life experience at that time. In the treatment her demand that I feed her information immediately so that she would not have to bear the frustration and hostility that my exploratory questions induced in her was an attempt to repeat her early experience of "being stuffed with food" to quiet her oral rage. Just as she demanded this immediate gratification from me in the analysis, so in her life she demanded the immediate gratification of becoming pregnant on the first try. When this did not occur, her compulsion to overeat as well as her anxiety level began to rise.

It took Sally B. ten months to conceive; not, of course, an unusually long time. But her frustration and outrage at her body's "betrayal" of her grew with each menstrual cycle. "Why is this happening to me?" she would cry, "I never get what I want."

It can be hypothesized, though not proven, that her increasing?

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ability to deal with the frustration that she experienced in the analysis through the verbalization of her anger and hostility, and her growing ability to cooperate with my explorations of her demands, had an effect on her body's ultimate ability to cooperate with her ego in her wish to conceive a child. Neither her emotional nor somatic problems about bearing a child were solved at this point, but as there was progress in the analysis from an insistent demand for feeding (information) to a cooperative exploration of her needs and wishes, there also was progress in her life experience from apparent infertility to conception.

"You Don't Want Me to Have a Child" (Third Resistance)

Sally alternated her demands for information and feeding with increasing attacks upon the analyst. She claimed that I did not care about her, was not helping her, did not think she would make a good mother and did not even want her to have a child. In so doing, she was externalizing the toxic introject, that part of her ego that opposed her wish to have a child, onto me.

Sally fought tenaciously against feeling and accepting as her own that part of herself (common to every woman who desires pregnancy) that wished to destroy the "intruder" in her body.

Examples of the "You Don't Want Me to Have a Child" Resistance

An example of how this resistance was expressed occurred on the day that she announced her first pregnancy, a pregnancy that was to be aborted spontaneously six weeks later.

She arrived at her session looking flushed and harried and began talking excitedly as soon as she entered the treatment room.

P. You aren't going to believe me. I just know you aren't going to believe me. (Repeated several times.)

A. Why won't I believe you?

P. Because nobody does—my husband, my friends, my mother—of course, and my doctor. But I know it's true. I don't

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need any of them to tell me. What do they know? They think they are so smart. Do they know my body? I know it and I know I'm pregnant.

She explained that she was a few days late with her menstrual period and that she knew this meant that she was pregnant even though everyone told her it was too early to tell.

P. You don't believe me either, do you? (Challengingly)

A. Why should I?

P. I don't care. (Mockingly) You and your "Why should I's?" (Angrily) I *know* you won't believe me.

Sometimes I think you don't believe half of what I tell you.

A. Is it important that I believe you?

P. No, it's not important. It's not important that anyone believe me, it's only important that I'm pregnant. In fact, (spitefully) I'm glad that *they* don't believe me, because then I'll just prove it to them.

A. Is it important that I don't believe you?

P. Nobody has ever believed me. All my life my mother has called me a liar, From the time I was two. Can you imagine calling a two-year-old a liar? She did the same thing last night on the phone when I told her I was sure I was pregnant. She said, "No you aren't. Don't lie. It's too early to tell."

A. Why do I get the impression that you don't want me to believe you?

P. You know, I guess that's sort of true. I have the feeling that this has to be all mine, that I have to hold onto it by myself. If you don't believe me I can hold onto it stronger. It's as though I'll be fighting you then and can prove something to you.

Another example of how this resistance was expressed occurred after Sally had spontaneously aborted the first pregnancy. Her accusations in this session were similar to those made in many previous sessions.

P. I feel like I don't want to come here anymore. You aren't helping me. I think this whole analysis is a lie. (Her pregnancy had been a lie.)

A. Why am I not helping you?

P. I don't think you want to. I don't think you care. It just doesn't matter to you. You are just cold and mechanical. You can't help someone when you don't give a damn about them. I was thinking about it this week. I even said it to my husband. I said, "I don't think she even cares if I have a baby. I think she doesn't want me to."

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A. Why should I care about you? Do you care about me? Do you want me to have a baby?

P. Oh my God. You are crazy. I'm the one who is trying to have the baby. (Furiously) I am sick of your stupid games. I'm talking about something important and you are playing stupid games. I am sick of it. Why should I want you to have a baby? Do you want one? You're too old anyway. NO. I don't want you to have a baby. (Viciously) You don't deserve one. You bitch! You confuse me with your stupid statements.

A. Good. You need to be confused.

P. I don't want to talk to you.

A. Talk anyway. What are you thinking?

P. Of a dream ... I don't want to tell you anything.

A. That's OK. Tell me anyway.

P. I was thinking of a dream I keep having. It's an awful dream. I've had it before.

Dream: I was with my grandmother. We were riding in an old car with purple mohair seat covers. We passed a gas station at an intersection. There were a lot of people standing around all looking up at the person on the roof. All the people standing around were pregnant. The men had huge bellies and huge, erect penises sticking out of their pants. Each man's penis stuck out as far as his belly. They all looked up at the person on the roof. You couldn't tell if it was a man or a woman; one minute it looked like a man, the next, like a woman. Suddenly the person fell off the roof and hit the ground with a tremendous thud and the body lay there all smashed and broken and bloody. There was an awful smell of blood. You couldn't tell if the person was a man or a woman, it had no face, it was all smashed. The skin was covering the body limply, like a pillow that had nothing inside. But you could see the broken bones through the skin. It was bruised, swollen and purple.

P. I suppose you won't tell me what it means.

A. I suppose you won't tell me what it means.

P. I don't know what it means. It just makes me think it's me lying there in a pool of blood. The smell was so strong. I never smelled anything in a dream before. It reminds me of something.

A. Of what?

P. Menstrual blood. That's what it smells like. What does *that* mean?

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A. What else occurs to you?

P. The miscarriage ... the baby. It was like a dead half-formed baby with the skin all swollen and purple and bruised ... like in those anti-abortion posters. I guess that's what it was. I was dreaming about the miscarriage.

A. What does it mean to fall off the roof? (The patient's dream made me think of my own grandmother and what she said to me right after my first menstrual period, "I hear you finally fell off the roof.")

P. To fall off the roof? I don't know ... you get hurt ... you might die...

A. Have you ever heard the expression. "To fall off the roof?"

P. No, what does it mean?

I explained that it was an expression used in her grandmother's day to refer to having a menstrual period.

P. Oh, I've never heard that before.

In the next session she said:

P. You know, I didn't tell you the truth. I don't know why. But I have heard that expression "to fall off the roof" ... that it means having your period. I don't know why I didn't want to tell you. (Later) I know they say if you have a miscarriage it means you don't want the baby. Do you think I don't want it? You know, I want a baby more than anything.

A. That's true. I do know that. But sometimes people are conflicted—part of them wants something and part of them doesn't. Is there any reason part of you may not want a baby?

P. (Tears) Yes, I'm afraid of it. I'm afraid I'll die. I'm afraid I'll make a horrible mother like my mother.

Relationship of the "You Don't Want Me to Have a Child" Resistance to the Successful Pregnancy

This resistance occurred intermittently throughout the analysis, but was at its height during the period between the spontaneous abortion and the next conception, the one that culminated in a full term pregnancy and the delivery of a healthy child.

The externalization of the toxic introject is considered a progressive and desired result in modern psychoanalysis. It represents a redirection of aggression from attacks upon the self to a direct expression of hostile feelings. When attacks upon the analyst become

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repetitive, the pattern can be recognized as a resistance, a refusal to see the analyst as a separate object and to accept one's own hostile feelings as part of the self.

The resolution of this resistance began as this patient learned to acknowledge her aggressive and murderous impulses as being part of herself; she was able to say such things as, "There is part of me that does not want to have a child ever ..." and later, "Sometimes I feel as though I want to destroy it." As her ego became more able to accept the aggression as her own, she began to understand that conflict and ambivalence are natural feelings common to every woman who seeks motherhood.

Somatic Complaints (Fourth Resistance)

Sally utilized the narcissistic defense in two chief ways, through depressive reaction and somatization, but the latter was by far her preferred method. "If I had the choice," she said at one point, "I would rather be sick than depressed." Sally preferred to attack her body, rather than be in touch with her emotions. Early in life she had learned to use her body both to express aggression and to defend against the experience of feeling it. With an eating disorder in which she alternately binged on vast quantities of food and then starved herself to near anorectic proportions, she attacked her own physical wellbeing. Her body had expressed hostility to her parents through bedwetting and thumb-sucking that continued into puberty, through self induced spells of nausea and vomiting, through sleeping disorders and through migraine headaches. "I did it to spite them," she said. "I would wet the bed on purpose and stick my finger down my throat and vomit, just to spite them."

In the analysis the patient's somatic problem was expressed in three ways: by last minute cancellations due to sudden illness; by somatization reactions in the session—headache, nausea, hunger pangs, a sudden urgency to urinate; and by

repetitive complaints about her physical condition. These patterns represented a resistance to the verbalization of thoughts or feeling about the analyst, significant people in her life and her unborn child.

Examples of Somatic Complaints Resistance

The following is a condensed example of the interaction that took place when somatic complaining in the analysis was at its

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height after staining indicated that Sally's second pregnancy might be in danger of abortion.

P. I feel horrible. I'm sick at my stomach. I feel like I'm being punished.

A. Why am I punishing you?

P. You? It probably is you. Coming here is punishment. I've been staining all weekend. My doctor said I had to stay in bed. I was so upset. I almost called you, but I figured that was worthless. I almost didn't come here today either. If I lose this baby I don't think I can take it. I think I'll die right along with it. It makes me feel like I'm worthless, a worthless person who can't even have a baby. (Weeping)

A. Why am I worthless? Why was it worthless to call me?

P. You don't do anything for me. (Yelling) What good does it do me coming here? You can't help me have a baby. You can't do it for me. It's not your body that's puking and staining. It's mine. Oh, I feel sick. I feel sick at my stomach and my head aches.

A. Is there anything I can do to make you feel more miserable?

P. You can go to hell. No, you can drop dead. You don't care about me at all, do you? I'm a piece of nothing to you, a blob on your couch who pays you off.

A. Why not get rid of me? You can always abort this analysis, you know.

P. You see, you don't care about me. Here I am sick, bleeding, maybe I'll lose this baby. You don't care.

A. Why should I care about such a worthless person, a person who can't even have a baby?

P. Damn you, you are a bitch. How dare you say that to me. You think I'm doing this deliberately, don't you? You think I don't want this baby, don't you?

A. Is there any reason I might think that?

P. (Yelling) Yes, I don't want it if it's a girl. It might grow up to be a bitch like you!

Sally reported a dream that clearly depicted her conflict about keeping the baby and also seemed to foretell the Caesarean delivery she would eventually have.

Dream: The doctor took a blood test and found I was O negative and would have a miscarriage. Then he took another one and found I was not O negative but O positive. I was upset that he would make such a mistake. If the blood type was O negative, it meant that the baby would be a girl, if it was O positive, it would be a boy. In the dream I could see my uterus. There were doors on

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my stomach. It looked like a cross section in a textbook where you could see the layers of tissue. I could open the door and take the baby out. It was a cat. I was horrified. I hate cats. Cats are like girls. I don't want this baby if it's a girl! That's what this dream means, doesn't it?

A. That's what it seems to mean.

P. I want a baby so much, but I'm afraid of having a girl. I'm afraid I'll hate it, that I'll treat it like my mother treated me. Oh, it would be awful if it was a girl ... awful. I'd hate it. I'd feel so sorry for it, too. A baby whose mother hated it.

A. All mothers hate their children, you know.

P. No, I don't know. A mother is supposed to love her baby.

A. Mothers love their babies sometimes and hate them at other times. What's wrong with not wanting a girl? You are entitled to a preference.

Relationship of the “Somatic Complaints” Resistance to the Somatic Resistance to Childbearing

Sally B's history of translating emotional and psychic events into somatic reactions lends weight to the hypothesis that her propensity toward somatization acted as a major impediment to the fulfillment of her wish to become a mother. Somatic reactions were prevalent during both pregnancies. Morning sickness was intense, and dizziness, migraine headaches, fatigue and insomnia were frequent. The first pregnancy ended in spontaneous abortion and in the second there was a mild threat of abortion during the second month when she began to stain. This pregnancy, which continued to term and produced a healthy child, nevertheless culminated in a prolonged and difficult labor requiring delivery by Caesarean section.

Somatic complaining alternated with the development of each of the resistances discussed and usually preceded verbalization of the thoughts and feelings that then formed the core of the next resistance. Somatic complaining ceased in the analysis as Sally began to verbalize the aggression that her repetitive somatizations were defending against, her wish to abort the pregnancy if the child was a girl.

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The “Boy Baby” Requirement (Fifth Resistance)

Sally developed an intense and obsessive preoccupation with the idea that her child *must* be a boy. The intensity of her desire for a boy was matched by an equally intense fear that she would have a girl.

The “boy baby” resistance was a new form of the original male therapist resistance. Like the former resistance, Sally's obsessive wish for a boy child was a desire to recapture the loving feelings she had had in her relationship with her grandfather and to avoid the hateful feelings that had existed in her relationship with her mother.

Resolution of the “Boy Baby” Resistance

During this period, the patient related to me as the toxic introject who did not want her to have what she wanted, least of all a boy baby. She would say such things as: “You don't really want me to have a boy, do you?” or “It doesn't really matter to you if I get what I want does it?” At such times ego-dystonic interventions such as “Why should I care if you get what you want?” usually succeeded in bringing about verbalization of the aggression that motivated the contact.

When she was in a more positive transference state the tone of her questions changed to a pleading one; it was as though I had the power to grant her wish. At these times ego syntonic interventions that joined her wish for a boy, alleviated her obsession to the extent that she began to contemplate the possibility of having a girl.

P. Don't you think it will be a boy? (Pleading)

A. Would you want me to think that?

P. Yes, I would. I know it's silly, but somehow I have the idea that if you thought it was a boy I wouldn't have to worry about it so much. It would be like you were giving me permission to have one.

A. Oh, you're bound to have a boy.

P. (Surprised) Why do you say that?

A. Anyone with such a strong desire is bound to have a boy.

P. (Laughing) Now you're putting me on. Just because I desire

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it isn't going to make the genes do what I want. They say it's a fifty/fifty chance of having a girl or a boy.

A. That's true. But how do you know that a strong desire doesn't have an effect on those odds?

P. (Laughing) I know that's not true, but I guess I like hearing you say that. Everyone tells me I'm foolish to expect a boy. My mother says I'm stupid to expect it. “You'll be disappointed,” she keeps saying. (Pause) Do you think I could love a girl?

A. Boy or girl, you'll love it sometimes and hate it other times.

“Fear of a Girl” (Sixth Resistance)

The feelings of panic that Sally had at the thought of being mother to a girl evidently came from the aggression that was stirred up in her by this idea. The very thought of a girl seemed to infuse the toxic introject with feelings of hate and impulses to murder. At such times Sally came to her session in a very agitated state. Once after relating the events of the week which included complaints about her friend's "bratty" girl child, she said:

P. Oh, what will I do if I have a girl? What will I do?

A. Have you considered adoption?

P. Adoption ... oh, no ... well yes, I have thought of it, but I wouldn't, couldn't give my baby to someone else ... even a girl.

A. Would you rather it be dead or adopted?

P. Oh, you are horrible. I won't kill it. You know I won't kill it. I feel warped. I have very evil thoughts. If it's a boy I'll be glad because I'll be showing my father up. He couldn't do it. If it's a girl something will happen to it. You make me have these evil thoughts. What if something happens to it, what if I kill it?

A. How will your thoughts kill it?

P. It will just die, just be dead. My sister was born dead. My mother killed her some way. She didn't want her. She didn't want me either. She hated girls. She was glad one died. Oh what should I do? Damn you. What shall I do if it's a girl?

A. Why not have an abortion?

P. Oh no! That would be murder!

A. Should I abort it for you?

P. Abort it for me? You have an evil mind, the most evil mind of anyone I have ever known.... Abort my baby? No one will abort my baby ... If it's a girl, I'll manage.

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In the next session Sally said that she felt "a little better about this boy/girl thing."

P. You know, you are right—though I hate to admit it—but saying all those awful things does help sometimes. I don't know why, but it does. It gives you more perspective and you get to see how silly it all is. But I still want a girl ... I mean boy.

A. You still want what?

P. I said girl, didn't I? I meant boy. Is that what they call a Freudian slip?

A. That's what they call it. Does it have any meaning?

P. Well, I'm not sure I believe in that kind of thing, but maybe it might mean that I don't feel so panicky about it any more. It won't be the end of the world if I have a girl ... but I still want a *boy*.

A. Well, perhaps you'll get what you want, but if you have a girl and you don't want it, why not give it to me?

P. Give it to you? Why would you want it?

A. Why not? I like girls. I like to take care of girls.

Final Resolution

The boy baby resistance was considered resolved when Sally gave up her preoccupation with it and began to talk of other things in her sessions. What had begun as an intense and obsessive preoccupation that for many weeks dominated her thoughts and communications during her sessions was now a simple preference. She said at this time, "I'm not worried about this boy/girl thing any more. I still would prefer a boy, but a girl would be nice too."

With the resolution of this resistance Sally was able to verbalize some oral libidinal dependency needs which she had strenuously resisted in the past. She was able to tell me that she wished I had been her mother and that she would like to have a social relationship with me. She asked if I might come to the hospital and to her house for sessions after the baby was born. She spoke of the antique furniture that she would like to show me and of the cake and coffee that we would share. She also deluged me with questions about baby and child care. She was concerned about nursing and feeding procedures and about discipline and the danger of "spoiling" a child. I joined her in the fantasy of visiting with her at home and answered her child care questions readily with only a minimum

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of the exploratory questions that she had objected to in the past. In effect, I joined her wish to be fed and I enjoyed, via countertransference, the feelings of peaceful introversion and fulfillment that women generally experience during the final weeks of pregnancy. Sally B. delivered a healthy, robust *boy* in the fall of that year, three years after she had begun treatment.

It is hypothesized that the resistance presented in the analysis was equivalent to the internal resistance to bearing a child; as the analytic resistance was resolved, so the internal resistance to bearing a child was resolved.

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