

DESIRE OF PREGNANCY AND DESIRE OF MOTHERHOOD

Its sociocultural evolution

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SUMMARY

Nowadays pregnancy is considered a psychosomatic experience during which personal and existential factors interact with cultural and environmental ones.

This very important event causes conflictual conditions. In fact as regards to become a mother a different psychological attitude corresponds to a social-cultural change (historical environment, contraception, geographical area, etc.) that has shifted the objectives and the duties giving the woman the "theoretical" possibility to decide of her nature autonomally.

This problem issues from two desires: the pregnancy and the maternity ones.

Taking into account this attitude in 1200 women attending the Obstetric Psychoprophylaxis classes in 1982 at the Obstetric and Gynecological Department of Padua University, the Authors have pointed out interesting aspects concerning the way the woman today considers the conception and the pregnancy.

Nowadays the concept that pregnancy is a psychosomatic experience in which personal and existential factors interact with other cultural and environmental factors, is accepted. This important event and its consequences, often give rise to conflicting situations.

The socio-cultural changes (brought about by the different historical context and various ethnological groups, the use of contraceptions, the reduction in birth-rate, etc. ...) have shifted the aims and tasks of the woman, giving her the theoretical possibility to decide autonomously on her natural essence. As a consequence, the woman has a different involvement on her future motherhood (^{1, 2, 3}).

This problem refers principally to two desires: that of pregnancy and that of motherhood. These two desires neither contradict nor elude each other; often only one of them plays a primary role. Such an ambivalence towards pregnancy is particularly evident today, because the figure of the woman during its social evolution, has had to become aware of the contradictions between her biological role, her affective needs and her environment.

In the past, the biological role coincided or was forced to coincide with femininity because then it fitted in naturally in society.

Nowadays, on the contrary, it is society itself that denies her the possibility of a choice.

The image of the woman that the present society proposes through the mass-media includes both the positive aspects of femininity as well as the practical efficiency and her polyhedric achievements. As it is, the fulfillment of this model is difficult, and becomes even more problematic when the woman wishes to enter motherhood.

Moreover, the same society proposes a kind of child with particular needs and characteristics that requires a personal, economical and educational involvement,

that not all women are capable or are ready to accept.

The complexity of this situation can determine a conflict between the biological motherhood (that is to be pregnant) and the psychological motherhood.

The desire of pregnancy as a biological motherhood has its roots that draw their lymph from the evolution of humanity and it is often a demonstration of the efficiency and functional integrity of the woman, with respect to herself and to the others (relatives, other women, society...).

The desire of motherhood as a social and psychological motherhood, although it also involves the necessity of past culture, expresses the awareness of its maturity and the acceptance of the multiple aspects of the new identity in respect to a society that requires unchangeable roles.

This reality emerged from the prenatal interviews that have been conducted systematically in the last few years, with the expecting mothers who have followed the prenatal courses at the Department of Obstetrics and Gynecology of the University of Padua. The fact that this problem is becoming more important and is one of the reasons why a state of pregnancy is lived in a state of anxiety more or less important, induced us to evaluate this problem in 1200 pregnant women during the last year (1982).

From this study, we could draw out several considerations; the most relevant of these are:

1) The necessity to transfer the purpose of the prenatal course from a preparation for the delivery to a preparation for motherhood. A moderate percentage of women at the beginning of pregnancy live this state as an exclusively biological phenomenon.

2) The necessity to help and to favour the fusion between those two aspects

— pregnancy and motherhood — in the best and in the most natural way possible.

When this fusion does not occur, as it often happens, situations of emotional and organic disturbances emerge and can lead to pathological events (premature birth, gestosis, etc.).

Such conditions are not always easily recognized.

3) Considering that the personal needs and those of the child often make the pregnancy unique for the couple, it is essential that the prenatal staff of operators favours a pregnancy that is lived in a positive and a conscious manner. In fact the couple cannot take advantage of the experiences acquired during the first pregnancy to the benefit of eventual other children who until a few years ago were a natural prospect.

The psychological memory of women who have already delivered is often the positive or negative inheritance of the experience acquired during the first pregnancy.

4) The main part of the women have a way of living pregnancy today that is quite different from that of the past (for instance hyperemesis nowadays has practically disappeared). They want to live it in an active way, they do not desire to delegate it to other persons and they feel the necessity (more or less clearly and more or less consciously) to be helped during the difficult passage from the role of pregnant woman to that of a mother positively realized.

According to us, these considerations should always be born in mind by anyone who comes into contact with the difficult world of the pregnant woman. They can also be a valid method to understand and to solve the particular needs of the particular woman that could not be otherwise tackled and solved during a standard prenatal course.

Furthermore these considerations can be placed along with other valid means that the group conductors can and should utilize just as biochemical and biophysical methods of diagnosis and control of pregnancy are used from the biological point of view.

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