

Dossier

Imaginerias of women who experienced a pregnancy loss

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Abstract. This study is part of a larger set of studies about maternal suffering, understood as socially determined. Its objective is to investigate the collective imaginary of women who experienced pregnancy loss, from the perspective of psychoanalytic concrete psychology. The importance of this study lies in its potential to shed light upon a situation that is relevant for psychological practice in the scope of motherhood, contributing to support preventive measures and interventions. This qualitative study adopted the psychoanalytical method to address Brazilian blogs authored by women reporting pregnancy loss. Two fields of affective-emotional meaning emerged from the psychoanalytical interpretation: “It’s the mother’s fault” and “Eternal void”. Both fields convey the idea that women are the only ones accountable for gestational loss, leading to feelings of guilt and emptiness.

Keywords: motherhood; psychoanalytic method; collective imaginerias.

Part of a series of studies on motherhood, this work investigates the collective imaginary of pregnancy loss among women who have experienced miscarriage or stillbirth from the perspective of concrete psychoanalytic psychology with a view to contributing to the understanding of their lived experience. According to concrete psychoanalytic psychology as proposed by Bleger (1963/2007), all human phenomena – including motherhood – and their related difficulties are set in macro social contexts. Thus, to understand these phenomena, it is important to explore the historical, social, geopolitical, cultural, and economic dimensions that shape these contexts.

The phenomenon of motherhood is complex and multifaceted and has been approached from various perspectives. Traditionally, emphasis has been placed on the biological aspects of motherhood, based on the assumption that biological mothers are naturally prepared to care for their children. Thus, motherhood is imagined as an innately determined biological phenomenon and birth and childcare is normatively conceived as a woman’s task (Bueskens, 2018).

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For Hollway (2011), childcare in our society is an expression of a model of gender relations in which men are the breadwinners and women look after the offspring. However, the feminist movement has raised questions about this notion, promoting reflection on the denaturalization of motherhood (Marchesi, 2018). At the same time, the entrance of women into the world of work has become a reality across all social classes without affecting the maternal imaginary, according to which children are only guaranteed the best conditions when cared for by their biological mothers, who thus continue to bear practically sole responsibility for children (Scavone, 2004; Vásquez, 2014).

From the viewpoint of concrete psychoanalytic psychology (Bleger, 1963/2007), it is understood that human manifestations take place under specific binding and social conditions. Understanding motherhood from this perspective, as a social and cultural production, we enter into dialogue with theorists like Badinter (1981, 2012) and Giddens (2013). Badinter (1981, 2012) points out that, even after doing away with the concept of instinct, the conception of innate motherhood persists through the idea of maternal love. In her view, the hypothesis of innate love should be rejected, because the fears and joys of pregnancy, childbirth, and childcare are experienced in specific historical and cultural contexts in which meanings are created. Giddens (2013), in turn, argues that equating being a woman with being a mother is a social invention peculiar to the western world. According to this author, this perspective has entrenched the idea that women are naturally prepared to be mothers. Given this supposed natural capacity, caring for children falls on women, whose life should be restricted to motherhood. In our view, this not only makes mothers responsible for practically all the misfortunes likely to afflict new generations, but also obstructs others from establishing closer relationships with the generatrix and her children.

We understand, with the help of the literature, that mothers may feel guilt and anguish brought on by the heavy social demands placed on them by this childcare model, which leave women financially dependent and under the power of their spouses (Federici, 2019). Moreover, the changes brought about by the entrance of women into professional life instead of diminishing demands doubles them, configuring the so-called double shifts (Bueskens, 2018). In a psychoanalytic investigation of mommy blogs conducted by Visintin and Aiello-Vaisberg (2017), the phantasy that a woman's personal fulfillment is obligatorily bound to her exclusive dedication to their children was found throughout the material studied. In a study adopting a similar approach, Schulte, Gallo-Belluzo and Aiello-Vaisberg (2019) note that women are forced to juggle childcare with various other activities, including work. This study therefore explores the notion that maternal suffering is socially determined (Aiello-Vaisberg, 2017), an understanding that appears to be supported by empirical evidence, given that a number of studies have shown the weight of social determinants on the suffering of mothers (Barr-Walker, Jayaweera, Ramirez, & Gerds, 2019; Collardeau et al. 2019; Hamad, Modrek & White, 2019; Komtenza et al., 2019).

Thus, we find ourselves before a cultural context that is ambiguous about childcare, in which mothering is conceived as being driven by instinct and a possibility to achieve the only social

value possible for those at the bottom of the gender hierarchy. High expectations are therefore imposed on pregnancy. However, pregnancy does not always go well and complications may include involuntary termination, which produces both physical and emotional effects. A study by Mutiso, Murage and Mukaindo (2018) showed that mothers who experience pregnancy loss are more likely to develop depressive symptoms and have thoughts of self-harm, while Tavoli et al. (2018) reported that they suffer higher levels of anxiety and depression. Despite the inherent limitations of the positivist approach within the human sciences (Ambrosio, 2013), such studies indicate that women who experience fetal death require both medical and psychological care.

We can distinguish two main trends in studies exploring the psychological effects of a lost pregnancy. One, comprising a larger number of publications, investigates women's lived experience, primarily using psychological interviews (Lemos & Cunha, 2015; Camarinho, Maciel & Silveira, 2015) or tests and scales to assess women's mental health (Cardoso-Escamilla, Zavala-Bonachea & Alva-López, 2017). The other focuses on the health professionals who provide support to these women (Lemos & Cunha, 2015; Tachibana, Ambrosio, Beaune & Aiello-Vaisberg, 2014), also utilizing psychological interviews. The present study falls within the first category. However, we opted to address the question by studying blogs in which women – who possibly never sought psychological help, nor were invited to participate in studies – publicly share their experiences, thus making them accessible to researchers/psychoanalysts interested in producing comprehensive knowledge about individual and collective affective and emotional meanings of human happening (Schulte, Gallo-Belluzzo & Aiello-Vaisberg, 2019).

Our point of departure is the lived experience of women who have experienced pregnancy loss. The study of this experience can cast light on the question of motherhood since women who experience miscarriage or stillbirth face the impossibility of being a mother, at least of that baby. When motherhood is impeded, the emergence of a configuration that is the opposite of the intended outcome presents an opportunity to gain a broader understanding of the culturally hegemonic ideals of mothering. Thus, the study of experiences of pregnancy loss can provide important insights into the place motherhood occupies in the imaginary of people and groups. The objective of this study was therefore to investigate the collective imaginary – understood here as the world dramatically inhabited by women who have experienced pregnancy loss – with a view to contributing to the knowledge base relevant to clinical psychology practice and maternal and child health professionals and informing debates focused on improving the concrete well-being of mothers, children, and families in general.

Method

We conducted a qualitative study adopting the psychoanalytic method to understand the meanings of human acts in given contexts. The option we chose from the range of qualitative methods at our disposal uses psychoanalysis as a method of investigation.

The basic underlying premise of this method – used here as a means to understand the meanings of different human manifestations – postulates that all human conduct is imbued with affective and emotional sense, regardless of its manifest dimension. In other words, all human actions are loaded with meaning, even though, at first glance, they may seem absurd, cruel, or bizarre.

As an unvarying element of psychoanalytic knowledge (Herrmann, 1979/2001), the psychoanalytic method logically comes before clinical theories and procedures, insofar as it is the investigative nature of the method that ensures and validates the creation of theoretical knowledge and enables standard treatment and therapy outside of the traditional therapy room. Let us not forget that Freud himself used psychoanalysis as an investigative method in the cultural material approach when attempting to understand the emotional dimension of human acts, as in *Delusion and Dream in Jensen's Gradiva* (Freud, 1907/1955a), *Leonardo da Vinci and a Memory of His Childhood* (Freud, 1910/1955b), and *The Moses of Michelangelo* (Freud, 1941/1955c). Moreover, he also discussed broader social phenomena in works such as *Civilization and Its Discontents* (Freud, 1930/1955d), *The Future of an Illusion* (Freud, 1927/1955e), and *Group Psychology and the Analysis of the Ego* (Freud, 1921/1955f). Thus, he clearly demonstrated that the use of the method extends beyond its specifically clinical use, as occurs in consulting rooms.

This method, articulated around free association and free-floating attention, allows the production of interpretations of human acts from which understandings are proposed, which acquire meaning in different theoretical psychoanalytic contexts usually known as schools of thought. For our part, we should clarify that we adopt Bleger's (1963/2007) concrete psychoanalytic psychology as our frame of reference, a relational strand of psychoanalytic theory (Greenberg & Mitchell, 1983) that differs from others because it places consistent emphasis on the macro social determinants of human acts. As a reader of Politzer (1928/1974), who distinguishes two main veins in Freud's writings (his energetic model, which gave rise to his drive theory, and his dramatic model, which maximally converges towards phenomenology of human living), Bleger (1963/2007) discusses dramatic psychoanalysis, articulating it with materialist thought. The latter understands that human conduct emerges from intersubjective fields and is therefore not just an externalization of the individual psyche, his core concept.

Conduct corresponds to any human act that can manifest itself in three different areas of expression: a) the mind, b) the body, and c) the external world, where the latter includes products of human activity, like artifacts, works of art, and institutions (Bleger, 1963/2007). All human manifestations are loaded with multiple meanings (economic, historical, cultural, etc.) and psychology is charged with the study of the affective and emotional meanings, or the drama or lived experience (Politzer, 1928/1974).

From the perspective of concrete psychoanalytic psychology, conducts emerge from binding and relational interpersonal fields that we call affective and emotional sense fields. These fields are the non-conscious dimension of these conducts. In other words, the unconscious dimension of conducts is understood as the configuration of meanings produced in interhuman interactions.

Consisting of the same materiality – the concrete acts of human beings – field and conduct do not differ ontologically. Repeatedly played out, acts create environments that in turn generate new acts, which contribute to the reproduction or transformation of the fields. Hence, both concepts reflect the adoption of an ontological perspective, in which human life is played out within a reality constituted of human acts whose foundations are affective and emotional.

However, we also use a third descriptive concept: the concept of the collective imaginary. The collective imaginary may be defined as acts and fields of affective sense, which give rise to experiential worlds governed by certain beliefs or phantasies, which, being humanly created, impose themselves as truths. Thus, adjective imaginary does not connote that which is false, specular, and/or representational, but rather that which is the result of creation, of human production.

The study material we used to investigate the collective imaginary of pregnancy loss comprised manifestations of the challenges and problems of contemporary motherhood in posts made on mommy blogs. Although posted in public spaces (Convery & Cox, 2012; Dongre & Sankaran, 2016; Salmons, 2017), these posts were treated in accordance with the ethical guidelines for psychological research, ensuring the protection of individual privacy and anonymity of the authors of the communications.

The study was conducted in the following stages:

1. Material selection
2. Material recording
3. Material analysis.

Stage one consisted of a Google search of posts using the term “blogs mothers gestational loss”. Posts were selected using the following inclusion criteria:

1. Posts from personal blogs maintained by Brazilians
2. Posts written by women who had experienced pregnancy loss
3. Posts about the experience of pregnancy loss

The use of these criteria resulted in communications posted by 15 mothers, identified as M1, M2, and so forth. This number was considered sufficient for the purposes of this study, considering that it consists of a qualitative analysis using the psychoanalytic method based on the theoretical, epistemological, and anthropological assumptions underlying concrete psychoanalytic psychology.

In stage two, the 15 posts were transcribed literally and saved in separate electronic files to protect against removal from the web and facilitate interpretation, given that the latter requires reading and rereading.

In stage three, the transcripts were read and reread several times by the study group in a state of free association and free-floating attention to unearth general memories, emotions, feelings, and associations. Thus, from a transferentially woven tapestry of human senses, we sought to interpret underlying emotional determinants, i.e. the affective and emotional sense fields, in the study material.

Finally, we explored the interpretative results to formulate what is commonly called the discussion. In qualitative research in the psychoanalytic method, this stage takes the form of reflective interlocations, which constitute a reinterpretation of the questions raised pertaining to the affective and emotional sense fields, promoting critical reflection in the light of the contributions of other authors. In this stage, we suspended the use of the psychoanalytic method to carry out a theoretical and conceptual analysis aimed at producing comprehensive knowledge rather than the establishment of general laws.

Interpretations as results and reflective interlocations as discussion

The analysis of the material resulted in the identification of two affective and emotional sense fields: “It’s the mother’s fault” and “Eternal emptiness”. The former is organized around the phantasy that the mother is responsible for the death of the fetus, while the latter is shaped around the phantasy that a woman who experiences pregnancy loss endures endless suffering.

Reflecting on the “It’s the mother’s fault” field

The following excerpt aptly illustrates the emotional positioning in “It’s the mother’s fault” field, where miscarriage is experienced as emotionally distressing: *“I still pick myself back up, I mean from my feelings of powerlessness and guilt for not being able to carry the pregnancy through to the end and give birth to my child”*. (M1)

The following account shows that the idea of guilt is clearly associated with personal failure, as if the loss was the result of incompetence in performing a task:

To go through two consecutive experiences of loss has always been strange for me. With my second child, I always felt that the pain was tougher, as if I was suffering not so much because he wasn’t born, but because I had failed again. (M1)

It is important to remember that, as a complex phenomenon, pregnancy is permeated by, frequently unconscious, mixed feelings (Borsa & Dias, 2007) – wanting or not wanting the baby, feeling capable or incapable, thinking that the time is right or wrong. The following excerpt illustrates this ambivalence and the resulting guilt:

I feel guilty... Believe it or not, I feel guilty. I feel guilty because at the beginning of my pregnancy with Lucas I prayed more for his protection, because I looked after myself more

with Lucas, and I had no fears. This time I had. Lucas occupies such a large part of my life and so many other people's lives that I was scared that this new child wouldn't be able to fill such a big space. (M12)

In the above example, the mother attributes the termination of her second pregnancy to the fact that she did not want her second child as much as she wanted her first. The following account from M12 also illustrates the phantasy that miscarriage is somehow caused by the mother:

It was because a spirit was ready to come and be generated by me ... But, at the last minute, it decided against it, it got scared, or I scared it, I don't know! I know it seems crazy, but that's how I think and I can't do much about it. (M12)

The findings of a study by Tachibana et al. (2014) with an obstetric nursing team are framed within the same type of affective and emotional sense field, with the majority of nurses believing that miscarriage is the fruit of an intimate desire of the pregnant woman. However, it is important to highlight that, from the concrete psychoanalytic psychology perspective, collectively produced fields are inhabited by many groups and individuals, including women who have been through the experience themselves. Thus, these beliefs and phantasies circulate within an interhuman environment and translate into demands, which people make on themselves because they internalize them even when defensively seeking to place them on others. Indeed, the "It's the mother's fault" field prefigures a veritable judgment, which ultimately overburdens women, as can be seen in the following account from a blogger who already has a child:

The funny thing is that I feel my family – especially my husband – are more worried this pregnancy. I've even heard: "but why go to the bakery on foot? (I live HALF A BLOCK from the bakery, lol). What if YOU TRIP?" lol. Seriously. And it's the same with traveling, work, etc. Something that he didn't have in the last pregnancy. (M14)

Despite the apparent humor, the woman's suffering is evidenced by her struggle to juggle work and childcare: "*In this one [pregnancy] I had no option, because of looking after Lourdes and work demands, which are much greater (thank God)*" (M14).

We know that psychoanalysis itself, through the concept of intrapsychic determinism, contributed to an imaginary that holds women responsible for pregnancy loss, insofar as it supports the idea that miscarriage may result from unconscious desires. Talking about the specific anxieties women feel in this phase of their life, Soifer (1977/1980) asserts:

Each one of these anxiety attacks, which may last days or weeks and ultimately produce its own physical symptoms or cause miscarriage or premature birth, is characterized by given specific phantasies, knowledge of which enables the professional to perform the appropriate "mental cleaning" to prevent further aggravation (Soifer, 1977/1980, p. 21).

In turn, Langer (1953/1986) argues that many pregnant women experience a number of unconscious phantasies throughout pregnancy and the postpartum period, including those stemming from a double projection onto the fetus. According to the author, the mother projects

her and her own mother's voracity onto the fetus. In her view, the anguish generated by this double projection is so intense that it can lead to the rejection of the pregnancy, ultimately leading to miscarriage. Langer claims that pregnancy prompts feelings of guilt in two ways, depending on a woman's level of maturity. In the first, of a paranoid nature, the pregnant mother expects to suffer retaliations for having caused the miscarriage in exacting revenge against her own mother, while in the second, of a depressive nature, she feels sad for her baby's misfortune and seeks to repair the phantastically committed evil act.

In our view, Soifer's (1977/1980) and Langer's (1953/1986) theorizations place a very large weight on the allegedly existing conflicts between the pregnant woman and her own mother. A mother's phantasy of attack against her own baby or of her baby being attacked in an act of retaliation, as proposed by Kleinian theory, seems rather questionable. We by no means deny the role family bonds play in the emotional suffering experienced by mothers. Neither do we negate that collective imaginaries of the impossibility of female fulfillment without children cause emotional suffering. However, we do question what appears to be the dubious psychophysical reductionism of complex phenomena such as obstetric complications.

Without delving deeper into the complexity of pregnancy as an organic phenomenon, it is important to remember that, from a social and cultural viewpoint, prevailing hierarchical and oppressive gender roles in western society use the harmful belief in a feminine power that is adverse to maternal fulfillment. It is therefore not unreasonable to say that maternal blame is widespread in society and that psychoanalysis has contributed to the heavy burden of responsibility placed on mothers by entertaining the notion of a destructive female unconscious.

Since this study draws on the contributions of Bleger (1963/2007), it would be interesting to deepen the understanding of the organizing phantasy within the "It's the mother's fault" field. In our view, a deeper understanding of this phantasy could help foster the establishment of relationships that facilitate the provision of support to mothers by professionals and society, thus offering comfort in times of pain, especially after pregnancy loss (Cunha, Pereira Junior, Caldeira & Carneiro, 2016).

In this regard, the conditions provided by the mother's surrounding environment and society as a whole play an important role in the psychological and physical health outcomes of women who have experienced pregnancy loss. In an environment clearly marked by ambiguous imaginaries of motherhood, which depict mothering as the greatest possible achievement at the bottom of the gender hierarchy, it is not difficult to understand why fetal death intensifies the persecutory effects of the "It's the mother's fault" field, which evidently does not make a constructive contribution to the emotional maturation of women. On the other hand, the constitution of good enough social environments can provide the necessary support to enable women to create/find their own personal way of dealing with motherhood and its vicissitudes (Granato & Aiello-Vaisberg, 2003, 2005, 2013, 2016).

Reflecting on the "Eternal emptiness" field

The following excerpt from a blogger who had lost a pregnancy loss 8 years earlier is an example of conduct within the “Eternal emptiness” field: *“Anyone who has lost a baby knows just how devastating the experience can be. On that day, I also lost my faith in myself and the will to live”* (M1)

The suffering caused by losing a pregnancy is not always duly recognized and appreciated (Camarneiro; Maciel & Silveira, 2015), especially when it happens at the beginning of the pregnancy, based on the argument that the woman has not had the time to feel an attachment to the baby. However, the literature shows that, even in such cases, women feel that they are the mother of a child that died, as the following experts illustrate: *“Three years ago, I got pregnant and had a miscarriage at 7 weeks. It doesn’t seem very long, but that baby was already part of the family”*. (M3)

I never saw my son, but if he knew just how much he made me grow, how much his departure transformed my being and my life, I think he would be proud to tell the angels that are certainly around him that, albeit only for 12 weeks of gestation, I was, I am his mother. (M7)

This phenomenon is grounded in psychological studies that point out that the process of becoming a mother begins long before the pregnancy and continues its course after the birth of the baby (Piccinini et al., 2008). Indeed, pregnancy is a period of major transformation in which various phantasies emerge, such as the construction of the imagined baby (Aiello-Vaisberg, 1999), where the mother develops a phantasy of the fetus as a fully formed baby. This imaginative construction enables the mother to constitute a subjective space to receive the newborn in real life. Hence, it is plausible that with the termination of a pregnancy the sensation might be that of losing a child – which often has a name – rather than a fetus. Pregnancy loss is a very painful experience characterized by feelings of emptiness and often great distress, as the following account from a blogger who became pregnant after having a miscarriage six months into pregnancy:

I can say that I suffered a lot during the period 2010 to 2014. There was an emptiness in me and great anguish and sadness accompanied me. I used to have nightmares. I’d wake up screaming, saying that I wanted my daughter (the baby I lost was a girl). (M5)

The feeling of desperation, combined with damaged family relationships, was recounted by a mother who had a miscarriage in her second pregnancy:

I couldn't stand hearing my daughter call me mom anymore, I didn't feel any pleasure at work, and I even attempted suicide. I couldn't sleep, I dreamt about my son every night, the progress of my pregnancy, and cried all the time. I needed and abused sleeping pills to sleep. The situation ended up culminating in my divorce shortly after the abortion. (M7)

A study by Faria-Schutzer et al. (2014) also draws attention to the chronic feelings of emptiness experienced by women who lose a pregnancy. The authors note that the idea of the “dead child” brings with it the idea of the “dead mother”. They remind us that the real and imaginary construction of motherhood that takes place throughout the pregnancy is abruptly interrupted, generating a sensation of loss, not only of the fetus, but also of everything that was

dreamed of and idealized (Camarneiro, Maciel & Silveira, 2015), as the following account from a mother whose baby died 35 weeks into the pregnancy shows:

Never in my life had I imagined that I would go through such suffering. My dream had been destroyed. I knew I would never have Miguel with me again, that I would never breast feed, never smell him. I felt dead inside. When my father-in-law placed the casket in in the grave, I died along [with him]. Half of me had ceased to exist. (M8)

Given the complexity of the pregnancy process, which involves bodily, psychological, and environment phenomena, it is fundamental to reflect on the cultural context from which the “Eternal emptiness” field emerges. The accounts reveal allusions to very significant occasions for the world of motherhood, such as Mother’s Day for example: *“I had a miscarriage in the sixth month. It was the worst day of my life. Mother’s Day 2010. That was Mother’s Day for me and my mother, who didn’t abandon me, not even for one second”*. (M5).

Here it is appropriate to question the use of the term “destiny” to characterize the feminine quest for personal fulfilment through motherhood, even when mothers see themselves as being able to enter the world of work, leaving behind a routine of domestic confinement, which, incidentally, more economically disadvantaged women have never fully managed to achieve (Bueskens, 2018). The idea of destiny is not the same as that in ancient Greece, where it determined by the will of the Gods, but rather stems from an imaginary that places women closer to nature than men. In this way, women who become mothers fulfill their natural destiny, organically realizing their biology. As an example of this type of concept, we can cite a rather significant excerpt from Langer’s book (1953/1986, p. 198) that illustrates her metapsychological thinking, which the psychoanalytic psychology adopted here critically rejects:

The fundamental reason a woman desires to have a child is biological. Her maternal instinct demands direct gratification. The sexual instinct leads to a falling in love and the establishment of union that satisfies the couple’s sexual appetite as well as a number of psychological needs. The woman’s maternal instinct, which is as an integral part of female sexuality, is simultaneously gratified. The woman’s multiple desires are thus fulfilled.

Some scholars, including Martins, Azevedo, and Afonso (2018) and Mapelli et al. (2018), suggest that a certain idealization of motherhood still persists. In the face of this idealization, the phantasy that pregnancy loss corresponds to a form of punishment in which the woman, upon passing through the “Eternal emptiness” field, feels condemned to endless suffering, does not sound strange.

Reflecting on both fields

It is evident that both fields are deeply interconnected. While the first field (“It’s the mother’s fault”) places women in an imaginative situation in which the mother caused the pregnancy

loss, fuelling more or less mature guilt along paranoid or depressive paths, the second (“Eternal emptiness”) casts her into an imaginative environment, wherein pregnancy termination, as an impediment to motherhood, constitutes a deserved eternal punishment:

It took me a long time to understand that, at the end of the day, it's just all one pain, a huge feeling of emptiness for not being able to carry the pregnancy forward and for losing that specific being in formation. (M1)

More clearly, the fields appear to indicate a collective imaginary in which women feel guilty about the impossibility of continuing the pregnancy, thus deserving a punishment that fits the crime: not being able to retain the child is a failing, paradoxically, punishable by pregnancy loss. Certain excerpts are deeply expressive: “*And there are more cycles of guilt and pain. I felt selfish for not expressing my feelings with the same intensity as in the first loss.*” (M1)

On top of everything, I had to tell my daughter that she wasn't going to have a brother anymore and tell the rest of the family. My world fell apart after I got home, I couldn't use the bathroom anymore. The whole time I would see my son there, alone, covered in blood without me, and me without him. (M7)

In a study involving interviews with obstetric nurses, Tachibana et al. (2014) reported the same configuration that we found here: that the study participants viewed the termination of pregnancy as a phenomenon that not only marks the mother with uninterrupted suffering for all eternity, but also reveals the evil inherent in women. In other words, the nurses phantasized that termination of pregnancy is equated with a drama of huge proportions. This configuration suggests that the affective and emotional sense fields identified in the interpretative analysis of the interviews with the nurses – which converge with what we found in our analysis of the posts of mothers who had suffered pregnancy loss – show how much weight society places on the notion that motherhood is the only path to female fulfillment.

Gottlieb and DeLoache (2016) showed with great clarity and rigor that childcare can take different forms in different societies. For example, in a predominantly Muslim tribe in Ethiopia, the woman is blamed if her child rejects Islam because she is thought to have passed evil to the child through her milk. Thus, the mother must take extreme care of her and her son's health and, in the same way, the whole tribe should be respectful and caring with the mother. In the Faroe Islands, on the other hand, the whole of society is responsible for children. Everyone therefore has the obligation create a safe environment for new generations, falling on the health system to create and maintain a support network for mothers. Thus, it is important to acknowledge that childcare is culturally determined, not only to focus our attention on that which people concretely experience, but also to avoid naturalizations and abstractions of motherhood.

Considering that motherhood is a culturally produced goal that gives meaning to a woman's life, we understand that women who lose a pregnancy may experience clinically relevant

suffering. This view, transmitted by the second field, interacts with the first field, which holds women responsible for the death of the fetus. The fact that this is all tied to the notion of motherhood as natural destiny does not soften the guilt, as opposed to when we recognize that someone is ill, because the correspondence between that which is natural and God's will is implicit, meaning that non-compliance with nature's design alludes to the idea of sin.

Finally, in some of the excerpts it is evident that the two fields overlap, that is, women experience a deep feeling of emptiness and desperation together with guilt: *"Pregnancy loss, regardless of how or when it happens, is without doubt endless pain. It's a hole that opens up, it's guilt, despair, a deep sadness"*. (M1)

It can be said that both fields are associated with intense psychic suffering, prompting reflection on the support women and their families need, but often do not receive, as the following excerpt illustrates:

They were difficult days of great pain, and we lived with the grief practically alone, because few people knew how to deal with what we had been through. I saw (and still see to this day) people thinking that the pain wasn't that bad, that it was good that way because I hadn't spent that much time with her, so it would be easy to forget. As if I'd just lost something that was easy to replace! They would say: "Ah, try to be calm. You'll soon get pregnant again!" Of course I wanted to get pregnant again, but one child never replaces another! Others avoided talking about it as much as possible and even avoided talking to me because they didn't know what to say. And do you know what I wanted most?! To talk about my daughter. (M6)

In our view, the fields are intertwined since the phantasy of having caused the death of the fetus only adds to the suffering. Pregnancy loss is a profound experience that has significant psychological effects, as this excerpt from a blogger talking about a miscarriage she had in the first month illustrates: *"I can't even say that I lost my baby because I didn't even see a fetus, but I can assure you that I lost a bit of me."* (M12)

This touching manifestation reveals maturity problems that blur the subject's vision of the other as an irreducible singularity. This central psychopathological response may seem like an intense affective bond, but in fact reflects the subject's difficulty in distinguishing herself from the Other. Unfortunately, this affective and emotional reaction is rarely understood as a sign that the subject requires psychological treatment, rather being used to sustain conservative imaginaries in which the image of women is distorted, hindering transformation toward greater solidarity and respect among people. Maintaining a close relationship with and caring for children is an enriching and fulfilling experience for all, and should not be reduced to a female prerogative.

Study limitations and suggestions for future research

Despite the limitations inherent to empirical research, this work sheds light on the non-conscious affective and emotional sense fields underpinning conducts in women who have

suffered pregnancy loss. Considering that this study was limited to the investigation of posts from women who had experienced pregnancy loss, we suggest that future studies explore other types of cultural research material, such as films and literary output to complement the insights that can be gained from other internet platforms such as YouTube and from psychological interviews. Equally important, another direction for future research includes listening to mothers and non-mothers across different age groups, family members, and health professionals to explore their perceptions of motherhood.

References

- Aiello-Vaisberg, T. M. J. A. (1999). Sonhos de nascimento e preocupação materna primária. *Psyche*, 4, 131-143.
- Aiello-Vaisberg, T. M. J. (2017). Estilo Clínico ser e fazer: resposta crítico-propositiva a despersonalização e sofrimento social. *Boletim - Academia Paulista de Psicologia*, 37(92), 41-62. Disponível em http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1415-711X2017000100005&lng=pt&tlng=pt.
- Ambrosio, F. F. (2013). *O estilo clínico "Ser e Fazer" na investigação de benefícios clínicos de psicoterapias*. (Doctoral dissertation, Pontifical Catholic University of Campinas, Campinas-SP). Recoverd from <http://tede.bibliotecadigital.puc-campinas.edu.br:8080/jspui/bitstream/tede/452/1/Fabiana%20Follador%20e%20Ambrosio.pdf>
- Badinter, E. (1981). *Mother love: Myth and reality: Motherhood in modern history*. New York: Macmillan.
- Badinter, E. (2012). *The Conflict: Woman & Mother*. Melbourne, Australia: Text Publishing.
- Barr-Walker, J., Jayaweera, R. T., Ramirez, A. M., & Gerdtts, C. (2019). Experiences of women who travel for abortion: A mixed methods systematic review. *PLoS ONE*, 14(4), 1–26. doi: <https://doi.org/10.1371/journal.pone.0209991>.
- Bleger, J. (2007). *Psicologia de la conducta*. Buenos Aires: Paidós. (Originally published in 1963).
- Borsa, J. C., & Dias, A. C. G. (2007). Considerações acerca da relação mãe-bebê da gestação ao puerpério. *Contemporânea: Psicanálise e Transdisciplinaridade*, 2, 310-21.
- Bueskens, P. (2018). *Modern motherhood and women's dual identities: Rewriting the sexual contract*. London: Routledge.
- Camarneiro, A. P. F., Maciel, J. C. S. C., & Silveira, R. M. G. D. (2015). Vivências da interrupção espontânea da gravidez em primigestas no primeiro trimestre gestacional: um estudo fenomenológico. *Revista de Enfermagem Referência*, (5), 109-117. doi: <http://dx.doi.org/10.12707/RIV14064>.

- Cardoso-Escamilla, M. E., Zavala-Bonachea, M. T., & Alva-López, M. D. C. (2017). Depresión y estrés postraumático en mujeres con pérdidas gestacionales inducidas e involuntarias. *Pensamiento Psicológico*, 15(2), 109-120. doi: <http://dx.doi.org/10.11144/Javerianacali.PPSI15-2.depm>.
- Collardeau, F., Corbyn, B., Abramowitz, J., Janssen, P. A., Woody, S., & Fairbrother, N. (2019). Maternal unwanted and intrusive thoughts of infant-related harm, obsessive-compulsive disorder and depression in the perinatal period: study protocol. *BMC Psychiatry*, 19(1), 94. doi: <https://doi.org/10.1186/s12888-019-2067-x>.
- Convery, I., & Cox, D. (2012). A review of research ethics in internet-based research. *Practitioner Research in Higher Education*, 6(1), 50-57.
- Cunha, A. C. B. da, Pereira Junior, J. P., Caldeira, C. L. V., & Carneiro, V. M. S. de P. (2016). Diagnóstico de malformações congênicas: impactos sobre a saúde mental de gestantes. *Estudos de Psicologia*, 33(4), 601-611. doi: <https://doi.org/10.1590/1982-02752016000400004>.
- Dongre, A. R., & Sankaran, R. (2016). Ethical issues in qualitative research: Challenges and options. *International Journal of Medical Science and Public Health*, 5(6), 1-8. doi: [10.5455/IJMSPH.2016.19102015179](https://doi.org/10.5455/IJMSPH.2016.19102015179).
- Faria-Schtzer, D.B., Lovorato Neto, G., Duarte, C.A.M., Vieira, C.M. & Turato, E.R. (2014). Fica um grande vazio: Relatos de mulheres que experienciaram morte fetal durante a gestação. *Estudos Interdisciplinares em Psicologia*, 5(2), 113-132. doi: <http://dx.doi.org/10.5433/2236-6407.2014v5n2p113>.
- Federici, S. (2019). *Calibã e a bruxa. Mulheres, corpo e acumulação primitiva*. Rio de Janeiro: Editora Elefante.
- Freud, S. (1955a). Delusion and dream in Jensen's Gradiva. *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, vol. IX. London, UK: The Hogarth Press and the Institute of Psychoanalysis. (Originally published in 1907).
- Freud, S. (1955c). Leonardo da Vinci and A Memory of His Childhood. *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, vol. XI. London, UK: The Hogarth Press and the Institute of Psychoanalysis. (Originally published in 1910).
- Freud, S. (1955c) The Moses of Michelangelo. *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, vol. XIII. London, UK: The Hogarth Press and the Institute of Psychoanalysis. (Originally published in 1914).
- Freud, S. (1955d). Group Psychology and the Analysis of the Ego. *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, vol. XVIII. London, UK: The Hogarth Press and the Institute of Psychoanalysis. (Originally published in 1921).

- Freud, S. (1955e) The Future of an Illusion. *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, vol. XXI. London, UK: The Hogarth Press and the Institute of Psychoanalysis. (Originally published in 1927).
- Freud, S. (1955f). Civilization and Its Discontents. *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, vol. XXI. London, UK: The Hogarth Press and the Institute of Psychoanalysis. (Originally published in 1930).
- Giddens, A. (2013). *The transformation of intimacy: Sexuality, love and eroticism in modern societies*. Hoboken, USA: John Wiley & Sons.
- Gottlieb, A., & DeLoache, J. S. (2016). *A world of babies: Imagined childcare guides for eight societies*. Cambridge, UK: Cambridge University Press.
- Granato, T. M. M., & Aiello-Vaisberg, T. M. J. (2003). Ser e fazer na maternidade contemporânea. *Estudos de Psicologia*, 20, 71-76. doi: <https://doi.org/10.1590/S0103-166X2003000200007>.
- Granato, T. M. M., & Aiello-Vaisberg, T. M. J. (2005). Prímula e Narciso a caminho da preocupação materna primária. *Mudanças: Psicologia da Saúde*, 13, 364-373. doi: <https://doi.org/10.15603/2176-1019/mud.v13n2p364-373>.
- Granato, T. M., & Aiello-Vaisberg, T. M. J. (2013). Narrativas interativas sobre o cuidado materno e seus sentidos afetivo-emocionais. *Psicologia Clínica*, 25(1), 17-35. doi: <https://doi.org/10.1590/S0103-56652013000100002>.
- Granato, T. M. M., & Aiello-Vaisberg, T. M. J. (2016). Interactive narratives in the investigation of the collective imaginary about motherhood. *Estudos de Psicologia*, 33(1), 25-35. doi: <https://doi.org/10.1590/1982-02752016000100004>.
- Greenberg, J. R. & Mitchell, S. A. (1983). *Object Relations in Psychoanalytic Theory*. Cambridge, USA, and London: Harvard University Press.
- Hamad, R., Modrek, S., & White, J. S. (2019). Paid Family Leave Effects on Breastfeeding: A Quasi-Experimental Study of US Policies. *American Journal of Public Health*, 109(1), 164–166. doi: <https://doi.org/10.2105/AJPH.2018.304693>.
- Herrmann, F. (2001). *Andaimes do real: o método da psicanálise*. São Paulo: Casa do Psicólogo. (Originally published in 1979).
- Hollway, W. (2011). Rereading Winnicott's 'Primary maternal preoccupation'. *Feminism & Psychology*, 22(1), 20-40. doi: <https://doi.org/10.1177/0959353511411692>.
- Komtenza, B., Satyanarayana, S., Takarinda, K. C., Mukungunugwa, S. H., Mugerungi, O., Chonzi, P., Sithole, N., Bvochora, T., Mushavi, A. (2019) Identifying high or low risk of mother to child transmission of HIV: How Harare City, Zimbabwe is doing? *PLoS ONE*. 14(3), 1-10. doi: <https://doi.org/10.1371/journal.pone.0212848>.
- Langer, M. (1986). *Maternidade e sexo*. Porto Alegre, Brasil: Artes Médicas. (Originally published in 1953).

- Lemos, L. F. S. & Cunha, A. C. B. da. (2015). Concepções Sobre Morte e Luto: Experiência Feminina Sobre a Perda Gestacional. *Psicologia: Ciência e Profissão*, 35(4), 1120-1138.
- Mapelli, L.D., Barbieri, M.C., Castro, G.V.D.Z.B., Bonelli, M.A., Wernet, M., & Dupas, G. (2018). Child with autistic spectrum disorder: care from the family. *Escola Anna Nery*, 22(4), e20180116.
- Marchesi, S. (2018). *The natural mother: Discourse and representation of motherhood in an Italian Facebook group*. (Master's thesis, Linköping University). Recoverd from <http://www.diva-portal.org/smash/get/diva2:1229897/FULLTEXT01.pdf>
- Martins, P.L., Azevedo, C.S., & Afonso, S.B.C. (2018). O papel da família nos planos de tratamento e no cuidado pediátrico hospitalar em condições crônicas complexas de saúde. *Saúde e Sociedade*, 27(4), 1218-1229. doi: <https://doi.org/10.1590/s0104-12902018170402>.
- Mutiso, S. K., Murage, A., & Mukaindo, A. M. (2018). Prevalence of positive depression screen among post miscarriage women - A cross sectional study. *BMC Psychiatry*, 18(1), 32. . doi: <https://doi.org/10.1186/s12888-018-1619-9>.
- Piccinini, C.A., Lopes, R.S., Gomes, A.G. & De Nardi, T. (2008). Gestaç o e a constituiç o da maternidade. *Psicologia em Estudo*, 13(1), 63-72. doi : <https://doi.org/10.1590/S1413-73722008000100008>.
- Politzer, G. (1974). *Critique des Fondements de la Psychologie*. Paris: PUF. 1974. (Originally published in 1928).
- Salmons, J. (2017). "Getting to Yes: Informed Consent in Qualitative Social Media Research". In K. Woodfield (Ed.) *The Ethics of Online Research* (Advances in Research Ethics and Integrity, Vol. 2). Bingley, UK: Emerald Publishing Limited.
- Scavone, L. (2004). *Dar a vida e cuidar da vida feminismo e ci ncias sociais*. S o Paulo: Unesp.
- Schulte, A., Gallo-Belluzzo, S. R., & Aiello-Vaisberg, T. M. J. (2019). A experi ncia emocional de autoras de mommy blogs. *Estudos Interdisciplinares em Psicologia*, 10(1), 107-130. doi: [36-6407.2019v10n1p107](https://doi.org/10.1186/s12888-019-1011-1).
- Soifer, R. (1980). *Psicologia da gravidez, parto e puerp rio*. Porto Alegre, Brasil: Artes M dicas. (Originally published in 1977).
- Tachibana, M., Ambrosio, F. F., Beaune, D., & Vaisberg, T. M. J. A. (2014). O imagin rio coletivo da equipe de enfermagem sobre a interrupç o da gestaç o. * gora: Estudos em Teoria Psicanal tica*, 17(2), 285-297. doi: <https://doi.org/10.1590/S1516-14982014000200009>.
- Tavoli, Z., Mohammadi, M., Tavoli, A., Moini, A., Effatpanah, M., Khedmat, L., & Montazeri, A. (2018). Quality of life and psychological distress in women with recurrent miscarriage: a comparative study. *Health And Quality Of Life Outcomes*, 16(1), 150. doi: <https://doi.org/10.1186/s12955-018-0982-z>.

Vásquez, G. (2014). Maternidade e feminismo: Notas sobre uma relação plural. *Revista Trilhas da História*, 3(6), 167-181.

Visintin, C. D. N., & Aiello-Vaisberg, T. M. J. (2017). Motherhood and social suffering in Brazilian mommy blogs. *Psicologia: Teoria e Prática*, 19(2), 108-116. doi: <http://dx.doi.org/10.5935/1980-6906/psicologia.v19n2p108-116>.

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