

Biology Without Desire – From a Transaction to a Wish

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Abstract: Fertility and its associated disturbances form an endless theme with constant new perspectives, which exclude sexual desire. More and more couples are taking advantage of medically assisted procreation. However, technical fertilization interferes with our genetically inborn preconception of procreation through sexual intercourse. Furthermore, the natural female relationship with the pregnant state may be undermined by the clinical setting. Based upon the bonding analysis which Hungarian psychoanalysts, Hidas and Raffai, developed as a therapeutic method for mothers and their unborn babies, I have transposed this method into the period before fertilization and introduced it into the technical fertilization process, calling it “Expanded Mother-Embryo-Dialogue”. Somatically, it increases the chances of pregnancy. Psychically, it serves to foster an empathic relationship with the embryo from the outset. It supports the early establishment of Winnicott’s primary maternal preoccupation. Surprisingly, the relationship with the embryo seems to provide an antidote to the temporarily interrupted libido and sexual partnership. The latest studies of psychoneuroimmunology have shown that we are able to actively influence our immune system through psychological interventions. Through the Mother-Embryo-Dialogue biology is translated into intrapsychic life through language, by training the mother in a dialogue with her potential baby. Said dialogue represents a transitional space as developed by Winnicott. It is as if the awaited embryo is an esteemed guest to be lovingly welcomed into the womb. Thus clinical fertilization is transformed from a two-dimensional transaction into a warm organic relationship between mother and child. Once the prospective baby is placed by the doctor inside the mother, it needs her active, loving involvement to live and thrive. Clinical illustrations will be provided, which describe the working through in therapy of traumatically induced fixations.

Keywords: infertility, psychosomatics, psychotherapy, mother-embryo-dialogue

Some Problems with Extra-Corporeal Fertilization

A French treatise about medically assisted fertilization is entitled “Le désir gelé”, which in English translates as ‘frozen desire’. Naturally this title alludes, to the deep frozen embryos, which wait, almost timelessly, in storage containers deep frozen with liquid nitrogen (quasi as if in a temporarily borrowed mother) to be called into life. The meaning of the expression, ‘frozen desire’, however goes beyond that. Along with this manner of procreation of our offspring, personal desire is also frozen, so to speak, and practically separated out from the human abdomen so that the latter is denied as the location of desire. In the case of artificial fertilization, a child is ‘ordered’ and produced through anthropologically foreign procreation.

This appears to me to be the basic trauma of extra-corporeal fertilization, namely an event that takes place outside the maternal body. Starting with Bion, who describes an inborn preconception of the maternal breast, which nurtures and calms us, we have to assume that there also exists a preconception of sexual procreation, thus the union of male and female sexual organs in the throes of desire. With IVF this inborn human pre-experience, is thus thwarted and replaced by penetrative, painful, mechanical manipulation of the female abdomen.

For a number of women IVF (in-vitro-fertilization) is something like a command to function, to produce many viable eggs and to become pregnant. This command may produce in them a kind of competitiveness, even performance pressure, to function well and successfully – perfectly even. However these are male gender identifications, which are intimately bound up with a concept of perfectionism. This, in turn, actually serves to drive out those female motherly characteristics, such as patience, humility and ‘allowing things to be’.

Such women step into the battle arena of reproduction, namely the fertility clinic (the “Kinderwunsch-Zentrum” – English: ‘Wish Child Centre’) quasi already psychologically damaged or traumatized. They are not able to give themselves up to trusting in life, are full of tensions, and feel restricted by their perceived goal of this most important event. Trying to have a child with the help of technological medicine is an unpleasant, time- and energy-consuming matter. The fertilization act is generally kept secret from others; some people even have to “creep out of the house like a thief”. Such secretiveness and creeping about is more reminiscent of the forbidden sexual indulgences of one’s youth yet, in this case, the woman is actually dealing with the very opposite, namely the shame of not being able to produce a child through of the joy of sex. This hiding away of sexual coupling is thus projected onto the clinic (“Kinderwunsch-Zentrum”). The procedure is perceived as public, rationally orientated and technical. Many women then develop defensive mechanisms, both out of shame and feelings of guilt about the act which is denied on all sides, is still sexual, but in this case de-sexualized. So, they allow rational thought to dominate, and remain devoid of feelings. One patient expressed this aptly as follows, “It’s like I hang up my soul out there with my coat, because that is where my boundaries are crossed.”

And it is in the soul where desire resides, and which has now symbolically been left outside. Under the gaze of so many eyes, which are probably unconsciously then projected onto parental figures who proscribe sexuality, this immanent sexual offering can only be met with displacement or with primitive defensive mechanisms, such as denial, identification with an aggressor, magical wishful thinking, or idealization. The desire for a wanted child is thus per se excluded by this method of procreation. In addition to this, sometimes sexuality is practically forbidden in the woman’s inner world because, through the passivity and the sexual act, which has taken place openly in the eyes of the parents, she may be thrown back into an infantile regressive position and then has to deny any kind of erotic or sexual urges.

One patient reported that she fell into a kind of “rigor mortis”, and that was her way of surviving. Sylvia’s method was “to look away and wait to see what would happen. There was no room for feelings, nobody ever talked about them.”

In my many years of psychotherapeutic and psychoanalytical treatment of women whose desire for children remained unfulfilled, I came across the following occurrences again and again. Women who had remained infertile often displayed a biography of traumatizing events or relationships with parents, as well as their own personal lack of having worked through traumatizing relationships. One of the factors that often stood out was a lack of proper separation from their own mother, and my hypothesis is that in the unconscious fantasy of her daughter, the latter was not allowed (by her mother) to become pregnant. However, in order to become pregnant, there has to exist an inner mother figure who allows her this joy and fulfilment. This has to include an autonomous erotic desire for sexuality and fertility which is separated from the mother, and which is neither forbidden by her, nor has to be shared with her. If, during the course of her therapy, such a woman was able to separate from her mother and forge firm boundaries, this accomplishment was often the prerequisite for the advent of a pregnancy. Once a woman has accomplished this separation from a mother figure, which is experienced as frustrating her, then enabled by me, the hidden, good object may emerge, so that she is able to move from the mere potential to the act of love, and thus from infertility to a birth.

If such women have to subject themselves to an assisted method of procreation, childish fears and guilt-ridden fantasies will be re-actualized through the “real” presence of controlling parental figures in the gynaecological reproduction practise. Then any kind of desire is definitely frozen; the woman “looks away” or gives her body up to the doctors, but leaves herself, as a person, outside.

A further observation of my patients with fertility disturbances astonished me greatly. Over and over again I encountered in them a dualism of the concepts of life and death, a kind of closeness to death, a strange, uncanny atmosphere of fear and sadness. It appeared almost as if life and death were identical for them. Thus their infertility became for me a phenomenon that raises questions about life and death.

This was why I set out in search of both a possible explanation for this manifestation, as well as a remedy, a fortifying of the drive for Life, in order to give Birth a real chance in the face of infertility.

I came across this same connection between life and death, as I had experienced in some of my female patients, in myths and fairy stories. The ancient mythical fertility goddesses were also death goddesses or goddesses of the dead. Destruction and dying is always, in some mysterious deeper way, intrinsically connected with life and birth. The symbol of the mother incorporates water and earth in close interaction. Being born also means coming out of the mother’s body, out of the uterine waters as the original lap of life. The stork fetches the newborn from a pond. Water is referred to as the milk of the earth, because it flows from the earth just as the source of human nourishment, mother’s milk, flows from the breast. The Styx, the ancient Greek river of the Underworld, or the waters around the island of the dead, separate the dead from the living. Mother Earth received the seed and causes it to germinate. But dying means returning into the lap of the earth, when she becomes the devouring ‘lap’ of the grave and of death. Thus the earth is at once both our nourishment and our last place of rest.

These myths and contents of fairy tales, which are stored in our collective unconscious, are repeated on a cellular level in the biology of our bodies. Of all fertilized eggs only 20 percent survive after sexual interaction. Joanna Wilhelm has described the biological fertilization process wonderfully in her book, “Unterwegs zur Geburt” (“The Journey to Birth”). As half of the embryo consists of paternal protein, and is thus in principle a kind of ‘organ transplant’, our immune system – in the form of, among other things, ‘killer cells’ (certain lymphocytes from the thymus) – attempts to destroy it. Other lymphocytes, or helper cells, are poured out in order to protect the embryo or unborn being from the attacks of the killer cells. New research in the field of psycho-neuro-immunology has shown that we are able to positively influence our immune systems by psychological means. This may result in statistically significant success with the help of a guided self-regulation of autonomous functions of the body in deep relaxation, as well as with emotional opening-up through speaking (Schubert 2008).

Inspired by Hungarian psycho-analysts, Hidas and Raffai, who have developed a dialogue between the mother and her unborn child in “Mother-Child bonding analysis”, I have transposed this concept into reproduction medicine and developed it further. I have integrated this step-by-step constructed “Mother-Embryo-Dialogue”, like a parameter according to Eissler (1953), into a running psychotherapy course for such women around the time of their assisted fertilization. Thus these women learn – led by me – a dialogue that is conducted, first of all, with their own procreative organs – the uterus and the ovaries – and later with the embryos that have been returned to their bodies, as if they were communicating with real persons. With the help of language, which stands for human contact and humanity, we transform biology into the inner life of the woman and make the wishing-to-be mother receptive for a loving interaction with the embryo, her potential child. Thus she begins to feel that intimate desire inside her and to express it as something which belongs to her alone, and with which she can counter – invisibly but passionately – that ‘frozen desire’ in the IVF practise.

Thus I give her the impetus to build up a kind of erotic love relationship, a desire for procreation and bonding, with her expected embryo. Her immune system is liberated from defensive mechanisms (killer cells), thus concentrating entirely on procreation instead.

This also balances the deficit of humanity connected with assisted fertilization and transforms the technology into the human instrument of language – even in a silent dialogue – which is able to express the desire and empathize with it. We teach the woman that she should not allow herself to remain a mere instrument in a medical tool kit, but that her potential child requires her for its implantation and for its life as a person consisting of body, mind and soul.

The woman learns that the physician-assisted reproduction is only able to provide half of the procreative process, through making the embryo available and ensuring hormonal synchronization in the woman. She will often overlook the second part, her own task, and the ability to transform the medical instrument and to give the embryo a mind and a soul through ‘loving-in’ the embryo. Thus, moving away from a paralysing and frozen, desireless passivity, she attains that urgent, creative desiring, which, in the “Kinderwunsch-Zentrum” (clinic), though

admittedly not referring to a sexual act, nevertheless is concentrated on its desired effect, namely the creation of a shared child in her body.

In the Mother-Embryo-Dialogue we utilize both of the immunologically effective factors, namely that emotional opening-up through psychotherapy, as well as a guided self-regulation of our sexual organs and our immune system. Joy, hope, and Eros are our weapons for combating the biologically inherent destructive forces in the maternal body. Thus feelings that could damage the embryo, such as fear, excitement, worry and feelings of reluctance, should move into the background.

Our task is to replace, in some other way, the passion, the libido that is missing from the IVF procedure, and which would work against a possible dying of the embryo. For this purpose we offer the woman intimacy full of relish with her embryo and, although the latter is initially only a cluster of cells, it is also the most potent cell structure in the world. At this point I would like to present to you, out of many cases, those of two women. These cases are intended to demonstrate to you how the two women were able to develop erotic desire and *joie de vivre*, after they were able to separate from their inner parents and from the fears and ambivalences possibly projected from them.

First Case Study

First we have Ulrike, whose husband has become sterile after suffering testicular cancer. After an ICSI (intracellular spermoid injection) treatment she had, by him, a ten-year old severely disabled child with Angelman syndrome. Further attempts at becoming pregnant remained ('psycho-logically') unsuccessful. Finally the couple decided on resorting to donated sperm. Two recent attempts yielded negative results. Ulrike had been sent to me by the clinic ("Kinderwunsch-Zentrum"), as her third and final insemination with donated sperm was imminent. Because of the couple's disabled child, her parents were against any new attempts and most emphatically against the use of donated sperm. Ulrike remarked the following about the IVF, "You feel like a machine. You are forced, so to speak, to leave out any feelings; how would you accommodate them anyway? That's a kind of protection. At the beginning you are as if possessed, it's almost like lust. But then you just plod on!" After a therapy session on this subject, Ulrike had two dreams.

First dream: Her husband is wearing a sock with lots of holes in it. When he takes it off, she notices that a worm is in it, which has eaten its way through the sock and into the foot. – According to Freud, the foot is an ancient sexual symbol, a penis symbol, with a correspondence to a shoe or slipper – to which I would like to add the following: the sock is a symbol of the female genitals. I interpreted this for her as follows: "Your husband's penis is damaged. An attempt at procreating with him 'has a worm in it' – i. e. the result is rotten/doomed from the start!"

Second dream: She is driving through an animal park where, however, among others, a pig and an elephant have been skinned and hung up for the blood to drip off, as in a slaughterhouse. She is shocked, but in order to drive away she has to drive underneath the animals, so that blood drips on her. She manages to do this, thank God, and feels disgusted, but relieved. – Her association was with her next insemination procedure with donated sperm, to which she had obviously

felt – hitherto unconsciously – like being led to slaughter. A pig is simply a pig, and an elephant is a hulking, heavy beast – all negative associations. She is soiled with the blood, and is thus impure. This is apparently how she views fertilization with a stranger’s sperm for herself. Three weeks after having these dreams she decided, after much work on thinking about this and exchanging thoughts with her husband, in favour of the method.

Then she had the following dream: She is dancing with a strange man; it feels very harmonious. – She is lying in bed, with her husband next to her, and a strange man on the other side of her. It is very peaceful. She feels very good about being in the middle between the two men. – By letting go of the opinion of her parents, Ulrike was able to re-orientate herself inwardly, thus from the slab for slaughter to a harmonious interaction with the men. Hindu religion starts with the premise that the world was created in dance. Mystics of all ages have seen dance as a symbol for creative love as the source of life. All life is a dance, a cosmic dance (Wöller 2001). In the second part of the dream there is no longer any shame, in spite of the apparently intimate bed scene; there is no impure conception, but rather a highly pleasurable, harmonious togetherness as a threesome. Thus Ulrike does not have to leave her husband out, in spite of his unviable sperm, but takes him on board as well – here, into her bed. As we can tell by Ulrike’s dreams, an internal unconscious attitude towards donated sperm, which would have been associated with violence instead of with libido, would have led to great turbulence and burdening with regard to pregnancy and toward a child. Now she is able to make the shabby, fear and disgust causing beginning of a life into a creative, loving event. This inner attitude may form the child in a very positive way, providing it can be conceived.

Second Case Study – Mama, Talk to Me!

Dagmar, a technician in her mid-thirties, is a wonderful example of how a woman who wants to be a mother, is already speaking to her foetus before her pregnancy, and the foetus with her. This happens in a dream during her psychotherapy sessions with me: Dagmar is standing at the bottom of a steep slope. Suddenly lots of children come tumbling down, because that’s the way you get your children. They are all small, cute, lively black children with fuzzy hair. She is told that she will recognize her own child. Then she is disappointed when her own child arrives. It is egg-shaped and consists only of a face. It comes to a standstill in front of her and tells her, “Now you’ve got to stand by this!” Dagmar answers, a little rudely, “I can stand – contrary to you!”

Before beginning the therapy with me, two IVF attempts, during which she experienced panic attacks, had failed. Because she has two blocked fallopian tubes she is unable to conceive spontaneously, but she still persists in seeing this as her fault. She is ashamed and denigrates herself because she cannot have children. She is, she says, built the wrong way, so to speak, for such a natural process – a blind alley in evolution. If she cannot conceive, her physical existence is useless. In this mechanistic, male-determined world view she is then a cul-de-sac in the branches of the generations. Quasi a case for needing help, but it did not even work with help! First of all she had viewed childlessness as fate. But now, standing

before closed gates, in spite of IVF, has been a shock for her. She fears that she has carried out ‘a work of destruction’ with her embryos.

In connection with her futuristic meeting with her own child, Dagmar realizes that, even as a three-year old, she was jealous of her older brothers, who were able to urinate standing up. She had always tried to copy them. This dream thus also shows us an inner view of Dagmar herself. In her own view of herself as a child she appears rather undeveloped, like an egg, without hands or feet, a girl who is incomplete without a penis like her brothers. In this respect she is unable to see herself as a person in her own right, but feels dependent, in her evaluation of herself, of her female ability to conceive children. Rather she perceives herself as a combination of man and woman; female and male phases had alternated in her life. Thus, during puberty she had used an anorexic phase to regain a male body. Ever since that time, she had always been protected in her dreams by a male dream-guide who held her hand. Even in her (male) job as a technician she had kept both options open. But being a woman and a mother would be the crowning event, because then she would be both at the same time. Thus having children is, for her, an achievement which she urgently needs to experience, in order to keep her husband and for her life’s plans not to culminate in emptiness. Maybe, after all, the best solution would be to be genderless. Dagmar is therefore still wavering between a wish to be a man, a woman, or a neuter.

However, not being a mother would have far-reaching consequences – she is convinced of that: then she would have nobody who she could place under an obligation to love her. Her husband, too, could then not love her anymore. She would be open to attacks by society: career instead of a child. In addition, it would be a strenuous project to re-orientate, and to replan and rethink her entire life anew. And what does being a mother mean? Would a child change her as a person, finally make her an adult? Should she finally give up her dogma of being the most “amazing” man? During therapy we have a few months’ time to build up her female side and to reduce her fearful terrors of previous treatments for infertility. Very gradually she begins to let go of the state of “child-wish rigor”.

Dagmar had experienced the earlier IVF treatments as pure torture, a kind of working herself right into a negative spiral. After the embryos had been implanted in the first two attempts, she had had an exaggerated fixation on her abdomen and had behaved in a totally unnatural fashion, as she confessed. Shielded from all natural stimulation of life, she had not enjoyed anything anymore, had watched every step, had not even gone swimming. Visiting cafés was forbidden for fear of a “contaminated toilet”. She had not wanted to do anything wrong, so that she would not have to blame herself. There had been a great fear of destroying the embryo. It was totally at her mercy. If it received too little nourishment from her, it wasn’t simply able to drive to McDonald’s and get something to eat there. She had felt something really “crazy” during the attempts at fertilization. For twenty-four hours every day she had been uninterruptedly occupied with creating the right surroundings for the embryo and to keep herself in good health. Only if she were able to do all that was necessary would God mercifully give her the rest of what was required. If she failed, God would be able to do nothing. Thus the feelings of guilt would be far less if she did not get pregnant at all. In that case she would only have perpetrated something against a bunch of cells, which had not been

properly alive in any case. And if she had allowed herself first happily to look forward to it, then her guilt would be even worse. "I doubted away the tiniest bit of good hope." The negative pregnancy test had been almost like a lightning bolt of relief. For, how should she survive a pregnancy for which she had spent years of trembling beforehand? Everything would have been easier, if she had simply been able to feel sad. Then you would not go crazy in the head as she had, was Dagmar's opinion.

Six months after beginning the therapy we prepare for the IVF with the help of the Mother-Embryo-Dialogue. In the meantime, Dagmar has evolved a certain femininity. She is now able to differentiate between maleness and femaleness in her body. Maleness, that hectic feeling of everyday business, sits up in her chest. Femaleness, on the other hand, which includes slowness and leisure time, is located in her abdomen. When the egg cells are harvested she has an overall positive feeling, only a sad thought that "now I am estranged from my eggs, which I have allowed to grow so well-protected inside me, just as if a relative had gone away on a journey, and I have no idea what it is like there." After the first Mother-Embryo-Dialogue she feels good, although she feels that the autosuggestion is a little uncanny. After the return of the embryos to her uterus she initially imagines that everything in there is far too big for these tiny bits of matter. But now they are sitting in a niche, like in a huge castle, wrapped in a blanket on a sofa. The niche grows with them; it is cosy and elastic. The idea of housing two new lives makes her feel happy, a bit like pre-empting what it will be like when the children are there. This idea causes warmth to stream through her. Now, her femaleness is a source of joyous feelings and warmth in her, she says. It is more long-term, more earthbound, without affectation, not like that male hectic state of arousal.

Mother-Embryo-Dialogue, four days later: Her pelvic bones are forming a safe cave for the uterus, and there is enough room to make it habitable "Every month the house is freshly wall-papered, and I get lots of praise for my endometrium, which is like thick upholstery, a real cave-feeling . . . The clusters of cells were initially alien to me, because they were not connected with the infrastructure, difficult for the whole cable-network to function properly. Probably my uterine lining did not know, last time, what it was the embryos wanted. This is all an amazing experience for the uterus, because it has an intuitive sense that it is something extremely important. A Trojan horse! My uterine lining is not that young anymore and it is arrogant, as if 'I've been so long on this job now and everything was always ok. Why should I relearn anything now?!' But it won't do it any harm now to do something else for a change! The gynaecologist is a new version of the stork, the Petri dish another version of the ocean. If my uterine lining is impatient like some posh lady, and says, 'Clear up this mess!' then nothing will remain. But it can achieve something that no Petri dish, which is artificial, can, so there is a clear barrier! Then life can begin. Then the miracle will happen – as in a church mass. Awe and reverence is the opposite of the panic which set in last time. Panic is almost conjured up, like in a disco, namely with light effects and loud noise. But now I have the opposite: it is as peaceful as a Gothic cathedral."

Mother-Embryo-Dialogue, eight days later: Like many other women, Dagmar too intuitively feels that now only one embryo is present in her uterus, that is the one she always saw in the light, and that the one which was in the dark has dis-

appeared. “The top one is stretching out its antennae, is taking possession of its surroundings, just as I encouraged it to do. I often stroke it with my soul hand. It is a little shy, as it is not yet used to communication. This making-contact is mainly meaningful for me. But for the embryo the main thing for now is peace and quiet. It knows far better than I do what it has to do. It should feel quite unrestricted spreading out in there. Maybe I did not signal the right readiness before. If I feel a bit dizzy, I tell it, it doesn’t matter, that’s no problem for it in there. I’ll gladly put up with that. I am already spending a lot of time dreaming about the future. I am now often remembering things from my own childhood, individual joyful impressions, of trees, apples, and wonderful smells.”

Mother-Embryo-Dialogue, 14 days later: “In five hours I will have the result of the pregnancy test. I am torn between hope and disaster. If it were a disaster, my life would be over. But I have this happy expectation, nothing dark, something almost like lust inside me, so that I tell myself, ‘Right, now I am pregnant.’” Dagmar had a kind of technological-mathematical dream the day before. In it there were two mathematical procedures. The first one consisted of crossing out numbers one by one until they had all gone. The second procedure showed how one can make ever more numbers out of the first ones. A young woman crosses out all the figures at once, and Dagmar tells her off crossly. Dagmar associates this with the words “destroying or creating”. If the word “numbers” is replaced with the word “cells” [German: “Zahlen” by “Zellen”], she is, in her dream, fighting for the survival and growth of her embryo and, for the first time, with all her heart. She no longer wishes the cells to disappear, but wishes for one cell to become more and more, and that a child will grow inside her. That same day she finds out she is pregnant. A week later, an ultra-sound scan shows that just one amniotic sac is present with one embryo. During the Mother-Embryo-Dialogue she says, “The embryo has to sleep a lot because it is working a lot. It does not have lots of intellectual thoughts about things, but simply exists. It is telling me, ‘Don’t worry, it’ll all turn out alright!’” That brief period of nausea and the slight dizziness are intended to be hints from the embryo, “So you know I’m there.” Then I tell it, “That’s fine. See you later. Feel comfortable in there and take whatever you need!”

In the eighth week of pregnancy she is “imbued with this unbelievable miracle in her uterus. Now my child is being built with everything it needs: arms, legs, a head. Building blocks are flowing in there, which come from me. I am not directing anything, it is all going according to a good plan. Molecule by molecule, it is forging onward. But it is love which is creating a protective space around my child, a warming shield against any possible damaging influences.”

This working through her gender identity, her beginning motherliness, as well as her own almost relishing, technologically influenced verbal imagery, have all helped her to conceive a child. Now she can admit to herself that she really always wanted a little girl. She is now able to understand this dream of the conception of her child as a first step towards “giving in”.

During her pregnancy, Dagmar grieves about the initial separation from her child. And precisely because it is now approaching closer to her every day, she perceives it as awful to have been so far away from it when it was conceived, among people who are in control of the technical side of things. How can you love a child

if you don't know how it all began, she asks. What is simply missing for her are the five days when the embryo was in a laboratory. She was unable to protect it, to warm it, but also not to disturb it, "You just don't like to give up your baby out of your care that early on! And that's normal!" But she is still able to comfort herself with the image of mental adoption. Now she would not want to miss conducting a half-hour dialogue every day with her daughter, that egg-shaped, penis-less dream child in her tummy. She even stretches a bit, so that the stroking may last a little longer, because she enjoys the touching. Dagmar plays, talks to and laughs with her unborn daughter. Nowadays she perceives the technical creation of the child as an unimportant detail, as she has done everything else by herself. It was she who made a real child out of one cell. She has experienced the technical conception as well as the mental development work and her fertilization as a good investment, for which she has received "a wonderful reward".

Dagmar really has been able (for herself) to transform the instrument of IVF into a passionate desire, after she was able to separate herself from the fantasies of being a man or a neuter. "It is really worthwhile being a woman," she says, when she holds her daughter in her arms.

Further Aspects of the Mother-Embryo-Dialogue

Further stories of IVF patients are described in my new book, "So that my Baby may stay. Dialogues with the embryo from the first moment." My work with IVF women consists of the battle for a child that is conducted not with weapons, but with love, in order to achieve a triumph of life over death. At the same time, the dialogue forms the foundation stone for the greatest and most noble human commandment, "Love thy neighbour as thyself!"

The Mother-Embryo-Dialogue is not only an incitement for the love of the future mother. It is also a fertile ground for a child which comes into the world after such a mentally positively accompanied pregnancy with a basic love of self and with self-confidence. From the very beginning the loving dialogue may also save the life of many an embryo. The Mother-Embryo-Dialogue can actually be interpreted in the sense that it can help make a woman pregnant through words.

In addition to patients with unfulfilled wishes for a child and recurrent miscarriages, in my practice, I have dealt especially with women who are experiencing assisted fertilization, as they are in great need of good psychological support. After the embryo has been returned to the mother's body it is really present. Now the mother is "realizing" the embryo, her potential child. Her addressing it thus makes the baby real, or as psychoanalyst Michael Buchholz describes this in a different context, the mother and the child are creating a unique, mutual, intimate reality through the ritual of the dialogue. With this act the woman is creating in herself a transition space, in which she can playfully converse with her potential child, and be-think it in a loving fashion – a being, real as an embryo, but not yet existent as a child. She has to learn to endure this tension, between heaven and earth, between joy and sadness, between life and death.

She does admittedly take on the risk of unanswered love. But the embryo is also risking something, namely its life. The multitude of failed attempts demonstrates this problematical aspect. But what is a risk compared to a chance for life? We

risk a shorter or longer valley of tears. But the sadness at the non-appearance of a pregnancy, for which one has given one's all for it to happen, is easier to bear than depressive yearning for a non-existent relationship, like a hole into which we have fallen through resignation. That is the experience of many a woman who has walked this path.

Through the Mother-Embryo-Dialogue, the wishing-to-be mother is not only investing in her embryo, but also in herself. She will learn ways of behaving and thinking which were often completely unknown or unimaginable to her, and which do not depend on really being a mother. D. W. Winnicott refers to this ability as "primary maternal preoccupation". So, even the woman without a child does not leave this new experiential situation empty-handed. In some cases, she will discover in herself new, path-pointing aspects and concepts, old, good memories, or important insights into her life hitherto – in short, the results of an encouraging and supportive environment. The sadness over a child that did not come into being should, in all cases, be worked through by the woman or the couple, as well as with the therapist.

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Paper presented in Heidelberg on the XIX International Congress of the ISPPM, SEPTEMBER 24–27, 2009.