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**A woman is not born a mother, she can become a mother**  
**Psychoanalysis, the feminine and its relationship with new**  
**fertilization techniques**

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**Abstract**

Assisted fertilization should be analyzed in depth, according to the subconscious desire of the women who want to become mothers. Assisted reproduction is at the basis of the relationship with life and death and leads to important changes of symbolic referents of name, progeny, maternity, paternity and sexualization, which are not imploded but rather form new links and relationships. Psychoanalysis cannot have prejudices that interfere with the clinical material of the patient. Applied technology produces profound changes, both in the use of power and in the conception of the world. It is necessary to consider the erogenous body and the phantom determinations produced by these interventions and not deny them. The relationship of women with maternity is re-evaluated by metapsychologically reviewing the concept of the envy of the penis. This study opposes the omnipotence of Medicine and Science and calls attention to the arrogance of psychoanalysis.

**Key words:** Femininity, assisted pregnancy, sexualization, symbolic references

*“on ne naît pas femme, on le devient”*

*“we are not born women, we become women”*

Simone de Beauvoir

I would first like to thank the women who have given me the privilege of entering their unconscious world, to study their phantoms and look into their imaginaries, for they have helped me to realize how present trends and sexualization have affected their wish to become mothers.

A large number of factors influence this new reality faced by woman: the new socioeconomic position she occupies, professional demands, the new

times and hopes as to the choice of the man with whom she wants to have a child, the fact that she knows there are other possibilities, not only as a reproducer, the knowledge that having a baby is an option and not her only choice in order to participate in the world. These factors that make lots of women choose motherhood at a moment when their biological bodies contradict their desire, and this is why many couples nowadays resort to assisted pregnancy, through test tube fertilization – in vitro methods, in order to experience the pleasure of having a child.

There are also many cases where technoscience can help a pathogenic or iatrogenic situation, in which pregnancy is made difficult by serious sexual conflicts, identity disorders, children who are fetishes, narcissistic problems, severe hysteria or phobias, or even cases when having an infant becomes a power marker or social duty.

In all cases, assisted pregnancy devices: artificial insemination, egg donation, sperm banks – must always be approached carefully but should not become the prime mover. In other words, we should not condemn nor connive with the techniques that science makes available to solve a variety of problems before a profound analysis of their effects is carried out.

In the last six years I have had the opportunity to follow many assisted pregnancies by in-vitro fertilization, both of women already under analysis who decided for a pregnancy aided by technoscience, and of those who before deciding came to me in order to explore their own uncertainties about the wish to have a child. As a result, some went on with their projects while others gave up as they realized the desire would be fulfilled some other way, or because they recognized their desire was pathological. I have also had patients who asked for help because once a long artificial process for getting pregnant had taken place successfully, complex conflicts and ambivalences toward their previous decisions were triggered. In all cases it was necessary to suspend any value judgment and to listen to their subconscious in its unique and special dimension.

We start up from the idea that an artificial fertilization is complex theme, which is full of difficulties in an analysis. From one point of view, we work with phantoms that appear when the biological body is manipulated, sometimes with great suffering, fulfilling a conscious demand, which echoes into the

subconscious, encountering the childish phantoms which have made the body an erogenous zone. On the other hand, we are dealing with a real time, which is not the time of the subconscious, as in these analyses one may be compelled to make decisions at high psychic costs, which reverberate in such a way that the founding fantasies, sexuality and the Oedipus are affected in their bases.

In order to approach this problem, a number of considerations on the existing relationship between the technological advances and psychoanalysis are necessary, and the paths of sexualization in women and their relationship with the desire to have a child need to be reviewed in the light of the present times.

As psychoanalysts immersed in social reality we can't avoid thinking about the consequences subjectivity has undergone throughout history. And now scientific knowledge and its technological implications are changing the very foundations of the human being.

The sanest observers warn us about the dangers to which we are exposed when technoscience shows its full powers, the reason why we wonder how we can find its limits so as not to come up against backwardness and ignorance and support progress that will not threaten human existence? This question doesn't have a single answer.

The use of technology produces deep changes, both in the everyday domain and in society, and both in the forms of making use of power and in the conception of the world. The relationship between science and economic power brings definite social, politic and cultural consequences in each epoch.

The purpose of science is to learn about reality, and technology aims to change it, although in the present circumstances not every technology will be developed but those which have market potential. For this reason we must take care. On one hand, many scientific discoveries which were opposed in the past or which were persecuted by religious thinking that believed they were creations from hell, are nowadays so much part of our daily routine and have been so useful that it has become impossible to live without them. On the other hand, the requirements of trade and business have produced innumerable problems in the use and acquisition of scientific products, threatening our subjectivity and ecosystems.

What we must have in mind is the need not to be Manichean, declaring ourselves to be in favor of the biotechnology, not questioning the consequences of adapting the symbolic references to the new technical possibilities, or fanatically struggling against technological improvements because they would take us to the end of humanity.

I believe that the subconscious has a realism in which the representations and the pulsional objects have considerable interaction with what reality presents and thus believe that, with certain new phenomena which women's social and special history is giving her, she is finding new representations and destinations for her pulsional world.

Both science and the profound changes that have come about in the productive system have resulted in new places for women, offering new identity models and transforming the aspirations of the ideal self and of the narcissistic gratifications. This entails new perspectives for the construction of the feminine sexualization.

The new developments in assisted reproduction – like cloning and the use of embryonic materials in organ transplants – reach the basis of our relationship with life and death, making important changes in the symbolic references of name, paternity, maternity and sexualization. It thus becomes necessary to study these new developments.

More than a hundred years ago technoscience produced a revolution in sexuality. The reproductive function began to be controlled and was no longer decided by biological chance. Contraceptive techniques have developed, abortion has been legalized in a number of countries, and the next-day pill has been legalized. Maternity is an option: having a child or not are desires that can be deliberated over and new scenarios have emerged for subconscious desires. Artificial insemination, egg donation, surrogate wombs, and egg and sperm banks are new possibilities, which will affect conception in reality as well as in fantasy.

For centuries the only possible reading of the body of a woman and her relationship with man was procreation, and all other interests were mere counterpoints or escapes from rearing human beings. Maternity is no longer a biological fate. Considering it a natural or instinctive longing of women is to remain in the biological remainder of female sexualization. Today, the

relationship between woman and maternity is defined as part of a global form chosen by the woman for her existence.

How do these social and scientific referential changes reflect on subjectivity? In which ways do they influence the sexualization process of women? What new pulsional destinations appear as a result of the recent biotechnological developments in assisted pregnancy?

We should take care with these analyses. In the bibliography examined I have found that the omnipotence of the medical knowledge sometimes contests the arrogance of psychoanalytical knowledge, with each defending absolute truths while we are actually facing an interactive multi-faceted system. It is the multiplicity that poses great difficulties and makes us face the Ethics of our discipline, which should not be treated with a facile moralism. I bring this up because at times psychoanalytical discourse is dogmatic and religious, legislating on what is healthy or perverse.

In Marie Magdelaine Chatel's recently published "Mal-estar na Procriação" (1995) (In Vitro Fertilization: Woman's Jouissance and Medical Formalism), an important work for many psychoanalysts today, we find the following statement: "artificial reproductions try to erase the device of the law of the father as well as the establishment of the difference between genders. In artificial procreation the sexual drive is officially discarded. The obliteration of evidence of the origin is in the very foundation of artificial fertilization" (p.119). Throughout the book, what could be interesting elements to elucidate this question become quite worrying statements, like saying that "what works in these pregnancies is the extent of the desire in the doctor's performance. What prevails is no longer the sexual desire of a man for a woman, but the doctor's desire for success". (p.110). Another passage of her book affirms: "I will not hesitate, after this analysis, to describe these practices as altruistic perversions" (97).

These statements show the risks we are running: we are denying the chance to these women who, while in touch with the genuine desire of becoming mothers, to find in science an ally to overcome a trait imposed by their own bodies, and this is a long way from necessarily being a denial of castration.

Some authors question the biomedical techniques arguing that if women were allowed to defeat their body limits by overcoming infertility, they would be closing the gap opened by castration. They relate in-vitro pregnancy to an unlimited surrender to unlimited enjoyment. This could happen both in natural and assisted pregnancies, both in cases of neuroses and perversions. Nevertheless, over-indulgence is always possible whenever one tries to assimilate any situation, while trying to surpass impossible limits, such as the denial of castration. Generalizations are risky. Considering this argument, any scientific intervention such as a kidney transplant or a heart bypass would fall into this category<sup>1</sup>.

Much has been written and thought about the authority of doctors. We know it is not possible to work with anatomical and biological bodies, manipulate genes, embryos and gametes, carry out sex changes, and make paternity research operational through DNA as if they were simple biological products. We should be aware that a person is more than their somatic functions. We should consider the erogenous body and phantom determinations which produce those interventions. And also, keep in mind that the phantom and pulsional world is anchored in the addition; in its mutual relation we find the path to subjectivization.

We are not dealing with this matter naïvely, nor are we uninformed about the pathogenic and market uses of certain scientific and technological developments. We are also aware of the misapplications of psychoanalysis but refuse to condemn it. The period we are living through raises uncertainties; new hereditary forms have been created. We should discuss the consequences of in-vitro pregnancy, artificial insemination, and think about the new symbolic links. But to state that assisted pregnancies cause the collapse of symbolic referents because they make changes in family links, progeny, maternity and paternity relationships, and to regard these techniques as pathogenic, leading to denial of castration, is to fail to recognize the symbolism of the law.

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<sup>1</sup> M Tort, in *O Desejo Frio*, contesting Denisse Vasse who argues along these lines, tells us that castration may become Manichean resignation, in her way of seeing it, when it is associated with the limits imposed by life and nature. The apparently analytical arguments stigmatize, in the name of respecting finitude, the struggles of fertility which have not been made concrete; they can also be applied to most medical interventions.  
(2001, p.35)

Law prohibits incest and allows access to culture according to symbolic boundaries that separate subjectivity from nature. The organization of family, lineage and progeny are symbolic and, being so, operate in the same way whether through reproduction through fecundation with coitus or in vitro, as well as in adoption cases.

To believe crisis appears as a result of how conception takes place is going back to biology and shows a lack of knowledge of Freud's legacy and his "Three Essays" (1905), which draw a line between sexuality and reproduction, one of the ideas of sexual theory. With these concepts out of the way, sexuality may be seen as a perverse polymorph, given that we can attribute indefinite displacement to pulsation, finding direct or sublimated satisfaction in a great variety of forms. Fecundation, being set apart from sexual intercourse, doesn't necessarily mean absence of sex, but another possible displacement, since it is symbolic and not natural. We often come across pregnancy cases which are the result of sexual intercourse where paternity, progeny and participation in conception are questioned by one of the partner's imaginaries, and even parthenogenesis in pregnancy comes to mind. As psychoanalysts we know how important the previous history of the patient is and should not be overlooked or generalized. Early-childhood sexuality, Oedipus, and identity history, as well as the mother figure of the woman and narcissistic should be analyzed in order to understand to which desire or phantom her wish of having a child refers to, regardless of the kind of conception that takes place. The place of her father and the man in her life, the desire of this man, her partner, to become a father, and the couple's love life must all be examined.

While sexual intercourse does not guarantee the legality of these symbolic referents, neither does the separation of reproduction and sexual intercourse necessarily produce the crisis of these factors. It is through the path of desire that we psychoanalysts see what makes a woman wish to become a mother. Sexuality – being it not only sexual intercourse – may continue to be linked to the desire of having a child both in adoption and in assisted pregnancy.

Here are some of the variables I would like to mention in order to make a few specific comments on factors that determine pregnancy:

The woman's desire to have a child

The father's desire to have a child

The parents' desire to have a child together

The desire for sexual intercourse

The biological joining of egg and sperm and its genetic transcription

The egg implantation of the egg in the uterus, making it grow and mature

Each one of these variables and their phantom correspondences has many consequences for the new reproductive techniques. I would like to consider the first variable, the woman's desire to have a child, which must be analyzed in adoption, assisted pregnancy and natural cases. The difficulties with egg donation, the joining of egg and sperm, and its consequent genetic transcription, faced during assisted pregnancy will also be discussed.

Let me start by saying how important is to review Freudian theory, the sexualization path followed by women. In the beginning, listening to my patients, I used to wonder what a woman's desire is when she wants to have a child. The next question I came up with concerned their individuality: What is it that, considering each woman's personal history, each of them desires when they want a child?

The study of women's envy of the penis has become an essential part of the theory of metapsychology. Continuing along a path which has already been started in other publications, I believe it is necessary to separate women's wish to have a child from their wish for a penis. (Sigal, 2001).

Back in 1995 I had the opportunity to speak about the Infant Genital Organization (Sigal, 1995) and criticized Freudian ideas on how the boy is taken as a reference from which difference is established. Whatever makes us think human genre taking the male figure as a starting point creates some conditions for the discourse, where other could be possible, defining therefore a path for the thinking.

Freud's analyses of sexual differences had to be reviewed for their aspects of value, while man was given a hierarchically superior position. What could have been the raw material to deal with differences at times became a form of making inequality. In Michel Tort (2001) I found an ally. He says "the



limits revealed by Freud's sexual theory are connected to the way they reproduce and elaborate two unanalyzed opposing and connected premises, which are borrowed from the dominant ideology: the phallic supremacy and the father figure, masculine expression of dominance in society. The metapsychological rationalization of these premises can be greatly refined, even though their nature can't be changed". Tort goes on: "the so-called theory of differences between the sexes has up to now a discourse of dominance" (p.19).

Psychoanalysis works with a psychic reality which is different from essence of the biological or the characteristic of socialization, but finds support in both elements. It works with subconscious, where the biological and the social are symbolized and imagined.

In my opinion, the Oedipus complex is the basis of the formation of subjectivity and neurosis, and infant sexuality a founding component of the subconscious. I do not believe maternity is the only possible means to femininity, because that would keep mature women tied to the infant sexual theories. If penis envy were thought of as a characteristic of adult sexuality and not as a characteristic of an Oedipal trajectory, femininity and hysteria would be equivalent.

However, Freud sees maternity as the only path towards femininity. In his 1933 study he states "the feminine condition is only satisfied when the wish for a penis is substituted by the wish for a child" (p.119). Could we say a woman who chooses not to have a child has failed in her path towards femininity? Why should we tie the feminine condition to maternity?

Actually, the problem is created when there is a slippage in the symbolic equations, as when these equations are attached to a primordial signifier, around which sexuality is organized. This is shown in Freud's changes from 1917 to 1923.

But there is also another Freud, the one who tells us, in 1917, in "On the Transformations of Instinct as Exemplified in Anal Erotism", that women's childish desire, referred to as penis envy, is activated by her accidental failure in her life as a woman, often as a consequence of a strong masculine predisposition. (Freud, 1919, p.119). What we learn from this reading is that an

adult woman who is no longer tied to her infant object of desire finds her way to femininity without necessarily linking desire for children and desire for a penis.

Another interesting passage of Freud is “in other women the desire to have a penis was not observed for it was replaced by the desire for a child, whose frustration may start neuroses” (Freud 1919, p.119). This situation was also found among a few of my patients, as a deep neurosis producing sorrow caused by the intense desire for a child, which was not fulfilled.

Mário Fuks and Silvia Alonso (2001) have also dealt with the sexualization process in “A Histeria e o Erotismo Feminino” (Feminine Hysteria and Eroticism) as follows: “finally, the equivalence child-penis becomes dominant and exclusive in conceptualization. Femininity comes closer to neurosis with the universalization of repression and the phallicization of equivalencies. The feminine and its mystery correspond, in this text, “A Feminilidade” (Femininity) to hysterical condition which concerns the subjectivity of women. This superposition is produced by “essentialization and generalization of certain qualities, such as ‘narcissism prevailing in love’ and ‘omnipresence of penis-envy’, and the increasing importance of maternity as the only goal. As we see, many authors are studying these same questions and along different roads converge to the same results.

While I could have chosen from a variety of problems brought to the clinic by my patients, I’ve decided to make comments one of the phantom occurrences in cases of egg donation assisted pregnancy, resulting from the encounter of biological egg and sperm and its subsequent genetic transcription.

In all cases of egg donation I’ve treated I’ve observed a constant difficulty to make biological material find its symbolic possibility in maternity. Patients frequently asked themselves: who is the mother of the child, the genetic sample donor or those who are going ahead with the pregnancy?

Elisa, one of my patients, in her fifth month, couldn’t take possession of her maternity and constantly spoke about the genetic characteristics of the baby. While describing her future child she once said: “Thinking of meeting the baby, at delivery, makes me feel upset”.

And I asked, as if to test her: “Why? Are you afraid the baby is going to look like its mother?”. “I am the mother”, she said at once. “I’m the one who is

carrying it in my womb and I am the one who will make this egg become a baby!”

A meaningful silence took place and we knew something really important had happened, so we laughed. For the first time she felt like the mother of her baby. Maternity was no longer a biological matter, a matter of gametes. She was finally able to see herself as a mother, in the transference. The following session she told me: “now it is my baby, I have no doubts, I’ve managed to make it mine. The egg was taken from somebody else, but I feel this is my child and Fernando’s (the husband)”.

Don’t see a negative refusal here, as I legitimate her wish to take possession of maternity. Allowing herself to become a mother took time and a whole process, as in all cases of donation. Anyhow, a question remains: how will the origin of the baby be explained to the child in the future? Adopted children are told about the mother of the womb and the mother of the heart; and now? The chances are that these new modalities will become more familiar to them in time and cases like this will not be regarded as peculiar as they do to us.

A second patient told me: “I know it is inside me, I see it in the echocardiograms, but I can’t realize it is a baby, that it is mine”. Some weeks later, facing the first movement of the fetus she arrives with a smile on her face and says: “the baby moved”, calling it for the first time “baby”, “I have a son inside me”.

The difficulty to imagine the baby is less if we follow the baby step by step from the fertilization process to the implantation, from the cellular multiplication count to the actual visualization of the fetus in echocardiograms. We notice the scopyc pulse, which is the basis for the imaginary, in these cases, influences and limits the imagination and symbolization possibilities by imposing a physical reality.

Mothers who get pregnant through sexual intercourse do not usually follow the hormonal rates and cell counts step by step. There is the possibility of miscarriage but the pain of the loss does not characterize the process. These mothers have difficulty in building the representation of the life they are generating from the starting point of the embryo; they may more easily relate to the erogenous body of the baby.

The human creature inside the body is a representation to be built. In the beginning, what is in the imaginary is the project and the desire to have a child, it has a singed place in the discourse, recognized by the family history, a place which is more than a historic accident. The child is not represented by what it really is, a developing embryo, but for its imagined body, a complete and united body, with all the attributes. It is on this imaginary embryo that the mother places her libido, but women, who intend to have a child with the aid of science, even if they have a project for their children, are more in contact with the results brought by the biological. Since fecundation has taken place outside the body, and the genetic material is not her own, and the implantation is less guaranteed, the elaboration processes are more complex.

As far as I can see, if femininity is affirmed, if the man has room for the desire of the woman desire, if the man wants this child, if the child is not a fetish, if this present object-child is not supposed to substitute the infantile sexual phallic object, even if a more difficult route has to be taken, it is possible to achieve maternity through in-vitro means and not be condemned by psychoanalysis as altruistically perverse. I meet some of these happy mothers of grown kids, grateful to science and psychoanalysis for this apparently impossible desire having become reality. Psychoanalysis, for them, as well as for many other people, has worked and still works as a tool to help extend the freedom of women.

It is important to remember that, in the same way that women are not born for the subconscious, they are not born mothers, but rather become mothers.

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