

Tamara Landau

**Delivering
and Giving Birth**

Tamara Landau. *Maternity*, sculpture in alabaster



*Dialogues and Separations
during Pregnancy*

mnemoArt
ÉDITIONS

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during pregnancy*

TAMARA LANDAU

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To my seven grandchildren

“There is much more continuity between intra-uterine life and the earliest infancy than the impressive caesura of the act of birth would have us believe.”

Sigmund Freud,
Inhibition, Symptom and Anxiety (1926)

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Foreword by **Professor François Olivennes**

Tamara Landau's book is the result of a psychoanalytic therapist's long experience working with women. Her main interest revolves around the periods of pregnancy and childbirth.

The role of early childhood is well established in the adult's development. However, the originality of the perspective elaborated by Tamara Landau lies in the importance she gives to pregnancy, a period of intense emotional upheaval.

The description of such a peculiar timespan, which she describes as "a revolution of the mind as well as the body", focuses on the mother's ambiguities, her emotions and anxieties.

For Tamara Landau, the impact of the turmoil caused by pregnancy on the mother's future life is absolutely crucial, yet many tend to underestimate it. And the importance of the mother's experience in the relationship she will have one day with her child can also lead us to imagine its potential impact on the future life of the child itself.

The variety of the feelings perceived by the mother, as contradictory as anguish of death and life drives, shows how different the experience of pregnancy can be from one woman to another, and probably from one pregnancy to another in the same woman. Tamara Landau insists on the nature of the relationship of the mother-to-be with the fetus in utero. She fully analyzes the determinism of these relationships and the potential consequences of possible disorders that may arise.

Besides its innovative and didactic nature, this book broadens our views through the very structure of its approach,

separating the analysis of phenomena observed at the time of the first, second and third trimesters of pregnancy.

This book will clearly be useful to pregnant women wishing to have a fuller understanding of their experience but also to caregivers, whoever they are, in search of keys to surprising behavior or phenomena.

It could also help future pregnant women anticipate a number of thoughts that sometimes frighten them, even though they are so widely shared.

In a word, this is a work of great interest.

Professor François Olivennes

Obstetrician Gynecologist, Specialist in in vitro fertilization and reproductive medicine, Former Head of reproductive medicine unit at Cochin Hospital (Paris).

Introduction

Pregnancy is a time of great upheaval, a source of both anxiety and rejoicing that transforms the lives and bodies of those experiencing them forever. That is when women's astounding power of creation manifests itself, a power that is an object of universal fascination.

Nowadays, in France and all around the world, we can rely on many different kinds of preparation for childbirth, such as yoga, haptonomy, singing, sophrology, etc. These methods are very useful, they help parents welcome their child and complement the process of birth. What is suggested in this book pursues the same project and enriches it. Its aim is to teach mothers-to-be how to listen to their babies while they are still in their womb, to talk to them during pregnancy, and to prepare them for birth long before delivery.

At the moment of birth, the baby is already nine months old. In other words, it already has a history that its parents, the mother in particular, have been able to shape since conception, when it finally comes into the world. According to ancient oriental traditions, Chinese ones for instance, the newborn is one year old at birth. That is why we celebrate our birthday and we symbolically bury the two pre-birth parents at the same time. This tradition emphasizes the idea that will be developed in this book: during pregnancy, a very close bond between fetus and parents is created. They project their love, their desires, anxieties, hopes and fantasies on the child, even before conception. At birth, they must get rid of these projections, anxieties and fantasies, bury them as it were and begin to invent

a new relationship with the newborn based on how the baby was perceived, imagined and dreamed of during pregnancy.

We find this idea of oblivion at birth in the Old Testament, later resumed in a popular Talmudic commentary: that of the angel who comes at birth and gives a little pat on the newborn's mouth to silence it and force it to forget what it already knows. In this way, what it experienced before birth is repressed. Because, as an embryo and then as a fetus, it is supposed to have heard, read and learned everything. There remains a trace of the angel's gesture, namely the furrow between the nose and the mouth, called *philtrum* in medical language, a word that comes from the ancient Greek *philein*, meaning "to love". A word that, in French, evokes a 'love potion' and nostalgia felt by the mother, even as she contemplates her child for the first time at birth.

These legends highlight the necessity for parents and newborn to forget what happened during pregnancy and erase their acquired knowledge. Keeping the memory of it might be dangerous for the parents and, specifically, for the child. This idea anticipates Freud's discovery, namely oblivion at birth (that is, primal repression) of past experience and unconscious fantasies originating in fetal life.

Being born and becoming a parent are no simple tasks for human beings. The maternal relationship with the child develops over the course of pregnancy and is made up of surges of passionate love, but also of rejection. As a matter of fact, the feeling of plenitude and close communication conceals unutterable anxieties and fantasies. This book will try to expose these anxieties, to identify the fantasies and dreams they engender, because I believe that, whenever they remain unconscious, they may induce a few issues at childbirth. The hypotheses put forward in this book are especially based on clinical evidence in close contact with women, especially those who suffer from bulimia and anorexia. Their repetitive movements, their compulsion to eat or fast, led me to understand that they suffered from

fetal reminiscences; more precisely, that they were struggling with the anxieties and traumas they had known before they were even born. My work with pregnant women has allowed me to determine that they often go through moments of crisis due to the changes experienced, and this may, in time, generate problems for mother and child alike. Therefore, I felt it was important to identify these complications in order to prevent frequent accidents of pregnancy (miscarriage, premature delivery, Caesarean section...), but also the various disorders of self-perception and behavior in the child after birth. Several assumptions made here are beginning to be proven right by some recent research in neuroscience. References to this research can be found at the end of the book. This work seeks, first and foremost, to have a preventive function for future mothers and professionals who accompany them.

FIRST PART
THE FIRST TRIMESTER

Chapter 1 **Initial guidelines**

Gynecologists have long understood that pregnancy is not only a time of magical fulfillment of a couple's desire to have a child. By the medical dimension of their work, they accompany women through the difficulties encountered throughout gestation, from conception to delivery. But, at the same time, they also listen to the pregnant woman's psychic dimension, because they know from experience that the intensity of her anxieties is often able to predict what the delivery will be like.

Of the importance of dreams

In maternity units hosting high-risk pregnant women, such as that in Port-Royal, Paris, some gynecologists may choose to schedule a Caesarean section in advance, even when the whole pregnancy ran smoothly. They decide on this option on the sole basis of the recurrence of very graphic nightmares featuring the child's death, in the month preceding birth. They make this decision especially when their patient had a very problematic first delivery, resulting in either serious consequences for the child or even the child's death. They observed that accidents were often repeated. However, according to the article by Monique and Rodolphe Bydlowski on this subject,¹ we can assume that these women, during their first pregnancy and up to the day of delivery, had never been aware of any particular anxieties.

Let us underline this fundamental aspect of anxiety: certain anxieties remain totally unconscious, we do not have access to them, whereas others are expressed in the body by specific

signs, such as increased heartbeat, choking sensation, heavy perspiration, etc. Unconscious anxieties are the most dangerous ones as they sometimes transform (not always, luckily!) into somatic symptoms. Freud had already noticed that disease somehow channeled a disproportionate anxiety.

How, then, is it possible to detect unconscious anxieties in order to avert difficulties and accidents?

Unconscious anxieties may arise to consciousness through ideas, fantasies, dreams, slips of the tongue or compulsive actions. Some movements and attitudes become unavoidable. For example, binge eating during 'fits' for bulimics, or having recurring nightmares, are signs that an extremely intense unconscious anguish of death is at work, without the subject perceiving them physically. However, violent, repetitive nightmares, featuring dead people, murders, that we remember because they wake us up, show that some psychic work aimed at representing these anxieties is ongoing. A progression into consciousness, and therefore a translation into words, is always beneficial. We know and control best what is conscious.

According to Freud, the presence of recurring nightmares indicates the existence of a trauma. In the case of the aforesaid women, in the wake of a tragic first delivery, we can understand the obstetrician's decision to perform a Caesarean section. But why was there an accident with the first child? Was it possible to anticipate it?

In my practice as a psychoanalyst, I heard these anxieties at work in nightmares about the child's death in women who were pregnant for the first time. Where did their trauma come from? What were they reliving? The idea that they relive what they directly perceived before being born came to me when I identified the same violent and repetitive nightmares in bulimic patients, mostly childless or infertile, just as they felt their analytic treatment was coming to an end. The end of their analysis is experienced as a sort of birth by the patients, since it

entails a definitive separation from the analyst and, more often than not, the content of the sessions is forgotten.

Pathological dreams, normal dreams

Dreams are a gateway to the secret activity of our psyche, to the pleasures and terrors that we do not confess to ourselves, but that still perturb us. Therefore, we learn a lot from them. This book contains a series of nightmares featuring gruesome scenes that will be interpreted. Of course, many readers may retort that "I have never had such dreams!" And yet ...

In my clinical practice, I have heard a certain kind of nightmare frequently from patients with bulimia-anorexia. So, I could have deduced they were strictly related to their pathology. But, in fact, I realized they expressed more clearly what other women were also experiencing, as I encountered the same type of dreams or nightmares while treating some of my pregnant patients, and also in sessions of preparation to delivery that I conducted along with a midwife, Paloma Chaumette, in her birthing center. We had planned a session per trimester with groups of five primiparous women, who could also ask me to see me in private, whenever they felt like it. These women were not in therapy, showed no sign of mental illness, nor of a high-risk pregnancy.

While working in this birthing center, my project was to push my research further and demonstrate how, during pregnancy, dreams and fantasies of neurotic patients often clarify unconscious processes repressed in all women. We know that, when Freud discovered incestuous Oedipal fantasies in neurotic patients, he did not term these unconscious desires as pathological, even though their enactment was forbidden. He wondered if everyone had such desires in the first place. Upon examination, he put forward the theory of the Oedipus complex. Freud always stood by this principle that inspires me

up to this day: what is 'pathological' unveils something of what is 'normal'.

When the child is kept 'under lock and key'

During the first trimester, the embryo is already immersed in its amniotic fluid. This fluid is produced through transudation both of its own skin and that of the tissues of the mother's ovular membranes. It is only during the second trimester, when it has become a fetus and certain muscles and joints, as well as its renal and intestinal apparatus, are sufficiently developed, that it actively takes part in its production. By swallowing this first liquid, it produces urine; and subsequently, in the third trimester, it produces pulmonary amniotic fluid. Amniotic fluid is essential for muscle development and, moreover, it lubricates all organs; it contains bactericidal and nutritive substances. From the sixth week of gestation, olfaction and the first taste buds take shape in the mouth of the fetus and evolve gradually. Amniotic fluid has therefore a flavor that alters depending on the period of pregnancy.

The fetus swallows, inhales and spits out this amniotic fluid at a certain pace, in theory according to its evolution, and partially transforms it into urine, thus developing its urinary system, then its intestinal system with the production of meconium (the blackish green-colored excrement of the fetus). Meconium is formed from desquamations of its own skin and those of maternal amniotic membranes. Part of this production actually returns to the mother's organism through placental blood.

Bulimic-anorexic women also experience this imperative need to swallow dairy products (yogurt or ice cream) and drink incessantly and vomit afterwards as if, having not yet proceeded from their mother's womb, they were preparing to be born at any time. As we have just said, the fetus must swallow and continuously spit the amniotic fluid out *in order to develop*

well and stay alive and, at the same time, retain its meconium integrally in the intestine. Instead, after birth, retention and inhalation of meconium endanger its life.

It should be underlined that the unconscious meaning of repeated movements in bulimics and anorexics is related to the self-preservation drive, before and after birth: first the need to fill up and attach oneself to survive, then drain and separate to be born and live. One could say that bulimic-anorexic women suffer from anxieties they have failed to dismiss, or more precisely, to repress. As if these anxieties had been forgotten and kept 'under lock and key' in their mother's body, like in an enclave, in the same close placental bond they experienced with her until birth. In other words, they behave as if they were permanently in a state of suffering and survival, forced to fight against their mother's anguish of death in their fetal life and particularly before birth.

Pregnancy-related anguish of death

The pregnant woman has plenty of reasons to be worried. On the one hand, she is anxious about her health and that of the baby to come: she is often afraid of becoming ill, that the child might be malformed or ill too, or else that it could die as a result of physical or dietary excesses. As a matter of fact, current research is very restrictive as far as the mother-to-be's eating habits are concerned (no alcohol, no coffee, no seafood, but also highly recommended abstinence from certain types of fish and cheese, etc.). We should not forget that maternal and fetal mortality was very high in the past. Although it has greatly decreased thanks to the advance of perinatal medicine, the memory of it lingers.

On the other hand, the mother-to-be speculates about the future: what will the coming of the child transform? What if she fails to be a good mother, like the ones portrayed in books and magazines? How can she love a second child, or even several

other children, equally? When a woman is expecting her second child, she often has nightmares depicting the tragic death of the first child. We have observed the presence of this fantasy, materialized or not in a dream, among many pregnant women in treatment. In addition, we have noted in many patients that this anguish is shared by the elder sibling, or by the precedent child in a large family.

When the elder sibling relives the moment of birth

It is essential to underline that the violence experienced, and sometimes expressed, by the elder sibling towards the pregnant mother's belly and, even after birth, towards the little brother or sister, is not only connected with jealousy towards the other child who supposedly draws all the parents' attention, but with the strong anxiety related to the real loss of place in the mother's womb. *This loss is experienced as a dissolution.* We have also observed that some pregnant women feel the need to watch the elder child's photo or video on their smartphone during the day, for fear they would forget. During psychoanalysis, a patient often feels compelled to show me a picture of her elder child when she becomes pregnant.

One could think that, in the unconscious phantasy of the mother and child, each new child replaces the previous one. We always note it in analytic practice: when a patient is in the waiting room and hears a generic noise coming from the office door, he or she immediately thinks that he or she has been forgotten and that another, who came in a little earlier, has taken his or her place.

It often happens in my female patients that depressive episodes or serious accidents, or even suicide attempts in adolescence, occurred when their mother or elder sister was expecting a child.

For this reason, listening to these anxieties and naming them can help parents and children go through unutterable terrors.

Transmission of a body memory

During pregnancy, we have to consider that the traumas experienced by the mother-to-be are communicated and transmitted to the fetus. We can observe that this transmission occurs with great intensity, and that it spans three generations owing to the memory of the lived experience conveyed by the grandmother and the mother. Research at the epigenetic level is beginning to prove my hypotheses that are, incidentally, as old as time. We find them, for example, in certain African traditions, where the baby is thought of as the reincarnation of an ancestor; this is why its parents call it 'dad' at birth. In our culture too, it is not uncommon to name the child after a grandfather or grandmother. And we sometimes notice a strange fear arise: what if the child's birth causes the death of the grandmother, who is so old or sick, or even that of the parents, like in the Chinese tradition mentioned in the introduction? It is as if giving life inevitably entailed the death of someone in preceding generations or, as the popular saying goes, "a life for a death" was required.

It is important for the pregnant woman to listen to what her mother and father say. How was she born? How was she accepted into the family? But also, how were her parents themselves born? Indeed, unconscious transmission is often detected between grandmothers and mothers, especially in the case of complicated births. A dramatic delivery in grandmothers is a warning signal. In that case, as in others, it is advisable to listen to what one's body has to say and what one feels, and to seek medical attention if necessary: a chat with a midwife, or a psychologist, can sometimes untangle what previously appeared as inextricable.

Anxieties around body and pain

For pregnant women these concerns are often combined with anxieties about their bodies and the upheavals caused by pregnancy: the fear of becoming and remaining deformed forever.

Their initial response is to talk to friends who have been through it before. However, these might not always be able to give them sound advice. Some gained twenty kilos and kept them, or they had a really hard time losing weight. Others, the ‘perfect ones’, only gained eight kilos that they lost effortlessly in the first week after the baby was born. It is difficult to make heads or tails of such contradictory stories!

As for the experience of childbirth, the closest friends sometimes behave like war veterans. The more atrocious the events they experienced, the more they become heroic! “Ah! You will see what happens, you will suffer, my dear!” Since this is allegedly a woman’s fate... Sometimes the mother and mother-in-law also chime in...

Nowadays, the use of epidural anesthesia has certainly assuaged this terrifying aspect of childbirth. But a few decades cannot erase centuries of anguish. The unconscious memory remains unaffected by the passing of time, alas! The fear is there, engraved, a persistent engram.

The dreaded delivery

In view of the imminent delivery, the anguish of death, that of the mother in childbirth or that of the child, still remains predominant. The complications of childbirth (use of forceps, emergency Caesarean section) do not usually frighten primiparous women, except those precisely born with forceps or Caesarean section. We are neither considering special cases that require a Caesarean section planned in advance for medical reasons, nor those who had a difficult first delivery.

When childbirth approaches, we usually notice the emergence of more or less intense, conscious or unconscious anxieties, as we said in the introduction. But we often observe a curious phenomenon: women who had been rather anguished until the eighth month, later see them fritter away, and then find themselves in a state of rather astounding serenity. The repetition of this process (which is not necessarily the harbinger of an easy delivery) makes me think that something extremely powerful is here at stake for some women. These women live in a state close to Nirvana – a word that literally means ‘*breathless*’ – a kind of ecstasy that stops time and denies the imminence of deliverance. In a sense, there is no one left at that precise moment, neither the mother nor the child. The phenomenon is comparable to the quiet before a tsunami, a recurring image in some nightmares announcing water breaking.

For women who do not anticipate the coming of the storm through such nightmares, or through very subtle perceptions that remain unobserved, childbirth is not really expected and may turn out to be difficult. On the other hand, those who anticipate the storm are prepared for water breaking. But at times during childbirth, some feel an impulse to get back home, as if they were trying to avoid the imminent disaster. This is a paradoxical reaction that midwives or gynecologists often observe in the labor/delivery space: at some point, a few women want to get up and go home!

We find these paradoxical anxieties and reactions among pregnant women in treatment, and, more generally, among all women. Men obviously have, on the one hand, the same experience with their mother and, on the other hand, they feel the same anguish of death for their wife’s and, often, their daughter’s imminent delivery. They sometimes have nightmares that their wives and daughters never have. For this reason, it is interesting to ask the father-to-be if he has recurring nightmares. Some men think or say at that moment: “When my child is

born, I'm going to die!" In this case, it is important not to force them to attend the delivery.

It is as if each and every one had retained, in a memory that we have to qualify as unconscious, the history of their conception and the first nine months of their life. Women keep a more profound trace of it, as the transmission from mother to daughter, from generation to generation, is reactivated in each pregnancy. As if we had not forgotten the world from within, the world before birth. And as if, in order to really live, to have a sense of existing, to be an independent self with one's body and thoughts, the key question was: have I really, entirely, come out of my mother? We could say, more generally, that every time we feel influenced or find it is difficult to make up our mind, we are still a little inside her...

The mother-to-be also perceives this uncertainty quite well. She is no longer alone in her body. She lives in a strange space where, at times, she feels as one person in two bodies, and that is the bliss of absolute communication; or, other times, as two people in one body, therefore there is one too many. Depending on the moment and on the stages of pregnancy, she swings between fusion and rejection and, consequently, so does her child. Because she is the one in control, the child only lives what she feels towards it. Sometimes she is angry at the child for her loss of freedom: for not being able to live as before, for becoming too dependent on the father of the child or on the child itself, for no longer being able to eat or do what she wants and when she wants it, now and for the years to come.

Mothers know it, they feel a great responsibility to the point of later feeling guilty of what is wrong with the child. This should not happen because, paradoxically, *blaming oneself for the child's difficulties deprives it of its words and autonomy, and leaves no room for the father.* Since feeling responsible for everything means thinking one controls everything, that one is all-powerful! Which, fortunately, is not the case...

The closely-bonded/ fusional relationship or the correct distance

There are three ways in which expectant mothers can respond to the presence of the fetus.

Either the woman keeps thinking of her future baby, she is one with it, it is part of her, it is the flesh of her flesh. No doubt she will become too much of a 'good' mother, of those usually called 'fusional', who leave no degree of autonomy to their child. She will anticipate all its needs before it has a chance of expressing anything. During pregnancy, we will hear remarks like: "It's cold and my baby is very hungry, so I have to eat a lot of fat right now!" Later, the words will be: "I'm very cold, put on a sweater!"

Or else the woman gets on with her life as if nothing had happened. She will say her pregnancy is going very well since she hardly feels anything and she continues her travels, her physical and professional activities, however absorbing, and she has not varied anything in her diet. We will often hear these women say: "I am robust, I have never been ill. I'm certainly not going skip oysters at Christmas!" For these mothers, the child does not exist completely, it is not made of 'flesh and blood'. We will attempt to understand the hidden meaning of this reaction at a further stage.

The extreme case of such an attitude is the denial of pregnancy: a woman may ignore she is pregnant, sometimes up to the seventh month or later, and even a doctor may be unable to diagnose pregnancy. It should be noted that French maternity wards currently receive women who ignore their pregnancy every six hours! And among these, some already have one or more children. But their belly remains flat, and they show neither signs of nausea nor fatigue, the signs kindly described as '*sympathiques*' (sympathetic) in French, a term that means 'suffering together'. And as soon as a word is uttered, as soon as she has been led to say: "I'm pregnant", her belly is going to swell.

The third way of reacting is the intermediate stage between fusion and ignorance, and it seems to be the only one that is beneficial both to the child and the mother. At times, the fetus is present, sometimes it is not. The mother sometimes thinks that it is dead, as she does not feel it move, which often happens at the end of the second trimester. But it is a way of recognizing its existence as distinct from hers: if she can lose it, it is because it was there in the first place! Therefore, starting from the initial fusion, the mother gradually forges a new relationship with her fetus where, progressively, one will succeed in existing without the other. Language makes it easier to recognize the other as different from oneself, as it is now conceivable to establish a conversation. When the relationship remains too close, the mother does not really distinguish the fetus from herself in her unconscious and, therefore, she does not even feel the need to speak, she communicates with it in thought. We remain in the realm of the unspeakable. Giving it a name at an early stage eases dialogue, because it is tantamount to giving it a proper identity. It is advisable, moreover, to start talking to it at the first obstetrical ultrasound, that is to say at eleven weeks of age, when we see it for the first time. In this way, it will find itself surrounded by language, a stimulation to which it is very sensitive from the beginning.

We know today that there is an emotional porosity between the mother-to-be and her baby. An authentic verbal communication is immediately established between the mother and the fetus, as we will later see.

The function of anxiety

We have already discussed the pregnant woman's anxieties, and even mentioned the anguish of death. But as pregnancy is commonly presented as a moment of joy that only has to be safeguarded from a number of dangers, why should we upset this harmony with our reasoning?

Admittedly, pregnancy is cause for rejoicing, a time to be enjoyed but, it should be stressed, it cannot manifest itself without anxiety.

In 1895, Freud had observed that any body modification and transformation of libidinal energy induced unhappiness leading to anxiety. He had thus detected the relationship between anxiety, sexuality and excitement in a biological and phylogenetic entrenchment². A few years later, he will consider anxiety as an automatic reaction based on the model of the primal plight felt by the newborn following the trauma of birth. Thus, anxiety is expected to be reproduced in the course of life as an alarm signaling all dangerous situations, threats of separation and loss of the object (the mother's body)³. He will later consider anxiety as a defense action related to the self-preservation drive in case of danger coming from the outside. Yet, faced with real danger, anxiety can have a paralyzing effect that renders it utterly useless! In fact, anxiety, a typically human phenomenon, is never an adequate signal, it even stands in direct opposition to animal instinct. But what then is the specific function of anxiety?

Seeing anxiety as a state of expectation before a fatal danger, even though it is unknown, whereas fright is the state that occurs when one faces a dangerous situation without being prepared, is like thinking that anxiety is a safeguard against fright and provides the production of defense actions. In the most unconscious core of anxiety, a lived experience is thought to be repeated, charged with signification dating back to the prehistory of the individual and of the species⁴.

Let us emphasize that anxiety can only be grasped when it is expressed in the physical sphere: having a lump in one's throat or a choking sensation, trembling, feeling like fainting and dying, having palpitations etc. However, anxiety following very intense, traumatic, fright can remain totally unconscious.

Identifying these various anxieties, whether conscious or unconscious, picturing them in dreams, making them conscious

so as to diminish their intensity (if possible), digesting them as it were, all this is part of the work of pregnancy. It is healthy work, after all! The intensity of these anxieties varies from one person to another, depending on the woman's history, but also on the experiences lived by her mother and grandmother that are transmitted to her. As we have seen, when the intensity of the anxieties crosses a certain threshold, they may cause a number of accidents during pregnancy or delivery. No doubt they are also the source of certain cases of infertility.

That is why perceiving and understanding the reason why profound anxieties emerge during pregnancy is tantamount to carrying out an act of prevention for oneself and the child. It is sometimes necessary to be accompanied during such work: there are now various techniques of preparation for childbirth, but the presence of a psychologist during these sessions will prove useful to uncover and alleviate the too intense anguishes of death that often remain utterly unconscious.

On the other hand, overlooking these anxieties, living one's pregnancy as if nothing had happened, or as if one were not pregnant at all, is dangerous as when they remain unconscious, anxieties are more active and may turn out to be very harmful.

But where do pregnant women's specific anxieties come from?

Self-preservation drives, life drives, destruction drives

For Freud, drive is a limit concept, an interface between the biological and the psychic realms. It is the psychic representation of an organic excitation, coming from inside the body and attaining the psyche. Drives⁵ enact the imperative needs of the id, expressing somatic urgency. The thrust of the drive is the energy of the action undertaken to obtain satisfaction, and its object may vary in the process. Self-preservation drives designate the whole of the needs related to the bodily functions used for

the preservation of the individual's life (nutrition, defecation, urination, muscular activity, eyesight, etc.) and hunger is its prototype.

Sexual drives, for Freud, are not biologically predetermined, the conditions of their fulfilment are variable, aiming at particularly erogenous body zones and they rely on different actions. Initially, they accompany self-preservation drives (oral, anal, urethral drives, also called partial or pregenital drives). But in the human being, sexual drives are supported by the fantasies that organize them, link them in a way, and it is only after a complex development and organization that they finally achieve balance. Among biological functions, Freud designates two fundamental drives: Eros (the life drive) and the death and destruction drive. Life drives tend to satisfy all needs. But since the satisfaction is never complete for the human being, the drive thrust resumes its search for a more intense satisfaction after discharge. Indeed, human beings unconsciously wish to satisfy all their desires without any limits, because the unconscious is ruled by the pleasure principle.

In the beginning Freud differentiates, on the one hand sexual drives intended for the preservation of the species, and on the other hand, the death and destruction drive tending to make the individual regress to an inorganic state, as the two types of drives are always in conflict. But in his final elaboration, he connects the death and destruction drive with sexual drives because, in spite of their opposite objective, both tend towards union and life preservation.

However, Freud notes that a tendency to self-destruction lingers in the unconscious of every individual. The work to be done then consists in transforming this tendency by orienting its destruction drives towards an external object in order to defend oneself and survive⁶. So, he names *oral-cannibalistic* drive the most archaic sexual drive of self-preservation in the human being. This is expressed, as we will see, in fantasies of devouring, where one survives by eating, but also by destroying

the ingested object, which is precisely the model of murderous hatred. But, paradoxically, human beings behave similarly towards the object they passionately love...

Hatred –or passion– linked with the destruction drive is gradually repressed as the child grows up and reaches its full human potential. We see this evolution from its first to its fifth year of age. And gradually its aggressive –and romantic– drives become civilized, but only partly so, never completely.

At the time of pregnancy, this organization of repressions shatters. The woman then witnesses an outpouring of the most archaic self-preservation drives. Oral-cannibalistic drives of self-preservation and destruction are back like on day one and manifest a savagery we are not accustomed to. They leave the pregnant woman helpless. The wildest and most forbidden desires, all the stranger as they refer to a forgotten early childhood, even prenatal life, stir the consciousness and the unconscious of the pregnant woman. She is troubled by anxieties, desires and fears she cannot understand and that frighten her. The pregnant woman has to ‘digest’ these anxieties to render them harmless, so that life may win in the end. Most of the time, this work is done spontaneously, almost silently, in the unconscious: a few bits and pieces only appear in dreams and in more or less deep apprehensions.

The pregnant woman thus struggles with the most primitive unconscious fantasies, murder and death fantasies. She is afraid of killing the child (or that it might die without her wanting to, which amounts to the same thing). But she also fears that this foreign body she has let into her might destroy her by devouring her from the inside. This phantasmagoria generating very intense anxieties, this phenomenon runs like a key thread throughout the entire pregnancy, and even after it.

Chapter 2 **The time of conception**

Some women perceive very intense sensations at the time of conception. But most often this instant goes unnoticed, even among those who resort to insemination or IVE. It is the pregnancy test, two or three weeks after the fertilization, that informs the woman she is pregnant. Contraception and an increasingly demanding work activity have changed the relationship that women have with their own bodies. In the past they were more sensitive and reactive to it, today only a few of them spontaneously perceive the feeling of pregnancy at an early stage without a test or medical assistance.

This is why the test result and the doctor’s diagnosis are so important: it is through a phrase, “you are pregnant”, that the woman now embraces her condition of pregnancy. From then on, she will notice the *‘sympathetic’* signs of nausea and fatigue have already appeared and will develop even further. Incidentally, these signs are not always sympathetic or nice: the breasts swell and are sometimes painful, the sense of smell sharpens, nausea occurs, sleep becomes harder to get in spite of severe fatigue and mood swings arise... Fortunately not every woman has all of these symptoms. These, however, have a definite psychic impact on her, fostering awareness that she is no longer alone.

Language, consciousness and dreams

Aglaé, a woman of forty-four, knows she is sterile. Her multiple attempts to have a child have failed so far. One day, surprisingly, she does not have her period. Her body goes

through various transformations, but she pays no attention to it. She even thinks that her menopause has come surprisingly early! After four months, she consults a doctor who tells her she is pregnant. The following days see the appearance of the typical signs of pregnancy: her breasts enlarge, and her belly takes on a rounded shape. Such is the power of words, of the awareness they bring about, and of their effect on the body.

If the pregnant woman is not aware of the beginnings of pregnancy, then she is certainly (we dare use the word!) unconscious of it, since it seems that no phenomenon in our body can elude our perception. If certain unconscious perceptions do not become conscious, it is because they are the object, according to Freud, of a censorship exerted by the superego, which detects representations expressing a number of too intense forbidden desires in these women.

However, these representations can get around the vigilance of this censorship to some extent... during sleep. In dreams, these perceptions and unconscious representations (and also the conscious ones) are able to manifest themselves in disguised and singular forms, depending on the individual dreaming.

We think that self-perception and body image are, like dreams, a construct that each subject creates in fetal life, in contact with another living and speaking human being, experiencing emotions, bodily sensations, love, hatred and desire. For this reason, the link between language and body exists in human beings from the outset, like two sides of the same coin.

Then why do some women, like Aglaé, who long intensely for a child, not realize that they are pregnant?

Unconscious fantasies and body image

From the moment of conception, a real big bang breaks out all of a sudden, by intrusion, in the body of the woman. When a woman becomes pregnant, she loses her smell and the way

she *recognizes herself*. That is to say, in terms of unconscious perception, her body image she has had since puberty suddenly disappears. And this disappearance is followed by another image, that of a closely bonded body literally invaded by flurries of new, totally unconscious perceptions, coming from the embryo and the pregnancy hormones.

On a psychic level, following the fright and excess of bliss experienced during fertilization, the woman is then confronted with a drop in desire, a 'petite mort' (little death), triggered by the integral loss of unconscious body images. This frightful void causes a hole in the thought, a suspended timespan, even a hole in the symbolic, as Lacan would say. We are in the realm of the unspeakable.

In the present work we use the terms 'unconscious fantasy' and 'body image' with the meaning suggested by Françoise Dolto⁷: "Fantasy is an olfactory, auditory, gustatory, visual, tactile, baresthetic and coenesthetic memorization of subtle, weak or intense perceptions, lived as a language of the subject's desire in relation to another [...]". And the body image is "a structure that stems from an intuitive process meant to organize fantasies, affective, erotic and pregenital relationships".

On a neurophysiological level, we should remember that too sudden a decrease in movements, followed by too strong an increase, engender a *sense of free falling* because, when the new perceptions are too intense and unexpected, the brain cannot anticipate them, which sows the seeds of trauma. Thus, 'falling' pregnant ('*tomber enceinte*') acquires all its meaning. On that occasion, the woman goes through a phase that turns out to be more or less traumatic. We can say that any woman who becomes pregnant experiences a sort of earthquake, whose intensity can vary from 2 to 10.

Some patients, who had stopped taking contraceptive pills to have a child, report having the compulsion to move to the ground floor when they should "start getting pregnant". In fact, they were seized by the anguish of dying falling from the

window (in French, the word '*fenêtre*' sounds like '*fait-naitre*', i.e. 'gives birth!') Freud already said that dreams and suicides by defenestration or falling off a bridge refer to childbirth and birth trauma. So, we can see that, in these unconscious fantasies, the woman is both mother and newborn.

After Otto Rank and Sandor Ferenczi, Freud identified the dreams and self-destructive behavior arising from birth trauma in neurotic patients. But we will see that, for all women, the act of procreation is inherently traumatic, even if everything runs smoothly.

But what kind of a trauma is it?

Conception is a cataclysm

The trauma experienced by some hysterical patients exemplifies this. We should not overlook the origin of the term 'hysteria'. Formulated by Hippocrates, a Greek doctor of the IV century BC, hysteria was a disease caused by the movements of the uterus, *usteron* in Greek.

On the occasion of a simple rhino-pharyngitis, accompanied by a temporary loss of olfaction, some of these women go through a state of fierce anxiety, akin to actual depersonalization, and even more so if they are pregnant: *they do not acknowledge themselves any longer*, they feel a sense of unreality, they cannot recognize their voice anymore, they suffocate, they fear falling and dying any time.

This is because every woman who learns she has become pregnant loses her body of the past, her maiden's body, and acquires that of a primiparous. This is a real 'metamorphosis'. Freud had already put forward this term to describe the important changes in a girl at puberty⁸, supporting the idea that they referred to the trauma of birth. We know that menstruation arrival in an unaware girl can be traumatic. The sight of blood looking like a hemorrhage, the painful intensity of the changes felt and the inability to contain them, to put

words on them, sometimes awaken an underlying anguish of death that she attempts to thwart at all costs. The same occurs in women who thought they were sterile and finally become pregnant: how many children were mistaken for tapeworms by their mothers who, nevertheless, showed obvious signs of pregnancy? Or, in the absence of these, how many of them first rejected any perception of the change in progress?

This sensation of not being quite the same after fertilization, and the feeling of strangeness, of anxiety resulting from it are not alarming: they are the first signs, the notification that another being is there, namely the child-to-be. It is the first way the mother can record its existence. If she felt nothing at all, if everything remained as before, the child would not really exist for her. So *we can see that, from the outset in the human being, the anxiety experienced by the mother provides the child with its existence.*

When the ovum dreams of devouring the sperm

What is lived in the psyche, both unconsciously and consciously, is only the mirror image of what is lived on a physical level. Fertilization is tumultuous: the fusion of the sperm and the ovum, which will split and become an egg, is achieved through incorporation of the sperm, via the breach induced by the movement of its tail. Thus described, the scene fulfils a manly and sadistic fantasy. But it can be said that the oocyte swallows the sperm, that it devours it altogether. We are then in a female fantasy, as sadistic as the previous one. This latter scenario, however, is closer to what happens on a biological level during the primitive fusion and, later, when the egg is formed.

A cannibalistic egg

An egg may even eat another egg. Proof of this, in 2002, during an organ implant, is the discovery by researchers that a woman possessed two different DNAs, that is, she originated from two eggs that had fused in the initial hours of fertilization, the first having swallowed the other. This biological phenomenon called ‘chimaerism’⁹ is the theme of a captivating movie, *Double Lover* by director François Ozon.

When we listen to the fantasies or dreams that mark fertilization and the beginning of pregnancy from patients in treatment, we often find scenes of devouring related to the anxiety perceived by mothers in their family history. Some of them dream of a little mouse or a hamster calmly nibbling at them from the inside. The most sensitive among them dream of a rat becoming bigger and bigger, invading them completely like an *alien*. And it should be noted that their partners can also have this kind of nightmares. The most anxious among them dream of being devoured by a ferocious animal, very often a crocodile. Then the intensity of their anxiety becomes unbearable. But, as we have said, having these nightmares and being able to remember them is already a way to shackle anxiety, not to leave it at large; a way to represent the pregnant state with all the upsetting changes it implies.

At this point of our presentation, we find the confirmation that ‘falling pregnant’ (as we say ‘falling sick’) is a phenomenon that will prove traumatic for certain women. The main characteristic of a traumatic event is to suddenly feel a such a strong sensory, affective, emotional or sexual intensity that the subject cannot contain it. A very unconscious reaction to trauma is acting as if it had not taken place. Aglaé’s attitude, ignoring her pregnancy, stems from such a reaction to the traumatic effect.

Freud calls this process ‘splitting’, which is a particular defense mode in which two opposing psychic attitudes coexist

in the ego regarding the perception of external reality, when this latter thwarts a necessity and an unconscious desire. Both representations coexist without interacting with each other.

But why do men also feel anxiety and sometimes dream about death and devouring after conceiving a child?

Devouring and archaic fantasies

According to Freud, certain habits have been present in the unconscious of all populations since the origin of humanity. To a certain extent, there is a link between the behavior of primitives and that of today’s people: their actions express thought, or even anticipate it, as is often noted in neurotic patients and in children likewise. In short, thought originally comes after action.

For Freud, the acts of murdering and devouring the father in the primitive tribe make up the founding myth of human society¹⁰. The brothers, driven out by their tyrannical father, decide to kill him in order to gain free access to women. Subsequently, they eat him to absorb his power and his limitless privileges. But then, tormented by guilt, they start worshipping him, and that will be the foundation of religion and culture. Through this myth, Freud shows that unconscious fantasies, like those of the Oedipus complex, are transmitted across generations. Their origin is said to be phylogenetic.

Cannibalism, according to Freud, is therefore at the source of religion, civilization and social systems, because it allows total identification with the primitive father. Identifying with anyone means, in a way, letting the other into oneself through ingestion first, then into the mind. And, according to Freud, the *totemic meal* unconsciously replaces the murder of the father of the primitive tribe. This totemic meal is therefore a ceremony of emancipation which, perhaps, remains the ignored cause for our joy during the festive meals that we still celebrate nowadays.

We can consider that the Catholic Communion rite is a distant memory of the totemic meal and a representation of this fantasy: by ingesting the wafer (we are not allowed to munch it!), we are eating the body of God, the Son, who is also the Father, according to Catholic dogma.

This myth of the murder and devouring of the father of the primitive tribe leads us to understand the enactment of the oral-cannibalistic drive described above. For Freud, it can never be completely repressed, and it is constantly at work on both social and individual levels. It represents the most archaic drive. Aiming at the destruction of the other, it often serves the self-preservation drive of the individual, the unconscious desire to absorb limitless libido energy, so as to live forever and possess an indestructible drive thrust.

Human beings have more and more desires to fulfill, they tend towards unrestricted pleasure, going so far as to seek ecstatic states, especially by using destructive drugs. Because what they are seeking, unconsciously of course, is to be or become eternal, and enjoy infinite power. In a way, their goal is to be or become like a god.

The myth of devouring the father of the primitive tribe reveals the unconscious anxiety of men in becoming fathers, namely the fear of being killed or inevitably replaced by sons, as described by the Oedipus complex. We should note that we find these fantasies of murder, devouring and castration of the primitive father in the Greek myth of origins with the god Kronos. Kronos, it will be remembered, was the youngest son of Gaia (the Earth) and Ouranos (Heaven). At his mother's request, he castrated his father and ruled in his stead. Subsequently, he swallowed one by one his children at birth to avert being in turn dethroned and replaced. But his son Zeus escaped his fate and succeeded in castrating him...

We can observe that, in the founding myth imagined by Freud, hardly any mention is made of women, daughters, and even less of devouring and castrating mothers, like in the Greek

myth, where the female genitor has precisely this castrating and incestuous role, but only in order to ensure descent.

On the oral-cannibalistic drive

The oral-cannibalistic drive takes us back to the fact that all living beings are animated by what must be called an uncontrollable life force: trees grow sunward, animals adapt to their environment... likewise, human beings are possessed of a *self-preservation drive*, which is characterized as an indestructible yearning for life.

This self-preservation drive is embroiled with the sexual drives, which are not limited to sexuality, but affect all the motives of pleasure. Thus, the need to live is based on the pleasure of moving one's body, walking and dancing, the pleasure of satisfying the simplest physiological needs such as eating, urinating, defecating and breathing. This extends to language exchange: a child feeds on the music of words as well as their meaning. These words are necessary for its survival, as demonstrated by the experiment conducted by Frederick II of Hohenstaufen in the 13th century. Wishing to discover the 'natural' language of the human being, he set up an experimental strategy: six babies were fed and looked after without being ever spoken to. Not only did no baby finally speak any language, but all six of them wasted away and died.

One may wonder about the legendary nature of this story, but the results described match what we see in hospitalism. René Spitz¹¹ coined the word 'hospitalism' to explain the serious disorders resulting from early hospitalization of the child during its first five to six months of life. In other words, if the newborn who is separated early from the mother and father is not exposed to an affective exchange with familiar, loving mother substitutes, it will suffer from such a severe depression that it will cease its development and fall into a state of lethargy after three months of separation. We discovered twenty years ago that lethargy in babies is a way of expressing acute physical

and mental pain. If the separation is prolonged beyond the timespan of three months, it can produce (and it rarely does, fortunately) its actual death. What is remarkable is that these disorders vanish very quickly if the baby is restored to its mother between the third and fifth months.

We see how badly the child needs words of love and eye contact with its mother to live and grow, as much as food. Much more than the mammary glands, it is this maternal love which constitutes the psychic breast from which the milk of life flows for the child.

From the moment of conception, in order to come into the world and feel alive, human beings are dependent on the attention, the conscious and unconscious perception and the words of love provided by their mothers. But to fully benefit from these factors, the mother should, from the beginning, be able to construct a representation and perception of the baby, which is not always obvious, as we will see.

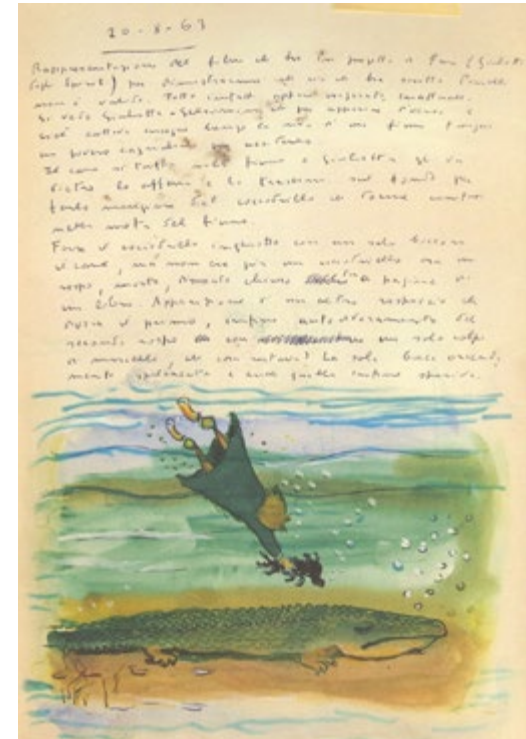
But what is the origin of certain dreams among pregnant women and bulimic-anorexic patients, especially those of being devoured by a crocodile? And why does the figure of the devouring crocodile also appear in the dreams, fantasies and drawings of children and artists?

Fellini and the crocodile

More than anyone else, artists are attuned to their fantasies. In his diary, *The Book of My Dreams*¹², filmmaker Federico Fellini provides us with two dreams of a crocodile: the first, when he is just beginning to imagine the film *Juliet of the spirits* (1969), and the second after shooting *City of Women* (1983) - and it is as if, in both cases, the work conceived and directed was comparable to a child. In fact, in both films, Fellini tackles the theme of women.

In *Juliet of the spirits*, he uses an array of colors, characters, animals, especially elephants, to portray all the fantasies, impulses and fears of women, or rather those of his wife,

Giulietta Masina. In the other film, *City of Women*, he enters a city only inhabited by frightening and tantalizing women. They are presented as hateful, dangerous for men, in an endless outbreak of erotic and oral-cannibalistic drives; they are man-eaters, true Bacchae. Men are absent, and those who venture out are weak, totally overpowered by these insatiable women.



Drawing by Fellini: first dream with a crocodile
(all rights reserved)

In this *Book of Dreams*, every dream is illustrated, dated and accompanied by a description reporting Fellini's associations of ideas around the account and the motives of the dream. The only dream in the book that is dated but deprived of any comment is the second, that of the crocodile devouring him it

when he is diving into the muddy river bottom, close to a black and bottomless hole.

In the commentary on the first dream, Fellini writes that he wants to show Giulietta as “vicious”, chasing a small dog along the bank of a river in order to kill it. The dog dives into the water, and Giulietta follows it and drags it to the river bottom so that it will be gobbled up by a slumbering crocodile. Subsequently, the little dog turns into a dead, desiccated toad, trapped in the pages of a book. And suddenly, he writes, “the apparition of another toad devouring the first and, finally, the self-devouring of the second toad with a single jaw snap. What was left? Only the horribly wide-open mouth, which ultimately disappeared...”.



Drawing by Fellini: second dream with a crocodile (all rights reserved)

Such imagery may be a cause for surprise. Yet we find the representation of all the archaic fantasies of devouring, death and disappearance connected with reproduction in this dream. We immediately notice the expression of the ‘wicked’ mother dimension; she wants to kill the child by devouring the sperm at conception. In the first drawing, the little dog falls into the river of life, and Giulietta hurls it into the mouth of the crocodile. The little dog disappears and transforms itself into a toad that dies and in turn disappears. But a new toad emerges and devours the first one, the one that disappeared, before eating itself. The big gaping mouth of this second toad also disappears. Therefore, each metamorphosis implies an instance of death and disappearance. The first toad, once dead, nevertheless becomes a bookmark. Federico Fellini and Giulietta Masina had no children: Giulietta had a miscarriage in the fifth month of pregnancy, and we know that miscarriages mark the unconscious of women and men who experienced it forever.

The second dream is presented, as we have seen, without any comment. It depicts a huge crocodile diving into the muddy river bottom to devour the dreamer, that is already stuck in its fangs. There is a huge black hole nearby. However, after the making of this film, *City of Women*, Fellini falls into a long depression, similar to a *postpartum* depression, mentioned in the same book.

In hysterical female patients, we also note the dream of the crocodile at the beginning and sometimes towards the end of the treatment, which often triggers an episode of depression. Besides, we find the dream of the toad –analogous to the embryo and the fetus in many ancient civilizations– biting, assaulting, chasing the dreamer and disappearing before being later recovered, dying or already dead after being abandoned in a dark cellar.

Freud also heard from Emmy von N, the first patient mentioned in his *Studies on Hysteria*, who was anorexic¹³, the

surfacing of these memories or “hallucinations, misleading perceptions, delusions or dreams of wild beasts”. The sight of a toad under a stone at nineteen years of age had left her speechless for hours. The terror of finding rats in bed, or ‘croaked’ in a box, or else of toads or mice attacking her, regularly gave her nightmares featuring small animals that became as huge as giant lizards. Freud wrote several times in footnotes that he regretted not delving into the symbol of the toad or the “primeval terror” of animals, which he called “fits of zoopsia”, and that he had often found in hysterics and in “many a neuropath”.

The fetal reminiscences of my hysterical female patients echo Freud’s remarks and the dream material that abounds in Fellini’s book. Thanks to the trace of traumas found in dreams, gestures and slips of the tongue as they are reactivated by pregnancy, we can identify archaic maternal fantasies depicting the representations of self-preservation drives, of phylogenetic origin, and transmitted by mothers, from generation to generation.

Destruction and procreation drives

If we are to believe dreams and fantasies around the act of devouring, the embryo is often imagined as an external agent threatening the integrity of the mother’s body. We find this game played by life and death on a biological level, too. During the first trimester of pregnancy, the mother’s immune cells detect the stranger that has entered her and develop a sufficient number of natural killers to remove it. But the external part of the embryo (originated in the father) also defends itself by producing HLA-G molecules inhibiting the mother’s natural killers.

Besides, the trophoblasts, cells issued from the egg and the embryo layer surrounding it, will constitute the placenta that will excrete the pregnancy hormone called H.C.G. (*Human Chorionic Gonadotropine*), which ‘ties’ the embryo and enables

the implantation, the development of the corpus luteum and of further hormones necessary for gestation. These cells become twice as many every two or three days. By the end of the first trimester, the ‘tying’ hormone (H.C.G.) is at its strongest. At that time, we can say that “the child is finally hooked!” This hormone gradually decreases and remains stable until the end of pregnancy. So, we could say that the fetus is the only known natural graft, even though it is considered as semi-incompatible on a purely immunologic level. This is a key point, as it shows that, in order to give life, a passage through destruction is an absolute prerequisite on a neurobiological level.

We have noted that Freud describes this entanglement of life and death drives. We should not forget that the concept of death drive was provided to him by a woman, Sabina Spielrein, one of the first psychoanalysts for children. More importantly, she mentions the destruction drive in relation to reproduction.

In her unique article, *Destruction as a Cause of Coming into Being*¹⁴, Sabina Spielrein introduces the hypothesis, now confirmed by biology, that cell destruction turns out to be necessary for the creation of life. But the most original point of her theory is the connection between the anguish of death/disappearance and reproduction (therefore having a phylogenetic origin). To clarify this idea, she refers to the fate of mayflies, insects that die and disappear after mating.

As a matter of fact, *in procreation, destruction serves construction*. On a biological level, gametes self-destroy to constitute the egg. And for the embryo cells, later fetus cells, to multiply, master cells have to vanish (apoptosis). The pregnant woman and her fetus go through the same process on a psychic level: for creation to take place, what is old has to vanish. With every metamorphosis of the fetus, destruction drives are put into action. Although they serve life at that stage, i.e. self-preservation drives, they constantly stir anxieties through corresponding psychic representations, and these anxieties are oftentimes too intense; we find the traces of these traumas in

nightmares. The anguish of disappearing, of being forgotten after a series of transformations, is thus associated with biology. In spite of two films on the figure of Sabina Spielrein and her passionate relationship with Freud and Jung – *The Soul Keeper* by Roberto Faenza and *A Dangerous Method* by David Cronenberg—, her invaluable contribution to psychoanalysis is still largely unknown. Sabina Spielrein's fate was tragic: she was deported in 1942, near Rostov, Russia and murdered by the Nazis.

But let us go back to the anguish of being forgotten by the mother. As we have said, it is the elder sibling who suffers from this anguish, because he or she dreads being replaced by the younger child in the mother's womb. Similarly, the anguish of disappearance is definitely present in the nightmares of devouring mentioned above.

Indeed, according to Freudian theory, the child who believes that children are made by eating something, by kissing through saliva or by contact with a used glass, dreads being swallowed, digested and excreted by the mother, without any trace of its existence left in her belly. Otto Rank in his *Trauma of Birth*¹⁵ and Sandor Ferenczi in *Thalassa*¹⁶ both hinted at the existence of memory traces of the trauma of birth in the unconscious on the one hand, and of the permanence of traumatic representations linked with an unconscious, phylogenetic and ontogenetic memory recounting the evolution of the species on the other hand. For Ferenczi, this memory is reactivated with every sexual intercourse in adult life.

Through their movements and gestures, certain bulimic-anorexics confirm this fantasy of permanent self-fertilization: their oral-cannibalistic drives lead them to gorge on black chocolate cakes (evoking the blackness of meconium) in order to feel alive and be full of life energy. Subsequently, they vomit all they have ingested, after swallowing plenty of water, to be completely empty and avert any transformation that might expose them to the danger of death and disappearance. This

way, they fill up as much as they can, as they did during fetal life, then drain themselves like a mother at childbirth, but also like the child at birth, excreting all the meconium in order to live. We can see that these women associate their vagina with their anus. Let us also note that most women are constipated owing to progesterone and, during the whole pregnancy, there is an increasing anxiety about using the toilet and at the same time expelling the embryo, then the fetus.

When they drink a large quantity of water or herbal tea, and then vomit so as to create a void, anorexic women simulate childbirth by confusing their mouth with their vagina. And by means of black chocolate, as we have said, bulimic women associate their vagina with their anus. But neither category delivers 'anything', they are empty, no child is there! And some of them, who succeed in becoming pregnant in the following years, go through important episodes of urine-retaining or persistent constipation, such is their anguish of death and disappearance at childbirth.

During Freud's lifetime, Lou Andreas-Salomé, psychoanalyst and brilliant novelist, had already come up with the hypothesis that women's reproductive system is analogous to a cloaca: "they resemble each other in the primitive technique of their manifestation by the frequency of thrusts and impetus¹⁷", she wrote. Widely known thanks to the film *Lou Andreas-Salomé* by Cordula Kablitz-Post (2015), which depicts her ardent relationship with Freud and Nietzsche, as well as her passion for Rilke, she was the first woman psychoanalyst who reflected on the matter of female eroticism.

On excessive bliss

We have highlighted unconscious anxieties so far, those that are not perceived by the subject and are caused by the turmoil of conception on both physical and psychic levels. This turmoil also triggers great bliss that is so much more intense than mere

pleasure. Because if pleasure is akin to satisfaction, of solace it may provide, bliss is an endless explosion where the subject easily gets lost.

The outburst of unconscious fantasies described above generates blissful sensations perceived as doubly dangerous: due to their extreme intensity, but also because they are linked with the fulfillment of forbidden desires. Indeed, feeling all-powerful and having an excess of energy, being capable of reproduction merely by eating something, being the mother, father and child at the same time, or else getting married and having a child with the father, all these are unconscious fantasies induced by the desire of every little girl in the world. This fulfillment of incestuous, forbidden and generally repressed desires only shows in dreams.

At the start of pregnancy, the woman experiences all the bliss connected to archaic fantasies of self-generation and devouring in her body, and this bliss mingles with incestuous desires and Oedipal fantasies.

Once again, it is a woman, Margarethe Hilferding, who discovers in 1911 what she terms the “eroticism of gestation”: “We assume that the first signs of maternal love arise with the first movements of the fetus. It actually seems that the child’s movements can stir certain pleasurable sensations that are possible blueprints of these sexual relations¹⁸”. For her, there is no innate maternal love, and the child provokes maternal love depending on sexual sensations felt by the mother during pregnancy and in the period following delivery, especially during breastfeeding.

Margarethe Hilferding, the first woman doctor in Vienna, was also the first woman elected as a member of Vienna’s psychoanalytic Society, before Sabina Spielrein and Lou-Andreas Salomé. She had to hold a conference on the foundations of maternal love in order to confirm her admission. Margarethe Hilferding left no writings behind her. She was deported and murdered by the Nazis in 1942.

To this day, the question of the eroticism of gestation, as described more than a century ago, is met with strong resistance, even among psychoanalysts – men and women alike! We can understand this: it is hard to admit that intense bliss and orgasms shared by mother and fetus are always present during pregnancy and the first life phase, even more so as they are unconscious and normally repressed after delivery (primal repression), and gradually over the first months, even the first years after birth (secondary repression).

It should come as no surprise that Françoise Dolto took more than forty years to release her book on feminine sexuality with a small courageous publisher. In it, she describes different sorts of feminine orgasms, including unconsciously perceived ones¹⁹.

Let us take note that these ideas – which did not have much resonance – are not at all contradictory with the latest research in the field of neurobiology: the function of oxytocin, a hormone largely produced by the mother during gestation, is believed to be the source of the feeling of love, and it is secreted during orgasm, too. Moreover, it triggers contractions at childbirth and takes part in lactation.

Likewise, psychoanalysis has so far neglected the importance of olfaction as a source of pleasure linked with sexual and self-preservation drives in the child, of course, but also in adults. This matter was, however, brilliantly raised by Françoise Dolto seventy years ago, as far as newborns are concerned: she was the first psychoanalyst who gave a newborn a scarf that had absorbed its mother’s smell as it refused to suck after a few days’ separation. She had already noted that the mother’s odor recognition by the newborn was a key factor. Since then, the observation of this phenomenon has worked its way into perinatal studies, but only there. We shall explore the outcome of this olfactory pleasure, which in my opinion is linked with the olfactory drive of self-preservation unfolding during pregnancy and at birth for the child and, probably, for the

mother likewise. This olfactory drive will be of significance in the subsequent development of the child, but also in the adult.

Procreation and longing for eternity: an endless cycle

Procreation fulfills a longing for eternity, an everlasting repetition of oneself and we can find in both men and women the unconscious fantasy of ceaseless reproduction. According to Lacan, the destruction drive expresses the will to create from scratch, the will to begin again and again²⁰. And, as we have seen, the manifestations of the destruction drive, especially in fantasies of devouring, embody this will to start again. As if the woman, thanks to a memory handed down by mothers, created herself continuously by a sort of cloning technique that excludes the father, who only plays a supporting role.

In this way, in women's but also men's imagination, our children are created according to our own image. The partner only plays a secondary role in reproduction. We know that modern science is seeking to materialize this fantasy of removing the other from transmission, which satisfies our unconscious will of omnipotence: then we would need nobody else...

As a matter of fact, we may think that the diverse modern techniques of medically assisted fertilization bolster our unconscious fantasies. For this reason, these pregnancies should be kept under particular observation by caregivers who could detect these unconscious fantasies of parthenogenesis here described.

Loss and gain

The act of procreating is both a leap forward, the creation of new life, and the repetition of an event that gave us life. Here is what the mother, but also the father, are going to live for nine months: joy, but also fear, the leap into the unknown, i.e. the

future. As the French saying goes: "When one changes, one knows what one loses, but not what one gains."

Once again, at every stage of gestation, the pregnant woman experiences a real loss: her body transforms itself, she loses something of herself. *These losses can be traumatic if they are unexpected.* At certain times, she also goes through the anxiety of losing the child: this latter transforms itself and ceases providing the same sensations and the same bliss. The fetus itself maintains an unconscious trace of all its transformations, and these turn out to be upsetting if the mother has lived her own transformations with excessive anguish. Bulimic-anorexic women, with their continuously repeated gestures, attest the difficulty of these episodes that may be traumatic.

Procreation is a two-fold repetition. First repetition: the couple 'have a child' as their parents did. The woman and man who procreate become like them, they identify with them and sometimes feel like them in their bodies: they notice the same gestures, the same intonations as their mother, their father... We might think that it is right then they become fully man and woman, they lose what was left of their status as daughter or son. We should note that they finally fulfill their forgotten childhood desire: they materialize with a partner what they had wished to do with their mother, their father. In other words, their Oedipal desire is fulfilled.

Besides, second repetition, this yet unknown fetus was us in a previous life. It repeats what we lived before our birth. This actually reactivates an unconscious memory in the mother and the father, but also in grandmothers, as we will see at a later stage.

So, in the big upheaval of our unconscious imagination, it is as though we became our father, mother, but also a fetus ourselves at the same time. This is at least what the seemingly shocking dreams of certain women seem to suggest. For instance, the dream of having sex with their own father or brother. Monique Bydlowski reminds us²¹ that, during pregnancy,

women experience a kind of psychic transparency following the resurfacing of repressed material, i.e. all her forbidden unconscious desires are suddenly back with a vengeance. However, some of them cannot bear this incursion, they will suffer physical pain in order to cover up this drive flame.

Other women see their desire for a child hindered for the same reasons. They become 'infertile', i.e. sterile, but without any proven organic cause. Becoming their mother, fulfilling their Oedipal desire, and on top of all handling the possible rejection of the child (felt as an attempted murder), losing their body image of a young girl forever, all this turns out to be terrifying, or at least very upsetting.

But on another note, the child-to-be brings such renewed energy that certain women declare they never feel better than during pregnancy: "Since I became pregnant, I have felt strong and invincible, as if I was wearing a bullet-proof vest!", one of them told me. Psychically, the child is like a medicine: it mends traumas, deprivations and lack of affection lived by the parents. And biologically, the fact of being pregnant can protect women suffering from autoimmune diseases, as breastfeeding strengthens, for example, the mother's immune system.

So, it is not surprising that certain women think of themselves as invulnerable when they are pregnant – what a lot of men also think. This often unconscious fantasy illustrates the fact that, at times, the desire for a child arises in women who suffered serious consequences after a previous delivery, or suffer from diseases that endanger their life in the event of a pregnancy.

Chapter 3 **The first months**

During the first trimester of their gestation, a large number of pregnant women claim there is a presence inside them. If they have the sensation of being filled, satisfied, it is because all their wishes are fulfilled, both present (the wish to be loved) and past (the wishes of the little girls they once were), as we noted in the previous chapter.

A body for two

More generally, the pregnant woman feels she is living for two. The child is 'the apple of her eyes', as the saying goes in various languages. Biologically, the child is gradually accepted by her immune defenses as part of her body. From now on, the fetus will be in total harmony with her affects and imagination until its birth.

At the same time, there is an ambivalence that we will find more or less intensely at every stage of pregnancy. The tendency to fusion will be offset by a contrary movement. One should not worry about this reaction of rejection, it is in fact necessary as it maintains the psychic presence of the child as an 'external agent', something that we have already observed on an immunological level. So, it does not merge completely with the mother and will be acknowledged as a significant other, different from her and existing on its own.

Why not fusion?

We can note that, since the first pages of the present volume, we have been criticizing the relationship of total fusion. Some

will be surprised, as love is mostly represented as a perfect union, a mingling of bodies and hearts; and maternal love of all types of love, which takes on an almost sacred nature for most of us.

Nonetheless, fusion does not side with life. In fusion, the two beings mingle (mother and child), at the expense of the child, who is not acknowledged as an individual, with its own desires. In this case, the mother is not able to respond to her child's needs.

The desire of fusion always manifests itself in the shape of passionate love. And we know that passion always ends in tragedy, in destruction – except when one of the characters succeeds in ruling over the other once and for all (which is another tragedy!). Because passion, when it involves two desires of omnipotence facing each other, is always an 'amour fou'. And when we look deeper into the close relationships between children and parents, we always find an incestuous side to them.

Therefore, we suggest drawing a line between a close relationship and real love – this love for the other involving the acknowledgement of their difference. The mother's capacity to picture the child as herself and inside herself, and at the same time outside of her and different from her – in other words, *one and two* – enables her to acknowledge its otherness. In this sense, any child is always a *stranger – someone else* –, even if it is the flesh of our flesh.

This matter of fusion and individuation is shared by the entire humanity. In all mythologies we can find stories telling the origin of humans. All of these describe the passage from the undifferentiated and often androgynous One (named chaos, *tohu-wa-bohu* in the Bible) to the differentiated Two. In this logic, twins take on an intermediary position, as they reduplicate the One. The theme of the twin, i.e. our double or Doppelgänger, distinct and yet identical, is universal.

A placenta for two

The mother and her embryo, then her fetus, are simultaneously *one and two*, psychically and biologically. Half produced by the egg and half by the lining of the mother's uterus, the placenta is an ephemeral and fusional organ. Therefore, we can say it *belongs to both mother and fetus*. This observation is essential as we have not reflected on its loss at birth so far: on the loss of a vital sensory and sensual organ experienced by the newborn; as for the mother, on the loss of an organ that provided extreme pleasure in a closely bonded life-and-death relationship with her fetus.

This reflection leads us to wonder about who an organ 'belongs' to. We can say the body of the child, during its uterine life, 'belongs' totally to the mother, like the placenta, which means that the child is structured by the mother in its hormonal, sensory and emotional organization. We find this idea in numerous myths.

According to the Talmud as well, the child's body belongs entirely to the mother's body before birth and it is believed to be her third leg, to be precise. The child starts existing in a distinct body only when its head comes out at delivery. But such a conception helps us understand that the newborn, at birth, may lose the sense of having a living body that belongs to it, a feeling that had been building progressively during its fetal life based on the mother's model.

The recurring words of my bulimic patients confirm this idea: "All this fat around my stomach, these large thighs belong to my mother!" Or: "The right hand feeding me is my mother's hand!" Certain scholars²² confirm this idea on an experimental level, namely that bulimic women do not recognize their right hand. We might think they suffer from perception disorders (forms of agnosia) that compel them to touch themselves to acknowledge their right hand. Likewise, the young child, according to Françoise Dolto, up to three or four years of age,

cannot perceive its own body and does not feel it belongs to it if it does not touch or look at it²³.

Let us note that another's touch and gaze, with the naming of body parts, are equally necessary for the young child to become aware of its own body. We are familiar with certain games usually accompanied by a nursery rhyme to indicate body parts: "Mister Thumb goes to school. The index is the smartest..." These games teach the baby to recognize and gradually integrate its body, because it is a process lasting for a few years, even though the child is quickly able to name and indicate the various body parts at two or three years of age.

This is also what happens during pregnancy: the more the mother can 'see' and feel she is pregnant, the more she becomes aware of it by listening to and perceiving the movements of the fetus and their transformations, and the more the baby will have a sense of existing and of its own body after birth. This is why the difficulty experienced by certain women to feel they are pregnant may turn out to be problematic for the child at a later stage.

Separation is a long-lasting process

Due to the placental bond of primitive fusion between mother and fetus, a distinction of either one will always be hard to establish, as we note in identical twins. We all keep at heart the memory of this close primitive relationship, which I believe will never disappear completely, but will nonetheless strongly decrease with the weaning of the baby, and then progressively so. Because separation is not achieved all at once at birth, and the breast supersedes the placenta as a fusional organ.

So, we can understand the figure of the little girl appearing quite often in women's dreams, whether they already have a child or not; this little girl is like a twin, and she incarnates these women totally. With every delivery, the woman is reborn with her child. Several patients clearly express the desire to put

the child back into the womb and start all over again. This is what we find in the hypothesis developed by Otto Rank²⁴: "The unconscious can only conceive separation, departure or death, as the realization of the long-desired restoration to intrauterine life, because it neither knows nor can figure any other desire."

For its part, at birth, and without perceiving any pain, the baby loses this placenta that was its companion, provided a quiet music and a continuous sense of existing. This placenta was a sensual object and a source of deep satisfaction, in the sense of vital energy and enjoyment of life, close to which the baby sought shelter, and which it stroked, licked or nibbled at times. Owing to this loss, following the violent collapse felt at birth, the newborn goes through a passage of appalling silence and feels as if it has totally lost its body. It will find it again as soon as it will be in close contact with the mother's skin. Today we know the importance of this skin contact during the first hour after delivery to support the olfactory continuity of the newborn's sense of existing and create the first bond with the mother.

We are only beginning to see that the unconscious desire of returning to the primitive fusion remains constant in the child's and the mother's life, and it is renewed for the two of them, even the three of them if we include the father, at the conception of every child. For this reason, for both mother and baby, and the father if he is present, it is essential to repress this fusional experience of the primitive placental bond as much as possible, in order to enable the baby to gradually detach itself and elaborate *its own body*.

The loss of the placental bond

No ancient tradition prescribes that the placenta should be thrown away. What is believed to be the baby's brother, or its twin, is generally buried. The place of burial is sometimes kept secret for maximum protection. This ritual is a way to sever

the cord for good: what is buried, and therefore will not come back to haunt the child like a ghost, is the so-called ‘paradise’ of some myths: the alleged perfect fusion of prenatal times. The burial of the placenta is a ritual of truncation, of separation, that is supposed to guarantee its repression. As we will see, the entire evolution of the fetus, and later of the child, goes through the same process: the loss of a close, fusional bond paves the way for progress. For instance, the act of speaking, i.e. establishing a relationship at a distance, implies that the child’s mouth should be removed from the breast and from the fusion it brings about, according to Françoise Dolto.

In our societies, only a century ago, people buried the placenta of boys under an oak, and that of girls under a rosebush. A new trend is setting in nowadays, illegal in France but allowed in the United States: mother ingest their placenta, a phenomenon called placentophagy. Health reasons or a comeback to the natural world are invoked; this could also be interpreted as the mother’s refusal to lose this close bond at birth. The digested placenta is part of her body again. This way, the primitive lost fusion is restored for her.

A new sensitivity

Some pregnant women develop a stunning acuity of perception. A patient felt the presence of little eyes all around her body. When I asked her to draw them for me, she produced tiny circles with teeth, jaw-eyes, often present in children’s drawings, according to Françoise Dolto. As though the body upheaval, the mitigation of usual references aroused ancient perception abilities and forgotten sensations. Pregnant women perceive certain sounds and smells in new, clear and intense ways.

We can think that they rediscover a sense of smell our ancestors were endowed with (vomeronasal olfaction) as well as the fetus, so much so that some smells inconvenience them,

whereas others that they disliked surprisingly please them. They even happen to smell fragrances attached to no object at all!

We also note that they acquire a striking memory capacity. What was imprinted in them from the beginning comes back to them, as well as what their mother inscribed in them and what she in turn received from her mother... We can perceive here a memory chain of mothers’ bodies transmitted from one generation to the next.

The child, a ‘vision of the mind’

During the first trimester, the woman is pregnant in an intransitive way: not pregnant with..., but just pregnant. For the father too, unconsciously, the child is sheer abstraction. The first ultrasound puts an end to this state of things. Here is the fetus wiggling on the screen, how cute! The doctor enumerates the head, the profile, the limbs, the belly, the various organs, the heart whose frequency is clearly heard. He can also list possible anomalies, since that is the primary goal of an ultrasound. Most of the time nothing is wrong, phew!

Thanks to the ultrasound, the child becomes more real and is not pure fantasy anymore. However, there is a difference between the effect of the ultrasound image of the fetus, even in 3D, and the perception of a child in flesh and blood. Seeing one’s future child ‘on TV’ is not enough for it to acquire its own reality and identity.

The spitting image!

“I’ve seen my daughter in the ultrasound, she’s very pretty!”, a patient who sees herself as very ugly says to me. When I ask her how she pictures her daughter, she replies: “Like my sister, who’s my mother’s spitting image!” So I think: she is not even considering herself or her husband in this matter! For this patient, her child is ‘in her head’, a vision of the mind. In her fantasy, the child is a clone of her own mother and sister, whereas

she and the child's father are not representable. In certain cases, this becomes even clearer, for instance when the father is of African origin and the mother, a European, cannot imagine a mixed-blood child, even up to the delivery and later on.

I have often been confronted with this fantasy with my patients: at the very beginning of pregnancy, especially during the first gestation, they imagine their child is going to look like their mother or their sister, even though, according to my experience and a few surveys, most primiparous women secretly desire to have a boy, first. This confusion mirrors the fantasy of fusion in which grandmother, mother, sister and fetus form a single body. This body appears through frequent slips of the tongue blending mother, grandmother, sister – and this during pregnancy but also after childbirth. Words such as: “My mother (instead of my grandmother) died before my birth.” Or: “I’m happy, I’m going to be born in the summer and I love the heat!” And subsequently, sometimes all life long, a saraband of names keeps taking place, for fathers too, mixing up their daughter, the younger sister...

Where does this fantasy of fusion come from, this fantasy that prevents parents from inscribing themselves and the child into the accurate succession of generations?

The importance of the name

In front of the ultrasound screen, rather than the perceived image, it is the language triggered by this image that starts the upheaval. Because words are very quickly put on the image, tender words and, at times, the outline of a name. Which is all the more important since, for a long time after that, the mother will have no tangible representation of the child. When I ask a primiparous, three months pregnant woman to draw her baby, she often cannot do it. She will not picture her child, even when her bump is starting to show and she has seen the image of the ultrasound. What she perceives on the

screen is only an image, whereas the representation of her child involves conscious and unconscious processes of perception and identification. “He looks like my sister”, she says. And, later on, at the fourth or fifth month, when she can see the movements of the fetus: “He is strong and plays football, that’s a real boy.” Or: “She’s so lightweight, that’s a real girl.” During delivery training, a midwife or a psychologist sometimes can be of help in this process of representation of the child-to-be, by urging the woman to draw a picture of her child. Giving a name to the future child contributes to its identification. After that, the child is no longer interchangeable, it is not only a pretty fetus. As Françoise Dolto puts it, the child becomes a person. The mother and father now have “someone to talk to”. And they keep talking to the child as long as the pregnancy lasts. The choice of the name is a two-person job, as the child was conceived by two persons. For the mother and father, this is a new love proof that comes with another difficulty, that of inscribing the child into a sex as soon as possible. Even though something was distinguished at the ultrasound (the traditional words: “he has a sex, she does not have one”), a mistake is still possible. We know that the choice of the name is a way for the parents to endow the future child with a destiny, thus integrating it into their desire. For example, the parents can settle it into the line of generations by giving it the name of a grandparent; or, in the opposite case, by giving it a new name related to the desire and imagination of both parents. The mother often gives nicknames to her darling fetus, she calls it “my little shrimp”, “my tiny one”, “my little lump”... In that moment, the child is the object of a fusional kind of love that every mother knows, a love that does not give any identity yet, since these nicknames could be attributed to any fetus whatsoever. The mother-to-be may happen to give her child a secret nickname, like “lulu”, “lupee”, “lilbip”, an affectionate secret nickname that she only utters softly and does not share with anyone, not even with the father. Because her union with the flesh of her flesh should not be messed with. Introducing a third party would be tantamount

to disrupting it. This secret nickname usually disappears at birth. Maintaining it and replacing the real name with it is a way of ignoring the child's birth, a way to keep the child in the intimacy of her belly, under lock and key, contained. Among my patients, men and women, many of them are still called "my little shrimp" by their mother.

Another problem arises when the mother, and sometimes both parents, choose a name during pregnancy and then change their mind at birth. It is as though 'their child' had been left in the belly and, at birth, another unknown baby had turned up.

In the worst-case scenario, parents cannot think of a name. This frequently happens with girls. The only name that comes up at the last minute is the mother's second name, or the feminized name of the father. Among my patients, some have been declared at birth registration one or two days after their actual birth, because for three days the parents, and more precisely the mother, could not come up with a name for the girl. And we know that, in France, the newborn has to be declared within three days after birth, or else legal steps have to be made and the whole process takes a year. The girls in this situation are particularly enclaved in their mother's belly: they do not feel like they have been born, they remain in suspended time, in a no-man's land and, subsequently, they will have problems with all kinds of separation.

We can easily understand that if the child is endowed with a name from day one, all throughout its fetal life, a continuity and its identity are established. In that case, the parents link the name with the perception of the real child that was thought about and perceived when it was still invisible. So, they guarantee a continuity before and after birth, which enables the newborn to perceive itself in a continuous sense of existing in spite of the break of coming into the world, and to gradually recognize itself in its name and sex.

Being recognized (in French *reconnu*, known a second time) at birth, i.e. 'touched' and 'heard' by the eyes of both parents, two different viewpoints, strengthens its feeling of continuity.

When the daughter is left behind...

During her pregnancy, Yvonne, a single mother, would love to have a boy. She thinks about him and names him Yvan. At birth, she keeps calling the baby Yvan even though she has had a girl... We can say she denies the existence and the sex of her daughter. She behaves as if her imagined child were her double, the fruit of her archaic fantasies of incestuous cloning and ideal child of Oedipal love, deprived of any connection with the *real* child she carried throughout her pregnancy. In this case, the child merely exists for her as a timeless signifier, not incarnate, without a face or a specified sex.

Yvan was not 'seen' and 'thought about' sufficiently either by her mother or a father figure before being born. In her treatment, Yvan expresses the fantasy of being disgusting and faceless. Neither female nor male and *without any name identifying her*, she feels the absence of a body belonging to her. Her rejection of breast milk at birth and, later on, her bulimic-anorexic behavior are an attempt to survive her mother's rejection and overcome her impossibility to 'see' her, to 'recognize' her after birth²⁵.

The name allows to strengthen the dialogue needed by the child-to-be. The time before birth has often been compared to a paradise, a sort of Eden. Nothing could be more inaccurate. The child within the placenta is incomplete, it goes through a series of upsetting transformations, it depends on the mother and father. Through their attention and care, the parents give it a real sense of existing from this early stage, a feeling it could not gain on its own.

The woman develops hypersensitivity, an individual and intergenerational hypermnesia whose intensity coincides

with a specific stage of pregnancy and gradually lessens in the months following delivery. With these new abilities, she gets in contact with her embryo, then with her fetus, in an imaginary interaction and dialogue that is inextricably bodily and psychic, conscious and unconscious: hormonal, nutritional, relative to sound, speech and fantasy.

Chapter 4 **The End of The First Trimester**

At the end of the first trimester, the mother's immune system has accustomed itself to the fetus, and the presence of the growth hormone (HCG) is at its peak. The perfect harmony! The mother feels she is pregnant, although the presence of the fetus is not tangible. Even if the latter already has a human shape at the end of the eleventh week, it only measures ten centimeters and she does not yet perceive its movements consciously. She will normally have to wait the fourth week of the fourth month before perceiving them. But, as usual, even though the bio-neurological development of the fetus and the mother-child interaction are extremely well-regulated, every mother will have a different experience. So, certain mothers perceive the fetus very early, especially if they are expecting their second child.

Lost and found

At the end of the first trimester and at the beginning of the second, lo and behold, the 'sympathetic signs' disappear. And when they happen to linger, their intensity lessens. Things are dead calm! No matter how much one tries to reassure the mother that the child is 'hooked', she is still preoccupied. What if she had lost the child?

But paradoxically, as previously stated, it is the anxiety of losing the child that sets in. Up to that moment, the embryo was so incorporated in the mother's body that it was like an organ of hers, she did not feel its presence the same way she does not feel her heart beat, her stomach or her liver function.

The embryo was her, in a perfect fusional relationship. It dwelt in the silence of the organs. And just when one says: “Phew, the child is hooked!”, now that we can talk to our family, our friends about it, the anxiety of losing it comes back with a vengeance... Rather a curious phenomenon!

We know that sometimes, in love affairs, we never think so much about the loved one as when he or she is absent. The same thing occurs with the embryo: just because it might not be there, the mother-to-be thinks about it. So, she starts feeling its presence in the event of its absence.

During pregnancy, we can identify *critical passages* the key changes of the mother-fetus relationship during pregnancy, changes in which every time something is lost in order to find something new. These passages coincide with the most eventual moments of transformation of the fetal development in the gradual acquisition of its motor skills. The fetus becomes more vulnerable to its mother’s traumas, anxiety and suffering.

The research carried out in recent years on the impact and consequences, even genetically, of traumas experienced by the mother on the fetus during pregnancy has shown that these consequences arise in those critical phases of metamorphosis, especially around the end of the sixth month²⁶.

The dreams of the end of the first trimester

Towards the end of the third month, the fetus goes through a radical metamorphosis comparable to that of the caterpillar becoming a chrysalid, before it flies away as a butterfly. The mother lives this passage from a state to another, too: she needs to lose the image of fusion and omnipotence she had in order to discover a new image of herself and of the child. As though she witnessed the editing of a movie: the film is cut, it needs to be glued to another sequence for the sake of continuity. This cannot occur without a series of questions, doubts and worries.

During this passage, my most concerned patients have a recurring nightmare, that of a child devoured by a shark, while others dream of the death of a small goldfish. This latter dream marks the disappearance of the fetus and a lessening of the placental bond with the child more clearly; the child, becoming a fetus, acquires greater independence. It moves its mouth and progressively swallows and digests. Soon it will take active part in its development by swallowing, inhaling, spitting and urinating the amniotic fluid.

A three months pregnant woman went through this passage by dreaming of the burial of her beloved professor, named *Poisson* (fish), who was locked in a huge red coffin. We must add that this patient could not swim in the sea because she had been scared of being bitten and devoured by large fish since her childhood. What is more, when she stopped sleeping in her parents’ bedroom at the age of four, she was offered a goldfish that died three days later. In some ways, the mother, the daughter, and also the father who tended animals in his job, enacted the unconscious fantasy they were going through with the goldfish: the murder of the incestuous child of the placental bond of the primitive fusion. As a matter of fact, when their daughter came out the parents’ bedroom and was no longer visible, audible and traceable through her smell in the fusional space, after three nights, she had vanished. In the unconscious fantasies of the parents and the child, getting out of the fusional space, reaching an external space and losing the intensity of the primitive placental bond necessarily brings about the oblivion and death of the fusional child; this way, they all forgot to feed the little goldfish that fatally died.

In the origin of my patient’s phobias we can also note the persistence of archaic fantasies of death and devouring connected with the primitive fusion. And in her dream at the time of pregnancy, after years of treatment, we find the fantasy of the death of the Oedipal father of the primitive fusion. As we have seen in the previous chapter, this is the Oedipal fantasy

of little girls who are in love with their daddy and wish to have a child with him. This dream is the sign that she is giving up on this desire.

By contrast, very anxious patients with a painful family history regularly have nightmares in which the dreamer witnesses the murder of a man. Or, in a more straightforward manner, dreams where she is committing the murder of her incestuous father, murder that keeps repeating itself since he gets back up every time, like in horror movies.

These dreams are the sign of the loss of one's body image, a loss that remained traumatic as it could not be digested nor conceived. Then why does the loss of the fusional body image bring about a murder in dreams?

Murder suggests that the unconscious representation of a conception through primitive fusion of the father, incestuous by nature, is forbidden and it is a source of anxiety: such a representation must absolutely disappear. Here is one of the dimensions of the *primal repression*, which is an unconscious action carried out by the mother and which, in my opinion, *operates in three stages after delivery*. The mother gradually buries unconscious body images that had given her great satisfaction, and she represses them.

However, we can observe an important difference between the dream where the patient witnesses the burial of a beloved professor, whose surname is Fish, and the nightmare where the dreamer vainly insists on murdering her incestuous father. This difference depends on the inscription of the representation of this first substantial loss of the placental bond of the primitive fusion taking place at the end of the first trimester, a loss that will constitute the first moment of primal repression.

The dream of the professor's burial shows us that the incestuous dimension was repressed by the dreamer and that the perceived loss had already been representable in the symbolic order. The professor is dead and rests in a passion red coffin, ready to be buried. The murder of the incestuous

father of the primitive fusion, of the shark devouring the child, becomes the burial of Fish, her beloved professor on whom she had projected all her Oedipal fantasies. We could say with Lacan that, in this manner, the dreamer carries out the first inscription of the signifier of the Name-of-the-Father in her relationship with the fetus.

The dream of certain patients – the impossible murder of the father of the primitive incest – sometimes hints at the existence of such an intense trauma that it prevents any form of *thought*, and therefore any form of perception and anticipation on an imaginary level of the experienced loss and of the change of relationship. This flaw in representation compromises the first inscription of the loss of the primitive fusion in the symbolic order and, consequently, the action of the first step of primal repression.

However, let us underline again that, during the first trimester, we can notice a coexistence of dreams of murder related to incestuous maternal fantasies with dreams of devouring, like being devoured by a shark. We have discovered that the succession of such dreams coincides with unconscious body images induced by the representations of self-preservation drives throughout evolution.

As a matter of fact, does the succession of animals appearing in the dreams of the first trimester (mouse, rat, goldfish, shark) not match the intuition of Ernst Haeckel (1834-1919), anatomist physician, that of a brief recount of the species during embryogenesis? A hypothesis then taken up by Freud, and today confirmed by a number of scholars. In fact, at the very beginning of embryogenesis, the genes involved are almost identical to those of mice and rats. And at the end of the first trimester, the brain of the fetus coincides with that of a fish, without any cingulate gyrus or grooves! Jacques-Michel Robert²⁷, professor of genetics, compares the brain of the three-month-old fetus to that of a pike, fitted with a large jaw and several teeth. An image conjuring up the patterns of the eye

and toothed jawbone of the children we have mentioned in the previous chapter.

But how can women who do not remember their dreams know whether they are successfully taking a step forward at the end of the first trimester, a step that is completely unconscious? By a change in mood.

A first baby blues

In most women this passage to the second trimester usually comes with a very mild baby blues. For those who are still excessively tied to archaic fantasies (of self-fertilization, devouring, primitive incest), this baby blues could be stronger as a deep anguish of death and disappearance remains very intense. However, it is often hard to detect, as it takes on different aspects. Fortunately, as it were, the environment provides an explanation to dejection and mood swings: a problem at work, a squabble with the partner...

And yet, as we have seen, for very apprehensive women the loss of the primitive placental bond experienced during this passage is denied, so they will not live the baby blues. As for archaic fantasies, they will linger in the unconscious with a certain energy. In this case, we can witness the failure of the first moment of primal repression.

Pregnant women will soon go through two other major changes: at the end of the second trimester and before delivery. Every time, they will experience a more or less mild baby blues. And, every time, this baby blues will be the sign that a step of primal repression has actually taken place, following each change.

The notion of baby blues during pregnancy is widely known. As a proof of this, it is often defined as 'Mummy baby blues' in women's magazines. But what is interesting for us here, is the ability to detect it when it arises, in order to understand its profound meaning connected with an irrevocable and

unconscious loss of some types of enjoyment, of body images, of the lessening of the fusional bond.

We can understand this succession of baby blues during pregnancy as the expression of a minor anaclitic depression in the mother, when she loses the child as an object of attachment and narcissistic passion, following a lessening of the primitive placental bond. In other words, during pregnancy, she gradually mitigates the intensity of her primal narcissistic relationship with the child she identifies with (before delivery), a relationship that is still very close and passionate, in order to establish, after birth, a love relationship with the child as a totally detached being.

Freud describes the *anaclisis*²⁸ concerning the baby's development: this process allows the baby to disentangle the self-preservation and sexual drives progressively. That is when the passage of self-eroticism and primal narcissistic passion progresses (after birth) towards the love relationship with the object. We will see in this volume that this process of constructing of the object during pregnancy also falls to the mother. Let us note again that, if the mother fails to picture, think and therefore feel these losses before delivery, the child will later find it very hard to integrate them, as we have seen in the recurring dreams and symptoms of my patients.

So, what is problematic is going through a metamorphosis without feeling anything, not even in dreams. Feeling nothing means the passage from a step to the next is too upsetting, even traumatic, to be conceived. That is when physical symptoms arise.

We can therefore say that anxiety at the end of the first trimester is beneficial, even though fantasies dramatize the situation: the child is not dead, it is still there but, from now on, its presence is not marked by 'sympathetic' signs. Being worried about an absence is acknowledging a presence past or to come.

We note, by contrast, that when everything runs smoothly in a pregnancy, as if nothing were happening..., something might actually be the matter! An uneventful pregnancy, without any anguish of loss and joy of reunion, may turn out to be problematic for the child's future. Because it is in this back-and-forth game of a presence that the mother gradually elaborates her relationship with her fetus, that she will attempt to feel it, touch it, she will talk to it aloud and for herself.

SECOND PART
THE SECOND
TRIMESTER

Chapter 5 **When The fetus Appears**

At the end of the first trimester, the woman unconsciously perceives a feeling of silence, of emptiness, even a sensation of free falling. Let us keep in mind that this had already taken place when she had become pregnant. But now comes the abrupt stop of the 'sympathetic signs' and the metamorphosis engendering the disappearance of a very intense fusional body image, an image that had provided her with extreme satisfaction.

This point has to be highlighted: all the cycles of the embryo's and the fetus' neurophysiological development start with unusual energy and close with a sharp lessening of intensity, before resuming their course vigorously elsewhere and in other conditions.

So, at the beginning of the second trimester, there arises a phase of silence that lasts at least three weeks, because the mother has not yet been able to perceive consciously the movements of the fetus in her belly. She waits impatiently, at times with anxiety, for these movements to come. Though they were medical doctors, two of my patients at this time went through an impulse they could not restrain: they had repeated ultrasounds, so as to verify their fetus was still alive.

Then comes the end of the fourth month. That is when the mother perceives a very faint wave, a ripple, becoming clearer and clearer: no doubt, it's the fetus! She feels it move. This is a moment of jubilation both for the mother and the father. The predominant feeling throughout this second trimester will be that of very intense fulfilment and bliss, if everything runs smoothly.

The Heaven of the second trimester

We have seen that in the first trimester, in the heavy turmoil of the imagination, in the revival of her unconscious childhood fantasies, the woman found, in the staging of conception, her mother, her father and herself. Dreams showed us the scenarios taking shape between these characters, scenarios that are worthy of a fantastic or a horror movie. The woman plays all the roles, she is the fertile one, she who is fertilized and the product of fertilization. In this confusion of roles, in this primitive fusion of all characters, it is as though she engendered herself. This does not prevent her from unconsciously fantasizing, at the same time, about having the baby with her father. The unconscious is not afraid of contradictions.

This is why, at the end of the first trimester, as we have seen, dreams herald both the death and disappearance of the embryo of the primitive fusion (the little goldfish), or the child's death devoured by a shark, and the death of a male character in whom we can recognize an Oedipal father figure. But sometimes, as we have said, the coexistence of Oedipal and archaic fantasies of the primitive fusion triggers the very graphic image of the murder of the incestuous father. In some women who have been abused, these images keep recurring over and over, and they remain so powerful that they can neither be swept away, nor repressed into the unconscious.

In the second trimester, the scenario changes and no character appears on the stage: the mother and child united in perfect fusion. From now on, the woman is no longer alone. She feels her fetus move in unison; it perceives what she perceives! If empathy consists in 'feeling what someone else feels', then she is much more than empathetic, because she 'feels with someone else'! She feels what the fetus feels. A pregnant woman says to me one day: "I'm eating chocolate, but I'm not crazy about it. It's the baby who wants to eat it." It is then impossible to disentangle what she perceives, what she feels through her fetus,

from what she projects on it, from what she imagines it feels and wants. In this intimate game where both are blended, some mothers may suck their thumbs, or be seized by childhood fears, like the fear of the dark.

The archaic fantasies of the first trimester open the door to a sort of mirror game: the pregnant woman senses that she is her fetus and that her fetus is her. This already happened in fantasies when she became pregnant, but this time the father, as a third character in unconscious identification, is absent. In some ways, she is the fetus' 'true' twin, but she is both twins at the same time! Never apart, they are two in one.

It is her imagination, not that of the fetus, obviously: she takes the lead for both of them, she encloses it in her own space. If she does not produce all her imaginary creations, for instance, when she is not yet aware of being pregnant – like the aforementioned Aglaé – once born, the child will not have a real sense of being present.

In order to feel alive, the child has to be wrapped up in this imagination, even if only unconsciously. A maternal and paternal imagination: one actually forgets to mention the fathers' imagination, their perception of pregnancy and its impact, when they are present alongside their pregnant partner. Nevertheless, interactions take place between the father, the mother and the fetus on a psychic, physical and biochemical level.

The practice of haptonomy as early as the fourth month of pregnancy greatly helps fathers discover a relationship with the fetus and overcome their inability / difficulty to imagine it as a child they can interact with. Even at this stage, fathers actually identify totally with their partner and the child of primitive fusion. When I suggest they should start thinking of a name, they usually say: "My wife tells a lot of nonsense about the shrimp we saw at the ultrasound, but for me the child does not exist yet as such! I absolutely cannot think of a name..."

A new Big Bang

Between the third and fifth month of fetal life, nerve cells proliferate at an amazing speed. Every minute, 200,000 new neurons form in the child's brain, that is more than 3,000 a second! In the fifth month, 100 billion nerve cells will have formed. Then, what we may term the cerebral Big Bang comes to a halt.

From the fifth month onward, the cells enter a complex circuit. Knowing that each cell comprises 1000 to 10,000 connections with other cells, called synapses, the fetus' organism has a lot to do. This is why it goes swiftly: at every second over a million synapses are created! This work of creation will carry on, but far less intensely, up to the third year, and will continue all life long, since every experience we make triggers new circuits that bear its trace.

Thanks to these data, we may suppose that learning and memory are processes that start long before birth and, as such, they need to be stimulated. Therefore, what takes place during the second, then the third trimester between the fetus and its mother, then with its environment, is essential.

Neural circuits meant for certain functions disappear if not activated, and nerve cells die. We know, for example, that a child born with a cataract must be operated as soon as possible. If its brain is not quickly stimulated by visual impressions, the function will die out and the child will become blind. We could translate this as follows: genes propose, experience determines.

At birth, only half of the formed nerve cells will survive. To create a function, plenty of possibilities are ruled out. We find this dialectic of loss and creation on a biological level as previously described: evolving is also losing something.

The skin and self-preservation drives

Freud designated the skin as the most erogenous zone, first source and object of pleasure of the touching and looking drives. These two drives are also the most archaic in the child as the skin triggers excitation, or conversely can be the source of excitation, for example upon friction in body care or following the self-erotic act of sucking. We should point out that these various experiences become a source of sexual excitation that is sometimes excessive and may engender somatic and psychic symptoms. This is how Freud discovered in hysterical patients that touching a specific erogenous or painful zone could bring about a fit of hysteria²⁹.

We already find in the embryonic and fetal development the biological source of sexual self-preservation drives. As a matter of fact, in the embryo, motor skills are very precocious: as early as the seventh week of gestation, it is capable of moving and reacting. It will progressively elaborate diversified activities such as jolts, stretching, leg, arm and hand movements. Still towards the seventh week, its vestibular system and olfactory receptors are operational. Its taste buds, that start taking shape towards the eighth week, quickly develop. But, being an embryo, it can only distinguish the sweet taste.

The tactile sensitivity starts functioning as early as the seventh week with skin receptors around the mouth, then expand to face, hands, soles; it is through tactile receptors and vibrations that the fetus can finally communicate. All information related to the touch, caresses and words merge into an area of the cortex connecting perceptions and motor orders relative to mouth and hand.

The ear structure forms as early as the fifth week. The eyesight is precocious, too: vision placodes appear towards the fifth week and optic nerves in the sixth week.

At three months, if it still cannot hear or see, the fetus can already perceive, smell and taste its mother: it will smell

her and see her by inhaling, and later, ingesting the amniotic fluid. The smell actually induces an image having a shape, a color and an undulatory pattern, according to the model of vibratory geometry in quantum physics³⁰. Subsequently, with the perception of smell, taste, temperature, color, it has the same moods as the mother. Ferenczi already wrote: “We believe there is such a profound analogy between the olfactory mode of operation and ideation that we can properly consider olfaction as the biological prototype of ideation³¹.” Throughout pregnancy, olfaction enables the embryo and the fetus to start thinking and sensing its existence in a living body, that of its mother. The more the mother moves about, speaks, eats and desires, the more the fetus will feel alive and search for smells, contacts and images. The olfactory drive is always accompanied by the touching and looking (scopic) drive. This allows the fetus to see and touch unfolding color images that it will soon hear thanks to vibrations caused by the mother’s voice, a voice it will also feel more and more with its whole body. If the mother is bedridden and silent, the fetus will hardly move.

At three months, it also starts opening its mouth, sucking its lips, yawning and hiccupping. So, it starts investing its mouth with all the necessary actions aimed at self-preservation (sucking, eating, breathing) and as an erogenous organ that is a source of pleasure in its most archaic self-erotic dimension. Besides, sucking and yawning are signs of a harmonious fetal development. O. Walusinski assigns to the fetus’ yawning an appeasing function announcing, on the one hand a change of state and, on the other hand, a lessening of alertness in a relationship that may be empathetic with the mother³². Sucking is also believed to be tightly connected with the mother’s emotions. The impact of the mother’s heartbeat on the neuronal structuration of the fetus is beginning to be confirmed, because we know that a newborn has a hundred and seventy suction movements a minute, which coincides with twice the mother’s heartbeat³³. So, when the mothers do

their first ultrasound towards the end of the third month, they are always anxious to see, or rather hear the doctor’s remarks. In these moments, the fetus often energetically sucks its lips and touches what surrounds it with its hands. Is it not already drinking and tasting its worried mother’s sweet words during the ultrasound?

For this reason, as we will see, the continuity of the smell of the primitive placental bond after birth through skin contact, with the mother’s breast and body, her sweet words, is essential to maintain the sense of existing and the oral-cannibalistic self-preservation drive. Testing on premature infants already shows that olfactory stimulation through the mother’s smell increases suction and eases breastfeeding, and moreover, decreases the apnea that is frequent in premature infants by 45%³⁴.

Bulimia, anorexia and traumas of fetal life

Upon clinical observation of bulimic and anorexic women in treatment, I have noted that, during their fits, the color, taste, consistency, sound, quantity and name of the medicine they took, plus food or drinks, had a signification that goes back to fetal life.

For example, I have come to think that anorexic women suffering from such intense nausea they can only swallow large quantities of water or light and sweetened herbal teas (as light and sweetened as amniotic fluid), during certain troublesome passages, relive the first trimester and passage to the second trimester of pregnancy. They appear to reenact an experience that marked the fetus, namely the first time it ingested the amniotic fluid; an experience that left a trace, an impression in its memory. Moreover, that is when the fetus starts hiccupping with a certain frequency. We can interpret this hiccupping as a vigorous reaction generating great satisfaction, namely swallowing a large quantity of amniotic fluid. A patient said that every time he asked his mother for money (‘liquid’ cash in

French), he was seized by a terrible bout of hiccups! In ancient Hebrew, in fact, the phrase ‘liquid’ cash is translated as *dam*, which also designates blood.

At difficult times in their lives –breakup of a love affair, death of a loved one or miscarriage– certain anorexic patients feel compelled to fast, exposing themselves to a danger of death. However, they act this way to deny their loss and survive. They attempt, through regression, to recover the phase in which they were freer and more independent, that is during the first trimester: back then, they did not need to have such a close bond with their mother, they needed neither to incorporate nor swallow her with the amniotic fluid to develop correctly. Others take up drinking alcohol, white wine and even brandy (*eau-de-vie*, life-water in French)! During these fits, some start drinking a tiny glass of alcohol, then move on to a bigger one... until they swallow huge quantities, half a liter, or even a whole bottle (75 cl) a day, until their hospitalization for alcohol coma. And some can become alcoholics for the rest of their lives... These quantities coincide with the amount of amniotic fluid, 30 ml on average, at eight weeks, which rises to 750 ml before birth.

Certain scholars also think that maternal stress can induce a lasting imprint on the fetus’ cognitive development in its adulthood with a tendency to drug addiction. Thus, for them, the addictive disease coincides with a relative inactivation of neuronal systems controlling the survival of the individual and of the species³⁵.

So far we have seen, and we will see it later in the book, to what extent the fetus depends on the mother’s attention, perception, psychic representation and unconscious desire to survive and to sense its existence and how, following traumas lived along with her, it can at times forget all the reflex motions of self-preservation.

The inner voice of the mother

The frequency and quantity of liquid swallowed and renewed with urine are strictly regulated on a neurobiological level, but they vary according to the mother’s moods, a phenomenon we can observe at the ultrasound. We could even think that, already at this stage, the rhythm of all the movements of the fetus’ body (heart, urine, intestine functions) is structured as a first native language –Lacan would call it *la-langue*.

This ‘inner voice of the mother’ organizes the fetus’ bioemotional system –knowing that its development is extremely well-regulated in time. The fetus can only hear this ‘inner voice’, the only one, in total intimacy and dependency, with a ‘perfect ear’. It only connects with what happens in the surrounding world through the filter of this ‘voice’ that expresses, with its vibrations, all that the mother unconsciously feels in the interaction with her environment: in what she feels, what she eats, what she is doing, thinking, saying, desiring, etc.

The taste of the mother

In the sixth month, more than ever before, the fetus ingests and expels the amniotic fluid: on average 500 ml a day, that is all the available quantity. It also swallows skin debris floating in the liquid that constitutes its meconium. It swallows its own debris as well as those of the maternal membranes of placenta that, we should keep in mind, is a common organ belonging to the mother and the fetus.

Is it any accident that so many bulimic patients close their day with a heavy bout of bulimia, ending with 500 ml of panna ice cream with little bits of chocolate as black as meconium? They do this to feel alive even though they are home alone, like pregnant women who perceive more intensely the fetus’ movements at sunset. They act like a six-month-old fetus who absorbs with one stroke all the amount of amniotic fluid that has been swallowed, inhaled and expelled during the day.

This point seems essential to me: dark brown meconium is odorless at birth. It is produced by the skin of the fetus, but also by the membranes of the amniotic sac that come from the mother. After birth, as we will see, maternal milk still contains molecules of substances present in the amniotic fluid and the baby's excrements no doubt still contain elements of meconium. This way, the exchange taking place between the baby and the mother at birth, in breastfeeding and in body care, follows the common production in utero of amniotic fluid and meconium. We actually observe that the baby's excrements are never disgusting for parents, they are even terribly 'familiar'. We observe that this familiar smell vanishes when the child is three years old and becomes more autonomous and 'cleaner', as the saying goes. And parents start perceiving a bit of disgust for those excrements, which abruptly become 'foreign'. This loss of familiar smell in their child is sometimes lived with difficulty by those who went through this stage traumatically with their own mother. That is when the child develops symptoms such as encopresis (defecating in one's underwear) to maintain the primitive placental bond with the parents, the mother in particular.

We have said that the fetus initially only identifies the sweet flavor. The distinction between the various flavors is a tough passage – just like the first time the fetus swallowed the amniotic fluid. Moving from sweet to salty, bitter and sour is not self-evident, as we notice in six-month-old babies, when they switch to solid food containing, in theory, all flavors.

Let us add that flavors have a meaning, that is why we call them a first language. For example, the color of meconial fluid in utero is green-brownish and its taste is sour; pain will be felt as dark and sour.

In problematic broken relationships, the behavior of bulimic patients shows me that, depending on the food and liquid they swallow, what they reenact is their fetal life. When they drink green tea or a sour-tasting herbal tea similar to meconial liquid,

they reenact a painful breakup, or the discontinuity of their sense of existing they may have lived in utero. As a matter of fact, while listening to them, I thought that the fetus could feel pain and anxiety in utero. Winnicott³⁶ already spoke of deep anxiety in the newborn, of 'primitive anguish', and he assumed that the fetus could already suffer from interruptions of the continuity of being. Moreover, Arnaldo Rascovsky, one of the first Argentinian psychoanalysts, wrote articles as early as the 1960s on fetal psyche³⁷.

Freud had taken seriously the words of a midwife saying the loss of meconium during delivery indicated anxiety for the fetus³⁸. The loss of the green-tinged amniotic fluid, often called 'mashed peas', is a sign of fetal suffering.

Moving out is always an eviction

Following a problematic divorce, a patient was compelled to leave a beautiful house where she had been living with her husband and children. On the eve of the move and on the day itself, that is for 48 hours, she suffered from such nausea that she was unable to eat anything at all. The only food she managed to swallow was a watercress and lime herbal tea. This way, she was preparing to an extremely difficult delivery by forceps!

At birth, the newborn must expel all the meconial liquid as inhaling it could be fatal. 48 hours, that is the average timespan needed to evacuate all the meconium.

We can say that birth is a very painful act of forced eviction from a dwelling to which one is very much attached unconsciously on all levels, taking place within 48 hours after the expiry of a non-renewable 3/6/9-month lease. Likewise, any move is lived as getting out of a beloved, or at least familiar body.

A thumb for two

Towards the fifth month, the fetus begins putting 'its' fingers, 'its' thumb into its mouth... but we cannot say whether this thumb really belongs to it or not. In this moment of absolute dependence, its body image is under construction in the body image of its mother. In that regard, Daniel Stern has noted that two Siamese twin sisters, joined at the abdomen and sharing no organ whatsoever, for four months and up to the surgical operation, indiscriminately sucked their own and their sister's thumb³⁹.

So, we can surmise the following fact: the thumb that the fetus –and then the baby or the young child– puts into its mouth does not really belong to it. It is a vestige of the placental bond. In fact, the thumb is one of the first items the fetus finds within reach of its mouth. It is heavily emotionally invested from the point of view of drives and sexual oral meanings just like the placenta or the umbilical cord that it sucks, nibbles or clutches when it seizes it autonomously –like, later on, its pacifier or the mother's nipple.

This allows us to understand more clearly why children in treatment, just like adult women, do not dare tell the analyst they still suck their thumb when alone. They fantasize on the analyst chopping their finger, as though it was the umbilical cord being chopped or the placenta being torn.

Several of my patients' children could only give up on their pacifier towards three years of age, when the mother was finally 'ready' to part with it, i.e. separate from the fusional placental bond in her unconscious. Is it the reason why, in a time when addictions are developing in all possible fields, as I will later point out, we are seeing more and more four or five-year-old children go to school with a pacifier hidden in their stuff?

Couple dancing

As the weeks go by, the presence of the fetus becomes more and more perceptible. It starts moving a lot when the mother is excited or anxious. A perfect synchrony settles in between them. A perfectly regulated dance comes into being: the child, like a star dancer, accompanies all its mother's movements all day long. This fusional bond and synchrony engender bliss for the both of them. As a matter of fact, the mother's body is so structured that all the movements of the fetus are synchronized with her own movements. If she stoops, if she runs, the fetus will take up the best position to ease her movements. And even during amniocentesis, it often positions itself in a corner of the uterus to ease the process. We should note that, when we talk about movement synchronization, we always refer to movements in a broad sense, i.e. muscular, emotional, sensory movements...

This very intense fusional bond implies an interaction between the fetus and its mother, and this happens in both directions. The mother must then also listen to the movements of her fetus, notice its changes of rhythm and, particularly, its moments of silence that become more frequent in the third trimester, as we will see at a further stage.

Listening to the movements of the fetus

The fine motor skills of the fetus improve as the pregnancy continues, but they will progressively suffer limitations before birth, so much so that the newborn finds itself in a general motor disability. We find here again on a psychomotor level the same process of strong advance followed by a gradual loss and the 'oblivion' of muscular movements, similar to the oblivion we had noticed with the primitive placental bond!

In the first trimester, the movements of the fetus go off in all directions, they are erratic. Then they become more and more articulate and coordinate, according to constant cycles. We

note four types of movements: rotations, simple movements, quick movements such as 'kicks' perceived by the mother when hiccups sets in, and quick and repeated respiratory movements, thirty to ninety breathings a minute, carried out by the thoracic cavity and the abdomen.

At the end of the first trimester, the fetus starts hiccupping, as we have seen, which allows it to develop respiratory movements. Some of them are quick and superficial; they vary in range and frequency and will vanish at a further stage during deep sleep, with apneas of variable duration. What we discover with this classification⁴⁰ is that the first little kicks awaited by all mothers, so that they can feel the child they are bearing is really alive, are the effects of the movements of the thoracic cavity when the child hiccups heavily.

This way, in the second trimester, the fetus acquires finer and finer skills. Every new functional acquisition concerning the mouth and various organs (swallowing the amniotic fluid, inhaling, urinating, hiccupping and partly filling its lungs, sucking its thumb and yawning at the end of the second trimester) induces, according to some scholars, a secretion of oxytocin, that we could call the 'hormone of well-being and emotional attachment'.

Through what he named the oral-cannibalistic self-preservation drive and the sexual drives mentioned at the beginning of the present chapter, Freud already described, more than a century ago, the life drive battling against the death drive (Eros and Thanatos). We will therefore not be surprised to discover that all fetuses can increase their active movements greatly, multiply their speed tenfold, when the mother is anxious or goes through a traumatic experience. And they shake with pleasure and ingest a lot more amniotic fluid in half-an-hour when the mother swallows glucose, all the while knowing that sugar also has anesthetic effects on the newborn⁴¹. And this makes us understand more clearly the sugar addiction in bulimic and anorexic patients!

It is essential, in the second trimester, to listen on and off to the movements of the fetus on a regular basis. If the pregnant woman does not perceive them for a while, even after swallowing sweet food, she should see a gynecologist. If the pregnancy goes well on an organic level and as far as the fetal development is concerned, then she should see a psychologist.

We have seen that excessive anxieties may engender difficulties in perceiving important changes in her own body, and we believe this lack of perception is detrimental to the child-to-be. We have actually noticed that, throughout our experience as analysts, certain mothers of children who developed an autistic disorder in the first years of their lives could not feel anything during pregnancy.

When the pleasure becomes intolerable

So, the fetus is pleased to grow, breathe and move, and the mother is pleased to feel alive and be often elicited by its hiccups and trampling. But at times, for some women, the sensation of these movements induces intolerable pleasure –since, according to the taboo of incest, feeling pleasure from one's baby is forbidden. Then, pain will largely enshroud the pleasure perceived. They browse the internet for a way to calm the hiccups that, in the second trimester, can last for hours and hours.

Once again, the most fragile mothers will fear the 'comeback' of a child that invades them like an alien in their nightmares, an alien, who might kill and devour them. As we have said, pregnancy leads to reliving the most archaic childhood fantasies.

Others, or the same women, will be worried by the transformations inside their bodies and in their appearance, as their belly starts swelling and they do not really recognize themselves any longer, even in the mirror. A mother will see her alcoholic aunt's puffy face, another her mother's or her sister's

face (like at the ultrasound!), others feel like they are veiled (pregnancy mask).

Sexuality during pregnancy

During pregnancy we can observe a tendential decrease of sexuality in the couple. What are the reasons for this? The pregnant woman retreats into herself; for a while, she invests her partner far less and gets into a one-to-one conversation with her child-to-be. Because, out of merely 'mechanic' reasons, she unconsciously feels pleasure with the fetus. We should recall that the uterus is an erogenous zone, it plays a part in the female orgasm, and the fetus has no hesitation about stimulating it by its movements. It tramples its mother's space. More often than not, the mother deliciously complains about 'herbaby's' kicks, especially if it is a boy: "There's my football champion", some say. Because, thanks to ultrasound, the fetus is now gendered: if it is a girl, the fetus will be perceived as delicate, if it is a boy, it will play football or rock with its mother. The pleasure felt largely remains unconscious and, when it becomes conscious, it is often experienced as its opposite form: that of pain. Therefore, it is difficult to be fully conscious of the enjoyment engendered by the baby through stimulation of the uterus, especially at night. Since feeling sexual pleasure and unconscious orgasms with her child, girl or boy, is inconceivable.

For this reason, all the imaginary production of the mother, always unconscious, during the fusional placental bond sways between *being one and being two*, particularly in the second trimester. Being one allows her to feel the pleasure to live through her whole body, with the child included in this bliss. Being two, i.e. picturing the child within her, lends another meaning to this pleasure as it is felt in its company, which revives forbidden desires.

A permission to love

An experiment carried out by gynecologists⁴² prompts us to reflect. A group of pregnant women received the information that they should lead a normal sexual life. The doctors explained that, contrary to preconceived ideas, intercourse was not harmful: the problems encountered during pregnancy are not connected with sexual activity, it does not induce premature delivery etc. These women all felt heightened sexual desire and pleasure throughout the second trimester of pregnancy. In a second group deprived of this item of information, only a woman out of three experienced heightened pleasure. By contrast, a majority of men who had been interrogated and given the information felt a slackening of sexual desire in the second trimester.

Couples often restrain their sexuality during pregnancy. In the first trimester, if 'sympathetic' signs are definitely present, fatigue and nausea are no invitations to erotic desire... And, subsequently, especially as early as the fifth month, an often-used argument involves hurting the baby, causing it to suffer... or simply awakening it. The fact is the baby is there, so close, and in a way it 'plays gooseberry'. Then it is difficult not to have the fantasy of love under surveillance. The couple's intimacy falls to pieces.

However, I was not surprised to note that, among my patients, a large majority of them perceives greater sexual desire when the woman is pregnant: her smell is like a drug, resistance is vain! Are these not reminiscences of pleasures shared with the mother they did not sufficiently repress?

Desire is exacerbated by the impression of finding a very ancient fusion: the union of the mother with her fetus. They swim upstream along time with intensity, even fury, like a salmon swimming along the river to the place of conception. They enjoy this passionate love or, conversely, they dread getting lost in it. In both cases, this fetal reminiscence summons

the above-mentioned procession of archaic fantasies, mainly those of incest and devouring. Our vigorous lover feels like a devourer, but sometimes fears being devoured by a 'vagina dentata' or toothed vagina! Furthermore, throughout this trimester, one rather thinks of primitive and incestuous fusion with the mother since, as we have seen, the image of primitive and incestuous fusion with the father in the first trimester was repressed at the outset of the second trimester.

Chapter 6 **The Metamorphosis of the sixth month**

At the end of the sixth month, the mother feels great pleasure in the fusional primitive placental bond she has with her child, a bond comparable with that existing between identical twins. When this bond is lost, she will go through a second critical passage, the first taking place at the end of the first trimester.

Fusional bond between identical twins and placental transference on the analyst

According to epidemiological research, the birth of twins keeps increasing in France. For various reasons connected with the mothers' decision to give birth at a more and more advanced age, therefore with in vitro fertilizations, where several embryos at a time are inserted to enhance the success rate. And also, according to my assumption, for psychic reasons I cannot develop here and that imply a greater and greater tendency to addiction, regardless of age.

We are talking about various addictions that are toxic, as addictions always are: to alcohol, cigarettes, sex, medicines, painkillers, drugs...or even cell phones, which children, adults and elderly people often conceal under their pillow. This direct, live, effortless and continuous communication with the world seems to me to be associated with archaic fantasies of the primitive placental bond before birth, which has to be permanent and fusional, and with the fears it involves. *Any interruption will be perceived as dangerous*: "What if something terrible happened to my parents, my partner, my child and I didn't know about

it? Or to myself and I couldn't cry for help?" Being without a cell phone is so agonizing today that one wonders how people survived in the old days before technology...

This need to avert any disconnection to stay alive is based on the unconscious fantasy, arisen during pregnancy and fetal life, that any interruption might induce not only the death of the child, but also of the mother and father, i.e. of all the protagonists –since the fusional primitive placental bond would be broken.

We find these unconscious anxieties in psychoanalytical treatments, when patients get away and their analyst keeps working. They believe they are anguished due to their own departure, but they actually feel guilty about leaving their analyst and dread the risk of losing him or her. In a way, not thinking about the analyst, as not thinking about parents in the past, would be like making him or her disappear.

The fusional bond between identical twins gives us a clearer idea of this kind of unconscious anxiety, and its observation has always added a lot to research. Françoise Dolto had already noted that, when one works psychoanalytically with a child in Paris, his or her twin living in Toulouse gets better after a few sessions. We can observe that this interaction when parents are in psychotherapy because of a problematic relationship with their child –for example, when the child still 'wets the bed' after the age of four (enuresis). I recall that I only had to tell a father, who had also been enuretic up to the age of eight, that his son was still his son, even though he did not resemble him in all aspects, and thus that his son could be considered as such even if he did not wet his bed, and as early as the following night the child stopped being enuretic. We can understand the burden all children of the earth have to carry, as they have to take over their parents' symptoms and support them in their psychic balance. Furthermore, some parents, too close and 'fusional' with their children, may also encounter 'incidents',

such as sporadic incontinence when separated from their children, even adult ones...

Listening to patients who have an identical twin, as well as mothers of non-identical twins following an in vitro fertilization, has taught me a lot on what Françoise Dolto already called the 'placental transference' in treatment, namely the reactivation of the mother/child fusional bond at the time of placenta, and its displacement from the mother to the analyst in therapy.

Unconscious communication

My observations are based on different levels of unconscious communication. Some patients who have an identical twin were able to grasp in a second my current mood, my daily reading and all the changes in my office up to the tiniest detail. Two of them, and in other hysterical patients experiencing placental transference, were extremely sensitive to me and could feel my mood putting on clothes of the same color as me, but in reverse: if I had a red skirt and a black pullover on, they would sport a red pullover and a black skirt...My curiosity led me once to buy an unfashionable pullover in a very unusual color for me (fuchsia-pink): one of my patients came to the following session wearing a fuchsia-pink skirt! Similarly, when I bought an umbrella with a particular pattern abroad, at least one of my patients had bought the same item in France in a smaller size after I came back.

These patients often have the same dreams as their twin sister. And it happened twice that they dreamed the same thing as me during the same night. They described 'our' dream, the place where it was set with such precision as would befit a Louvre copyist.

Some of my non-twin patients happen to encounter the same coincidences. For example, one of them even had the same dream as her mother who, living in Southern France, took the trouble to phone her to tell her about it, since it was

so harrowing. In this kind of dreams, we often find a fire or a storm devastating the childhood home and, more particularly, the patient's childhood bedroom. These shared nightmares signify the loss of the primitive fusional placental bond.

What is more, identical twins normally give birth to their child at practically the same time, even when they live very far away from each other and do not talk on a regular basis. We also find this phenomenon in very close sisters, sometimes across several generations. Across three generations in the case of three sisters living at a certain distance from one another, born a year apart: they all gave birth nearly at the same time, and had their grandchildren almost simultaneously... And we have observed that menstruation in mother and daughters living under the same roof often arose at the same time for biological reasons connected with pheromones.

We have known for about ten years that placental blood contains the cells of elder brothers and sisters and, of course, the cells of the mother, but also of the grandmother on the mother's side: we call these twin cells 'chimaeras'. I believe that the intensity of the fusional placental bond and psychic dependency of the mother on this placental bond favors the intensity of the biological process called 'chimaerism' which, on another note, is normal during pregnancy. So, 'chimaerism', by blending the cells of various individuals from different generations, echoes the intergenerational relationship between mothers activated in pregnancy.

These experiences led me to this important point: *between mother and fetus there is an unconscious transmission of thoughts conveying the mother's body actions and voice in colorful images, structured like a language, in a manner close to the reality of dreams –and this happens in the second trimester, before the fetus develops the capacity of dreaming and hearing the outside noise and voices.* This transmission is already elaborated on a psychic level by the mother, but finding support on biological and psychic processes in progress (such as pheromones or the

entanglement, connecting two objects in such a way that they cannot be severed despite the distance separating them).

We do not know so far how these strange phenomena of transmission may occur at a distance and we do not have, in this respect, any scientific evidence, but we should underline the presence of these quite frequent phenomena that can be observed in treatment, particularly in twin sisters and bulimic and anorexic women.

A baby vanishes

We have to understand how the mother/child fusional bond typical of pregnancy is formed and identify when it starts lessening before delivery and gradually disappears after birth. And to do this, we have to comprehend the unconscious relationships forged in the chain of grandmothers, mothers, sisters and in the mother/daughter relationship in particular.

When an elder sister is expecting a child, the younger sister may be severely depressed, because she feels a strong anxiety and the unconscious sensation of vanishing completely from her sister's belly, like before from her mother's belly, as we have seen. As though, in the maternal belly, a new child superseded the previous one. For the elder sister, the same fantasy is at work towards her mother and younger sister: the order of generations does not matter in the unconscious. Likewise, the mother unconsciously feels severe anxiety when the elder daughter has her period for the first time, especially when she is at the brink of menopause herself, or when her daughters are pregnant, a theme I will develop at a later stage.

How can we comprehend these phenomena? There arises, in unconscious fantasies, a chain of mothers, one inside the other like Russian dolls, permanently hosting a small agonizing baby abandoned in the belly. As though, in a game of intergenerational interlocking of Russian 'matryoshka' dolls, each one was the child of the other, remaining one in the other, up to the tiniest

doll who, at the end of the chain, will not open: the last baby they have in common, since it finds itself in the belly of bellies. *So, all women unconsciously feel they always have a baby ready to be born in their belly.* And at each period, they make this dying baby relive and kill it every month when it vanishes with the menstruation blood.

We are here again confronted with the fantasy of disappearance and oblivion of the child carried in the mother's belly, or that of a sister, with the fantasy of making the still living baby vanish, abandoned in one's own belly. It is also because of this fantasy that elder daughters will in turn run the risk of vanishing when a younger sister is expecting a child, which will lead them to become pregnant after a few days, as we have seen. We can observe the same phenomenon at the end of a psychoanalytical treatment: patients, particularly women, who cannot unconsciously imagine crossing this void, parting with the therapist and staying alive, will 'have' a baby before the 'last' session.

When menopause comes, the woman has to picture the definitive disappearance of this child who fades without leaving a trace. We have observed the development of a fibroma as big as a six-month-old fetus in some patients at the onset of menopause. They had not been able to unconsciously anticipate and picture the definitive loss of the primitive placental bond and their empty uterus. Through awareness and the analysis of these fantasies, most of them averted an ablation of the uterus, the fibroma having considerably decreased and then vanished completely after menopause.

Thus, when the disappearance of the child left in the belly cannot be represented, the somatic symptom may replace it because, as Lacan says, "all that is rejected in the symbolic order resurfaces in reality"⁴³.

In identical twin sisters, those who were formed in a single placenta, this anxiety of vanishing is huge. That is why the one who was born first has no children, so that her sister may find

room in 'the belly'. As a matter of fact, they have heard all their lives: "You almost killed your sister! You took all the place!" So, when one of them is expecting a child 'by accident', at forty years of age, just when she had given up on the idea, on the very day of delivery, the twin sister falls ill (often with an infectious or autoimmune disease), as if her immune defenses had suddenly failed. In a way, the twin sister, by picturing herself still in her sister's or mother's womb, felt protected by placental immune defenses. We should not forget that, when the mother is expecting twins, the rate of H.C.G., the hormone of attachment, doubles during pregnancy.

The fetus becomes viable

At the end of the second trimester, the child starts acquiring its own independence, while its mother is losing her omnipotence. Now is the time of the decline of placental Heaven, of the definitive, unconscious loss of the fusional child carried up to then, a loss that is hard for the mother to picture or represent.

At the twenty-fourth week of pregnancy, when the mother generally feels the greatest bliss of being *in fusional unity*, the fetus becomes viable, it can live outside her. It has acquired a limited muscular autonomy and its spontaneous movements are more and more voluntary. The development of its vestibular system is almost complete. It manifests its pleasure of being alive by breathing more and more, with more regular periods of apnea, starting to yawn, having more and more prolonged hiccups, all the while trampling the uterine wall. It expresses its oral and urethral pleasure by swallowing and urinating more and more to renew the amniotic fluid every three hours, and its anal pleasure of living by withholding the meconium as much as it can in its intestines.

For the mother, losing the primitive placental bond with the fusional and lively 'herbaby' with whom she totally identifies,

is like losing an identical twin with the placenta she had in common with it. Mourning it is only possible if she could picture its presence in a very significant way and anticipate its disappearance. Because one does not feel the loss of something one has not really perceived. And if she cannot feel the loss, the mother-to-be will behave as though 'herbaby' were locked inside her. Which is what the child will feel after birth.

We may consider this experience of loss of the primitive placental bond felt by the mother at the end of the sixth month as the first stage of radical separation from the child-to-be. It occurs long before delivery when, through its biological and functional involution starting at the beginning of the seventh month, the placenta somehow prepares the mother for its definitive disappearance, as well as for the loss of the primitive fusional connection with the child.

We can interpret this representation of the future disappearance of the placenta, an organ defined as ephemeral, and the loss of complete bliss linked with the close bond experienced in this trimester, as the first irrevocable separation between mother and 'herbaby' taking place long before birth. What Lacan would have termed the first loss of the object a.

Anticipating the loss

Like for all processes of change and loss of a body image providing great satisfaction, this first separation may become traumatic if it is not unconsciously anticipated by the parents, and by the mother in particular.

Because one must have anticipated, expected a change in order to live it serenely. Anxiety, according to Freud, has this unconscious function of heralding the expectation of an event to come, perceived as worrying or perilous. So, it establishes us in time, whereas fusional bliss maintained us out of time.

But if this anxiety is too harrowing, the excess of it induces the opposite effect and what is felt becomes traumatic, since too

much anxiety prevents from thinking and leads to unsuitable behavior. For example, two women I was following as part of my research at the birthing center, nearing the end of the sixth month woke up every night, anxious about the threat of a miscarriage. The danger was diagnosed by their midwife who had thus recommended absolute rest. These women, in spite of the midwife's clear prescription, would come repeatedly to see her every other day to be reassured. But, living in the distant countryside, a long way from Paris, had to take twisting roads and public transport, every time risking a premature delivery. Anxiety sometimes leads to paradoxical behavior, contrary to what would in fact be desirable.

Forerunning dreams and nightmares

THE DREAM OF THE TSUNAMI

Women who are not too anxious remember their dreams more easily during pregnancy. My patients, but also the women heard at the birthing center, as well as several friends interrogated in the second trimester, very often tell the same dream: one morning, the imminent coming of a tsunami is announced on the radio. Seized by panic, they have the time to jump into their car, thus averting the catastrophe. The most anguished women will have this kind of dream only in the third trimester and in a more nightmarish dimension, shortly before the rupture of the membranes and with a more terrifying twist. The announcement of a tsunami occurs when the phenomenon is already breaking out, and the fate of the dreamer is still very uncertain.

Such dreams are important: they manifest the capacity of anticipating the catastrophe-separation between mother and child and the possibility to imagine a possible way to survive for both of them. In fact, the main point is this: if the mother identifies too closely with 'herbaby', she cannot imagine a

separation that would not be fatal for herself *and* for the child. The same can be said about the father: we should not forget that he feels the same identification with the child as his partner.

THE NIGHTMARE OF THE DEATH OR MURDER OF THE CHILD

Towards the end of the second trimester, the dream of the child's death crops up with horror. Either it has been murdered and its body has been removed, either it falls down the bottomless winding stairs into a black hole. All these nightmares revolve around the murder of the child and the riddle of its disappearance.

Some very anxious women happen to feel guilty about a murder carried out unbeknownst to them and they cry: "I've killed my child!" These very fragile women may develop a form of psychotic behavior at delivery, and keep repeating ceaselessly this phrase in front of the newborn, who lies however in a cradle right before their eyes.

Michèle Benhaïm, psychoanalyst and researcher, has discovered the existence of this unconscious maternal fantasy in all mothers. Her book, *La Folie des mères. J'ai tué mon enfant*⁴⁴, and her various well-argued books and clinical articles that followed, present this unconscious fantasy as universal. By going deeper into this thesis, I wish to explain in the following chapters the origin of this maternal fantasy.

Freud had noticed in several patients an anxiety of being killed by one's mother, an anxiety he supposed originated in the child following the repression of aggressive and sadistic oral desires typical of the beginning of life (I love her, I devour her). But he had also observed that the anxiety of being devoured by one's mother, for its part, "justifies the desire for the mother's death, if this desire becomes conscious". And he also wondered whether the hostility towards the parent was a reaction to an actual hostility suffered by her. In this respect, he adds that he

only encountered "in men the anxiety of being devoured by the father", as we have previously seen with his theory of the father of the primitive tribe. However, Freud concludes his article *On feminine sexuality*⁴⁵, by saying that the anxiety of being devoured by the mother was yet connected with the father, but following "the likely transformation of oral aggression addressed to the mother".

This way, Freud already hinted at the existence of the universal unconscious fantasy transmitted by the mothers "I've killed my child", to which the child attempted to react in order to survive. But what kind of murder is it?

It is the murder of the fusional and incestuous child, that of second trimester Heaven, whose memory has to be cancelled. Censorship does not allow images of incestuous enjoyment between mother and child to pass through, they have to stop. The process of repression is at work, as we have seen, unbearable incestuous representations are thrown back into the subconscious. But if perceptions are not integrated, having been denied at the source, what can be thrown back into the subconscious?

I believed I have found the trace of the vanished child in the treatment of several of my patients, in particular in women and artists, and not only in patients who were in great pain.

We have previously seen that the nightmares of pregnant women also occur to certain patients whenever they can envisage the end of the treatment and, when the end is close, these nightmares follow a scenario worthy of a good detective story.

In the first sequence of such dreams, the dreamer is convinced that he or she has witnessed and been the accomplice of the murder of a child and has forgotten everything about it (the face of the murderers and that of the child, the setting, the time of the crime) and the act itself has left no trace. The body of the dead child has vanished and no wanted notices have been

issued by the parents, because the child did not yet have any name or sexual identity.

This last point may be based on the experience lived during fetal life as, at the end of the sixth month, the little girl has a voluminous clitoris, but the vagina and the labia majora are not formed yet. Hence the fantasy in some anorexic women of being a tomboy, neither male nor female.

In the second sequence of this kind of dreams, towards the end of the treatment, the dreamer finds the body, sometimes buried in a wasteland or hidden in a shrubbery, like in the movie *Blow up* by Antonioni, and it can finally be identified, named and properly buried.

Undeniably, the child in question is the dreamer who has not been sufficiently present for its parents in the second trimester of fetal life, before the disappearance. A necessary disappearance, because every single memory of this incestuous child has to be cancelled, the child of forbidden enjoyment of the second trimester: it has to be forgotten since it is too heavily marked by the mother-child incest. But, as we have seen, if the mother is stuck in a fusional bond with the child, the enjoyment is tolerable: this pleasure does not come from the relationship with the child as the latter does not exist as such, separated from her. What is absolutely unbearable is becoming *two in one*, because the excess of enjoyment with a child is taboo. So, how can one get out of this entangled situation?

The disappearance of the fetus

At the end of the sixth month, women perceive the movements of the fetus more often in the afternoon and in the evening, far less in the morning. It is actually between 9 and 12 pm that the fetus moves the most, they feel it quite clearly when they are lying down and close to falling asleep. However, for the rest of the night, they perceive it less than before, since the fetus goes through its first cycle of deep sleep. As a matter of

fact, the fetus will gradually integrate the day-and-night cycle alternating the rhythm of its respiratory movements, apneas and deep sleep during which it pauses its active movements.

And, furthermore, we know that the sensation of free falling is induced by an important imbalance of muscular energy. Hence the jolt often occurring while falling asleep.

Several anorexic women cannot go to bed without switching on a pilot light and ingesting dairy products or sweetened herbal teas before sleep. And the first dreams they remember, as the treatment goes by, are in black and white. Likewise, several bulimic women, after suffering fits of bulimia at sunset and in the evening before sleep, wake up every three hours to check they are still alive and to swallow sweet yoghurts to keep feeling alive. This is the rhythm of the fetus who has to produce 500 cl of amniotic fluid every three hours at the end of the second trimester.

What brings about the anxiety felt at this time of pregnancy is therefore the sensation that the child is vanishing, like a light that is going off, without leaving a trace, similar to a shooting star. This leads her to think that the child might never have existed at all. For this reason, the loss of the fusional child, even if it is not unconsciously expected, may turn out to be very traumatic, and the woman's reactions depend on the intensity of the trauma lived by her own mother throughout this passage. To use the astral metaphor, the mother could be flabbergasted by the sudden and unanticipated disappearance of the star (*sidus* in Latin) and may not await its return. As if the collapse of the star into a black hole took place, a star whose only sign of life is the traces left by the perceived trauma.

When the fetus is silent

And now silence suddenly falls, literally. Waking up in the morning, for a few moments, women 'forget' they are pregnant. The thought that may come to mind is terrible: accidentally

or after a particularly intense sexual intercourse, they have killed the child. Truly Oedipal dreams may come on the days preceding the end of the sixth month, featuring very hot sexual acts with men who sometimes look like their fathers or brothers.

Thereafter, more and more, even during the day, pregnant women will at times *forget* they are pregnant and, suddenly, the anxiety of killing the child resurfaces and leads them to seek contact with it to check it still alive.

However, the fact that the mother might sometimes forget the child she is carrying, that she might then search for it and 'find it again' at various times of the day, will enable the child, after its birth, to really have a sense of existing. In fact, in this game of lost and found, she pictures very well the presence and absence of her child.

Paradoxically, paying constant attention to one's belly or, on the contrary, forgetting about it all day long owing to a demanding work activity, does not allow the mother-to-be to establish a sufficient imaginary relationship with her child, since it is not present. An intermittent relationship is necessary to inscribe it in reality and, of course, into conscience. If the child is always present and in a fusional relationship with its mother, it has no existence of its own. Only the differences and continuities are perceived, not the permanence. In other words, if the baby risks vanishing, it is because it exists in flesh and blood, it is not only a fantasy.

The child's silence is the cause of various manifestations. Several women who are six months pregnant have a recurring dream that I also observe in childless patients: they find a *forgotten* little mouse, hidden somewhere, starving or already dead. We have equally seen this fantasy or this dream with the toad left in the cellar of Emmy von N, Freud's patient. And several anorexic patients are so constipated they have to have frequent enemas to be sure, in their unconscious fantasy, they have not got a living baby in their belly. Finally, other patients suffer from chronic constipation that compels them to

take laxatives all their lives, all the while maintaining, at least psychically, a tiny intact fecaloma in their belly that represents the vanished child left in the belly.

The fantasy of the child dying or vanishing if we forget to think about it originates at the end of the second trimester of pregnancy. It is all the more anguishing as, in the second trimester, the mother being still in a fusional relationship with the child, when she loses it, something vanishes with it: she loses herself. And the enclaved child will have the same fantasy as an adult: not thinking about its parents, especially the mother, would make her die and vanish.

And the mother has the same mirror thought. We often hear the sorrow of French mothers and grandmothers and the guilt felt by patients when they forget to phone their mother on the famous 'Mother's Day'! Reactions that would seem out of proportion if this unconscious fantasy was not present.

But during pregnancy, unfortunately, forgetting to think about the child may turn out to be tragic for the latter. Some hyperactive women totally forget its presence and keep cycling or even skiing! Then they happen to fall accidentally, endangering the child's life. Others 'naturally' fall down the home stairs or in the underground at that time of pregnancy. They fall, but the child does not... even if the fall may lead to its death.

The baby blues again

The loss of the primitive placental bond at the end of the second trimester is accompanied by representations that largely remain unconscious. The dreams, nightmares or fantasies featuring the anxiety of losing the child, as already discussed above, are a manifestation of this phenomenon. In their absence, there is another sign of the lessening of the placental bond: a 'slump' in the mood three days after the critical passage, a mild baby blues.

We will later see that, when the representation of the loss of the fusional child has not been anticipated by the parents and even by the grandparents at the end of the sixth month, these latter are exposed to a real fall, at times fatal, on delivery of their child or grandchild; perhaps the child itself will even fall, as an adult, on his birthday⁴⁶.



*The evanescent twin – De la mûr(e) à l'amour, Tamara Landau.
(Tribute to Jacques Lacan)*

We can compare this first important loss of the primitive placental bond with the disappearance of the 'evanescent' twin, occurring in identical 'tied twins', in a single placenta. In this pathology, named 'twin-to-twin transfusion', the twins present a tied membrane, along with small pathways in the placenta allowing blood circulation from one to the other twin. The

'transfuser' risks dying by total dehydration. Most of the time, it vanishes without leaving a trace. For this reason, this twin is the 'evanescent' one. The 'transfused' stands much greater chances of surviving, even though it may suffer from serious consequences, in the kidneys mostly, of an excessive blood flow and amniotic fluid. In the past, before the advent of the ultrasound, twins were not spotted. Most 'transfuser' evanescent twins had vanished in the first two trimesters, particularly at the end of the sixth month, the passage considered as 'critical' by doctors.

So we can see interpret the tragic fate of the 'stuck-twin' as a metaphor that helps us understand the traumatic nature of the loss experienced by the mother is at this stage. In her unconscious representation, the mother herself vanishes, in the role of the evanescent 'stuck-twin', and leaves room for the child. For this reason, the representation is harrowing for her. In the second trimester, the mother was omnipotent and led the game, but in the third trimester, the child will be 'in the lead'.

The vanished twin in twin pregnancies

In a twin pregnancy, the disappearance of an evanescent twin, like the death of a twin exempt from this pathology, leaves invisible but lasting traces in the unconscious of the mother, the father and the surviving twin(s).

This question is very topical due to medically assisted pregnancies. As a matter of fact, twin pregnancies are globally considered as 'risky' because of the more frequent mortality *in utero* than in so-called 'normal' pregnancies, with a unique child.

If parents have unconsciously rejected the existence of the lost twin and, even more so, its disappearance, several psychic symptoms may arise in the surviving twin.

We may think that the mother generally finds it hard to think and perceive the twins' differentiated movements for reasons linked to the perceptive system, as she cannot see them. This difficulty suggests that, probably, in all twin pregnancies we come up against a partial, totally unconscious rejection of one of the twins, since one of them is always hidden by the other. This neglect of the 'hidden' twin causes in the twin itself the impression of having been abandoned in the belly.

And It is surprising to find out that the one who is forgotten is not necessarily the second twin to be born. Here comes the example of my patients: both of them, even though they had been born first, were always called by the name of their twin. Their mother could not tell them apart. However, at the end of the treatment, they managed to tell them apart, even on the phone. Breaking away from the primitive placental bond and differentiating oneself from one's twin had been way too frightening for them and their mother.

Mourning the lost twin

Picturing the death of a child in utero is very important to be able to mourn it and talk about it to the surviving twin at birth.

Otherwise, this latter risks carrying this impossible burden alone, taking on the guilt of surviving and unconsciously occupying the place of this twin dead before birth all life long.

So, parents who, expecting triplets following a medically-assisted procreation, had undergone a 'reduction', as they say in specialist language when a twin is suppressed for medical reasons: they could not mourn the child because, in the parents' unconscious fantasy, they had vanished themselves.

The father went through severe depression, the mother denied the 'reduction', and since birth, a twin had suffered from asthma and the other from severe eczema. The mother always purchased, without realizing it, 'large' eggs having two

yolks, and the twins (a girl and a boy) were crazy about eggs sunny-side up; they ingested every day three large eggs with six yolks, which they compared to three pairs of eyes wide open ceaselessly staring at what went on around them. All it took was the mother acknowledging the third twin's death (being the second of three children herself) and then she was able to talk about it to her children. The asthma of one and the eczema of the other vanished shortly after this and the children stopped asking for the three eggs sunny-side up...

In fact, the mother and the surviving twins had unconsciously felt the disappearance of a twin, but if no-one utters a word enabling the picturing of the lost child's existence, like in the case of the evanescent twin, mourning becomes impossible. Furthermore, asthma and especially skin diseases are very familiar among psychoanalysts as being manifestations connected with very precocious separations that are impossible to picture because they are underpinned by the unconscious fantasy of having a common skin with the mother (see Dider Anzieu, Joyce Mc Dougall and Jorge Ulnik). In the present book, the prenatal origin of this unconscious fantasy will be discussed.

At the end of the sixth month, the loss of the 'stuck-twin'

Again, we should highlight the importance of this stage of pregnancy. Any mother unconsciously feels a very intense anxiety and trauma if she is not prepared to lose her placenta and the child she is carrying. In this phase, the unconscious fantasy of "I've killed my child" is revived. Seized by this affective, unconscious and conscious upheaval that is beginning to form in their conscience, the most fragile women may deliver prematurely, which is a way of saving the child who, in their mind, is running the risk of dying. Anticipating and

formulating this unconscious fantasy allowed some patients to stop the threat of premature delivery.

We have seen that, in her dreams, the woman anticipates the definitive loss of the placenta and of the fusional fetus, who was one with her – as though she carried within herself the memory of what was going to happen. She is about to lose control of her lower body, due to the more and more independent movements of the fetus that she will perceive less and less intensely as delivery approaches. Here is the catastrophe announced by dreams. And even though she does not remember her dreams, she perceives the anguish coming from them. This anguish that Freud describes as the announcement of an imminent danger from the inside and accompanied by a burst of love for the child. The weakening of the fusional bond brings about a pain and a phase of mourning that remains unnoticed most of the time. For a few days, at the beginning of the seventh month, as we have said, the woman experiences a mild baby blues.

The mothers who have not been sufficiently present in the minds of their own mothers when they were fetuses often go through a more serious state of depression. We might even say that they go through a transitory melancholy passage, such as Freud describes in *Grief and Melancholy*⁴⁷ as a process of normal mourning. When the ‘object’ of love is forever lost and what is left is “the shadow of the object cast on the Ego”, then the mother experiences the severest trauma of her pregnancy. Simultaneously, the fetus takes a further critical step that can turn out to be traumatic because of the mother’s experiences and of its own terrifying experiences of falling into a bottomless black hole. A sensation that preterm infants feel, less intensely, every time they are moved brusquely. We also frequently find the dream of free falling into the ‘cosmic vacuum’ in bulimic-anorexic patients.

In the mother, from a hormonal point of view, this terrifying anxiety of disappearance and melancholy grief of definitive weakening of the primitive placental bond with the child are

probably accompanied by a heavy secretion of cortisol, the stress hormone. We assume that even the fetus, in this phase, starts perceiving the mother’s anxiety and melancholy grief by producing cortisol in turn⁴⁸.

The fetal suffering manifests itself through an increased heartrate and a lessening of oxygen in the blood (hypoxia), which cause a choking sensation. The idea that the anxiety of the fetus originates in this period came to me from my clinical experience: several patients, as their mother’s or father’s death was imminent, as the last survivor of the couple, secreted large quantities of cortisol, several of them before the relative’s death, and not following the demise. As soon as they felt the relative decline, they expressed their grief through all sorts of somatic symptoms (various pains, heart complaints etc.), accompanying their depression. The clinical picture was so catastrophic that doctors had diagnosed serious diseases (cancer, heart condition, Cushing syndrome, etc.). The symptoms gradually disappeared with the analysis of these unconscious anxieties.

We can therefore assume that the fetal suffering felt at the end of the sixth month is the first expression of the child’s anguish and grief connected with the separation from its mother.

So, the child’s sense of existing, vitality, even its psychic health, depend on how successful this metamorphosis of the sixth month proves to be. My clinical experience with bulimic and anorexic women has led me to think that their mothers overcame this step unsuccessfully and remained fixed on the unconscious fantasy of ‘I’ve killed my child’. I was driven to explore uterine life to understand these women better.

THIRD PART
THE THIRD
TRIMESTER

Chapter 7 **The seventh month, or Time regained**

We could compare pregnancy to a series of theatrical rehearsals, whose title would be *Baby's Disappearance*. We have seen that every disappearance coincides with a genuine loss of body image connected with the alteration of the primitive placental bond. Every disappearance has to be anticipated, perceived and conceived by the mother to be integrated and then repressed. And the unconscious representation matching the loss is expressed by fantasies, dreams or temporary occurrences of baby blues. The end of the second trimester would be what is called a 'dress rehearsal', namely the second last rehearsal before the general rehearsal that will take place three or four days before the end of the third trimester, and the 'premiere' at birth. These are all rehearsals for the separation to come, anticipations of the delivery and of the loss of placenta that lead one to think that the woman, even a primiparous one, possibly has unconscious knowledge, probably handed down from her mother, of the pregnancy process.

The rehearsal of the end of the second trimester highlights the disappearance of fusional Heaven, in its neurobiological (selective epigenesis) as well as psychic dimension.

The seventh-month fetus

At the end of the sixth month, the fetus has become viable. As of the seventh month, its senses are aroused and sharpen more and more. It is now sensitive to shapes and light. Its

eyes are open and operational, they will be able to follow an intense source of light close to the mother's belly. The hearing and balance organs are complete, the fetus can hear the outside noise and tell voices apart. It can put its thumb into its mouth. One clearly perceives its hiccups when it swallows amniotic fluid. These hiccups are perceptible in the form of regular jolts. It moves its lower limbs energetically. It starts alternating regular phases of wakefulness and sleep. It starts dreaming. At the closing of the seventh month, the brain's neural circuits are as well developed as those of the newborn.

Like for other critical passages, the lessening of the fusional state, for both fetus and mother alike, does not occur imperceptibly, but with a sharp step heralding the advent of something new, not without a moment of astonishment, a phase of sideration that can, as we have seen, take on a traumatic dimension.

The fetus experiences a series of *first times* that leave a trace in its unconscious memory. We have seen this when it actively swallows its amniotic fluid for the first time. Equally when, at another first time, it hears a noise, a voice that manifestly comes from an outside reality it did not even know existed.

We have also identified some of the traces of this phenomenon in the gestures and symptoms of bulimic and anorexic patients.

Maternal signifiers

From the start, the fetus is immersed in background noise of the same intensity as a whisper (30 decibels), made up of the mother's heartbeat, her breathing, her bowel gurgling and, most of all, of the continuous rustling of the placenta. The whole of this noise varies depending on the mother's emotions, whose voice it perceives in the form of variable-intensity vibrations – from the inside, we could say, though in this period it cannot directly hear what is going on outside with its ears. This is the mother's 'inner voice', as we have previously explained.

Rather than a proper sound, these are vibrations the fetus feels with its body, which reverberate on its bones and all the tissues, also creating colorful shapes and images connected with olfaction and the taste of signifiers, i.e. the acoustic images that are already structured as a language in the emotional, affective, sensorial interaction between the fetus and its mother.

By signifiers we understand acoustic images that are already organized as a language in the emotional, affective, sensory interaction between mother and fetus.

So, up to the seventh month, lulled by the music of its mother's body and the colorful star-shaped sparkles stemming from her voice, the fetus slumbers in an eternal night. It often feels like it is floating and, at times, flying, a sensation we will find in our dreams with delight, and it can perceive the world through its own skin. From a very early stage, the fetus actually perceives light through its skin thanks to receptor cells located all over its body, but especially on its face and in the area around the mouth – which will stimulate the expression of felt experiences more and more. These receptors, as well as the baby's sharp tactile sensitivity to pressure and touching, enable it to locate its body and limbs in time and space, what we call somesthetic proprioception. We can talk of an 'inner vision system', depending upon its active movements, but even more appropriately of maternal motricity, its 'touching', belly pressures and uterine contractions.

We can therefore begin to see how heavily the fetus depends on maternal stimulations for its sense of existing. This idea is starting to spread among the general public. Gynecologists in France have more and more women patients who submit their fetus to all sorts of stimulations: either making it hear little bells strapped to their belly, or classical or jazz music for hours all day long, or imparting lessons in foreign languages to it. However, we are right to believe that a hyperstimulation of the fetus is detrimental to its psychic health and further cognitive development.

At the seventh month, more voices are heard

Its eardrums become operational in the third trimester: the fetus is physiologically able to hear 'with its ears' in spite of the mucous stopper modulating resonances.

This is a radical upheaval. Up to then everything was blended, immersed in the warmth of the primitive placental bond in an eternal summer night because, in the unconscious, space and time become one. In the rare moments of wakefulness, therefore of conscience, the fetus can hear a radically different noise in a vague ultramarine blue light. A manifestation coming from outside the 'whole' –and making an inside of this whole.

We can say that we move on to another universe following a kind of Big-Bang, yet once again. All the more so because, through the vision and maturation of its vestibular system, it integrates other muscle movements linked with eyesight and the earth's gravitational force. and its 'inner', somesthetic vision lessens and is altered.

Differentiated spaces, different entities emerge. Now the fetus also hears its mother's voice from the outside, sometimes mingled with other voices –one of which becomes familiar: that of the father and/or partner of the mother or his substitute. He has a definite advantage! The amniotic fluid filtering out high-pitched sounds, the fetus mostly hears low-pitched voices.

According to the classic point of view, the child enters the time of Oedipus when a third party makes its appearance in the mother-child couple, towards the fourth year of age. By allowing the mother to love him, the father lures her away from the child, and this latter realizes it does not mean everything for her. This is the 'Oedipal triangulation'.

The fetus goes through a similar experience: it also sees a third party appear. Now mother and fetus will no longer be *two in one*, they will dwell with a third being: the entire environment, and the father's voice who, through his presence, his 'big voice', breaks the continuity of the mother's pure inner

voice and inserts the child into an order we may qualify as pre-symbolic since, with the establishment of a first outside, the child acquires an extracorporeal space. This is, as Lacan would say, a first inscription of the signifier of the Name of the Father in the baby's space and time.

We can assume that the first time the fetus hears these voices and noises, it feels something 'like a shock': there is now a before and after this event. And we can imagine a microscopic break between them, a void caused by a moment of silence, between the unconscious and the conscious, where one is neither in the one, nor in the other.

Something has become silent: the exclusive resonance of the mother's inner voice the fetus will never more hear distinct, but always blended with her outer, airy voice, mixed with the background noises, with other voices and, particularly, with that of the father or his substitute.

Up to then, the mother's inner voice permeated the five senses of the fetus. The voice had a smell, a consistency, a taste, a temperature, a potency and colors that created all the states of the body: joy, pain, fear etc. One will be nostalgic of that time when the fetus' and the mother's perfect ear were attuned –like the perfect pitch of musicians?

At the twenty-fifth week –i.e. at the eighth month– the mother's inner voice suddenly does not resonate the same way, a note connected with the lost fusional bliss vanishes forever. A note we will here call 'the blue note'⁴⁹, like that of jazz bluesmen. This semi-tone above the fifth messing with the well-tempered order of the scale, adding a slight nostalgic discordance that makes us suddenly shiver with ancient delight...

At the beginning of the seventh month of pregnancy, certain patients complain about a 'voice change'. We might wonder whether all these primiparous women lose that precious blue note right then.

However, it has been observed that female opera singers' voices slightly modify after a first pregnancy⁵⁰. Is what some of them are afraid of, what inhibits them, even prevents them from having babies, is it this definitive loss of the inner voice and the 'perfect' ear, linked with the weakening of the primitive placental bond between mother and child, at the end of the second trimester?

So, in the third trimester, the fetus keeps learning with its hearing. It develops new capacities of memorization. We know it is capable, after birth, of recognizing a music heard during pregnancy, but this also applies to a text (a story read and repeated during the third trimester), i.e. language.

According to certain scholars, learning words is a process beginning at the seventh month of intrauterine life. We can therefore rightly talk of a 'mother tongue'! At birth, the fetus will have been in touch with the mother's voice for months, but also with the father's voice.

Looking through the mother's spectacles

We also consider that, as early as fetal life, the child is structured in the mother tongue or 'lalangue', to borrow Lacan's term. Thanks to its mother, it acquires representation and perception patterns, tones and signifiers through which it will see the world. The newborn can actually differentiate an identical sentence depending on its emotional tonality, provided it belongs to the mother tongue. The newborn recognizes the nature of a voice, the prosody as well as the melody and structuring features of the language spoken by the mother. However, the perception, memory and remembered events are no passive acts of reception and testimonies of sensory, affective information, as was previously believed, but they are a continuous act of creation.

Our perceptions, our gaze, are structured by spectacles and a superfine hearing apparatus, similar to a radio telescope,

which comes from our mother. Our first perception of the world depends on the way we perceived, both in detail and globally, the taste of her signifiers interacting with us and with the environment – here is what we acquired in our fetal life. But after birth, we will have to take off those spectacles and gradually replace them with spectacles and a hearing apparatus well-suited to our own eyesight and hearing, with our feet solidly on the ground.

The sensation of having a body that belongs to us is affected by the earth's gravity, this force that 'glues' us to the ground. Removing these first spectacles will involve, with every step, losing our body image. This loss will engender every time a sensation of annihilation and void that is often traumatic. Of course, losing sight of our body image does not mean it will never be found again. But if the loss has not been expected, the risk of not finding it again will be higher, therefore we will not recognize ourselves after a change.

Some perception disorders I have observed in neurotic patients lead me to think that the step of integrating the second voice, that of the father or partner or his substitute, linked with the extracorporeal space, has not been taken properly. My clinical experience with psychotic patients has clearly showed me that their mothers could not situate their voices in the extracorporeal space – as though they had both remained attached to the mother's inner voice and vision.

We should point out that Lacan adds to the list of pregenital sexual drives defined by Freud the "invocatory" drive⁵¹, which he defines, along with the scopic drive, as "closest to the experience of the subconscious" and of desire. It allows us to understand the bliss connected with the most profound desire in the human being, namely that of 'being heard by another'. But in order to have this impression of being heard, one must already have heard this other person talk. So, we can now say, as with the olfactive drive, that the invocatory drive is also an

archaic self-preservation drive necessary to our development, to the fetus and the child-to-be.

And what about the deaf-mutes?

When, during pregnancy, the mother is silent or deaf, she conveys more the shape and intensity of the color of words through thoughts translating into a writing made up of colorful images, like in dreams. We can also think that the mother's inner voice is silent, too. That is, the fetus hears its mother even when she does not talk aloud but only whispers softly. We will see how, in the eighth month, Marie-Claire Busnel, researcher at I.N.R.A. and Paris University V, aims at proving it scientifically.

The same happens for the deaf child. It continues to hear, more than another child, the voice of the maternal 'lalangue' with all its accents. Nurith Aviv's movie *Signer* confirms this intuition, because in it we learn that there is, for the deaf and dumb, a different sign language for every country and, inside each language, there are different accents and dialects.

Two anorexic musician patients have bolstered my hypotheses: while I was talking to them at a session, when they were sitting opposite me and listening, they simultaneously saw my words come out dancing from my left temple in cursive script with colorful vowels, each of a specific color drowned in the neighboring consonants. We know today that vowels normally convey the emotional color of words. These patients suffered, like many anorexic-bulimic women, of synesthesia, namely of perception disorders linking two or more senses together, in this case vowels and colors. Olivier Messiaen, the composer who heard and saw music notes in colors, suffered from synesthesia, while Arthur Rimbaud, who wrote *Vowels*, did not. We can nonetheless believe that both had fetal reminiscences, as often women, artists and poets do.

The first freefall

The emergence of hearing and eyesight, the perception of the outside world bringing about the loss of the mother's 'pure' inner voice in the fetus is similar to a sense of free falling. In this passage, its inner ear, simultaneously grown operational, actually enables it to feel the changes in the position of its head. Furthermore, along with eyesight, it starts integrating other muscle movements linked with the earth's gravity, as well as its inner, somesthetic vision lessens and is altered. For the first time, at twenty-five weeks of age, the fetus perceives its head pointing downwards. It does not float in the undifferentiated space any longer. Here is another 'first time' that could well be a first trauma all fetuses have in common. But this experience, in spite of its violence, remains downright unconscious for the fetus.

So, this passage leads it, on the one hand, from the undifferentiated space to the deep blue light perceived through the uterus and, on the other hand, to the outer, airy voice of its mother engendering the definitive loss of the 'purity' of her own inner voice – which represents a watershed moment in the fetus' history: it loses the 'absolute', exclusive contact with the mother, whose reminiscences will now be part of what we will term 'its prehistory'.

The restless sleep and calm sleep of the first time

In the third trimester, the twenty-four-hour biological rhythm, which we call circadian rhythm, is gradually established. The fetus starts 'sleeping through the night', as the saying goes. It has a first time here too, when it suddenly falls into the bottomless black hole of restless sleep, similar to the adult's paradoxical sleep, while the mother is also sleeping.

During the day, the fetus is actually in an undifferentiated dormant state that is not proper sleep (it could be a state close to hypnosis), during which it is continuously lulled by multicolored body images coming from maternal signifiers, interacting with the environment. By contrast, while the mother is sleeping at night, it can hear, in its rare moments of wakefulness, only the noise from inside her body, in particular the noise of the placenta, which it will accompany with a sucking response.

But when the child falls, for the first time, into restless sleep, it cannot hear the surrounding noises any longer, it greatly diminishes its active movements and its heartbeat goes from 50 a minute to 10-20 a minute and, at times, it stops breathing altogether (i.e. it stops filling its lungs with amniotic fluid). Then it experiences apneas lasting for dozens of minutes. It swallows amniotic fluid with a very slow pace and in small quantities. This is also a psychic black hole, as it stops 'hearing' and 'seeing' the mother's continuous inner voice and the rustling of the placenta. And it does not even dream yet.

Then, at seven and a half months of age, after restless sleep, it will have its first phase of calm sleep. During this type of sleep, active and eye movements brusquely stop, and the heartbeat lowers to 5-10 a minute. The sensation of annihilation is complete, the sense of free falling is not there anymore, only the black hole. Some adults know quite well unconsciously that, if they have trouble falling asleep, it is because they dread vanishing into this terrifying black hole'.

We may therefore think that, for the fetus, the first experience of calm, dreamless sleep, accompanied by apnea and a sense of annihilation and disappearance out of the sleeping mother's sight, is akin to an experience of free falling into a bottomless black hole that forever marks its unconscious memory.

The black hole

This falling into the black hole linked with the experience of calm sleep, can be more or less traumatic for the fetus, because the intensity of the trauma always depends on the mother's capacity to expect this disappearance.

Three days before the end of the sixth month, the mother goes through a peak of bliss, at least in her dreams, often related to Oedipal themes. We may compare this state to the burst of tenderness felt before a foretold separation. Likewise, this jolt of maternal bliss is believed to mark the anticipation of a loss. The anticipation of the free falling and temporary 'disappearance' of the fetus, even the loss of the placental bond, enables her to face the fall and the absence with great pleasure. We find this pleasure in dreams of doing stunts in the sky, plummeting and soaring again, or in the feeling of 'la petite mort' (the small death) felt after a very intense orgasm.

However, this passage will sometimes prove to be traumatic for mother and fetus alike. Then, the mother's dreams turn into nightmares: throughout the seventh month, in some pregnant women, the airplane crashes on the family home. When the mother-to-be, during the day, feels for the first time the sudden arrest of the child's movements, and she cannot expect its absence and comeback on and off during the day, the abrupt silence will actually produce a state of astonishment in her. *In other words, when she cannot anticipate her child's absence, she does not expect its comeback either!* Subsequently, she cannot imagine that its fall and disappearance are not definitive for both of them. In this case, in order to survive, she is compelled to expel the child in premature delivery. Such a passage from thought to deed unconsciously allows her to save the child from imminent death.

We may think that the horror connected with this experience of fall and disappearance, when it is truly traumatic, may later engender certain forms of epilepsy. At times, certain patients

suffering from temporal epilepsy, before falling into a brief state of absence, half-see some sort of endless space opening up and are seized with a very violent impulse aimed at someone around them, especially if this person is eating and making loud noises with the mouth (like the noise of placenta), eventually causing a brutal gesture, like a punch, particularly if this person is a woman...The archaic fantasy of devouring fills up the whole room, and the crocodile opens its large jaws again to devour them. The image of the crocodile will actually turn up very frequently in the nightmares before childbirth in some pregnant women, or in women and artists close to the end of treatment or about to complete a work of art, as we have seen in Fellini's dreams, where the crocodile, after film shooting was finished, devoured him on the edge of the black hole.

The uterine cosmos

Humans have always been fascinated by the cosmos. As though it aroused fetal reminiscences in them, they assimilate the universe to a sort of uterine cosmos where they have never stopped dwelling. The revolution of the fetal universe in the seventh month might make us think of the astrophysicists' reflections on the emergence of the universe, the inversion of time, the disappearance of black holes. This theme of the black hole in the galaxy can be found in some drawings by autistic children, and Frances Tustin, one of the first psychoanalysts working in this field, has developed the idea that autistic children are stuck in a "psychic black hole"⁵².

The first dreams

At the end of the seventh month, the phases of paradoxical or REM sleep appear. They are called 'paradoxical' as they possess the features of both wakefulness and sleep. Brainwaves are typical of deep sleep and, at the same time, we notice an activity close to wakefulness: eyeballs are moving and the body

shakes. The feet of the fetus are seized with archaic spasmodic movements that will vanish at birth – movements that the mother clearly perceives.

During the day too, the fetus tramples the placenta and the uterus, at times quite heavily, which causes the mother to startle. She then mentions pain, but she simultaneously feels pleasure. When this pleasure is too intense, it turns into a painful sensation, as we have already seen, since feeling pleasure with her child is forbidden, a defense mechanism is established, and it transforms the sensation into its opposite.

For a number of psychiatrists and neuroscientists, dreams allow for a new way of communicating with the mother. Between her and the fetus, there was up to then a physiological communication, a communication of emotions, and here comes a third kind of communication that is often named 'sympathetic'. As early as the 1980s, Verny and Kelly⁵³, a gynecologist and a psychiatrist, wrote that the fetus was capable of hooking up with its mother's thoughts and dreams. We have already identified this phenomenon, on the one hand, between the analyst and some patients and, on the other hand, in patients with their daughter or in twin sisters. However, according to Jean-Pierre Changeux⁵⁴, the phases of sleep in the fetus are interrupted by fits of intense electrical activity akin to the paradoxical activity and accompanied by brusque body movements. The movements of the fetus might then faithfully represent the contents of its dreams. And what if the fetus communicated its dreams and nightmares to the mother?

The inverted tree

A particular slip of the tongue has long baffled me. Some women repeatedly said "my mother" instead of "my daughter" or "my mother" instead of "my grandmother"; some patients said "my brother" instead of "my son" or "my sister" instead of "my daughter"... This inversion of the generation order goes

against what a child learns from a very early age. The child says she or he is “the daughter/son of”, and that her or his parents have parents themselves. This succession of generations structures the child psychically by granting her or him a place. In my patients’ slips of the tongue, this symbolic order was upset. Did the slips refer to an unconscious kernel that is common to all of us?

But another slip of the tongue increased my interest even more, one in which life and death are mingled. Some patients said “when I was dead”, or else “my mother died just before my birth”. As delivery approaches, some said to me “I’m going to die in a few days”, and some fathers-to-be “when my son is born, I’m going to die”. Likewise, some very perturbed patients happen to trigger a post-partum psychosis and declare after delivery “I’ve killed my child”, whereas their baby is in the cradle next to them. We have already seen in some anorexic women the emergence of this unconscious fantasy around the end of the second trimester.

For two or three years, as I started taking down my reflections on the mother-fetus relationship, I was astounded to see some patients bring me the same drawing to express what they felt in a crucial passage of their treatment.



Drawing by Corinne: “The more I live, the more I bury myself”

Corinne, an anorexic patient, *spontaneously* brought me this drawing as the treatment went on, which she named her

inverted tree, and which she had been regularly making since her childhood.

She only added a sentence: “The more I live, the more I bury myself” to convey her sense of not existing. She drew this inverted tree with its roots cut off, hanging between heaven and earth, with twins attached face to face, heads turned downwards, and a kind of black mask leaving the right eye bare in one and the left eye in the other, looking at the viewer. In Corinne we find the image of the attached twins even though she has neither sisters nor children. We are struck by the twins’ absence of human shape, armless, legless, sexless and faceless, a simple misshapen body, staring. Her sentence also hints at the idea that living is dying and the only way to avoid death is to stay still, hanging between heaven and earth, like in the third trimester.

Other patients also drew an inverted tree, roots soaring skywards, and branches underground, or simply pointing downwards. In this case too, in this upturned family tree, we can notice the inversion of time. Another interesting fact is that the women who made this type of drawing had no children yet or were considered infertile by doctors. All these patients uttered the impression of being stuck in the past when they talked to me. They saw themselves as though they had already died or were still unborn. This impression of not existing in these patients is often associated with another impression, that of being somewhat undifferentiated from their mother.

Thanks to all these women and their drawings, I have developed the theory of the inverted tree in *L'impossible Naissance ou l'Enfant enclavé* (trans. *The Impossible Birth or The Enclaved Child*). And since then, I have noted that this notion is truly ancient. It was exposed in at least three texts describing the origin of the world and of humankind: in the *Bhagavad Gîtâ*, holy text of Hinduism, in Plato’s *Timaeus* and in the *Be'er Hagolah*, written by Rabbi Loew ben Bezael, the Maharal of Prague, Talmudist scholar, philosopher and mathematician.

Rabbi Loew is known for inventing the Golem (which, incidentally, means ‘embryo’ in ancient Hebrew!), the legend of a human figure made of clay coming to life if one inscribed the ineffable name of God on it. According to some, Rabbi Loew invented this story to comfort a friend who could not have children. We can see how the medically assisted procreation (M.A.P.) materializes the unconscious fantasy of omnipotence of all protagonists, doctors and patients.

But what processes actually cause the fantasy of the inverted tree in the third trimester?

Time regained

During the third trimester, the mother has put on a few kilos. Her belly is curved, and the child’s spontaneous movements prevent her from perfectly performing her own movements of the legs, especially since she will not be able to see her feet with ease. The swaying gait of women towards the end of pregnancy is easily recognizable.

We should remember that we have various perception patterns at hand, which are suitable to our different environments. Depending on the situation, we employ one of these patterns⁵⁵. For example, when he moves on a rope, the tightrope walker uses an archaic perception pattern that predominantly stimulates the muscles behind the orbits. In *Les Funambules de l’Oubli* (trans. *The Tightrope Walkers of Oblivion*), we can see that the same happened in bulimic-anorexic women. They remained hooked on this archaic pattern, between heaven and earth, that of the pregnant woman in the last trimester and of the fetus still ‘floating’ in the amniotic fluid.

In this passage of pregnancy, just when the synchrony with the child seems to be disappearing, the woman can neither anticipate nor gauge the movements of her body in accordance with the child, because this latter is at the controls, and quite vigorously too.

Then, the relationship is inverted, *she is no longer her fetus’ twin, it is the fetus who leads her, as though she were the fetus. She regains the perception pattern of her mother and the experience she herself lived in her own mother’s belly.* We clearly perceive this process when bulimic women exclaim: “I’m pregnant with my mother!” But *she also regains the primitive placental bond existing with her own mother* of primitive fusion (therefore fused with the real father of primitive incest) in the third trimester of her own fetal life: *she is henceforth able to transmit it to her fetus.* Is it for this reason that several young mothers, when they are breastfeeding their newborn, boy or girl, in the intimacy of their room, call him or her “mummy”? Is it for the same reason that fathers are often afraid to die when their child is born?

The drawings, fantasies and slips of the tongue of parents and children (mixing up the places of mothers, grandmothers and child) attest this inversion, this intergenerational transmission of the memory of ‘mothers’ conveyed by biological and neurological processes. These suggest the assumption we are putting forward: *the fetus is structured in the signifiers of the primitive placental bond of grandmothers and the mother.* In other words, we are shaped by the experiences, unconscious fantasies and representations of our grandmothers, in particular of our maternal grandmother when she was pregnant with our mother. It is again a primitive fusional bond but different, as it is located in another fusional space than that of the second trimester, characterized by a perfect harmony between mother and fetus, as attached twins, described by us as *two in one.*

The slips of the tongue mentioned above lead us to think that in the third trimester, following the process of the inverted tree, there arises a symbolic inversion for the mother: if her child is shaking, she is alive herself! We find the same euphoria in some fathers during this phase: “I have the constant sensation that my son makes me feel alive, despite the feeling of annihilation that always seized me in the moments of loneliness.”

This makes us better understand the compulsive habits of some bulimic individuals. By eating a lot of sweet food at sunset or every three hours at night, they take on a double position: on the one hand, that of the mother who, harrowed by her fetus' silence, attempts to reanimate it by eating sugar at sunset, when it is generally livelier; and on the other hand, that of the fetus who, depending on its biological rhythm of renewal of amniotic fluid in the third trimester, has to swallow and reject its amniotic fluid as a whole every three hours, even at night, to develop properly.

Is this not the fantasy of being contemporarily the fetus and one's own mother that we find in all women in the third trimester?

Being the child of one's own child

In the third trimester, the mother has just lost the stuck-twin of the second trimester and, as the moment of birth is approaching, in accordance with the aforesaid fantasy, she risks again losing her own mother and the fusional child with whom she had identified. An impossible situation indeed! The mother, and the father with her, does what we all do when faced with an insoluble conflict: we regress to an old time of happiness. Children react the same way. Françoise Dolto observed that small children in pain often have runny noses and swallow their own snot as it flows down. According to her, this way they reestablish the liquid continuity they knew when, as fetuses, they swallowed amniotic fluid. The drawing of the inverted tree also represents this regression, this return to the past. A past that does not flow by, and always remains present as a resort for bulimic-anorexic women.

Furthermore, the movement of nostalgia felt by the mother brings back memories of past times... We should remember that nothing is ever erased in the unconscious: our memories, the traces of our past are dormant, but they can be reawakened at

any time. This is what happens to the mother: the memories of a time when she was a fetus are revived, all the while remaining unconscious. Echoes will be perceived in her gestures, slips of the tongue and dreams. Her fetus is in her just like she was in her mother's belly before her birth, and like her mother in her grandmother's belly etc., unless it is the other way round?

Again, the great upheaval of unconscious images! The result is the following improbable scenario: in the third trimester of pregnancy, *the body of the fetus 'belongs' to the body of the grandmother, and the mother belongs to the body of the fetus.* This is what is depicted in the drawing of the inverted tree: an inversion of the body memory (implicit memory according to some researchers), the genealogical order and the memory of experiences. A frequent slip of the tongue in bulimic women attests this fact: "During *my* pregnancy [i.e. when her mother was pregnant with her], my mother [i.e. her grandmother] died."

In this scenario, the fusional bond lost at the end of the second trimester is regained in another form for the mother and for the father too, we should not forget about him. And with this fusion of the inverted tree goes both will reunite with their parents, just at a time when the pregnant woman and the father are about to become parents, too. The indestructible fusional mother-child relationship is thus reestablished, out of time, where any separation is inconceivable. Once again the enclosing of Russian dolls occurs, one in the other in the other... Enclosed, i.e. enclaved (in Latin *inclavare*) because they are contained one in the other – like a territory landlocked in a bigger one.

So, after a brief period of distress, the mother regains the bliss of union, in another mode. When everything runs smoothly, what was an intimate joy in the second trimester, often kept secret, becomes a shared delight. With the father, of course, who now plays a more active role. But also in the lineage, mother and father establish themselves in the expectation of what we call a

‘joyful event’: the birth of the child that was merely imagined and that will come into the outside world, the parents’ world, into tangible reality. Beyond the fears mentioned above, this joy persists.

It is a joy that opens up on time. Not a time related to our presence in the world here and now: a time from our remote past that becomes future thanks to our presence. A phrase like “when I was a grown-up” attests this phenomenon. We are talking about a space and time that go backwards and make us see and perceive the world through an ancient vision. As the neurophysiologist Alain Berthoz says⁵⁶, we are not looking where we are going, we are going where we are looking.

But this scenario of fusional union in time regained will vanish with the child’s birth, when its reality will partly substitute the imaginary child that the parents had created. As a matter of fact, nothing is more stimulating for fantasies than this child that was known and felt as present before being born.

By contrast, if the parents did not sufficiently dream, imagine and project on the child-to-be for various reasons, how can they really welcome it as ‘their’ child? They actually run the risk of keeping it ‘glued’ to the unconscious fantasies of their own parents.

Memory transmission

We may think that the mother finds the memory of what she lived as a fetus. She also finds mnestic traces transmitted by her own mother, maybe in her dreams.

This hypothesis allows us to explain how certain events might be brought about an unconscious, transgenerational transmission. Throughout the third trimester, some women are seized with rather weird desires and drives. The analytic treatment allows for a discovery of a phenomenon of transgenerational body, which we will define as follows: the

unconscious transmission of drives and experiences lived by a grandmother and a grandfather across three or four generations.

So, a patient was able to get rid of a drive that had suddenly appeared in the third trimester of her pregnancy, the drive of cheating on her husband even though she loved him passionately. Her grandmother, unmarried, had walked out on her mother and entrusted her to a childless aunt. This mother, after a hurried marriage as she was pregnant, had immediately had lovers. Her daughter, my patient, had always promised herself not to be either like her mother or grandmother. Becoming the mother she had often detested was terrifying for her.

A memory of grandmothers

Bérénice, one of the women treated at the birthing center, asked to meet me. She expected a child and was set on calling him Salomon. Her husband was opposed to this decision, because he believed there might be a connection with his wife’s first husband, who was a Jew –whereas neither of them were Jews. She also came to expose a bizarre fact: at the turn of the months of March and April, she was seized with a passion for housework, even though she was untidy by nature. The home was tidied up thoroughly, especially the kitchen cupboard! She was after the tiniest breadcrumb...

I recall that it was the time of the Jewish Passover, a time when the rite prescribes tidying up the home, precisely to eliminate the bread and replace it with unleavened bread. I asked her to check whether she might have a Jewish grandmother in her family tree. When interrogated, her mother was shaken: yes, her mother was Jewish, of Italian origin, hidden away in Tunisia during World War II. It was a family secret.

In this and in many other cases, the pregnant women did not draw her drives from her own experience, but from that of her grandmother, which her mother inherited and passed on to her unconsciously. We can understand some drives enter the

woman in the third trimester of pregnancy as well as the father-to-be, for the same reasons. Researchers have been looking at finding traces of this phenomenon on an epigenetic level for a few years⁵⁷.

It is therefore important, for the pregnant woman, but also for the professionals accompanying her, to know the traumatic events and issues arisen during pregnancy and at birth in previous generations. Verbalizing fantasies, those that engender extremely intense anxieties in the pregnant woman, enables us to understand them more clearly, and thus avert the accidents occurring during pregnancy or at childbirth, as well as behavioral disorders in the child-to-come.

Chapter 8 **The Ultimate Bliss of the Eighth and Ninth Month**

The fetus starts preparing for birth as early as the eighth month if everything goes well. The mother goes through moments of ecstasy. Once again, she lives in perfect harmony with her beloved baby and her interactions with it give her intense pleasure. She shares absolute love with it and maintains a continuous dialogue, aloud or in the depth of her being. The father, or his substitute, is more present, too.

The eighth-month fetus

At this stage, the fetus energetically moves all its limbs and its organs are fully operational. The lungs keep developing and secreting a substance, the 'surfactant', which is essential for breathing deeply at birth. The 'lanugo', a fine layer of down covering all its body from the fourth month, starts falling off and vanishes completely before birth, and the fetus ingests it with the amniotic fluid that increases its volume yet again. The body of the fetus is covered with a layer of fat and a fragrant substance, the vernix caseosa. Its hair and nails keep growing.

The baby is carried with pride by most women, even by anorexic women who could not stand an ounce of fat around their middle before that. The big belly is shown off with pleasure, like a sort of huge phallus drawing people's fascinated look; people sometimes even touch the belly compulsively. The fetus takes on a larger space and manifests itself vigorously. The mother is hungrier and hungrier, and the fetus enjoys this

situation thoroughly. Phrases such as “He’s cold, I have to eat lots of chocolate to keep him warm!” show us her connivance with the child-to-be. This latter grows by at least two hundred grams every week. In the last two months, it actually puts on more weight than in the previous seven months. Excessively so, at times. And the mother does too, which is a problem for delivery. Many women find food restrictions imposed at the end of pregnancy very hard to cope with. This is one more reason why they blame the child that makes them fatter and compels them to follow strict diets.

No delivery in sight...

Paradoxically, the more the delivery approaches, the more mothers forget about the event and are reticent to prepare the child’s bedroom and trousseau –the same applies to many fathers. Fortunately, grandmothers are often there to compensate for this moment of wavering. As for the bedroom layout, any kind of reason is evoked (money issues, tiredness, a superstition...), but it seems to me none of that really explains the frequent emergence of this phenomenon. We can understand it as the expression of a difficulty for both parents to anticipate the separation from ‘their baby’.

Delivery actually implies for parents the disappearance of the primitive placental bond with their own mother they relive in the third trimester, as we have seen. The newborn will occupy a different place, represented by its cradle and often by its individual bedroom distinct from the parents’: their child will leave the fusional space. Some parents find it hard to imagine it could have ‘its’ own cot in a place that does not only ‘belong’ to it. This confusion is greater in parents whose original culture prescribes promiscuity in the first years of the child’s life, like in China, Thailand or some countries of Africa.

Here is why this question should be tackled well before delivery with all parents, regardless of their origin, in order to

create a true mental space for the child-to-be. They might live in a ten-square-meter flat, but they still should be psychically separated from the child, a folding screen could, for example, allow for a symbolic separation of spaces. But in order to stand this separation, they should be able to resist identifying too much with the yet invisible child.

I sometimes happened to receive young women for a first session without realizing they were pregnant. Only when they told me they would soon give birth did I see their slightly swollen belly. When I asked them if the child was too heavy when they climbed the stairs, they replied in the negative. They always walked and moved as lightly as dynamic dragonflies. I just had to tell them their child was beginning to be heavy and they should make room for it to see them with a ‘big’, painful belly at the following session... But why is this difficulty in foreseeing delivery exacerbated towards the end of pregnancy?

In the third trimester, owing to the aforesaid phenomenon of the inverted tree, the fact of reliving the primitive placental bond experienced with one’s own parents gives great satisfaction, especially to those who lacked attention, loving looks and words at that time of their prenatal life. And also to those who lost a parent before conceiving the child. A patient’s slip of the tongue – “My grandfather died in ’75 and I died in ’76” – confirms this fantasy: by recreating the primitive placental bond, the mother finds her own father again and does not talk sufficiently to the fetus in her belly.

The fact of conceiving a child shortly before or soon after a parent’s demise is a frequent phenomenon. The necessary time of mourning is replaced by a passage from thought to deed that seeks to deny the parent’s death but, at the same time, does not fully acknowledge the child’s birth. This latter is not conceived for its own sake, but in order to replace the lost object of love. This same phenomenon occurs for the so-called ‘replacement children’, namely those conceived after a child’s death.

Furthermore, at the end of the eighth month, as the deadline approaches, the woman is less and less aware of the child's movements because it grows bigger and moves less, as it has less space available. She comes close to that state of *nirvana* described in the first chapters of this volume and she shares a passionate bond, an intense communion and great bliss with 'herbaby' (one word!), which she would give up for nothing in the world.

When the baby positions itself

For this reason, some women will not anticipate and perceive the fall of the child into their uterus, head pointed downwards towards the end of the eighth month, waiting to be born. Which reminds us of Corinne's drawing of the inverted tree. But, as always, although the fetal development is perfectly regulated, women's psyche might upset the whole process. Some babies position themselves in the seventh month and others only a few hours before delivery.

The fall that occurs then only materializes the fall that the mother had already perceived at the end of the second trimester, but back then it had only been perceived unconsciously, for both mother and child, whereas now it is felt in all awareness by the mother and, probably, by the child.

This process, taking place in two delayed stages, is the authentic *modus operandi* of unconscious representation and perception, as it is defined by Freud in the 'afterwardsness', meaning that we only become aware of an event that occurred in the subconscious after carrying out a psychological exercise aimed at representing the experienced changes. We have seen this process at work in the nightmares preceding or accompanying the transformations and baby blues arising three days after the critical passages. Yet, everybody would love to be able to do it: we would then avert crossing the feeling of absolute void, felt before and after birth, forever marking the inexorable and

traumatic loss of the primitive placental bond with the mother, source of life, love and desire.

This psychic trauma – the Greek word *trauma* means 'injury' – and the central void experienced following the loss undergone at birth, are what structures every human being's unconscious fantasies, according to Freud. For mother and child, this loss, i.e. the fall of the eighth month, consciously perceptible, revives both the previous fall, that of the end of the sixth month that was totally unconscious, and anticipates the next one, the fall at birth. This latter is only expected and perceived by women who could picture the crossing of the melancholy spell at the end of the sixth month.

Feeling oneself fall head down and remaining in this position awaiting birth is an important step for the fetus: its head anchored to earth's gravity with a body that is still weightless, it must feel a stronger sense of existing. Is it for this reason that astronauts feel like they are head down in their spaceship? This sense of being there but in a state of lightness and utter out-of-time bliss, leaving the fetus 'breathless' (due to longer and longer apneas in deep sleep), in a very intense incestuous communication with the mother's colorful voice and body, all the while being cradled by its dreams, all this is close to the state of *nirvana* experienced by the mother shortly before delivery. A state of *nirvana* for the child, in its rare moments of consciousness, interspersed with the father's low-pitched voice and the surrounding noise. At the end of pregnancy, mother and father, if he is present, actually regain the fusional and passionate placental bond with the child for one last time, the bond of the primitive incest they lived with their own parents, forever lost at birth. This passage could be the cause of the Oedipal myth, namely the representation of archaic fantasies of devouring, murder and incest present in the universal maternal fantasy "I've killed my child".

In the myth, Jocasta and Laius, the queen and king of Thebes, are expecting a child. Laius consults an oracle who

predicts the child will kill him and marry his mother. In order to thwart the prediction, Laius takes him away from his mother at birth and entrusts him to a servant who is to carry out the murder away from them. Laius pierces his son's feet and asks the servant to hang him on a tree branch on the slopes of Mount Kithairon, so that he will be devoured by wild animals. We can see that the father, to avoid being killed by his son with whom he identifies completely, marks his feet with a trace of the crime of incest he committed giving pleasure to his mother with his feet – through the spasmodic movements of the feet in paradoxical sleep and with his head before and after birth. He eliminates the yet unnamed newborn who is deprived of his own body, and sends him to be devoured by wild beasts, like in archaic fantasies. But the servant takes pity on the child, who will be adopted and named Oedipus – which means 'the one with the swollen feet' in Greek – by Polybus, king of Corinth. When Oedipus becomes an adult, he kills his father whom he comes across without recognizing him on his way, because this latter attacks him verbally, ordering him overbearingly to make way for him. Somehow like in fetal life when, with his low-pitched voice, the father brusquely disconnected the child from the fusional space and the mother's inner voice. Subsequently, Oedipus replaces Laius and marries Jocasta, with whom he will have four children. The myth thus highlights that reproduction can only be incestuous. The rest of the story tells how Jocasta, when she learns Oedipus is her son, which is confirmed by her unconscious knowledge, will kill herself. And Oedipus will blind himself as a punishment, accomplishing a symbolic castration, as Freud said, all the while regressing to the fusional space before birth, thus seeking to wash away his guilt.

The dreams of the eighth month

Mothers who unconsciously anticipate the imminent loss of the primitive placental bond at the beginning of the seventh month may have premonitory dreams. These are

often turbulent and water-filled dreams featuring the mother's oceanic bliss: this implies sailing on rough sea, a child falling into the waves from the top of a ship mast and vanishing before the impotent mother's eyes; or a group of rescuers mobilizing sizeable resources, helicopters, divers, to find a child who, having drowned, is still missing. Paradoxically, some mothers witness the cheerful intervention of a dolphin coming to save the child *in extremis*.

Only a few of them dream that the child pulled from the sea by the dolphin is already dead. Or else that the storm has devastated the family home and any sign of life around it. We should pay great attention to this sort of dreams in view of the coming delivery.

The ninth month

In the ninth month, the child is fully formed. It moves less, but it is already in the right position for birth. The time when it moves most is always in late afternoon and in the evening between 9 and midnight. But its sleep is more and more a deep one, in a regular cycle of turbulent and calm sleep (65%) with the paradoxical sleep, in which it dreams and gets ready for birth. The volume of the amniotic fluid slightly lessens.

When the ninth month is reached, the fetus continues with its development according to its own biological schedule. Its perceptive, olfactory, emotional and cognitive skills lead it to behave like a child born at term⁵⁸. Besides the four fundamental flavors (sweet, salty, sour and bitter), it recognizes more and more complex flavors present in the amniotic fluid. It shows a penchant for very fragrant food ingested by the mother, such as garlic, cumin, mint, which it will recognize after birth. But its favorite remains sweet food. The presence of sugar in the amniotic fluid increases its deglutition and, inversely, a bitter taste diminishes it.

As of the seventh month, thanks to the ultrasound, but especially upon observation of pre-term children of the same age, we can see motor responses, facial expressions, movements of the mouth in disgust, depending on the temperature (the fetus makes faces when the mother drinks very cold water) and on certain smells and tastes of food ingested by the mother. Throughout the ninth month, reactions to smells and tastes are stabilizing. Olfactory memory extends after birth: when one brings a newborn into an environment of smells perceived in its prenatal life, like that of its own amniotic fluid that is instantly recognizable, it is manifestly attracted by them. The aromas of maternal food are chosen over others.

However, after listening to patients in treatment, I was able to discover an exception in the transmission of taste and flavors. There is at least one flavor inhaled and swallowed by all fetuses that is not sweet and does not come from the mother: the *vernix caseosa*. This whitish, fragrant fat akin to cheese (*caseus* in Latin means ‘cheese’) is produced by the fetus as early as the eighth month and covers its whole body. In the ninth month, the *vernix* dries up and forms a thin layer over the whole body, like a little tight-fitting jacket. Its function is to protect the fetus from the amniotic fluid that is starting to macerate its skin, but also to warm it in preparation for birth. Towards the end of the month, the *vernix* jacket goes to pieces that are scattered in the amniotic fluid, like small pieces of cheese. For the first time, the child swallows slightly solid food greedily, in spite of the somewhat salty and acid taste. At birth, it maintains a thin layer of *vernix* in its hair (if it has any) and probably in its capillary bulbs, axillary and inguinal creases. This will lead the parents to recognize it at once and create a first olfactory bond between mother and child.

According to my clinical experience, the baby smell in its hair, which is so attractive, completely vanishes only at six years of age. For Freud, this is the beginning of the ‘latency stage’, between early childhood and the beginning of puberty, towards

the age of nine. Some mothers say to me at those times: “Too bad, he has lost his baby smell!”

A salty-tasted stranger

The *vernix* is the only element that is inhaled and ingested by the fetus of its own production and that, furthermore, is not sweet. For this reason, we can consider it as the first incorporation of a slightly solid and salty object not originated in the mother. We have said that the *vernix* has a protective function against the amniotic fluid. This makes us think of the paternal function (different from the father as a person), which always implies introducing a third party separating the child from the mother, thus protecting it against the destructiveness of the primitive bond with her.

This intuition came to me from listening to patients and artists. Some men who strongly hate their fathers are allergic to very fragrant cheese. This hatred (of cheese and father) often slackens at the end of the treatment. And some bulimic patients, likewise at the end of their treatment (which, as we have seen, revives the fantasies linked with birth), do away with sweets in the morning at their ritual breakfast (an equivalent of birth) and replace them with slices of very fragrant cheese.

A patient allowed me to refine this intuition. She had a ritual when celebrating her birthday at her parents’ home: every year she asked for a *raclette* (melted cheese) that she only shared with her father, since her mother hated cheese; and, for dessert, this time shared by all three, a Black Forest cake; the father’s surname, of German origin, was Schwarzwald (which means ‘black forest’!).

We can better understand Lacan’s theory according to which, when civilized, human beings give up on devouring the father of the primitive tribe and only incorporate the Name-of-the-Father. This patient had to incorporate it again and again, like bulimic women who still dwell in a belly, stuck in a primitive placental bond.

The taste of awakening

Nonetheless, we should insist on the permanence of this primitive placental bond, of variable intensity, in everybody and all life long. Every morning, upon awakening, we relive a new birth. Our history, our experiences during fetal life, what we feel in our body, in our professional and social life, but also what we went through on the previous day, with our partner, our relationship with our parents, children etc., all this determines our ritual of awakening and breakfast. Many women and artists, when interrogated, declared that they had ‘water’ rituals: they can only start their day with a cup of coffee or tea, or immersed in their bathtub, alone, before their partner’s or children’s awakening. Breakfast, a more social event, is sometimes taken later on. We can see the continuity between intrauterine life regained at night during sleep, dreams, and awakening.

Furthermore, for everyone, the smell, taste, color of coffee or tea, with or without milk, and of food ingested ritually upon awakening, identify our origins, the step of fetal life that we relive and, in the event of a change, our state of mind on that particular day. Of course, this process is more visible in patients who are being treated. For example, a patient who was contemplating the end of psychoanalysis, suddenly felt the urge to replace her buttered bread and jam with fresh and slightly sweet cheese, loved by young children in France, called ‘La vache qui rit’. Shortly after this, back from Spain, her parents’ country of origin, she brought a large wheel of very savory cheese that she ate every morning. When I asked her what the name of the cheese was, she cheerfully replied that it was ‘Manchego’. She was surprised to hear me say: “Wasn’t your father native of la Mancha?” This is the unconscious effect. She had bought the cheese, stored it and nibbled at it every morning, but she had not realized the nostalgic dimension of her action – which reminds us of Proust and his relationship with his madeleine.

There is no need to be a psychoanalyst to act in the same way. Every morning, we can learn where we stand. Do you swallow your coffee without eating anything? You are still in a daze, a state comparable to pre-birth throes: you ingest a little black liquid, coffee, slightly sour, yet a potent stimulant, which causes palpitations – just like you swallowed a few drops of meconium with a dose of cortisol secreted right before birth. Cortisol that, in fact, we secrete every morning in our adult life to give ourselves the strength to wake up. What is more, caffeine is said to bolster brain oxidation, thus preserving memory...

Do you eat half a baguette with butter and jam? The most archaic signifiers come back with a vengeance, bread being associated by my patients with the father, even today for my patients. Invented in its present form by Hebrews and Egyptians towards the year 3000 B.C.E., bread was actually baked mostly by men. Sinking your teeth into a baguette garnished with bread and jam in France well represents the metaphor of oral-cannibalistic self-fertilization! Butter refers to sperm and *vernix*, and jam, of course, to the amniotic fluid, to the sweet words of both mother and grandmother... The names of some French products, ‘Grandmother’ coffee and ‘Good mummy’ jam, are pretty straightforward...

Prenatal hearing and mother-fetus communication in the third trimester

For thirty years Marie-Claire Busnel has been carrying out experimental research with her collaborators and has shown that the fetus possesses abilities to react to acoustic stimulations as early as the second half of pregnancy⁵⁹. The fetus has been proven to react to acoustic stimulations of high intensity: it can distinguish very brief stimuli of medium intensity (from 75 to 90 db.), and skillfully reacts to outside noise. It can actually differentiate two notes, or two musical pieces, or two instruments. When it comes to words, the fetus can

differentiate between two letters, two syllables or two sentences, two speakers, two languages, one of which being the mother tongue, and two nursery rhymes. The ability to recognize two short noise sequences is precocious, as it can be detected, in some cases, as early as the twenty-eighth week of gestation.

As for hearing, providing an objective basis for the preferences of a fetus is a complex business. However, we note that the newborn prefers stimuli it already heard in utero that were a source of pleasure. And, like for olfaction, it will react with a movement of withdrawal to any acoustic stimulation connected with pain or stress in utero.

For example, the newborn chooses an already perceived sound over silence⁶⁰. This element may reinforce, without proving it, naturally, the intuition put forward in this book, namely that the first trauma of the fetus is the one it experienced when faced with the first silence of its life, like a feeling of free falling into a black hole, just before hearing its first outside noise, in the third trimester. A fall it felt over and over when entering calm sleep. In fact, the continuity of the mother's body sounds, and the taste and colors of her words are vital to maintain its sense of existing.

Marie-Claire Busnel concentrated on proving that the fetus is particularly sensitive to the mother's speech when she is addressing it, instead of another person. Her research focused on the reaction of the fetus, of the newborn or pre-term baby, to the mother's voice. The experimental design consisted in studying the modification of the baby's heartrate when the mother was talking to a third party or when she was addressing the baby itself. In turbulent times, the maternal voice soothes the baby, in quiet times it lulls it to sleep, whereas the baby shows alertness when the mother is addressing it directly⁶¹.

This way, the fetus and pre-term baby of the same age react to the mother's and father's voices. Their reactions are more frequent when parents are addressing them.

The rest of Marie-Claire Busnel's research dealt with the silent communication between the mother and 'herbaby'. What was striking was the equivalence of the responses of the fetus (still through its heartrate), whether the mother is addressing it aloud or softly (37% and 34% of reaction, respectively). By contrast, its reactions are less frequent when it hears the mother's voice talking to a third party.

Being the object of a word to become a subject

These experimental results are the commencement of a confirmation of the intuitions developed in the present volume. We have seen that the fetus of the third trimester sometimes has to be present and sometimes absent to be able to exist in the mother's *conscious* perception.

If it was present all the time, it would remain fixed on the unconscious communication with a supremacy of the mother's vision and 'inner' voice. Recent research has actually proved that a fetus in the third trimester tends to stare at what goes on in front of it, in quiet moments⁶². This way, if the mother unconsciously succeeds in breaking the phase of symbiotic communion of the first six months, if she establishes a continuity between unconscious and conscious by integrating the father on a symbolic level into the relationship, then she will address the fetus as a distinct person, in flesh and blood, who will listen to her in its waking hours – knowing that it is rather calm in the morning and more energetic in late afternoon and in the evening.

We can therefore conclude that the fetus, like the newborn, must be the object of gaze, touch and loving words from its mother to survive and feel alive. As of fetal life, if it is 'forgotten' for too long by her, it will not really have a sense of existing and will later suffer from benign or more serious behavioral and self-perception disorders, like bulimic and anorexic patients have shown us.

You need to have been spoken in order to hear

In order to hear, one must be the target of maternal signifiers conveying cheerful, sad or painful emotions. Any perception is an action that the brain carries out in contact with a stimulation. Without a stimulation, some functions may atrophy or completely vanish. Hippocrates had already made a similar discovery about muscles!

As we have seen, Lacan introduces the notion of invocatory drive, a specifically human drive expressing the need to be heard. Let us add a dimension of self-preservation linked with the mother's voice: to be heard, the fetus must be 'seen' by the mother's five senses, then it can perceive all her voice intonations. Joy, as well as pain, expressed by the mother's intonation, prosody of thought and uttered words and, particularly, loving words addressed to it will regulate its relationship with the world.

While preparing for delivery in some maternity units, singing and music are currently used. We note the positive effects of these activities on the fetus or pre-term child as far as well-being, growth and tranquility are concerned. Furthermore, mothers alter their voice when talking to the baby in late pregnancy, and especially after delivery. They use a more tender voice with precise features that is called *mamanais* in France and *motherese* in English-speaking countries: the pace is slower, the frequency higher-pitched and the modulation more important.

From the point of view of hormones, the joy, love and bliss felt by the mother when talking to 'herbaby', or even more when singing, cause the secretion of oxytocin in her and probably in the fetus in late pregnancy – which has not been proved yet... But we can now consider that being soaked in oxytocin secreted by the mother strengthens the fetus' pleasure of being alive, as well as its bond with her. Oxytocin has soothing properties, unlike the effects of cortisol secreted by fetus and mother when this latter feels anxiety and/or pain.

We observe at the ultrasound that the fetus, who stirs more in the mother's anxious moments, may clutch, then release its umbilical cord all of a sudden, thus increasing abruptly the blood flow and probably perceiving a state of ecstasy, although it is actually about to faint. This experience resembles the *flash* felt by drug-addicts. We may interpret this gesture as a way of stopping indescribable pain and anguish. Midwives often note this gesture at childbirth.

In this phase of gestation, the stimulation of the fetus by the mother's multicolored words, by her intonation, by her thoughts directly addressed to it and, possibly, the father's words too, is necessary for its sense of really existing – and at times even necessary for its survival.

In this third trimester, even more than in the previous ones, the mothers' 'distraction' when they forget they are pregnant for a while – owing to profound anxieties associated with traumas around pregnancy or caused by other factors – has a precise effect on the fetus. This latter may often cease growing and develop more or less serious behavioral disorders after birth (eating disorders, attentional problems, agitation). Then anxiety (often unconsciously) overwhelms it continuously: it cannot break free and has no true sense of existing.

Chapter 9 **Delivery is nearing**

The end of the ninth month is the 'general rehearsal' before the big 'premiere' of childbirth. After each rehearsal, the curtain falls and a repression is set in motion.

Like at the end of the second trimester, the woman's unconscious is now working hard at anticipating and preparing for the definitive separation at delivery. She will lose her stuck-twin of the third trimester, the twin formed by her parents and herself, with whom she had regained her primitive placental bond thanks to the process of the inverted tree. And, at birth, the parents will see the lost child reemerge after an absence occurred at the end of the second trimester.

The unconscious work of anticipation of the definitive loss of the primitive placental bond with the parents is impossible for those women whose mother and grandmother were not able to picture this last separation, or went through it traumatically, or even mortally. Everybody is here, present, in the fantasy of the inverted tree! Except *their baby* who, left behind somewhere, would love to come out...

Dreams and fantasies before delivery

As water breaking approaches, many women dream of the announcement of a tsunami once or several times. What really matters here is the outcome. Can they save themselves in time, driving a car that symbolizes the fusional body? Or rather the opposite, not managing to save themselves, they are immersed in water? This less pleasing version is yet a way to anticipate the arrival of the catastrophe.

Some very sensitive women perceive a fall of pressure in their belly three days before childbirth and can hear 'a little music'. For others, a slight baby blues, felt three days in advance, warns them about the imminent water breaking. For yet others, and for their partners too, water breaking comes out of the blue, catching them unawares.

Some women do not feel anything at all. Sometimes, their mother or mother-in-law accompanies them by force to hospital. Or the gynecologist phones them. As though they were not expecting anyone anymore. As though the real child they had lost from sight all this time were in a 'dead end', quoting from patients who often feel 'enclaved, forgotten, locked'. The recto-uterine pouch, a kind of dead end, is a membrane that, in women, is situated in the front part of the rectum and behind the vagina and bladder, a sort of trap in a gloomy hollow where escape is impossible!

Albertine's and her mother's dreams

The series of Albertine's dreams during treatment clarifies this idea of the 'unexpected' child, forgotten and dead in the mother's belly. At the beginning of her psychoanalysis, Albertine was tormented by the recurring nightmare of being swallowed by a huge crocodile. After a while, another recurring nightmare takes over: her little daughter falls off the ship they were both traveling on, and is devoured by a shark. In fact, towards the end of her treatment, Albertine ceased having these nightmares when she found the traces of the lost child's body.

An important flooding in her daughter's bedroom and sewerage works carried out in her antiquated block of flats had revived strong feelings of anxiety in her. She imagined an invasion of sewer rats able to turn into large repulsive iguanas. Pestered by these archaic fantasies, she dreamed that, during works carried out in her childhood home, after a storm causing a pipe overflow, a calcified fetus had been discovered in a pipe above her childhood bedroom on the ground floor.

After finding the traces of the vanished child, or even the calcified placenta, Albertine started considering the end of her treatment. In one of her final sessions, she told me a dream in which she can rescue her little daughter from being murdered just in time. But, to my astonishment, the very last nightmare of her treatment will involve, once again, being devoured by an enormous crocodile...Here is the crocodile of the beginning and end of analysis like in Fellini's dreams at the end of filming!

This way, Albertine unconsciously unraveled all the archaic fantasies connected with water breaking, delivery and birth! Nonetheless, we should underline that Albertine's mother, on the day scheduled for her own delivery, was in Brittany onboard a small sailboat...

We can see how Albertine, as the treatment was coming to an end, finds the reminiscences of her own and her daughter's uterine life. The storm, having caused the destruction of the sewerage with water seeping into her daughter's bedroom, actually revived the archaic fantasies of devouring (rats and iguanas emerging from the sewers) felt on an unconscious level when she was about to give birth, but also when she was in her own mother's belly who, apparently, was not expecting her on the day she was born. However, in the dream, the storm and the destroyed pipes in her childhood home enable her to 'recover' the body of the missing fetus, forgotten by her mother at the end of the sixth month. Calcified, like placenta in late pregnancy.

We may also think that the pipe overflow in the dream express the too intense, not representable anguish of death, concerning the trauma caused by water breaking unexpected by her mother, while this latter was in the small boat sailing on the waves. Furthermore, at the time of water breaking, the woman feels 'oceanic' enjoyment, therefore intense anxiety. She is pervaded by the unconscious fantasy around the expulsion of all subobjects, with the baby, that fulfil the most archaic self-preservation drives: blood, excrements, urine, placenta.

Many women compare their particularly intense orgasms with the enjoyment felt at water breaking – this does not imply their orgasms are accompanied by ejaculation. Associating an ‘oceanic’ orgasm at with the pain of delivery stirs reactions of stark astonishment and rejection in all women. Yet, some of them, those who expel their baby like a ‘champagne cork’, unconsciously feel such a violent pleasure that they will find it hard to talk about it and repress it – especially since this feeling comes with a limitless sense of guilt.

A few weeks after the end of treatment, scheduled at the beginning of summer vacations, the radiologist finds microcalcifications in Albertine’s breasts that are cause for great concern in a follow-up mammography. In spite of a much-reflected end of treatment, Albertine establishes a harrowing separation-weaning with the analyst. While she was able to dream of the death of the stuck-baby and calcification of placenta, she had to physically translate an abrupt weaning that was unexpected and non-representable. What is more, in this phase, she ceases talking about certain dreams and remarks uttered by her parents, recorded at birth in a logbook accompanying her health booklet. Yet, these notes had a big presence during the treatment, and she had found it very hard to ‘digest’ them. The first recorded dream was the following: “I saw you in your cradle at the end of a road and, on this road, there were holes where two snakes were hiding. Your Dad walked close to me and said: “Don’t worry!” and, with his heel, he killed the snakes. But in your cradle, there was a third sleeping snake, whereas you were beaming.” Her mother had this dream when Albertine was admitted to hospital for a bowel obstruction and peritonitis one month before her first birthday. Her mother very seldom remembered her dreams; she wrote “they always announced something relevant. And, as a matter of fact, the day after at hospital, they announced your arrival, while we were totally unprepared for such an event!”

Once again, we can see the fantasy of the baby left alone and dead in the mother’s or the child’s belly, representing the mother and father in a fetal state due to the process of the inverted tree, a baby whose comeback the parents were clearly not expecting anymore. The baby smiles, in an ecstatic no man’s land. But in this dream the father is present and tries to protect the child by killing the snakes wriggling in the black holes scattered along the way. There is yet one left, concealed in the cot, still sleeping that neither parent can see – like Fellini’s crocodile in his first dream – which a cry from the child might awaken any time.

The return of Oedipal fantasies

As delivery approaches, besides archaic fantasies of devouring linked with self-preservation drives, Oedipal fantasies are revived again, like at the end of the first and second trimester. In the parturient woman, the fantasy of being mother, father and child, fruit of their passionate and incestuous love, is once again very much alive. She relives what Freud called “the original fantasy of the primal scene” in the young girl, i.e. the representation of the sexual act that originates it, namely the scene of her conception. All the more intensely since, at this stage, the sensory, emotional and affective communication between the mother and the attached ‘herbaby’ is at its peak.

Then, delivery being imminent, unconscious anguishes of death and destruction connected with excessive enjoyment felt with the child arise and are blended with Oedipal fantasies that may prove to be intolerable for some women. The fantasy of killing the mother and the child of primitive fusion, fruit of incestuous love, often recurs very violently when repressions did not take place on beforehand, for want of unconscious representations of the various losses. Some appalling and repetitive nightmares depicting a gruesome delivery, with the death of both child and mother in tragic circumstances, may then come forth with incredible strength.

Every delivery, even the one that runs smoothly, stages representations of death, murder and incest in the woman's body, as Monique and Rodolphe Bydlowski point out. My opinion is that the intensity of these fantasies depend on the intensity of the trauma experienced by the pregnant woman's grandmother and mother.

However, we should repeat it, *recurring nightmares on the eve of delivery, staging the child's murder and/or the mother's death too graphically, show that the woman is going through a very traumatic passage and should alert gynecologists and midwives in order to schedule a Caesarean section*, as we have seen in the first chapters of this book.

The fact of living, unconsciously or not, these Oedipal fantasies and forbidden incestuous enjoyment is not pathological in itself, of course. Problems only arise when they are too violent and the woman is incapable of repressing them gradually in the various critical passages of pregnancy. As we have seen, the successive losses of enjoyment linked with the slackening of the primitive placental bond originate, according to Dolto's phrase, symbolic or rather symbologenic castrations, i.e. generating a symbolic representation). These castrations allow for the triumph of self-preservation drives (life drives) over destruction drives (death drives) –throughout pregnancy, before delivery and even after birth. These castrations are needed in the first years of life, to move gradually from an incestuous fusional passion – typical of narcissistic love and of the primitive placental bond – to a love relationship with the child deeply perceived as 'other'.

What about the fetus?

What does the fetus perceive hours before birth and at water breaking?

We should reiterate that the fetus, before birth, feels all that the mother feels. It perceives her movements, her walking

pace and all her changes in position. It tramples the uterine wall to settle in the cosmos, thanks to the receptors placed on its foot soles that will be necessary for ground anchoring in earth's gravity after birth. And also to measure, unconsciously of course, the quantity of pleasure, anxiety and pain felt in the interaction with its mother, depending on the firmness of the uterus, intensity of labor, secretion of oxytocin and cortisol and, certainly, other hormones linked with pleasure and pain (such as endorphin, etc.).

The more the mother is anxious, the more the fetus stirs and is anxious, in turn. At the key moment of water breaking, it will feel a strong sensation of free falling. This will be the first sensation of violent fall of its life, followed by a void and annihilation that may prove harrowing and traumatic later on. This first sensation is caused by the abrupt loss of amniotic fluid in which it had been immersed since the beginning. A liquid that was the source of all its activities and functions (swallowing, inhaling, spitting, urinating, producing meconium) aimed at its self-preservation. *And also because it has its mouth empty and shut for the first time.*

Even in calm sleep, it never stopped filling its mouth and lungs with amniotic and continuously spitting and urinating it. A urine that it had been mixing with amniotic fluid, also produced by its mother, for six months. This liquid was its first fusional object, provider of extreme satisfaction and operating as a closed-loop system. This satisfaction was olfactory, visual, oral, urethral-sadistic and anal-sadistic, as we say in the language of psychoanalysis; in other words, it felt pleasure in expelling urine and swallowed it soon after, the pleasure of filling its intestines by producing meconium, the result of a digestion of the skin shared with its mother, all of which was aimed at its full development.

In this first phase, it has to wait with its mouth shut, motionless, in a state of heightened vigilance close to hypnosis, listening to all the movements and words coming from

the mother or the gynecologist or obstetrician (both father surrogates).

Sandor Ferenczi mentioned *in utero* maternal and paternal hypnosis. He had already advanced the idea that the various traumas create the child's psychic apparatus. He was the first psychoanalyst who posited maternal violence as the origin of the primal trauma⁶³. He was ahead of his time and creative, therefore heavily criticized, especially in his idea of the archaic and biological, or even phylogenetic origin of self-preservation drives in the constitution of memory traces and repetitions, all life long, of the primal trauma.

We may observe that very anxious patients relive this traumatic phase in moments of separation and transition in their lives, at any age: when they start nursery school, kindergarten, secondary school, before exams, before the conclusion of their dissertation... The unconscious fantasy of dying or being forgotten causes various symptoms, such as the impression of being paralyzed, to the point of wondering whether they are still alive or already dead. A little as though they stopped breathing and their heart might cease beating at any time.

And what about the fathers?

A notable fact in this period is that fathers dream, just like mothers: they also relive, with the pregnancy of their partners, the memory of their fetal life. They often have premonitory dreams for their wives when these latter do not or cannot remember them, as we have seen.

At the end of the first trimester like at the end of the third one, some men suffer from symptoms that are typical of the pregnant woman: sickness, cravings, weight increase, digestive disorders, headaches, insomnias, mood swings, hypersensitivity, at times increase in prolactin rate (a hormone that triggers lactation), testosterone loss⁶⁴ and various drives. Others fall down, they have back pain or car accidents that prevent them

from attending childbirth. Yet others drink too much in the company of their friends, which makes them forget, in sleep and alcohol, about the joyful event. Some identify so much with their child that they can only go through its birth sound asleep...

In traditional societies, we called 'couvade' the series of rites featuring the father in the mother's role. In the Middle Ages, in the Basque region where traces of this phenomenon were found, fathers were bedridden, simulated childbirth and, holding the newborn in their arms, received birth gifts.

We have seen that, during pregnancy, the father also relives his primitive placental bond with his parents through his partner and the child. If his own mother's experiences were traumatic, he will have considerable death fantasies, especially if the child-to-be is a boy. If, however, his mother went through the event unscathed, he will live the child's birth comfortably, the child who, what is more, will allow him to accept a castration he experienced as a child. The boy must actually undergo a castration that is the mirror image of castration in girls: he must integrate the fact that he will never beget a child in his belly, which is both a break with his mother and a reason to desire her.

Living the same symptoms as his pregnant partner, putting himself in her place, is probably a way to compensate for his impotence, as well as a way to relive his own procreation.

Chapter 10 **Delivery**

As delivery approaches, mothers are in a state of great excitement – provided they have anticipated the event in their imagination, which is the case for most of them.

The archaic unconscious fantasies described in the first trimester are revived, as we have seen at the end of Albertine's treatment or in Fellini's crocodile dream, when film-shooting was over. This excitement sometimes translates into agitation, for example, by cleaning the house somewhat frantically, by turning the home upside down for the benefit of the child-to-be. There are also moments of great bliss, as we have already explained: the mother-to-be experiences these bursts of love that take hold of us when we are parting with a much-loved person. However, some women, the most sensitive ones, those who keep close to their unconscious, feel more or less conscious anxieties.

When everything runs smoothly, the woman expects this metamorphosis and will find support in the unconscious process of the inverted tree will definitely help her. She is once again in the interlocking of matryoshkas: the memory of the lived experience with her mother, and the one lived by her mother with her mother, for her own, allows her to sense what will eventually happen. But the woman who was not able to picture the loss sustained at the end of the second trimester, and who therefore remained in an unconscious relationship of mimetic identification with her stuck-twin, will live her delivery in a more problematic manner. We could say that she did not train for the separation scene in the two necessary theatrical rehearsals before the premiere in front of the audience. This is why the passage from the second to the third trimester is a

delicate moment professionals should pay attention to: when everything runs ‘too smoothly’, when the woman gets on with her life as if nothing had happened, the separation did not take place on a symbolic level.

Contractions

Medical doctors divide labor into three phases: first, contractions provoking the opening of the cervix and rupture of the amniotic sac. Then, the expulsion of the baby; finally, the expulsion of placenta. The three phases are recognizable through the frequency, duration and intensity of contractions. Labor begins when contractions become regular, then more and more intense, and cease with water breaking.

The first phase, appropriately called ‘latency stage’, begins when contractions become regular and lasts for seven to sixteen hours, depending on women. It lasts generally longer in primiparous women. The interval between contractions varies from thirty to five minutes, contractions lasting thirty to forty-five seconds. The cervix opens by three centimeters.

If women have felt delivery is imminent, if they are ready, then they will feel the first contractions and rush to maternity hospital way too soon. They express their anxiety by talking very quickly and getting excited. But, for others, recognizing contractions is not so simple, especially if they cannot imagine the ‘joyful event’. The pain may feel like menstrual cramps, it is located in the lower back or in the lower stomach. Those who already suffered from functional intestinal spasms confuse them all the more easily with a bowel disorder, since they have been suffering from various pains for months. When they can finally identify them, anxiety makes them slightly apathetic. Then, they need the support of their partner, mother or a friend.

The active phase

The second phase, called the ‘active phase’, usually lasts for three to six hours. Contractions arise every two to five minutes and last for forty to sixty seconds. The cervix opens by seven centimeters. Waters often break in this phase. For this reason, women are recommended to go to maternity hospital, even though we are aware that every woman has her own rhythm, of course. Those who already had several children may deliver very quickly after the first contractions.

In this phase, unconscious anxiety and archaic fantasies are always very intense for all women. The only difference lies in the intensity of the unconscious anxiety and the trauma lived by each of them. Contractions are more and more intense and painful. The woman ‘in labor’ can neither move nor speak. Accelerated breathing learned in preparatory courses aims at lessening the pain, but it makes us think of a state of anxiety. As a matter in fact, panting and breathtaking pain are habitually the signs of a strong anguish of death or extreme enjoyment. We have already underlined how close pain and enjoyment are. The woman in childbirth often has cold feet and hands. Are all these impressions similar to those we attributed to the fetus in this passage?

Delivering is killing one’s mother and dying

So, the first universal unconscious fantasy linked with the process of the *inverted tree* of the third trimester, “delivering is killing one’s mother and dying”, is common to all women in the second phase of childbirth. The stuck twins of the third trimester, the mother herself attached to her own mother (the grandmother), are all actually on the brink of a definitive disappearance.

We can explain the frequent slip of the tongue “my mother died before I was born” quite easily. Some of my patients, who were unable to picture this loss, happened to feel a complete

cessation of contractions in this phase. For two of them, the reason was as follows: they suddenly realized that their daughter was going to be born on their grandmother's or mother's birthday. Which is a very frequent 'coincidence'.

A woman treated at the birthing center almost left the hospital on a whim but, fortunately, the midwife Paloma called me and put me in contact with her on the phone. I was able to verbalize this fantasy of murder and death of the grandmother and mother (which I had just identified at the time), and she carried on with the delivery in good conditions.

Unfortunately, another woman treated at the center refused to call me or stay there. She came back the day after, but her daughter died just before the expulsion, without any organic causes being detected. This woman had transgressed her mother's prohibition of ever giving life, a prohibition clearly formulated when her pregnancy was announced, because her own mother, i.e. the grandmother, was seriously ill.

The grandmother's death occurring simultaneously with the birth of her first granddaughter or great-granddaughter is a well-known phenomenon. As though the saying "a life for a death" contained an element of truth. My opinion is that the origin of this demise lies in the grandmother's impossibility to picture the loss of intensity of the primitive placental bond connecting her with her daughter and granddaughter, during pregnancy and at delivery. Even grandfathers or fathers sometimes come down with a serious disease, even pass away during their granddaughter's or daughter's pregnancy, and this especially happens at the end of the second trimester. In short, for the whole family tree, *any non-representable interruption or modification of the primitive placental bond is necessarily mortal*. We may assume that, sharing this fantasy, the daughter, and even more so the granddaughter, feels guilty of surviving. This is where the matryoshka interlocking leads to.

We have to understand the implications of this universal unconscious fantasy is important, as it is induced by the

representation of the conflict of self-preservation drives in mother and fetus, drives involved in the process of the *inverted tree*. According to this fantasy, any child that comes into the world is a survivor found guilty of escaping an announced death, but also of killing the mother and father in their fetal states. Hence the meaning of the father's recurring words "as my daughter (or son) is born, I'm going to die!". As for parents, they also feel guilty of surviving following the murder of the child of primitive incest who had generated the universal maternal fantasy "I've killed my child".

We have already briefly tackled the guilt felt by a survivor twin all its life. This primal guilt is deeply rooted in everybody's unconscious, more or less intensely, depending on the family history and the actual death of children and/or their mothers during pregnancy or in labor, in the family tree. Freud had already detected the origin of a primal guilt in the fact that any child is normally destined to survive its parents⁶⁵.

However, while the murder of the father of the primitive tribe is the foundation of civilization, the murder of the mother is absolutely inconceivable for us all, even more so since our own survival depends on her on the level of the primitive placental bond. Only bulimic women who still feel 'attached' to their mother's body and identify with the father of primitive incest, often say in their moments of binge eating: "I'm eating to kill my mother!". This is a cry for help, an attempt to survive and have a sense of existing in spite of being 'alone'.

When orifices are confused

The second phase is the harshest and it usually lasts up to three hours for primiparous women. For other women, duration is quite variable. Contractions arise every two or three minutes and last for sixty to ninety seconds, but they are so painful that they appear to be continuous. The woman is tired, lying on her labor bed, she suffers enormously and is faced with

her anguish of death. The child's skull, after a lengthy delivery, "should appear like a casting of the mother's pelvic outlet", Freud wrote⁶⁶. A vision of her genital apparatus that could be frightening for the woman! Furthermore, the child's head, by pressing against the rectum and the urinary meatus, gives her the impression of having to defecate a 'monstrous' lump of feces and of having a full bladder to empty. Vaginal discharge is frequent. A sign of enjoyment?

We actually find in this passage excessive enjoyment and pain, the disaster caused by the flooding of fetid water from the sewers full of urine and excrements in Albertine's dream of iguanas. We can also notice the echo of unconscious female fantasies about their sex being a 'cloaca', as Lou Andreas Salomé said, where all orifices are confused, as we have seen in bulimic patients who, moreover, feel like they are endowed with the two sexes, the male sex 'still' concealed inside their vagina, like the child left alone in the belly...

And we think about the primal fantasies of young children, who assimilate babies to excrements hidden in their mother's belly.

The dissemination of pain and the 'silent' and painless erasure of the cervix actually contribute to this confusion. They maintain the mystery of birth intact. This is also a way to blend uterus and vagina, areas of sexual pleasure, in a confused muddle, because associating delivery and coitus would be utterly intolerable for us all. Nonetheless, we know that the pain felt by women during delivery is very intense and localized, especially when it takes place without anesthesia...

The time of expulsion: delivering is dying and killing the child

Expulsion begins when the cervix has an opening of about ten centimeters. We say that it is effaced. The baby starts coming down. The second phase is over when the baby is born.

Contractions return every two or three minutes for sixty seconds. They can last up to three hours for a primiparous woman, between zero and thirty minutes for a multiparous. In the absence of an epidural anesthesia, contractions are very painful and, in spite of intense fatigue, the woman is about to achieve the most powerful and most painful muscular effort of her life.

She then relives the universal unconscious fantasy linked with the phase of expulsion: "Delivering is like dying and killing the child." The child in question is the incestuous one of the second trimester who had vanished and had been replaced by the grandmother's attached twin of the third trimester.

Upon expulsion, the mother's perineum swells and stretches the skin to its utmost, which causes a feeling of very intense burning that some midwives call 'circle of fire'. Upon expulsion and tearing of the amniotic sac, the mother feels a sharp pain actually comparable to a gunshot. She feels like bursting and expels the child the way a cannon would, and shortly afterwards, she feels dizziness and a sense of void.

A Caribbean patient compared the sensation of annihilation and liquefaction felt after the expulsion of her first child with a severe earthquake in Martinique. The worst childhood fantasies are then revived, where the baby is like a lump of feces stuck in the mother's belly. Destruction drives need to be put at the service of self-preservation: urethral-sadistic drives to quench the fire, and anal-sadistic drives to expel the baby. If the child actually overcomes its term, it may die and cause its mother to pass. Finally, once the effort has been made, a feeling of annihilation crops up. The mother feels shattered and drained. She has lost the child of primitive fusion but also her sense of having a body. She goes through a 'little death' (*petite mort*) like after an excessively intense orgasm.

We may wonder whether the fantasies linked with pregenital self-preservation drives (oral, urethral and anal) come to the mother from remains of primal fantasies fabricated when she

was a little girl, or the other way round. In this case, *mothers could be the cause of primal fantasies in children.*

Bulimic and anorexic women confirm this last hypothesis as they ceaselessly and secretly relive this traumatic passage of annihilation, death and liquefaction connected with delivery and birth. Eating and drinking until they feel their stomach 'burst' and vomiting soon after into the toilet bowl (uterine cavity), finally provides them with gastric acid and they hastily flush the toilet to do away with any smell or trace of their presence. They repeat an experience of free falling and disappearance into the black hole of the 'dungeons' of parental memory. They ceaselessly reenact a very painful delivery (acid taste of the meconium expelled before birth and vanished into the black hole), physical and psychic pain being the only trace of their existence in a body that they do not perceive as theirs yet, as it is still attached to that of their mother.

These gestures repeated by these women express unconscious anxieties, fears and fantasies in moments that proved traumatic for the mother and grandmother, and therefore for the child, during delivery across at least three generations.

When the anguish of death remains unconscious, when archaic fantasies are wrapped in the unutterable, then difficulties may arise at childbirth.

Expulsion of the placenta

The delivery of the placenta is a moment that is often overlooked when everything goes well. We can understand that. The intense bliss of finally seeing the child among us, present and alive, as well as the emotional state and the fatigue, all this does not necessarily allow the mother to perceive this 'total' and definitive expulsion of the placenta. But, as we know it, the least retention may cause a hemorrhage and, in the worst case, the woman's death. For this reason, a very careful inspection is conducted by the gynecologist or the midwife looking for any

small possible 'leftovers'. When delivery goes well, gynecologists often show the parturient woman this 'pancake' belonging to her. But, essentially, this object has nothing to do with the unconscious representation it was connected with throughout as it identified with the primitive father, herself, the child and her own mother.

Women who undergo a Caesarean section with a general anesthesia are often unable to see either their 'pancake', thrown into the dustbin, or their child before it is taken away to do medical examinations. Which worsens the unconscious fantasies and trauma linked with the disappearance of the primitive placental bond for both mother and child. This is why it is vital to always safeguard a meeting moment between the mother and her newborn – whenever possible.

What might the baby perceive during delivery?

Upon delivery, the baby reacts to the mother's movements: it is all at once vigilant, listens to its mother, depends upon her voice, screams, and sometimes violent words she utters! Even Françoise Dolto warned mothers-to-be about it; she thought that these first words were forever ingrained in the child's unconscious and might be partly responsible for its destiny⁶⁷.

This passage may prove all the more traumatic for the fetus who, for the first time of its life, is feeling cold. The large quantity of oxytocin secreted by the mother cools it down to 35°C, in order to allow its long-term survival during delivery. Because the quantity of oxygen decreases in placental blood, owing to the effort supplied by the mother. However, the fetus feels supported and warmed by the uterine wall and it perceives all the contractions without pain, as the oxytocin produced in vast quantities also has an anesthetic effect⁶⁸.

When the mother is distressed, the fetus stirs and is equally distressed, feeling all the signs of fetal suffering (choking sensations, rapid heartrate, etc.). If the mother goes through a

state of extreme anxiety, it sprays out a bit of meconium, thus expressing its own excess of anxiety and difficulties in surviving. This is when childbirth accidents may arise, and a Caesarean section may be necessary. Dreams of passing through a narrow tunnel with a choking sensation, which many of us have, are a memory of this phase.

When expulsion is nearing and the baby is about to be born, it goes through a magical moment: its head on the way down and ears blocked by the cervix, feeling full of energy, it will hear for the last time, and without any further noise, the mother's 'inner' voice, tinged with pain and bliss: the beautiful 'blue note' will forever be stuck into its unconscious. Then comes the expulsion, which it perhaps lives like actual fireworks suddenly collapsing and waning without a trace. This silence, this void, followed by an awful sensation of choking felt after the cutting of the umbilical cord and the virulence of its first cry, will be forever ingrained in its memory. This cry expresses the primal distress of the child released into the solitude of its existence. All this constitutes the trauma of birth, i.e. the first experience of free falling, suffering, bliss and pain felt by both mother and child, following the real and definitive loss of the primitive placental bond. But even this initial cry and this first experience may remain non-representable for the child, if mother and father have not been 'seen' and 'heard' by their own mother during their fetal life. Then, the child who has just been born will not have a sense of really existing and will remain 'odorless' and 'invisible'.

Furthermore, some mothers leave their newborn in the car when they get home on their way back from maternity hospital. One of them, during pregnancy and for years on, had had a recurring nightmare in which she could hear the desperate cry of a newborn, without being able to detect where it came from and, shortly before awakening, she found it starved to death, lying behind the velvet curtains in the living-room⁶⁹. Which reminds us of Albertine's dream, in which she found a

calcified fetus in the piping of her childhood home at the end of her treatment, or the hallucination of Emmy von N., Freud's patient, and in general the recurring dream of my bulimic and anorexic patients, in treatment and/or pregnant, a dream where they discover a little mouse, left alone at the end of the first trimester, or a toad, left there at the end of the second trimester, starved to death in the cellar of their childhood home.

And grandmothers, how do they live through their daughter's delivery?

Some grandmothers have premonitory dreams, even when their daughter lives far away from them and, sometimes, even before her. But some grandmothers who are too close to their daughters, have revealed in treatment that every time the daughters gave birth, they fell; in the street, or off the bed, at night, at exactly the same hour of delivery! Furthermore, they also happened to produce breastmilk the following day!

For better, for worse; a matter of life and death

The archaic fantasies of death and destruction evoked are the same, whether the delivery takes place with or without difficulties; only their intensity differs. Of course, most of the time, these fantasies do not appear as such, in all their rawness and horror; except in cases of childbirth accidents, and upon arising of important psychic disorders in mothers. Then, the child may have to deal with the consequences in its development, which can be averted if one had pays attention to the unconscious fantasies we can anticipate in the experience of delivery itself for all women.

At birth, even though she feels annihilated, the woman loses the fusional child created during pregnancy. We have seen that this latter had been feeding on archaic fantasies

evoked as early as the moment of conception: it is supposed to have been the fruit of a primal incest in which, in a general confusion worthy of our most ancient myths, the woman is all at once the father, the mother and the child she once was, in a frightening hodge-podge where everything is experienced in a relationship of passionate, irrational love. So, this fusional child is represented as forever lost in the void felt by the mother. And this disappearance echoes the second fantasy: *if the child has vanished, this means I've really killed him*. A fantasy we have detected in the mother at the beginning of the third trimester, in the morning while awakening. Which often leads mothers, after delivery, to make sure their newborn is really alive in the first nights and in the morning, to verify that the fantasy has not come true while they were sleeping.

The unconscious fantasy 'I've killed my child' allows for the burial of the unconscious images related to the fusional child and the primal incest. We know these representations are unbearable, just like the primitive fusion with one's parents reactivated in the third trimester. All these fusional experiences of the primitive placental bond normally undergo profound repression – designated as primal by Freud. This repression is accompanied by the loss of the memory of excessive enjoyment felt with the child during pregnancy and the extreme pain of delivery. Pain actually helps increase the force of the expulsion massively supported by self-preservation and destruction drives.

But in the case of excessive anguish of death, when the unconscious fantasy 'I've killed my child' has not been partially repressed before delivery, it can flood conscience. We have already seen that any murder fantasy linked with fusion and primitive incest is, in principle, progressively repressed during pregnancy. If it is not, then the anguish of death and guilt are so heavy and unbearable at delivery that the perception of loss and void is rejected and, consequently, the aggressive defenses of self-preservation drives are still too active. There remain the unconscious anguish of death and the all too harrowing desire of

killing the fusional child, with whom the mother still identifies. But, as Michèle Benhaïm writes it, “paradoxically, this fear of every moment stays buried in the domain of the unutterable, or of what is not allowed to be pronounced, stated⁷⁰”. We can add that this fear even impedes thinking.

Later on, some mothers happen to suffer from impulsion phobias: by simply looking at a knife, they are afraid of killing the child. Subsequently, an excess of precaution towards the child, for example, the permanent fear it might fall (out of the window, into a swimming pool, off a bicycle), may be interpreted as a need to dominate the urge to push it. This is what we call in psychoanalysis a ‘reaction formation’: a desire considered as evil stimulates the opposite desire in order to disguise it. Clinical experience also leads us to wonder whether certain cases of infant deaths, those without a manifest cause, those named ‘sudden’, are not to be associated with these murder fantasies.

In that respect, we can see the fantasy 'I've killed my child' at work in a patient, devastated by guilt, who came to see me following the sudden death of one of her three-month-old twins. She could not forgive herself for the terrible anxiety she felt for months when she learned she was expecting twins: “I was already super anxious to have to look after a child, let alone two... it was inconceivable!” As though an unfortunate reality had fulfilled her desire to have only one child.

For some women, the fantasy is so strong and traumatic that it borders on raving. Clara, a patient mentioned by Michèle Benhaïm, after having four abortions, gives birth to a little girl and exclaims: “This little girl is not my baby. My baby is dead. I would like to die and see her again. But I have one in my belly I still have to give birth to⁷¹.” We can see that Clara, after putting the fantasy into practice several times, cannot recognize her newborn daughter as ‘herbaby’. On the one hand, she expresses aloud the unconscious fantasy 'I've killed my child', the one that is really mine and I would like to see again after

committing suicide and, on the other hand, she expresses the feminine fantasy of always having a child ready to be born and left alone in the belly, a fantasy we find in the unconscious of all women.

This way, for us all, and all our lives long, with every body change, especially in childhood, then at puberty and menopause for women, a reactivation of sex and self-preservation drives takes place. The archaic fantasies representing them are perceived differently, depending on the intensity of the primitive placental bond shared with the mother in the critical phases of metamorphosis in our fetal life and at birth. As always, what varies from one to the other, is the intensity of the drives and of anxiety. We have already seen that intensity differentiates 'normal' from 'pathological'.

Chapter 11 **An Experiment on Mother/Fetus Communication**

I have had an exciting exchange of ideas for years with Marie-Claire Busnel, a psychophysiological specializing in fetal hearing, with a view to starting a common research on medically assisted procreation and on mother-fetus communication, a phenomenon M.C. Busnel has scientifically proven for years. Having already proved the fetus' hearing abilities, she has actually concentrated her work on bringing to light the objective reaction of the fetus and the baby during a silent communication with the mother. The parameter used to measure the impact of this communication being variations in the heartrate of the mother and the fetus or baby. However, we should underline that, when we are talking of mother-fetus communication in the third trimester, we do not mean the symbiosis linked with the primitive placental bond of the second trimester. Now it is the communication between two beings separated by the real intrusion of the father's low-pitched voice offering an initial extracorporeal space that separates, for the first time, the mother-fetus dyad of the primitive fusional bond, as we have previously explained. So, for the fetus, it is a not only a question of feeling the 'same' state, the same emotion contemporarily with the mother, i.e. of having the same heartrate as the mother when she is speaking to it, *but of feeling the effects of her words, whether they are uttered aloud or only in her mind.*

In this regard, M.-C. Busnel carried out an experiment with a woman, Nathalie Brücher, starting from the seventh month of pregnancy and continuing for eighteen months after her baby's birth. This woman had succeeded in becoming pregnant after

multiple attempts of medically assisted procreation (MAP). She set about writing a short logbook of her pregnancy to be able to express in detail the evolution of the communication with her baby before and after birth. Subsequently, both women published a book, *Nommer ce langage indicible, Quand le bébé parle depuis le ventre de sa mère*⁷² (*Naming this Unutterable Language. When the Baby Speaks from the Mother's Belly*), including her diary and M.-C. Busnel's comments following the experiment sessions. This volume is the only longitudinal study carried out by M.-C. Busnel, and it confirms that during two sessions out of six conducted in the last two months of pregnancy, silent communication brought about significant changes in the behavior of the fetus. This percentage matches the results obtained (25% to 37%) across previous experiments when numerous fetuses and newborns were tested.

We will here briefly comment on this volume to show, on the one hand, how the mother can establish a beautiful communication with her fetus, especially in the last two months of pregnancy. But, on the other hand, we will show how, at times, delivery can go definitely wrong if, over the preceding days, the unconscious anguish of death connected with archaic fantasies, “delivering implies dying and killing the child”, when the mother, and often the father too, cannot even feel their anxiety because it is too intense and traumatic. This testimony reinforces my hypothesis developed with patients who had been diagnosed as infertile with or without any organic causes. Once these totally unconscious anxieties were analyzed, a vast majority of them were able to become pregnant at the first attempt during psychotherapy and deliver vaginally, in spite of some of the parturient women's late age, their excessive weight and/or related diseases.

A pregnant woman

Nathalie Brücher defines the first trimester as that of ‘incredulity’. She is an actress and is working with a director

with whom she has a conflictual relationship. She is suffering from noteworthy stress and nausea arising particularly when they quarrel. She rarely grants herself time to unwind, analyze what she feels after learning she was finally expecting a baby. But, in the third month, the gynecologist diagnoses a slight ‘placental abruption’ (p. 15). Then she is required to stay calm, take pharmaceutical treatment every day, avoid transport. But she writes: “And yet, because I had wished for it so hard, fearing devastating sorrow if anything should occur, I don't obey the gynecologist in full [...] I cannot totally go against my hyperactive nature” (p. 15). She writes that she feels guilty for not being able to “preserve this child I have desired so much” (p. 16), of giving him or her “old parents, and inevitably the status of an only child” (p. 16). She seeks assistance from a friend doing body therapy, perceptive pedagogy, who helps her calm down a little and be more sensitive to the transformations taking place during pregnancy. Towards the end of the third month, another friend exerting fasciatherapy gets in touch with her just when she is suffering from stomachaches that make her fear a miscarriage. During these sessions, she finally lays her hands on her belly serenely and perceives spiral movements that make her perform a joyful dance with her fetus.

Like many primiparous women, especially women resorting to an MAP, the author is somewhat ambivalent: the stronger the unconscious anguish of death and conscious distress of not being able to ‘preserve’ the child from miscarriage are, the more they have to distance themselves and act as though they were all-powerful, able to dominate any danger. This process sets in all the more frequently if their mother had various miscarriages before the conception of their first child. Besides, patients who were born after miscarriages often find it hard to deal with the perception of danger: they may, for example, become unsafe drivers and put their life and that of their whole family in danger. In women failing their numerous attempts of MAP, akin to a miscarriage, we often note this hyperactive behavior. We can assume that it is the same phenomenon connected with

the intensity of the unconscious anguish of death and archaic fantasies.

Towards the end of the third month, no dream or nightmare is reported in her logbook to represent unconsciously this initial slackening of the primitive placental bond. The slight placental abruption and the pain in the stomach will be needed to help her perceive the unconscious anxieties of death linked with this first loss. We should also underline how pain in the stomach, contractions and nausea bring the child into existence, since it is not yet perceptible consciously by the mother, when she knows she is pregnant. We make this point because we have previously seen that all these signs are meaningless for some women. In the first trimester, the fetus is only present on a symbolic level as it is still immersed in the silence of the organs and, should there be any painful contractions and especially a placental abruption, its life may be in danger. But owing to the pain, it starts existing for real! Let us insist on the fact that, when a metamorphosis in the critical passage of the fourth month of pregnancy is not symbolically representable or perceived, the body will express it through a symptom that may sometimes lead to a miscarriage.

In the fourth month, she starts perceiving her baby, whom she cheerfully compares to an athlete doing swimming laps. When Thomas, the child's father, lays his own hands on her belly, she writes: "[...] I become his hand, his gaze, his perception" (p. 17), and this is the beginning of a triangular relationship.

We can see how the father's intervention with an outside view, word and touch allows the mother to become more aware of the relationship she has *with* the child. This process is the inscription of the signifier of the Name of the Father, as Lacan would say. When she looks at her baby from the father's point of view, she actually writes: "[...] the baby appears to me as a stranger, or rather he differs from the globality of my body, he becomes a frog that I'm hosting in my body. My own frog."

(p. 17). We find the image of the frog again (like that of the toad) symbolizing the fetus in the mythology of various ancient civilizations, as we have seen. We can perceive here the total mimetic identification with *her frog*, her stuck-twin of primitive fusion, throughout the second trimester.

By mistake, because neither she nor the father wished to know it before birth, the sonographer tells them it is a girl while, like most primiparous women, she was certain she was expecting a boy. But she quickly accepts this announcement and feels "happier and happier" (p. 17) that her baby is a girl.

However, after the ultrasound showing her daughter is fine, she keeps waking up every night, anguished, fearing she might not be able to "preserve" her (p. 18). She writes: "And at the same time, this thing growing in me, feeding on me, she has her own frightening self-determination. I cannot stop this life from being born, nor stop death that comes with it" (p. 18). We can see how a passionate love for her daughter coexists with the anxiety of not being able to preserve "this thing" both determined to live, at all costs, and very fragile and mortal. She even believes that pressing on the belly might injure her.

"Words and ills" (p. 18): the author gives this title to a paragraph devoted to the mother's body. From the beginning, she spontaneously chooses the best food for pregnancy, rich in proteins even though she is a vegetarian. In fact, we can note that pregnant women are often unconsciously tempted to eat food they do not normally like in ordinary life, for the fetus' well-being. However, due to her work-related stress, Nathalie Brücher keeps feeling nauseous throughout the second trimester and hardly finds any time to listen to her baby. Yet, at the second ultrasound, in the fifth month, everything is fine. Once the anguish of death or of birth defects is appeased, she nourishes her relationship with her daughter more and more.

She lives through the sixth month euphorically. She feels that the baby is starting to be in control. She writes: "You're leading me towards an abyss where I feel attuned with the slow primitive

development of my own life.” (p. 19). She mentions here what we have seen so far: the pregnant woman’s unconscious reunion with primal experiences from the very beginning of her life. She talks to her silently in secret and “almost shamefully” (p. 19).

In the past, words exchanged out loud between mother and fetus were kept secret, as they were considered a little ‘crazy’ by surrounding people, like women talking all the time to their cats, for example. But when Françoise Dolto spoke to newborns in the 1960s, she already believed they would understand what they were told. And some contemporary researchers⁷³ are currently of the view that even cats establish with their owners a communication system with specific meows, whereas they remain silent with their feline counterparts...

This mother found it completely natural to talk to her baby, to try to protect her from too violent emotions and to share positive emotions with her. She writes: “I already miss you when I can’t feel your kicks, when I can’t find the time to listen to you.” (p. 21).

We can observe the very close communication Nathalie Brücher develops with the child. She is very sensitive to all that is needed for the baby’s healthy development, she feels her presence more and more, as well as her absence: she tries to interpret the meaning of her emotional movements and waits for her comeback after a phase of silence. She expresses the euphoria and emotional porosity felt by the mother with the attached twin of the second trimester very well.

But at the end of the sixth month, the issues related to the sale of her old parents’ house invade her mind and cause her great anxiety, and she suddenly realizes she has not “prepared herself for childbirth” yet (p. 21). Clearing the parental home, more than any other relocation, reactivates a very profound anxiety. On that occasion, some pregnant women have hemorrhages and others, not pregnant, are hospitalized due to stomach pains akin to those of childbirth. Nathalie Brücher, although she is supported by her partner, has sharp contractions for ten days.

Being in the parental home and perceiving a terrible anxiety, that of the parents’ imminent death, makes her somewhat forget about her daughter’s presence. She writes: “I’m desperate, guilty of non-anticipation” (p. 21).

In spite of the excitement of finally having this long-awaited child, she realizes she still has not prepared for childbirth with avant-garde methods, as she would have liked to. For example, it is too late for haptonomy. She then takes up different approaches, like prenatal singing and perinatal sensory gymnastics (P.S.G.). But in the sixth month, her gynecologist spots cervical shortening, so there is a possibility of preterm delivery. At that moment, she feels “the peak of her guilt” (p. 22). Paradoxically, she feels guilty for not anticipating delivery just at a time when she was more and more engaged in a fusional relationship with her daughter rich in love thoughts and spoken words.

We can see here the guilt related to the maternal fantasy of ‘forgetting’ about the fetus at the end of the second trimester surfacing. Besides, she does not report any dream or nightmare expressing the unconscious anxiety of the stuck-twin’s imminent disappearance in this critical phase. So, the unconscious fantasy ‘I’ve killed my child’, failing to be represented unconsciously, can only be expressed physically by the threat of premature delivery.

The experiment

In the third trimester, Nathalie Brücher will practice P.S.G. with a specially trained midwife and, at the same time, she will start the experiment with Marie-Claire Busnel in Professor Sibony’s ward at Robert Debré Hospital, in Paris. She will have sensors on her belly that will record the baby’s heartrate and the contractions of her uterus, and an extra sensor in the heart area. Every five-minute sequence of silent communication with the baby alternates with a ten-minute pause of silence in which the

mother is asked to withdraw from the interaction with her baby either by reading or listening to music.

As early as the first session, she starts a “vigorous dialogue” (p. 25) with her baby. Moments of joy and relaxation are shared. She feels “elated to be a matrix, a protective mother” (p. 25). At the same time, she suggests, “no fusion is there” (p. 25). Since the beginning of her narration she has been careful to differentiate her baby from herself, probably to protect her from a bond unconsciously felt as too close.

However, the anxiety of losing the baby also persists in the third trimester, because she believes she has forgotten about her for too long. She writes: “[...] I’ve protected her as well as I could from my own anxieties by forgetting to get in contact with her” (p. 26).

In this session, Marie-Claire Busnel notes a lessening of uterine mobility and heartrate of both parties after the silent communication following the exercise. What is more, the child falls asleep, either after relaxation, or due to tiredness caused by the sustained attention during stimulation.

In the second session, the midwife suggests she says “my child” instead of “this child” (p. 27). “[...] a wall collapses”, she states, “when I say “my child”, I enter the core of perception” (p. 27). But instead of perceiving enjoyment, she reverts to a feeling of void that she associates with seven years of efforts during which she unsuccessfully went through MAPs. Rather than feeling the joy of her baby’s living presence, of their union, she suffers acutely remembering failing to become pregnant. Through this feeling of void, Nathalie B. lives in the ‘afterwardsness’ the melancholy passage of the end of the sixth month that had not been represented. This unbearable ‘unthought’ event linked with the fantasy ‘I’ve killed my child’ had probably been enacted in the various MAP failures. We may think that it is this unconscious anguish of death, as well as mothers’ guilt of having this fantasy and still be alive, that originate numerous infertility cases. Nonetheless, after this

moment of standstill, she manages to overcome her fears and establish a strong relationship with her daughter. She writes: “[...] I essentially feel a silence of joy that we both share.” (p. 28).

M.-C. Busnel cannot take the fetus’ heartbeat into account in this session as this latter’s movements cause a signal loss. However, on the tracing, she notices a suppression of uterine mobility during the silent mother-fetus exchange, a sign of the mother’s relaxation.

In the third session, her baby manifests herself from the beginning through slight, short and smooth movements. She also feels that the dialogue with her daughter kicks off as soon she addresses her. In her exercises of P.S.G., she perceives her spine as very steadfast, conveying what she imagines is “a quaternary memory, from the first amphibians to the appearance of man” (p. 31). Here, she mentions the arising of archaic body images belonging to phylogenesis, which we have already seen surface in some women’s dreams during pregnancy; this way, she can put a name on very subtle sensations related to these unconscious images.

Subsequently, she focuses on her sacrum, rectum and uterus to differentiate them: the ‘holiness’ of the uterus containing the baby and “the ‘triviality’ of matter in the rectum” (p. 31). She feels disgust and horror, like many women, thinking she might defecate and urinate at childbirth. She is overwhelmed by her sensations and, in the meantime, M.-C. Busnel notes that the tracing of her heartbeat and that of the baby, as well as uterine mobility, are very calm and synchronous. The only noteworthy item, “a uterine three-minute calm in the phase of communication through feelings” (p. 32).

Two days after the session, she feels a series of unstoppable contractions again. Her partner is absent, and she is overwhelmed by a terrible anxiety of delivering prematurely. She senses that her baby is supportive in this fight against contractions and feels sad and “fragile”, “as vulnerable as a child abandoned by his parents” (p. 33).

We can see here the total identification with the child she is carrying and the baby's mothering function, like in the process of the inverted tree. But she goes further into the exploration of her feelings and even assumes that the contractions are caused by reminiscences of the distress she felt at her own birth with the fear of emptiness, the profound sensation of loneliness and the experience of extreme dependence (p. 33). In this phase, her partner plays the maternal role that she needs. He "broods" her (p. 34) and fabricates the nest: he is getting the home ready.

We have noted that, during pregnancy, even the most self-reliant women regress and may become phobic with the emergence of childhood anxieties, like fear of the dark or fear of 'the stranger' who supposedly comes and kills them in their sleep etc., and the vast majority of them become more dependent on their partner, and on their parents at times.

In the fourth session taking place at the beginning of the ninth month, she is required to remain semi-reclining with sensors attached all the time, and M.-C. Busnel will only measure the mother-fetus communication through inner voice and impressions uttered aloud after P.S.G. During the session, Nathalie Brücher feels a very close relationship with her child: "[...] I perceive my baby 'inscribe' herself in my cells" (p. 34).

'Herbaby' pervades her being on the most intimate level, in a "cell dialogue" (p. 35), she says. This time, she succeeds in experiencing an erotic union: the life drive has triumphed over the death drive. She describes this union as "a penetration [...] both global [...] and subtle, differentiated" (p. 35). She argues that this communication develops between "two distinct beings" and not with a "piece" (p. 35) of her.

Nathalie Brücher expresses here two contradictory ideas always coexisting during pregnancy, as we have seen: mother and child have the same body and two separate bodies all at once. All the more so since in the ninth month, the attached twin of the second trimester with whom the mother totally identified has been gone for two months, it was left behind

somewhere. In this phase, it is the memory of the primitive placental bond and the mimetic identification of the mother with her own mother that is here, due to the process of the inverted tree. During this session, moreover, she feels that her daughter has played a more active role.

Marie-Claire Busnel observes that the inner voice appears to bring about a change in the variability of the fetal heartbeat, which lessens as early as the second minute without any frequency modification. When verbalizing the delivery to come, there is a slight increase in the variability of the fetal heartbeat, without any frequency alterations.

The same thing happens in the fifth session. Carrying on her body dialogue with her daughter, this latter starts dancing. She writes: "[my daughter] is in the lead, I sometimes follow her with my body the least I can, other times I stand still as a fulcrum. It's fun." (p. 36).

We witness an upbeat dance of bodies, where the fetus is in the lead. In a role inversion already felt in the past, Nathalie Brücher needs to be carried. With exercises of "dissociation and divergence" (p. 36), when the child slides downwards and the mother upwards, she accompanies the child in a rehearsal of birth using tender and soothing words.

Marie-Clarie Busnel notes that every phase of communication provokes a lessening of the variability of the fetal heartbeat and a uterine relaxation, and that only the first phase affects the mother's heartbeat.

Nathalie Brücher feels she is evolving more and more "in an infinite space with her, and yet it is the intrauterine space" (p. 34). In the ninth month, the mother is immersed in oceanic bliss, but her abdominal pain persists and signifies her anxieties as delivery approaches: "I am in terrible pain, comparable with torture: laying a weight on the victim's body and waiting for death by obstruction or peritonitis." (p. 41)

It is easy to see archaic fantasies come up in this description, fantasies that are reactivated by the excessive enjoyment felt with 'herbaby'. We can actually perceive in this scenario the fantasy of a double death: the mother feels a very sharp pain caused by the forgotten child's weight, like a massive fecaloma that cannot be expelled at childbirth and will provoke bowel obstruction causing a mortal infection for the two of them. This unconscious fantasy of the death of the mother and the fusional child left behind in the belly will remain vivid, because Nathalie Brücher, after her daughter's birth, will suffer from intestinal sub-obstruction. Yet, in this phase, communication between the two becomes more and more intense.

The sixth session takes place about ten days before the scheduled term of delivery. From the beginning of the session, Nathalie Brücher perceives her daughter as very energetic, she wriggles in all directions. When she talks to her, she calms down a bit, but she interprets her excitement as "stage fright" before birth. She explains to her that everything will be fine, based on the teachings of the midwife accompanying her and showing great sensitivity. We can see that, for the mother, it is the wriggling child who is afraid of delivery a few days before the event: it is the general rehearsal, as we have described it.

Marie-Claire Busnel notes that each phase of communication is accompanied by a modification in the fetal heartrate, either in amplitude, or in frequency, during stimulation of shortly afterwards.

During the last session, the seventh one, carried out five days before the scheduled date of delivery, Marie-Claire Busnel asks her to engage in a silent verbal communication with her child. She probably wishes to verify a significant result that she has detected throughout the experimentation: the fetus' heartbeat varies according to the mother's words, whether she really speaks or only does so 'in her mind'. So, Nathalie Brücher understands how "language enables the elaboration of love" (p. 47). This is what she has been practicing for months: at the same time as

a body dialogue, P.S.G. has always included phases in which emotional response is verbalized. And she concludes the session on an appeased note: "My baby's slid into deep sleep after our communication." (p. 47).

Marie-Claire Busnel observes once again a lessening of variability in the fetus' heartrate during silent communication.

Towards the end of the ninth month and as delivery approaches, the mother and her fusional baby live through an ecstatic state felt as excessive enjoyment. Monique Bydowski also identified this passage of "narcissistic pervasion and return to primal bliss"⁷⁴. A perfect dialogue taking place in silence, too, in the mother's thoughts and in dreams. The child literally embodies the mother's dreams. Letting go of this passionate relationship is a hard task...In her logbook, she mentions neither anxieties, nor dreams, nor nightmares related to the imminent delivery. We have seen that, in the case of recurring nightmares around the death of the mother and/or the child, one must consider a Caesarian section. But when there are no anxieties, dreams or fantasies anticipating delivery, the omens are not good either.

Two days before the prescribed term, she feels contractions at night. Upon awakening, her partner tells her his dream: "[...] he was holding a cardboard box with a little mouse inside, which was so desperate to come out that it was drooling and almost pierced the box with its saliva [...] When it finally came out, it licked his face" (p. 49). Pregnancy and childbirth are really a three-sided affair! Moreover, she wrote: "This is what happens: the little mouse comes and goes, and Thomas is in such a state of osmosis with us that he ends up realizing it." (p. 49).

We can see how the father, if he is present, sometimes dreams about the delivery on behalf of the mother and, this way, he symbolically cuts off the bond between the mother and the stuck 'herbaby'. However, the dream of the little mouse usually occurs in early pregnancy, linked with primitive fusion, and the mouse might also be involved in the establishment

of the primitive placental bond between mother and child. Indeed, teams of researchers think that the model of the mouse participates in the formation of human placenta⁷⁵. The little mouse in Thomas' dream is cheerful, 'drools' with pleasure thinking it will come out of its small box and feels no anxiety whatsoever. We could say here that both parents are fusional and, as delivery is getting nearer, they are cut off from their own unconscious anguish of death.

Delivery

Nathalie Brücher expected her daughter to be born on January 7 and she goes to the clinic on 8 in the morning, though having been "under strict medical surveillance with compulsory clinical and monitoring examinations at maternity hospital every three days" (p. 51). When the first contractions are felt, early in the morning, her partner makes last-minute arrangements to come back by car a little earlier at night after a play (he is an actor, too) taking place in a remote town that is hard to reach. She is euphoric and keeps repeating: "Today I'm meeting my little daughter" (p. 51). Paradoxically, all anxieties have vanished!

As a matter of fact, neither the mother, nor the father, in spite of the medical staff's concerns, had managed to anticipate or organize the timetable of the delivery scheduled on the previous day. She writes "I have broken the law", (p. 51), and, her partner being absent, she only gets to the clinic in the evening with Valérie, a friend, when contractions became too painful. Towards midnight, she asks for an epidural. She strives to push with all she has learned in the various preparations to childbirth. But, in spite of all that, there is "asynchronicity between her pushing and the easing of her cervix" (p. 52). Valérie points out the "irrepressible" shaking (p. 52) of her whole body in-between thrusts, in spite of the epidural. Right then, she believes it is the sorrow due to Thomas' absence at childbirth. But later on, she will ascribe this shaking to her own

grief of not really being present when her daughter requires her to be full of energy.

Towards 8 in the morning, on January 9, when the midwife breaks her amniotic sac again, the liquid is stained, the baby's heart starts slackening dangerously and she is given oxygen. Urgency sets in. The gynecologist arrives in the ward and opts for the use of the forceps. But two gynecologists do not manage to get the child out with the 'tongs', and an urgency Caesarean section is carried out.

The doctors wish to do some extra examinations, but both parents argue with the staff as they want to keep the baby in their room and not in the nursery, where First Aid can be administered. This way, she gets to keep her baby skin to skin, held tight in her arms and breastfeeding her.

Nathalie Brücher thus underlines a very important element in her book: excessive medicalization in maternity wards often favors technical procedures at the expense of the first body-to-body relationship with the mother. Yet, the newborn needs to be skin-to-skin with its mother, as we have seen, especially in the first hour, to find, in the smell of the skin, breast and colostrum, in the mother's voice and tender words, the sense of existing acquired in fetal life. Furthermore, she reconnects with her child in the beautiful manner experienced before birth. So, Nathalie Brücher and her daughter start alleviating the trauma they lived through at childbirth.

She feels extremely guilty for making her baby experience a delivery by Caesarean section after an attempt with the forceps. And she will only develop the hypothesis that the Caesarean section was provoked by "the fundamental fear" (p. 52) pervading her at delivery long after the event, this fear that her grandmother felt, as she died in childbirth along with her fetus. Indeed, it is only in hindsight that she is able to cry thinking that, with her daughter, they had "crossed the Styx, overcome death" (p. 57), both staying alive, when "the grandmother's death in childbirth was being reenacted" (p. 57). She senses that

reflecting on all this keeps the memory of “the two ghosts, the dead mother and child” at bay (p. 57).

Here, she clearly expresses the unconscious fantasy ‘delivering is like dying and killing the child’. Being unable to picture this fantasy when events unfolded, she lived it physically in a very difficult delivery, especially since, in her family history, the fantasy came true for her grandmother.

The first days after birth

All is fine at maternity hospital. Her daughter is three days old and already smiles with bliss. When she cries, her mother sings to soothe her and it works! But, on the eve of departure, she starts feeling unbearable pain: milk flow to the teats and rhagades on nipples, as well as abdominal pain, make her suffer atrociously. The day after, the fifth day after delivery, she is still in great pain, but she can talk the doctors into letting her get back home with her baby.

She appears to ignore what her body is telling her. On the day after she has returned home, she must actually be hospitalized for emergency treatment. An intestinal sub-occlusion is diagnosed. We may believe that through this symptom she is expressing the fantasy of dying of bowel obstruction because of the large baby (the large fecaloma) left in the belly. A fantasy she had already expressed in the seventh month, following terrible abdominal pain. But why five days after childbirth?

The fifth day is when the attachment hormone secreted during pregnancy, H.C.G., stops being produced. We may think that women who cannot picture unconsciously the real and definitive loss of the primitive placental bond react to this loss by developing a body symptom that, as always, is a replacement for an impossible psychic representation.

In conclusion, Nathalie Brucher and Marie-Claire Busnel’s book seems important to me for two reasons. On the one hand, it begins to prove that a real dialogue exists between mother

and fetus in the third trimester, especially when the mother verbalizes all her feelings, talks to ‘herbaby’ aloud or in her mind.

On the other hand, it shows us that the author, in spite of this beautiful body communication, this intense and shared dialogue, this imaginary, rich and abundant relationship with her baby, was not able to deliver vaginally, despite the precious assistance of two specialists of body techniques over the third trimester.

So, this confirms the hypothesis in this book according to which it is the intensity of the unconscious anguish of death linked with the primal maternal fantasy ‘delivering is like dying and killing the baby’, handed down by the grandmothers and the mother, that originates childbirth accidents and infertility. This anguish hinders the representation of a breach of the fusional placental bond and a separation between mother and fetus, and then between mother and newborn, that may not be fatal.

What I would like to say to all mothers-to-be and medical staff preparing them for childbirth, is that establishing a rewarding mother fetus communication is possible. Which permits the integration of the child’s presence and the interaction with it. Preparations to delivery such as prenatal yoga, perinatal sensory gymnastics (P.S.G.) or haptonomy, are useful techniques to achieve this goal.

But what matters most is the following question: who is really this child with whom mother and father interact? Is it the child that was thought about, imagined, perceived and dreamed about across the past generations due to the process of the inverted tree? It is the child of primordial narcissism, as Françoise Dolto puts it. Some mothers, being too traumatized, feel excessive anxiety and cannot anticipate the disappearance of this attached-twin with the help of dreams and fantasies. Then, they risk having a miscarriage, presenting somatic manifestations at every critical step of pregnancy and/or

difficult deliveries, often by Caesarean section; later on, they may also find it hard to deal with the post-partum period. Other women, by contrast, feel continuous excessive anxiety and have frightening recurring nightmares as delivery approaches. We have seen that, in both cases, a Caesarean delivery is highly recommended.

We should yet underline the fact that transforming unutterable ‘words’ into body ‘ills’ is already a way to carry out symbolic, non-representable cuttings. What is to be dreaded even more, is the absolute denial of anxiety, or even ignoring the child’s existence. Or else the denial of one or more separations associated with the slackening of the primitive placental bond, like that of the second trimester, represented by the fantasy ‘I’ve killed my child’. The denial of this passage provokes a failure of primal repression and the preserved intensity of the unconscious anguish of death and of the guilt linked with archaic fantasies of devouring, murder and incest, present in all mothers – as it occurs in pregnancies characterized by continuous fulfilment, as though nothing had ever happened.

Chapter 12 **Birth**

At birth, the most moving moment for mother and father is when they discover the newborn’s face. Then the father, if he is there, or his substitute (the obstetrician, the midwife), cuts the umbilical cord and names the baby. So is the father’s symbolic function accomplished. The mother’s first gaze and the naming by the father inscribe the newborn in life, time and conscience. Mother and father are necessary. It is important for the child to be looked at from another viewpoint than the mother’s – in order to detach the child from her inner vision. However, this cutting remains symbolic as, in fact, the continuity of intrauterine life and of the primitive placental bond is still fully operational “in spite of the sharp caesura of birth”, as Freud says.

The baby’s face and the mother’s first devouring gaze

Upon looking at her baby for the first time, the mother feels an emotion that is hard to convey. The newcomer’s intense and continuous gaze charms, fascinates and exalts her. A wave of love pervades her thoroughly. She integrates, incorporates, hugs the baby: it is there, at last, in flesh and blood, the miracle of life has taken place again, and thanks to her this time. At the same time, the mother sees the child through her ‘outer’ vision for the first time, the ‘real’ eyesight of the retina that attests the object’s existence in the extracorporeal space.

Mother and child devour each other in a passionate love relationship. This is primordial narcissism, in Françoise Dolto’s words. By embracing the newborn’s face, she swallows its

image. The French word ‘croquer’ means both ‘munching’ or ‘crunching’ and ‘drawing a sketch’; it is used in phrases with an erotic connotation, such as ‘belle à croquer’ (so beautiful one could crunch her). This double meaning mirrors the unconscious steps it took to express this gazing and touching: first one strikes the object with one’s eyes, then one crunches and swallows it before crushing it, one tastes it and is impregnated with its scent, while one listens to the noise it makes as it is shattered by one’s teeth and the force provided by the jaw is measured, the object is weighed out and its consistency estimated. One transforms it and, once it has become the object fully devoured with pleasure and great enjoyment linked with the sense that it really exists, one can sketch it on a sheet of paper, which is a way to detach oneself from the fusional image. Let us recall Corinne’s drawing of the inverted tree (see p.138), which detaches herself, too, from this fusion by sketching the image of the glued faceless twins.

As far as the newborn is concerned, the fascinated gaze is remote. And some mothers are affected by it. They taste this first gaze to recognize themselves in the mirror of the baby’s face, and they cannot find any familiar feature.

However, the mother’s first gaze also sees the child’s image that she fabricated all throughout pregnancy. And this first gaze may happen to be different from pure bliss; it is not always gratifying, filled with love or imbued with satisfaction. I am truly sorry to shatter the stereotyped representation of this magical moment of life, but my goal is really to warn the parents about the totally unconscious dangers related to the very first lukewarm welcome of ‘their’ baby at birth.

In fact, the real child, especially the first one, does not always coincide with the child one has imagined! Disillusion can be bitter. Moreover, some newborns do not look very pretty: in the first days they may still be swollen, wrinkled, some show the signs of forceps, they are covered in *vernix* and blood, the shape of their head is funny... They are miles away from smiling

babies in the magazines! This is the reason why the child is not always welcomed with a gratifying and loving gaze, and this fact is important. Because, for the child, this first gaze, more or less marked by the mother’s horror, can be devastating.

And even when the real child looks good, it may have to suffer a demeaning gaze. This phenomenon can be observed in some anorexic and bulimic patients who often do not like themselves, even though they are manifestly pretty. One day I asked some of them to bring me some pictures of their birth. Even in pictures taken at maternity where they looked beautiful, they believed they were dreadful. A frequent slip of the tongue in them, “when I came out of maternity with mother in my arms”, lets us understand that they identify the child with their newborn mother, which means they are their own grandmothers! Winnicott already said the child’s very first face is that of its mother⁷⁶ and, owing to the process of the inverted tree, we can add that the mother’s face in the gaze goes along with the signifiers of the grandmother.

This fantasy is expressed by many women at childbirth. Éliette Abécassis, in her book *Un heureux événement*⁷⁷, says through her character Barbara, shortly after birth: “But what could I do, as I was being born along with her? I was her mother and she was mine. I was born from her, I came into the world through her, she had delivered me and I was miserable, overwhelmed, battered. I was born from my daughter’s birth, suffering from her.”

In the first gaze that she casts on her daughter, the mother perceives what her own mother consciously and unconsciously handed down to her. Since then, she has risked seeing her child the way she was seen by her mother. She heard words like: “When I was expecting you, I wanted to have a blond, tall boy I could call Jean-Luc!”, or else: “You were utterly monstrous at birth, bloated with a black eye! I couldn’t look at you...” What is more, when the mother’s gaze is too focused on her inner

vision, the real child is not truly perceived in a non-fusional, extracorporeal space.

This intuition has been confirmed by some friends, well-known artists, who said to me: “My first self-portrait was actually made by my mother!” , or, in keeping with the inverted tree: “My first self-portrait was the spitting image of my elder daughter’s portrait!” The same applies to the famous painting *Mona Lisa* by Leonardo da Vinci, which elicited a number of interpretations. The latest research based on cutting-edge technical methods⁷⁸ is in line with my hypothesis: this painting is not believed to be the portrait of *Mona Lisa*, but that of Leonardo himself –or of his mother before childbirth! A scan revealed, under *Mona Lisa*’s portrait, the image of a woman wearing a thin gauze clipped to her bodice; as a matter of fact, at that time, this veil was worn by pregnant women.

The gaze that crunches, tastes and listens

The mother ‘crunches’ the baby’s face while this latter, in turn, absorbs its mother’s face and savors her sweet words: we are back in the fantasy of devouring love and primitive fusion, the same fantasy we had identified at conception. Smells also help reestablish the connection that was broken at birth. The newborn’s own odor, the only one it knows, is in fact that of its mother’s skin and of the amniotic fluid. We should not forget that they shared a common skin (the placenta) for nine months. What is more, the baby’s smell of *vernix* reactivates in the mother the memory of her own odor as a newborn. The same applies to the father. Not only do they devour each other, they also communicate through scents. This primitive placental bond is indeed regained! The image of the crocodile comes back with a vengeance.

The beginning of psychoanalytical treatment is accompanied by the hope for a new life, it is a kind of birth, in this respect. In these moments, many patients dream that they are going to be devoured by a crocodile. Even Lacan refers to this image: “A

large crocodile in whose mouth you are –this is the mother. No one knows what comes into her mind if, out of the blue, she chooses to close her jaws. This is the mother’s desire⁷⁹.”

We can be astounded to see the image of the crocodile illustrate the harmfulness of maternal desire. Let us recall that it also represents the newborn’s absolute need to be supported by this devouring gaze. We can look for the evidence of this in zoology. Crocodiles have survived thanks to the thickness of their eggs that could not easily be broken by predators. When baby crocodiles are about to hatch, mother crocodiles can hear a specific sound, a soft singing. To allow them to hatch, they need to seize the egg with their jaws and strike it repeatedly with their fangs. So, being in the crocodile’s mouth is like being born, not dying!

Self-portrait as a crocodile

Léa, an opera singer in treatment, brought me a drawing, entitled *Self-portrait*, in her early sessions.



Léa’s self-portrait

It was the image of a crocodile turning into a bird. She described it as follows: “Above, in purple, I’ve drawn the feathers or scales (I couldn’t make up my mind); on the right, in grey, it’s a tear rolling down the crocodile’s mouth, which is tightly closed, perhaps too much so. I sense that this mouth is falling and, below, in green, another mouth, a ‘normal’ one, is growing. But today I wonder whether there might also be a beak at the tip. The eyes are very different, I associate them with two sides of my personality. It is a kind of prehistoric, rather sad monster.” Léa actually shows us that, when the bird-crocodile keeps still, its mouth “too-tightly closed”, it will not allow its baby to be born or turn into a singing bird.

With the bird-crocodile we also find an idea advanced by Lou-Andreas Salomé and already mentioned, namely that women unconsciously perceive their genital apparatus as a body part borrowed from female birds’ cloaca.

Is the origin of these images phylogenetic? Julie Baker, researcher at Stanford University⁸⁰, when she was pregnant with her elder daughter, “wanted to know more about herself” and had the idea of launching a project on the origin of active genes in placental cells throughout pregnancy. With her team, she found that the cells of human placenta, up to about the first half of gestation and fetal development, might stem from the genes that reptilians and birds have in common with humans. She puts forward the hypothesis that human placenta, like that of other mammals, has evolved from a much simpler tissue that is to be found inside eggshells. This tissue allowed the embryos of our remote ancestors, birds and reptiles, to obtain oxygen.

Reactivation of the process of the inverted tree at birth

So, at birth the primitive placental bond is reestablished, and the process of the inverted tree continues. We could even think that the mother’s ability to perceive archaic olfactory, auditive

and visual sensations, regained at conception, comes back again with a vengeance after delivery (but this has not been proven yet). I happened to conduct a little experiment with some of my patients who had just given birth. When they had a session with me, their mother went for a stroll in the neighborhood with their baby. During the session, just when the mother looked at her watch and thought about her baby, this latter burst out crying, which was confirmed by the grandmother’s watch! We know that, as far as mother and suckling are concerned, the fact that the mother lactates when the baby wants to suckle, even at great distance, is a well-known phenomenon.

We have seen that at conception a primitive, primal experience resurfaces in the mother’s dreams and fantasies, and that at their child’s birth, both parents go through a similar regression. They find the process of the inverted tree again: they relive the memory of the experience felt by their grandparents and parents and of the one they shared with their own child in pregnancy. *This transgenerational memory persists up to the ninth month after birth with great intensity, and in the same succession of critical phases as in pregnancy*; trimester by trimester, with less and less intensity every time. We have already seen, with the example of hospitalism observed by René Spitz, that in the first two trimesters, especially in the first, the child needs the presence of the mother, father or a loving substitute to avoid falling into a serious state of depression. We find the same notion of critical passage as in fetal life. And we know, thanks to Jean-Pierre Changeux, that the newborn who cannot hear the mother’s language at birth and over the first three months of age will not be able to integrate it fully; it will remain forever slightly foreign⁸¹.

The process of the inverted tree is therefore reactivated after birth. It reproduces all the existing processes of conception in the ninth month, but this time on a more conscious note. This way, the child and its parents, in their sensory exchanges of

words and feelings, can recreate the child's body image *with* the 'visible' child this time, and in the extracorporeal gravity space.

Transmission of a trauma lived by the mother in the first trimester

The phenomenon of 'functional feedback of memory', which we have described in the process of the inverted tree, relays the experiences and traumas lived before birth on a daily basis. Here is an example.

One of my patients, who had undergone an MAP, suffered from ovarian torsion on the seventeenth day of the second month of pregnancy, which had entailed emergency hospitalization: her baby had convulsions when waking up in the morning of the seventeenth day of its second month of age. After being examined at the emergency service, her baby was allowed to get back home and never developed a similar disorder up to adult life.

What is more, in the first days after birth, the mother still secretes the attachment hormone (H.C.G.), and oxytocin that facilitates lactation. And she produces colostrum before milk. This initial 'milk' contains chemical molecules of the amniotic fluid. Furthermore, the newborn must recognize the odor given off in the perspiration of the mother's skin, nipples, breasts and milk, because it must be the same smell as that tasted, inhaled and ingested by the child in fetal life. Browne's academic work confirms this hypothesis⁸²: maternal milk and amniotic fluid have the same aromatic signature for the newborn.

Lost and regained

The breaking of the amniotic sacs, the expulsion of the placenta and the cutting of the umbilical cord are totally silent, painless for mother and child when everything goes well.

Luckily for the mother, the disappearance of the placenta and of the invisible attached-twin of the second trimester is compensated by the sudden reunion with her crying baby coming into the world. These cries cease quickly as the mother takes the baby in her arms and, with her tender voice, talks *motherese* with love, as we have seen. Then, she lays it on her belly, between her breasts, in an enjoyable and necessary skin-to-skin exchange, thus creating the sense of having a body and existing continuously, both for the child and for her. In my opinion, the mother actually finds again this odor of *vernix*, especially in the hair soaked with the smell of the amniotic fluid that was her smell at birth, a smell that allows her to recognize 'herbaby'. Likewise, the father recognizes the baby and shares with it the primitive placental bond he once had with his own mother. This total identification, which I call 'mimetic identification', taking place in the third trimester from the parents to the child, continues thanks to the process of the inverted tree.

So when, at birth, the child is torn away from the smell, the face, the words, the response, the tender touch of its mother, it suddenly loses its own face, smell and any sense of having its own body. We have classified these impressions in patients who were born prematurely, in those who had been separated from their mother at birth and in anorexic women, among whom Yvan (see p. 69), who was left without a face and a body, so she said.

A mother-to-daughter smell

Louise is under medical care at the birthing center. At the meeting of the third trimester, she tells me she is terrified by the fact that, since she learned she was expecting a girl, she has had atrocious nightmares featuring gory death. She suffers from severe nausea, as all food smells rotten to her. She has lost ten kilos since the beginning of pregnancy, and this is a cause for serious concern. But the recurring nightmare that pesters her the most is seeing her daughter being born as "monstrous and faceless". After the session, she asks me if I can see her mother

who has been feeling very anxious since the announcement of the pregnancy.

So, her mother wished to see a psychoanalyst, the first time in her life, after she reacted very strangely upon being examined by her family doctor. He had asked her: “Madam, how is your daughter?”, and she had replied, outraged and furious: “Sir, how can I answer to that? You know quite well that my daughter hasn’t been born yet!” What led the woman to see me is, on the one hand, the certitude underpinning her remark – “I guarantee that it wasn’t a mere slip of the tongue, I really meant what I said!” – and, on the other hand, the awful anguish of death and decay she was experiencing following this visit.

She explains that she became pregnant at the age of forty and, throughout the nine months of pregnancy, and up to the time when her daughter was three, she had continuous nausea caused by an unbearable smell of rotteness. That is why she could not take proper care of her. Luckily, her husband behaved like a true mother!

In the second session, the last one, she told me that, at her own birth, her mother almost died of puerperal fever. She was therefore kept away from home and raised, up to the age of three, by her paternal grandmother who lived a long way from home. Her parents were poor and could not afford to travel. Subsequently, in the final moments of the session, using a soft tone of voice, she confessed that, when her daughter became pregnant, and especially when she learned she was expecting a girl, she started smelling rotteness day and night again.

Following this ‘confession’, I told her that this nausea and this smell of rotten stuff were the only imprint that remained of her mother and of herself, at birth. In order to have a sense of existing and to recognize herself, or to be recognized by her mother, she had kept it unconsciously over the three years of separation, until she came back home. Being moved away at birth, she felt both guilty of the danger of death perceived by her mother and responsible for this rejection due to her stink.

Because, for every child, feeling responsible of being abandoned is easier than passively living through it. For her, delivering and being born were synonymous with death, so continuing to smell maternal decay kept her alive. And when her daughter turned three, the smell evaporated and she was able to establish a relationship with her that was no longer dangerous, either for her or for her daughter.

As a matter of fact, this mother also confirms our hypothesis according to which, towards the third year of age, a severe slackening of the primitive placental bond takes place between mother and child, and also with the father, if he is present. But we can detect this loss more easily on the baby’s side with the change in the odor of its excrements, which suddenly become ‘foreign’, or even slightly disgusting for the parents, as we have seen.

But when her daughter became pregnant, the trauma lived at her own birth was reactivated, the trauma of the total loss of the primitive placental bond and her mother’s abandonment. She felt like she was disappearing again. She had become, unconsciously of course, both her pregnant daughter and her granddaughter.

The only way to regain a sense of existing was to find that stink again that had accompanied her just before birth and in her early childhood, and when she was expecting her daughter.

And for her daughter – who remained faceless in her dream –, avoiding the ingestion of ‘rotten’ food during pregnancy was the only way to survive and protect her child. Paradoxically, by acting this way, she exposed her fetus to the danger of death. Such is the effect of the inverted tree described above.

Interpreting her behavior and the emergence of these smells in light of archaic fantasies and the trauma lived at her own birth was enough for her to cease smelling the stink, and for her daughter to stop having recurring nightmares and suffer from nausea caused by rotten stuff. This shows us how traumatic this initial radical loss the placental bond at birth can be for

the mother, and therefore for the newborn. We should note that the person experiencing the trauma and conveying it to the child is, every time, the mother. As Françoise Dolto writes: “There are smells of anxiety, too, as anxiety has a smell, and I wonder if children who have an anxious mother are not deeper in love with anxiety, unaware that it is anxiety they are feeling, because they need this smell. The smell of anxiety is, in the unconscious, linked with the certainty of being alive”, but she immediately reminds us that “when it comes to smell, it necessarily means incest⁸³”.

Continuous sense of existing and sensation of having a body at birth

We may think that the first smell recognized by the infant at its own at birth is that of its mother’s skin, with whom he shared a common skin in its fetal life.

And, for the mother, the smell of the newborn’s skin pervaded with vernix is her first child’s smell she definitively lost at puberty, and that she found again with ‘herbaby’.

For this reason, when a newborn has to be separated from her mother at birth, one has to wrap it into a blouse belonging to the mother to preserve its continuous sense of existing. Françoise Dolto sensed how important this olfactory bond was sixty years ago!

Many newborns need a first ‘security blanket’ or transitional object, a towel or a pillowcase soaked with colostrum and, later on, with milk to maintain the sensation of being alive during their nap and at night. They thus regain the smell of the amniotic fluid that they and their mothers produced together and that was a dimension of their primitive fusional placental bond.

Subsequently, after weaning, the baby gradually recognizes its own smell detached from its mother’s and finds its own ‘security blanket’, often a very soft stuffed toy. This is Winnicott’s

famous ‘transitional object’⁸⁴. By choosing this word, Winnicott underlines the moment of passage, the temporal transition from a space to another, namely from the fusional out-of-time space with the mother to a space distinct from hers located in a different time.

Nowadays more and more women come to maternity units with a little stuffed toy concealed in their ‘handbag’ –for their own sake, not for the baby’s! The transitional object is thus a fetish object, just like the child will be their fetish object after birth. This way, these women notify that they were not able to face the separation from their own mother and they fear they will forever lose their baby smell. In this case, the child might run the risk of embodying its mother’s first ‘security blanket’ all life long. In my clinical experience, mother and children sometimes exchange or steal from each other their stuffed toys, but never their first transitional object (towel, pillowcase, handkerchief).

However, some babies cannot even create this transitional object and only use their thumb. We have seen that the nipple-thumb is still a fusional object belonging to intrauterine life, just like the umbilical cord. Sucking one’s thumb in front of the TV or before sleeping is a way to perpetuate a ‘secret feed’ for a number of children but also for some adults: giving up on it for good would be like a mutilation or an intolerable wound.

Furthermore, babies who have been separated from their mothers, albeit for a few days only, may be left with an indelible mark. In adults’ psychoanalysis, we later find traces of temporary separations at birth that are the cause of great difficulties in subsequent love affairs, for fear of being abandoned.

For this reason, keeping the baby skin-to-skin and next to the mother in the same room is very important in the first days of its life. And this also applies when its low weight justifies the use of an incubator. In Colombia, in 1978, and years ago in France, too, mother-baby ‘kangaroo’ care units were started, with pre-term infants developing just as well remaining skin-

to-skin with their mothers as being in an incubator, even better according to some researchers. We know now that the mother's smell may increase the pre-term child's chances of surviving. Excessive medicalization sometimes brings about losses of unconscious body images that may become traumatic and that, at times, are irretrievable. For the newborn, the 'conscious' trauma of birth, which manifests itself in retrospect, is actually finding itself all alone for the first time of its life in a crib placed in a room, in the silence of a starless night. Having lost all contact with the mother, the baby feels bodiless and has to face the silence of a black hole, which it already knows, but this time without any familiar words or sounds for comfort, except in its dreams. So, any newborn feels at that moment, at the beginning of its life, a sense of total loneliness that can be very traumatic.



Utter loneliness, Tamara Landau

The sudden emergence of tinnitus in the child or the adult, without a recognized specific cause, could be connected with

this phase of the trauma at birth: it may be a way to preserve a continuity before and after birth with a sound akin to that of the placenta to avoid falling into the black hole of silence.

In that regard, I learned about a friend who suffered from severe tinnitus – she became a grandmother for the first time – shortly after her daughter announced that she was expecting a baby. The disorder came to a complete halt after childbirth! This is another example of the unconscious mother-daughter transmission of the trauma lived at conception, childbirth and her daughter's birth. The tinnitus vanished when the grandmother regained the primitive placental bond with *her* daughter who gave birth to *her baby*.

And how sublime the music of the parents' snoring can be, as it makes us nostalgic for the sound of our well-beloved placenta! We are aware today of the importance of a sensory interaction in the first instants of life; it has been noted that there are far fewer sudden infant death syndromes between the first month and the first year of age in healthy babies, when the child sleeps in the parents' bedroom in the first three months. But excessive proximity can also be dangerous and, by that, I mean sleeping in the same bed as the parents. We find here the usual problematic of the primitive placental bond, which is either too strong or not strong enough.

Breastfeeding

As for breastfeeding, mothers are entangled in an often-contradictory medical discourse. They feel guilty for practically everything: "It is better to bottle feed the baby at set times, this way you know what he's eating"; "You must breastfeed him, it's an immune protection for both of you...but not for too long, as he might become too addicted"; "as long as possible is best for the two of you"; "if he cries, let him cry...but if he's too hungry, add flour to the milk"; "no flour at all, or else he's sure to become obese...", etc. Being a 'good' mother is a tough job in these conditions!

As for the child, cut off from its needs and body sensations, it depends upon other people's gaze to see itself, to know what it feels, what it looks like, what it desires. At the dawn of life, otherness is represented by the parents and the mother, in particular. The infant gradually builds its face and its emotional range to gauge its vital needs through its mother's face and fusional bond, with her caresses, emotions, tone of her words, her love. An absent or shifty gaze does not 'imprint' enough, hence the sensory deficiencies that might cause self-perception disorders in the child, as we have seen with bulimic-anorexic patients.

At birth, under the influence of the oral-cannibalistic self-preservation drive, the newborn seeks its mother's breast, with reflexes of rhythmic suction, already present in fetal life, which it executes even when one touches its mouth with a finger. The breast replaces the placenta for mother and child. They interact by siphoning, and the mother fills her breasts according to what the baby ingests.

This interaction is in line with the intrauterine life and reminds us of the mode of operation of the transfuser-transfused attached-twins! The mother waits impatiently for this moment of breastfeeding that will prove truly sublime but, also, very painful at times...

The child immediately 'recognizes' the mother through her voice, words and odor, especially that of her hair, soaked with pregnancy hormones, which it will grab at will along with her breast. The mother 'knows' what her baby needs as early as the first day of its life, she is the one who quickly 'recognizes' its face and the meaning of its cries and movements. But if she identifies too much with her baby, she will not perceive its needs. Just like one of my anorexic patients who phoned me at her son's birth: "My sweetie is amazing! he looks just like me: during the day, he doesn't need to eat or drink, he keeps still in his cradle, but in the evening, he catches up and eats like a pig, like me! All in all, we both are true camels, we only need to eat

once a day or every other day!" My work as an analyst, then, consists in taking real action and make my patients 'see' and listen to their child's needs.

However, the baby remarkably and totally adapts from the beginning to its mother's perception and desire, without necessarily providing any marks of dissatisfaction. So much so that we must admit that, for any child at birth, what matters most is the need to smell its mother's skin and breasts, in particular. The need to be seen, smelt, heard by her and to receive the mother's tender words is more essential than the need to feed, which it can do without, sometimes at the cost of its life.

At the beginning of its life, the newborn will suckle a tiny quantity of colostrum, tiny compared with the huge amount of amniotic fluid swallowed before birth. In the first days, it will lose up to ten per cent of its weight. Birth is like dying a little for the baby: it will lose the sense of having a body that belongs to it, already structured in the perception mode and the colorful signifiers of the grandmother and the mother. Its mouth is empty of amniotic fluid, the same thing applies to the urethra, and its intestine expels 'its own' meconium in the first hours of its life, while before being born it had to retain it at all costs to survive. We find here all the signs of imminent death in elderly people! The primal maternal fantasy is thus comforted, reactivated by the trauma lived at birth, the fantasy of *being born is like dying*.

For mothers, following childbirth, the opposite phenomenon occurs. A day after birth they hold urine and they are constipated for at least three days. As for their appetite, if they breastfeed, it normally increases. This is still caused by the fantasy of the inverted tree: at delivery, the child dies and they are born! For this reason, numerous bulimic patients cannot stop breastfeeding. They find it very pleasurable, of course, but they particularly experience a holy and naturally unconscious dread: they fear being thoroughly emptied and dying if they

stop. For this reason, they keep breastfeeding for a long time, and hidden from view, the last secret feed being at night.

These are all powerful sensations, connected with the fantasy of the primitive placental bond 'a body for two'. But, as always, if the bliss felt in the fusional relationship is too intense, a series of issues arise. Most of anorexic and bulimic women's mothers could not 'wean' themselves from their daughters, whatever the way or time chosen to stop breastfeeding.

Many patients are deeply disappointed that they could not breastfeed their baby at birth. Women are rarely warned about the possible pain caused by breastfeeding in the initial days. They believe they will generously breastfeed their infant straight away while, for some of them, it will be an ordeal. The breast is an erogenous zone, but the pleasure felt by the mother is sometimes associated with pain when the baby violently bites the nipple and ends up provoking 'fissures': "For the first time – Barbara tells me – I offered her my breast. It was natural, she was sucking. I was kind of annoyed by this savage gesture. It hurt and she, full of life, wanted to take much more from me. Because of her, my life was already behind me. Hers had just bloomed. I hated her for hurting me so much⁸⁵."

But a newborn may refuse to suckle...as usual, the mother's unconscious anxiety can deregulate the most archaic survival reflexes. During childbirth, especially if it was long and traumatic for the mother, the baby who remained long with its mouth shut somehow forgets the key movements for survival.

Françoise Dolto put forward the same idea concerning infants who cease feeding in the case of premature separations. This is why she had suggested a caregiver should prepare a tiny bottle with some drops of milk, to lead a three-month-old baby who, separated from its mother, refused to open its mouth, to gradually swallow milk in sufficient quantities.

The third-day baby blues

We have seen that mother and child, after delivery, regain the primitive placental bond of late pregnancy. Everything points to the fact that, in the first three days, this bond is at its most intense. At this moment, the mother is more than ever interacting with her baby. This bond is also a biological one since, over these three days, the mother's breasts produce the colostrum we have already mentioned. We should remember that its composition is similar to that of the amniotic fluid.

Over the same three days the grandparents often exclaim: "Ah! Here's my baby!" It is yet another effect of the inverted tree. And we can observe that sometimes, when the grandmother cannot meet her grandchild right then, her attachment will be weaker. Is this the reason why some of my too 'fusional' patients avoid introducing their newborn to their mother in these first three days?

After the third day, the colostrum turns into a kind of milk that has lost a certain amount of elements belonging to the amniotic fluid. This is when the primitive placental bond's intensity decreases.

The mother lives through a loss again, like at the end of the second trimester. In a more significant manner than during pregnancy, she suffers from more or less severe depression, the famous third-day baby blues. And if she cannot picture this passage, she might come down with a physical symptom.

A patient, who had reached a watershed phase in the treatment, developed a sort of smelly discharge from her navel three days after the last session before the summer holidays. She later suffered from the same phenomenon three days after the first September session. Once again, when the anger of separation and abandonment cannot be expressed symbolically, the body and its effluvia find a way to speak.

About the baby blues

We know about mothers' baby blues arising on the third day after childbirth. We have already seen that mothers go through a mild baby blues three days after the end of the first and second trimester, and then three days before the breaking of waters, while they are experiencing the loss of intensity of the placental bond. We might be surprised by the recurrence of this three-day period, particularly after delivery, since the woman's hormones of placental origin (progesterone and estrogens) disappear, with the exception of prolactin, needed for breastfeeding. She should logically have her baby blues on the first day. We believe that the baby blues is caused by the substantial lessening of the primitive placental bond, which takes place when the colostrum turns into milk.

However, we find this three-day period again at the moment of fertilization. Three days is the time necessary for a fertilized egg to make its way into the fallopian tubes and finally become what is called the 'morula'. At the end of the third day, this morula drops into the uterine cavity, without any attachment with the mother yet. Then its cells become pluripotent, i.e. they start varying according to the future organs. Up to then, they were totipotent, i.e. they could generate any kind of tissue or organ.

This event represents the first drop and the first abrupt lessening of libido and motive power felt by the embryo and its mother. It is characterized, like in moments of metamorphoses to come, by a loss of intensity of the placental bond of primitive fusion, source of life, desire and enjoyment, accompanied by a substantial loss of unconscious body images. Does this first drop, this first lessening of the omnipotence of cells and maternal omnipotence expressed in the enjoyment peak so far experienced, forever mark the mother's unconscious memory like that of the embryo, then of the fetus?

If the mother could not picture unconsciously the losses felt throughout pregnancy, the baby blues may turn into severe depression, the 'postpartum depression'.

The inverted tree and the nine months following birth

As we have said, the newborn has lost the sense of having a body that belongs to it because, after being born, it stops smelling the amniotic fluid and perceiving its body movements inside the mother. It can no longer trample its uterine cosmos to find its place and time! It will gradually have to recreate its own body and anchor it in earth's gravity. Bulimic and anorexic women in treatment actually led me to think they were stuck in a weightless dimension, like in fetal life.

Trimester by trimester, the child will recreate its body image through the emotions, gazes and words of its mother and father, or his substitute, this time in a space where bodies are distinct, in a progressive series of losses and reconstructions.

At the end of the first trimester, mother and child come out of primitive fusion (analogous to the symbiosis of the first trimester of pregnancy). Now the infant smiles at the mother because it recognizes her face. This means the child is distinct from her and a space has intervened between their two faces.

At the end of the second trimester, the child recognizes the father's face, which it distinguishes from the mother's and which it equally places in the extracorporeal space. Let us remember the end of the sixth month of pregnancy, when the fetus hears for the first time the father's voice outside the mother's body.

At the end of the third trimester, the child has integrated the mother's extracorporeal space. Now it meets 'strangers': it knows the anguish of separation when it sees the face of someone who is not one of its parents, and it feels abandoned by them.

This is also the moment when parents lose the primitive placental bond with their own mothers, a bond that had been established in the third trimester of pregnancy. This is the disappearance of the grandmother's body images and of the process of the inverted tree. During the treatment of a few grandmothers, I have noticed, especially towards the end of their elder granddaughter's ninth month of age, the emergence of a depressive episode, which I will call 'grandmothers' baby blues'.

We cannot say, though, that the nine-month-old child is psychically and biologically disconnected from the primitive placental bond with its parents, because the memory of the process of the inverted tree lingers all life long in the unconscious, and all separations are symbolic and imaginary representations of variations and losses. It will take several years for it to become more autonomous by going through symbologenic castrations. Françoise Dolto thus names the trials that mother and child have to weather: every time, the child goes through a loss to become more autonomous and open up to the human world (hence the adjective 'symbologenic'). At birth, through umbilical castration, it lost the placental cosmos to gain the whole universe. Through oral castration, which coincides with weaning, the child gets rid of the breast obstructing its mouth to start talking, at a later stage. Through anal castration, it integrates the prohibition to aggress other people and opens up to the social world. Through primal castration, towards three years of age, when it has learned potty training and has acquired a certain degree of independent mobility, the child discovers it is a sexual being and perceives the difference between the sexes⁸⁶.

These castrations can only be accomplished if the parents, the mother in particular, enact them. Dolto⁸⁷ also had the intuition that the mother must be capable of picturing an olfactory separation from the child to place it in a distinct space: "I believe that olfaction has something peculiar in the

sense that it is combined with hearing [of words], which is the way to distinguish, in time, the space separating or uniting two bodies."

The metamorphoses we have described throughout pregnancy need to be represented by prenatal symbologenic castrations. They also take place after birth since, every time, the child and the mother experience a real loss of body images and a production of new body images to reach a new state. And we should not forget that the father suffers from the same losses. The consequences will be the same when his mother was not able to enact these symbologenic castrations during pregnancy and before childbirth. So, when the child is born and afterwards, the father equally risks remaining stuck in too fusional a relationship with 'hisbaby'.

According to what mothers in treatment say, the child does not lose most of its 'baby smell' before the age of six. In fact, we could say that the placental bond vanishes once more. Then, the child lives through a new drop of its erotic sensitivity: it enters, as the saying goes, the latency period. This passage is felt as an awful loss for 'crazy', highly traumatized women, who strongly denied their child's existence throughout pregnancy and, consequently, also denied any separation. Then, the universal maternal fantasy 'I've killed my child' may once again be so pervasive that some women want to take their lives, and therefore, they sometimes perpetrate this murder in reality by killing their child. We find these words at the trial of an infanticide mother reported by Michèle Benhaïm⁸⁸: "I felt very lonely...I wanted to kill myself...I actually never totally separated from my children...But my elder daughter lost her baby smell and a child cannot live without her mother...". We should note that, over several years of research, Michèle Benhaïm has never observed an infanticide perpetrated on an adopted child.

Later on, from nine years of age onwards, when puberty approaches, the child definitively loses what was left of its baby

smell. Which has great repercussions on parents who suddenly realize their child smells bad! When losses are representable and parents can enact the symbologenic castrations and repressions going with them, the unconscious communication with the child also heavily declines. By contrast, when symbologenic castrations cannot occur completely, they will keep expressing themselves in parents and children through unconscious anxieties, dreams of the child's death or disappearance, slight depression, and so on and so forth...

Once an adult, the child will find these anxieties again at every stage of its life, more or less intensely. As though breaking totally someday with the primitive placental bond were impossible...

Conclusion

In these pages, we have found that pregnancy is a revolution of the mind and the body, a revolution that is essentially traumatic, even when everything runs smoothly.

A mother-fetus relationship is established in the first weeks of pregnancy. The fetus learns an initial language made of emotional colors and emotions, of flavors that will be meaningful in its life. A memory of the lived experience is communicated to it, and this memory appears to be handed down from three generations of mothers. Thus, the woman transmits to her unborn child a way of being and perceiving it will be endowed with at birth, and which it then has to forget to become fully itself. At the end of pregnancy, a real dialogue is established between the mother and the fetus. It is therefore preferable for the mother to talk to the fetus on a regular basis and to give a name to the fetus.

We have also seen that the woman's unconscious is restless during pregnancy. The most archaic and taboo desires and fantasies (of devouring, murder and incest) are cropping up again. She has nightmares, experiences new, at times uncanny sensations, as well as anguish of death. These are welcome when their intensity is weak, as they are a sign that psychic work is in progress. Life drives are erupting, but death and destruction drives are likewise active: usually (nearly always, in fact) life has the upper hand at the end of an unconscious battle, whose echoes the woman clearly perceives.

But the anguish of death connected with these archaic fantasies is sometimes so unbearable that it remains split, cut

off from consciousness. Anxiety can then induce pregnancy or childbirth accidents, as well as being the cause of many cases of infertility.

Absolute peace of mind and a feeling of enduring plenitude do not bode well for the delivery either, because getting on with one's life as before, as if nothing had happened, means ignoring the child and possibly weakening its sense of self. On the other hand, gory nightmares and intense anxieties can be a signal to take into account before planning a Caesarean section.

Finally, both a fusional bond and a possible feeling of rejection are sometimes necessary. The mother thoroughly identifies with the fetus. During certain phases of pregnancy, she experiences the anguish of having lost or killed it inadvertently. But it is the fear and anguish of losing it that allow it to exist in the flesh as distinct from her. These phases correspond to metamorphoses of the fetus and to a slackening of the primitive placental bond with the mother. The mother ought to experience a mild depression (baby blues) every time the bond weakens, because these states are anticipations of the separation from the child and the definitive loss of placenta before the final act, that of childbirth.

When the mother has not completed her symbolic separation from the baby during pregnancy, she might keep it in her, maintaining too strong a connection with it. Then it will not have a real sense of self, or feel it has an individual body and it could develop psychic or somatic symptoms as a way to overcome these deficiencies in representation.

Through this book we hope to contribute to the prevention of the difficulties of pregnancy and childbirth, as well as psychic, behavioral disorders and issues with self-perception that the unborn child may experience.

***Afterword* A Commentary by a Pioneer in Placenta Research**

Tamara Landau contacted me through a mutual friend and asked me to examine her research and psychoanalytic intuitions presented in this book, so that I could compare them with data from reproductive biology, the specialization to which I have devoted three decades of my life working in my laboratory of biology of Human reproduction.

The task did not seem an easy one to me as I willingly acknowledge I am prejudiced against so many questionable texts on the subject. But reading Tamara Landau's book, I must say, has been a source of pleasure. Her theory of the symbolic feedback of prenatal unconscious memory, based on her observations in a psychoanalytic clinic, strikes me not only as very interesting, but also in line with the biological data of the stages of gestation. Tamara Landau actually analyzed the dreams, slips of the tongue and drawings of her bulimic-anorexic patients during their pregnancy: this enabled her to elaborate her theory of the 'inverted tree', which describes the symbolic inversion of the generations reactivated during pregnancy in these patients. The originality of her thinking also allowed her to detect traces of the inverted tree in extremely ancient mythologies.

In short, this book, which is closer to Freud's writing than so many of the all-too precious and multifarious works available on this topic, was a pleasant surprise for me.

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Tamara Landau

Delivering and Giving Birth

At birth, the baby has existed for nine months.

It already has a history, shaped by the relationship that the mother weaves with it from the moment of conception.

However, the maternal bond developed during pregnancy consists of bursts of fusional love as well as guilt-ridden moments of forgetfulness and rejection.

In fact, the proclaimed sense of fulfilment and happiness may conceal profound anxieties and inevitable fantasies that often remain unconscious.

Many pregnant women experience moments of doubt, confusion and rejection. Identifying these ambivalent feelings can help prevent pregnancy-related complications (miscarriage, premature delivery, caesarean section, etc.), as well as certain behavioural disorders in children and adults, including bulimia and anorexia.

Drawing on her many years of clinical experience, Tamara Landau analyses mother-foetus communication at every stage of expectancy, month by month. In this innovative book, she seeks to help women bring the baby into the world, and help them achieve maternal status. If women were made aware of what is at stake during pregnancy, the author suggests, they would navigate more smoothly the magnificent adventure of motherhood, which in some moments is instead experienced as a painful ordeal.

Tamara Landau is a psychoanalyst and sculptor. She is a founder of the Société de psychanalyse freudienne (SPF, Paris) and of the MnemoArt research group. She has already published, with Éditions Imago, *Accoucher ou faire naître* ('Delivering and Giving Birth', 2019) and *Les Funambules de l'oubli, Origines de l'anorexie et de la boulimie* ('The Tightrope Walkers of Oblivion - The Origins of Anorexia and Bulimia', 2012).

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