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Motherhood and Loss – an explorative study

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ABSTRACT

This paper will seek to explore how a psychoanalytic understanding of motherhood and loss can inform our response to women experiencing infertility. The first objective is to examine the understanding of motherhood in the psychoanalytic environment. The focus will be on Freud's lecture on Femininity (1933) and it will explore penis envy and the oedipal complex. Freud's paper Mourning and Melancholia (1917) will be explored to introduce the topic of loss. The paper is grounded in psychoanalytic theory of motherhood and loss. The term mother is subjective. This study will be based on infertile women who cannot biologically have a baby.

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INTRODUCTION

“I am fearful and hopeful and shameful. I worry that I am empty, or that I am full of the wrong things. I worry that I am disappearing, eroding, failing. I do not know what to do with these feelings. I only want to be a mother” (Pine, 2018, p. 37)

For some, motherhood is seen as a ‘*natural instinct*’, as ‘*a stage in the development of a relationship*’ and as a ‘*social expectation*’ (Weatherall, 2000, p. 323). It is assumed that all women desire children, it is seen as an inevitable and natural part of being a woman (Rowland, 1992). Infertile or voluntarily childless women are viewed as unnatural and pathological (Weatherall, 2000, p. 324). Motherhood is believed to provide status and identity for women. Motherhood is universally seen as intrinsic to female identity; it is linked to a woman’s creative capacity and it is knitted into the social construction of female identity. (Ireland, 1993, p. 1).

This dissertation will investigate the psychoanalytic understanding of motherhood and loss. The first objective is to explore why women mother. To introduce the topic Freud’s text *Femininity* (1933) will be explored with a focus on penis envy and the oedipal complex. Freud believed that a woman’s desire to have a baby was the unconscious wish for a penis. Freud’s concepts were challenged by later theorists who proposed different ideas on penis envy and the motives behind motherhood. Some women cannot mother. It has been suggested that infertility is the result of an unconscious anxiety that is repressed (Benedek, 1952). Can this theory still be supported with modern medical advancements?

The second objective is to explore the topic of loss through infertility. To introduce the topic of loss Freud’s text *Mourning and Melancholia* (1917) will be examined. This text was the first major contribution to the theory of loss. A woman experiencing infertility may experience melancholic longings such as loss of identity, sense of self, womanhood,

motherhood, future, past, love life and self-esteem (de Boer ML et al., 2019, p. 1). Mourning is considered a healing experience but can a woman who is infertile ever fully heal or want to fully mourn the loss? Bowlby (1980) suggests that ties to the lost object are never fully severed. His theory on loss is applied to women experiencing infertility. Does a woman have to detach from the libidinal object for healing to occur? The subject of motherhood and loss is wide ranging and complex in nature. For the purpose of this study only a limited number of texts and theorists were chosen to explore the topic.

CHAPTER ONE: MOTHERHOOD

Why do women want to have a baby? In this chapter Freud's (1933) Oedipus complex and penis envy will be explored. Is the desire for a baby the unconscious wish for a penis?

According to Benedek (1952) it is something that is instinctual and based on biological determination. Lacan (1938) opposes this biological model in favour of cultural agencies. Is there such a thing as a maternal instinct? Chodorow (1978) also rejects the biological, she looks at the preoedipal relationship between mother and daughter and how this can influence the desire to mother. Finally, why women cannot mother is explored, is there a repression, an unconscious anxiety at work?

The female Oedipus complex influences female development and sexuality (Fiorini, 2010, p. 35). Children must navigate their way through the stages of psychosexual development which express themselves through oral, anal and phallic wishes (1917, p. 120). Boys and girls experience the oedipal complex differently. The resolution of the Oedipus complex for a boy is through castration. Castration for the boy is the belief he will lose his penis if he continues to desire his mother. The threat of castration can cause great anxiety for the boy. In order to move from the position where he desires his mother and see his father as the rival, he must accept castration. The oedipal position is abandoned. This stage of development is experienced differently for a girl as it is the castration complex which prepares her for the Oedipus complex (1917, p. 129).

At the beginning the Oedipus complex the girl is already castrated "*the discovery that she is castrated is a turning-point in a girl's growth*" (Freud S. , 1933, p. 126). Once the girl sees the genitals of the other sex, she feels wronged and wishes for a penis. The girl separates from the maternal object who was her first object. She holds the mother responsible for her lack of a penis (Freud S. , 1933, p. 124). She realises that her mother is also castrated and turns to her father with "*the wish for the penis which her mother has refused her*" (Freud

S. , 1933, p. 136) Penis envy can be recognised as a suppressed wish which she can carry throughout her whole life. The wish for a baby is an unconscious wish for a penis. The feminine position is established if the wish for the penis is replaced by one for a baby (Freud S. , 1933, p. 128). If the girl later on in life has a baby, this wish is fulfilled especially if it is a boy “ *who brings the longed for penis with him* ” (Freud S. , 1933, p. 128).

When a girl recognises her lack of a penis, she wishes to have a baby with her father “ *with the transference of the wish for a penis-baby on to her father, the girl has entered the situation of the Oedipus complex* ” (Freud S. , 1933, p. 129). Freud’s theory indicates a woman can only become a woman when she realises, she is not a man, only complete when she has a baby. The link between womanhood and motherhood is clear. The wish for a penis substituted by having a baby is never realised by infertile or voluntary childless women.

Freud did not explore the subject of childless women. He admitted that he knew less about the sexual life of a girl which he considered the “ *dark continent* ” for psychology” (Freud, 1926, p. 212). Given that Freud’s theories on female sexual development are inconsistent, his ideas on the Oedipus complex and penis envy have been continuously questioned and critiqued. It has been suggested that Freud’s writing was impaired and influenced by “ *the male-dominated, phallogentric, patriarchal sociocultural Zeitgeist* ” (Silverman, 1981, p. 581) in which he lived and therefore this could have influenced the gender bias in his work. Penis envy is acknowledged but opinions differ on its origin and value in the development of female sexuality (Zepf, 2016). Freud’s theory that the wish for a penis can be fulfilled by a baby is challenged.

Karen Horney was one of the first to challenge Freud’s theory on penis envy. She argued that masculine narcissism was responsible for a female feeling that her genitals are inferior, and male envy and fear of a woman’s reproductive ability is the motive behind this

assumption (Wright, 1992, p. 160). The wish for a penis is desired for its libidinal pleasure (Wright, 1992, p. 161). The girl does not want to have a penis. In contrast to Freud's theory a baby cannot act as a substitute for a penis. Horney did not think that penis envy would continue to play a part in the rest of a woman's life.

Nancy Chodorow (1978) examines why women mother and does not assume that the urge to mother is instinctual or biological. Chodorow examines if women come to mother as a product of gender identification and feminine role training (Chodorow, 1978, p. 31). While she acknowledges that gender identification is present within the family structure "*they identify with their own mothers growing up, and this identification produces the girl as a mother*" (Chodorow, 1978, p. 31) it is not the only reason why women mother. It is not limited to just gender identification and role training. Chodorow explores the object relations between a girl and her mother in the preoedipal relationship. The first love object for a baby is the mother, the mother is a woman so therefore the idea of femininity and mother are closely linked. This link is carried in the unconscious through the generations (Raphael-Lef, 1984, p. 17). Chodorow uses Freud's Oedipus theory but unlike the boy the girl continues to identify with the mother. She does not abandon her relationship with her mother but maintains the preoedipal relationship. The girl is mothered by someone of the same gender and develops more fluid ego boundaries, "*a sense of self that is continuous with others*". She develops "*a sense of self and need for connection*" (Wright, 1992, p. 46).

Assumptions are made about women that they are naturally maternal and nurturing. "*Pregnancy, giving birth, suckling and fondling are instinctual urges to a woman and these she satisfies with the help of her baby*" (Bálint, 1939). The "reproductive drive" that is assumed to be present in women does not account for women who choose not to bare children, or who decide to adopt, use contraception or have abortions (Raphael-Lef, 1984). Maternity is seen as natural. Women who deny their gendered "essence" are seen as deviant,

they are denied entry into womanhood (Hird, 2003). Classic psychoanalytic thinking centres the female function upon reproductivity (Raphael-Lef, 1984, p. 16). The feminine identity is linked to “*pregnancy and lactation*” the completion of the psychosexual development of a woman (Raphael-Lef, 1984, p. 17).

Jacques Lacan (1938) was opposed to the idea that psychoanalysis could be constructed on a biological model. Nothing biological dictates the way in which we organise ourselves. He saw the family as something other than its composition, “*a psychical object and occurrence*”, that “*never objectifies instincts but only complexes*” (Lacan, 1938, p. 11). Lacan moves out of the biological. There is no such thing as maternal instinct, it is a product of culture “*cultural agencies so dominate natural ones*” (Lacan, 1938, p. 6). He rules out the natural and pure instinct of humans. He does not reduce psychic phenomenon to biological determination. The psyche of the family structure is based on imago and complexes rather than instincts. Lacan would reject the idea that women have a “*basic instinctual urge toward motherhood*” (Moore, 1968).

Benedek (1952) considered infertility “*a somatic defence against the stresses of pregnancy and motherhood*” (p. 527). Pregnancy is not just a biological process it is the interaction between hormonal and emotional processes, the woman responds to the hormones in her body and “*perceives her inner psychic reactions to the task of motherhood*” (Benedek, 1952, p. 535). Cultural influences and identification with the mother or primary care giver become incorporated into the ego. Defence mechanisms can develop against biological necessity (Benedek, 1952). Women with infertility may struggle with the idea of becoming a mother and being pregnant. This could be the castration complex at work. Having a baby requires accepting you are not a man. Castration means the loss of something. This repressed struggle may remain in the unconscious. 40% of women who have difficulty conceiving will receive a diagnosis of unexplained infertility (Gelbaya, Gelbaya, Jeve, & Nardo, 2014).

Biologically everything is functioning optimally, ovarian reserves good, regular ovulation, fallopian tube, and uterus '*normal*'. Women with infertility enter the medical world, their bodies are examined and tested, drugs, injections, hormones are administered, the biological body is tended to while often the psychological ignored (Rosner, 2012, p. 39).

Psychoanalysis favours the unconscious. When something is repressed the ego keeps it away from the conscious. Repression occurs when a drive or libidinal desire cannot be dealt with. The unpleasure it would cause is greater than the pleasure it would yield (Wright, 1992). The repression may find a way to express itself and can take the form of symptoms. A woman who is unable to conceive could be repressing something. Perhaps there is an displeasure in being pregnant, losing one's self to another "*the ideal mother has no interests of her own*" (Bálint, 1939). Repression is linked to the key infantile events such as the Oedipus complex. A boy successfully navigates through the Oedipus complex if he represses his desire for his mother and identifies with the father. It remains unclear as to what a girl must repress in order to successfully navigate the Oedipus complex. Freud admits that the developmental processes in girls is "*unsatisfactory, incomplete, vague*" (Freud S. , 1924). The oedipal stance continues to influence on later life "*especially at times which reawaken...major life cycles and social definitions*" (Chodorow, 1978, p. 164). A woman desiring to get pregnant may be met with infertility. Is there something in the psyche that is repressing this wish, an unconscious anxiety, a somatic defence against motherhood?

Advances in medical practice and research de-emphasise these theories that support psychogenic infertility. Understanding infertility as an unconscious anxiety about femininity, sexuality, unresolved oedipal conflict, ambivalence towards motherhood and conflict of gender identity is considered "*simplistic and anachronistic*" (Apfel & Keylor, 2002, p. 100). Infertility cannot be solely thought of as a repression or inner psychic reaction against

motherhood. The aetiology and treatment for unexplained infertility involves the mind, body and spirit (Apfel & Keylor, 2002, p. 99).

This chapter on motherhood explored psychoanalytic theories as to why women mother. According to Freud a woman's desire to have a child is to fulfil an unconscious wish for a penis. Penis envy is acknowledged but opinions differ on its origin and value in the development of female sexuality (Zepf, 2016). Horney suggests that penis envy is not an unconscious wish for a penis and baby, but it is desired for its libidinal pleasure. Lacan rejects the idea that women have a "*basic instinctual urge toward motherhood*" (Moore, 1968). Chodorow focus was on the preoedipal relationship between mother and daughter. It is imperative to try and understand why women mother in order to have a better understanding of infertility and the loss that may be experienced when a woman cannot.

In the next chapter loss will be explored through psychoanalytic theory. The focus will be on Freud's paper Mourning and Melancholia (1917) and how this can relate to infertility and loss of motherhood.

CHAPTER 2: LOSS

Many women choose to be childfree, citing reasons such as freedom and autonomy (Rosner, 2012). For other women, the idea of mothering is constructed into their identity (Ireland, 1993, p. 1). When this is challenged with infertility it can have a devastating impact on their sense of self and the person they imagined they would be. A woman can be impacted physically, psychically, socially, and culturally.

Women who are infertile experience different types of loss. The expectation of the life they had imagined is no longer viable, their failure to achieve a wanted identity is unattainable. Most women assume they will be able to become mothers if they choose to be (Weatherall, 2000, p. 324). Loss of control over their own bodies and not being able to facilitate their imagined life can be devastating (Rosner, 2012, p. 29). The loss of this imagined identity is difficult to comprehend and come to terms with. This loss is sometimes not seen as valid to others and it can be difficult for women to get support and articulate the loss (Rosner, 2012, p. 29). Forging a new identity and making sense of the loss can be difficult.

Women who are unable to conceive can experience the same feelings of loss that a person who has lost a loved one feels (Jaffe, 2017, p. 383). This can be a very isolating and lonely experience for a woman. A partner, family or friend may not want to address the loss as it is too painful. There are feelings of guilt, anger, and envy. There are also feelings of shame, of not being good enough, of not being a 'complete' woman (Namaste, 2011, p. 44).

To explore loss Freud's text *Mourning and Melancholia* (1917) will be examined. Can Freud's text relate to the type of loss experienced by infertility? Bowlby's theory on loss will also be investigated. How do these theories on loss differ and relate and can they be useful in how loss and infertility is thought about?

Freud's paper *Mourning and melancholia* (1917) provides a framework in how mourning and melancholy can impact a person who is longing for an object that is lost "*such as one's country, liberty, an ideal, and so on*" (Freud, 1917, p. 234). Mourning and melancholia can both correlate and be distinguished from one another. Symptoms experienced are similar for both including loss of the capacity for love and painful dejection (Freud, 1917, p. 244). Despite their similarities the two differ. Mourning is grieving the lost object and eventually breaking free from its ties "*the ego becoming free and uninhibited again*" (Freud, 1917, p. 245). With melancholia the ego cannot break away from the lost object, the ego identifies itself with the lost object and instead of the libido being placed on to another love object it withdraws into the ego "*the object lost is transformed into an ego lost*" (Freud, 1917, p. 235). To start the 'healing process' of mourning realisation that the lost object has in fact been lost must be acknowledged.

In melancholia the person will begin to hate themselves, think of themselves as worthless, incapable, cast out and punished (Freud, 1917). Women with infertility can feel this way – they present with feelings of worthlessness, of being damaged, not good enough, less than and can feel anger towards themselves and their situation (Rosner, 2012, p. 30). The libidinal position will never be abandoned willingly, it is the process of mourning and finding a new substitute object that the person will be able to move out of their melancholia. It is the task of the melancholic to start mourning (Freud, 1917). Some women experiencing infertility want to stay in the melancholic position, they do not want to break away from their lost object which for many is the longing for a certain future. Remaining in the melancholic position gives women the ability to long for "*the lost possibility of becoming a mother*" (de Boer ML et al., 2019, p. 7).

Treatment for infertility is invasive and can include treatments such as hormone medication, transvaginal ultrasound scans, in vitro fertilisation (IVF), and surgery. It can be a

painful experience psychically and emotions can oscillate. Despite this taxing experience which can impact on the relationship, sex life and social life, it can be a time in which some women mourn for. In a study (de Boer ML et al., 2019) one woman describes the treatment as 'horrible' however she stills longs for that time. Even though it was a time of painful uncertainty it still offered the possibility of motherhood. Breaking ties with the libidinal object is difficult, it can be cutting ties with the idea of hope, fantasy, and possibility.

Medical advancement such as intrauterine insemination (IUI), IVF and egg freezing make it possible for women presenting with infertility opportunity to try and conceive with medical intervention (Daniluk, 1999). Positive as this is it can also prolong women's grief and take them longer to mourn and find a new love object if they wish to do so. Freuds view on mourning and melancholia is accurate and the theory can be applied to women with infertility however it perhaps it is in some respects it is simplistic. Mourning is not linear but cyclical. Mourning and melancholia are shaped and reshaped throughout the life of a woman. When new events take place this can begin the melancholia and mourning all over again (de Boer ML et al., 2019, p. 8). It is not as simplistic as cutting ties with the libidinal object as Freud suggests. The process of mourning continues as women try to construct and reconstruct a new identity as a woman (de Boer ML et al., 2019, p. 2).

Bowlby (1980) in contrast to Freud suggests that the person does not fully cut ties with the lost object. He places attachment at the centre of human development (Bowlby, 1980, p. 9). Bowlby's work focuses on the loss of a loved one, but his theory can be applied to a woman mourning the loss of fertility. The person that has experienced a loss still has an attachment to the lost object. Continuing on from this idea Rubin (1984) has described this as *"the relationship to the 'lost object' following mourning remains an ongoing experience involving recollection, imaging, and association at conscious and unconscious levels"* (Rubin, 1984, p. 340). Recollection for an infertile woman could be longing for the time

before infertility “*longing for the lost possible future in which they were able to become mothers*” (de Boer ML et al., 2019, p. 4). Baker proposes that an ongoing internal relationship with the lost object is always present. Freud suggested cutting of the libidinal object whereas Bowlby’s theory suggests that it is “*an ongoing internal relationship to the image of the lost object is an important aspect of successful mourning*” (Baker, 2001, p. 56).

Bowlby’s stages of mourning are numbness, yearning and searching, disorganisation and despair, and reorganisation (Gomez, 1997, p. 164). He studied the mourning experienced by children and adults with the loss of a loved one however this theory can be applied to women experiencing infertility. Getting a diagnosis of infertility can be a terrifying experience and can lead to feelings of disbelief and numbness (Rosner, 2012, p. 28). One woman describes getting a diagnosis of unexplained infertility, “*It was the most horrible, horrible day of my life, really, one of the most horrible days... It was almost like an out of body experience, I don’t really remember sleeping*” (Rosner, 2012, p. 56). What follows is intense sadness, yearning, and longing. The woman may yearn for the time before the diagnosis, long for the person she thought she would be “*The future I had imagined, the life I had expected to have with my husband, was shattered.... I was seeing moments of a future life that would never be mine, that I would never experience*” (Rosner, 2012, p. 78). The next stage is disorganisation and despair. The woman may have difficulty making meaning out of life and it may seem that life is not worth living. Making meaning of the situation and self can be difficult especially if the loss is unexpected. The object lost is the ego lost so the question of ‘*Who am I*’ and making sense of one’s self can be a difficult task. The final phase is reorganisation – this is where the woman accepts the loss and new attachments become a possibility, this does not mean that the loss is gone from the conscious or unconscious (Gomez, 1997, p. 165).

Bowlby believed that attachment is not something we grow out of; the woman is still attached to the loss of motherhood. Women who have suffered infertility can appear to be functioning fine and display no symptoms associated with melancholia such as depression, sadness, despair and grief. This does not mean however that they have detached from the lost object. This differs to Freud's outlook on loss in "Melancholia and Mourning" however in a letter (1929) to his colleague Leonard Binswanger, who had lost a child he said "*Although we know that after such a loss the acute state of mourning will subside, we also know that we shall remain inconsolable and will never find a substitute. No matter what may fill the gap, even if it be filled completely, it nevertheless remains something else*" (Stern, 1960, p. 386). Freud acknowledges that some losses can never be overcome, healing of the melancholia through mourning is a complex process. Overcoming a loss takes time and is difficult process. Mourning the loss does not necessarily equate with healing (de Boer ML et al., 2019, p. 8).

The theories of Freud and Bowlby can be applied to women experiencing infertility. Loss is central to the experience. Loss of identity, sense of self, womanhood, motherhood, future, past, love life, self-esteem are all types of loss a woman can experience. Freud's theory in Melancholia and Mourning (1917) can be applied to women experiencing these types of loss, notably the loss of identity and sense of self. The object lost is transformed into an ego loss (Freud S. , 1933, p. 249). It is difficult to make sense of oneself. There is an eagerness to hold on to the past at the expense of establishing a new sense of self or identity (de Boer ML et al., 2019, p. 8). Melancholia is seen as the pathology disorder and mourning as the healing process to overcome the loss. Loss however does not follow this linear path. Women experiencing infertility may never be able to find a new libidinal object. Melancholia and mourning may appear again and again in the life of a woman as she tries to establish a

new identity and re-tell her narrative. Bowlby's theory of loss can be applied to the loss of infertility. The woman does not have to detach from the lost object for healing to occur.

CONCLUSION

This study set out to explore how a psychoanalytic understanding of motherhood and loss can inform our response to women experiencing infertility. The aim was to investigate the theories behind why some women mother and the types of loss that can be experienced when infertility occurs. The topic is vast and complex. Ideas have evolved over time from psychoanalytic theories proposed by Freud to newer methodologies which challenged earlier thinking. Freud's ideas in his paper *Femininity* (1933) introduced the topic and theorists such as Lacan, Horney and Chodorow were explored.

To understand the impact infertility can have on a woman it is imperative to try and understand why women mother. There is no definitive answer to this question. There are layers of motives ranging from instinct, drive, an unconscious wish, identification and culture. All may interplay and interchange. There is no sole reason as to why some women want to mother. It is however helpful to explore these avenues as it can provide a better understanding to the losses which may be experienced through infertility.

The complicated mix of reasons as to why women mother translates into a complex combination of loss if infertility is experienced. The object which is lost is not just one object. It is a mixture of losses, such as loss of self, future, meaning, relationships and past. These losses can be experienced at different times and in different ways. It is not as straightforward as mourning the lost libidinal object and placing desire onto a new object. Freud introduced loss in the terms of mourning and melancholia - does melancholia end once the journey of mourning is travelled? The journey of infertility and the loss it brings is not linear, it is cyclical. The loss remains. For some women it is better to feel connected to the loss rather than disconnected to what cannot be, not wanting to move on, get over, let go. The loss that is experienced, no matter the type of loss, never fully goes away. Bowlby suggests the tie is never completely severed, an attachment always remains to the lost object (Bowlby, 1980).

Male bias exists in medical culture (Vitti, 2020, p. 28) and in psychoanalytic theory (Lewin, 1984) so perhaps that is why infertility and loss has not been extensively researched and explored. Studies and research focus on women recently diagnosed with infertility. It might be beneficial to explore the long-term impact infertility may have on a woman. How does the loss move and change over time and what effect does it have on the mind, body and spirit?

Infertility can be a painful, lonely, and isolating experience (Weatherall, 2000, p. 39). The theories behind motherhood and loss can give insight into why women mother and the loss experienced if infertility occurs. For many women who are experiencing the pain of infertility it just comes down to one thing -as Pine so eloquently puts it "*I only want to be a mother*" (Pine, 2018, p. 37).

REFERENCES

- Apfel, R., & Keylor, R. (2002). Psychoanalysis and infertility: Myths and realities. *International Journal of Psychoanalysis*, 85–104.
- Baker, J. E. (2001). Mourning and the Transformation of Object Relationships. *Psychoanalytic Psychology*, 55-73.
- Bálint, A. (1939). Love for Mother and Mother Love. *Psychoanalytic Quarterly*, 33-48.
- Benedek, T. (1952). Infertility as a Psychosomatic Defense. *Eighth Annual Meeting of the American Society for the Study of Sterility* (pp. 527 - 541). Chicago: Institute for Psychoanalysis.
- Bowlby, J. (1980). *Loss Sadness and Depression*. New York: Basic Books.
- Chodorow, N. (1978). *The Reproduction of Mothering*. London: University of California Press.
- Daniluk, J. C. (1999). When Biology Isn't Destiny: Implications for the Sexuality of Women Without Children. *Canadian Journal of Counselling*, 79 -94.
- Davis, M. F. (2012, January 6). *irishtimes.com*. Retrieved from [irishtimes.com](https://www.irishtimes.com/opinion/social-policy-must-address-causes-of-falling-birth-rate-1.440210):
<https://www.irishtimes.com/opinion/social-policy-must-address-causes-of-falling-birth-rate-1.440210>
- de Boer ML et al. (2019). Beyond pathology: women's lived experiences of melancholy and mourning in infertility treatment. *Med Humanit*, 01-12.
- Easser, R. (1975). Womanhood. *Journal of American Psychoanalytic Association*, 631-645.
- Fiorini, L. C. (2010). *On Freud's Femininity*. London: Karnac.
- Freud. (1896). *Further Remarks on the Neuro Psychoses of Defence*. London: Hogarth.
- Freud. (1917). *Vol. XIV On the History of the Psycho-Analytic Movement, Papers on Metapsychology and Other Works (1914–1916)*. London: The Hogarth Press.
- Freud. (1926). *The Question of Lay Analysis*. London: The Hogarth Press.
- Freud, S. (1924). *The Dissolution of the oedipus complex SE19*. London: The Hogarth Press.
- Freud, S. (1933). *New introductory lectures on psycho-analysis. Standard ed., 22 :1-182*. London: Hogarth Press.
- Gelbaya, T. A., Gelbaya, T. A., Jevic, Y. B., & Nardo, L. G. (2014). Definition and Epidemiology of Unexplained Infertility. *Obstetrical and Gynecological Survey*, 109-115.
- Gomez, L. (1997). *An Introduction to Object Relations*. London: Free Association Books.
- Hird, M. J. (2003). Vacant Wombs: Feminist Challenges to Psychoanalytic Theories of Childless Women. *Feminist Review*, 5-19.

- Ireland, M. (1993). *Reconceiving women: Separating motherhood from female identity*. New York: Guilford Press.
- Jaffe, J. (2017). Reproductive Trauma: Psychotherapy for Pregnancy Loss and Infertility Clients From a Reproductive Story Perspective. *American Psychological Association*, 380-385.
- Lacan, J. (1938). *Family Complexes in the Formation of the Individual*. Paris: Encyclopédie française.
- Leff, J. R. (1984). Myths and Modes of Motherhood. *British Journal of Psychotherapy*, 6-30.
- Lewin, M. (1984, March 11). *Freud Showed Bias*. Retrieved from nytimes.com: <https://www.nytimes.com/1984/03/11/books/1-freud-showed-bias-041936.html>
- Moore. (1968). Female Sexuality. *American Psychoanalytical Association*, 123-145.
- Namaste, J. L. (2011). Expectant Mothers: Women's Infertility and the Potential Identity of Biological Motherhood. *Qualitative Sociology Review*, 37-54.
- Pine, E. (2018). *Notes to Self*. London: Hamish Hamilton.
- Raphael-Lef, J. (1984). Myths and Modes of Motherhood. *British Journal of Psychotherapy*, 6-30.
- Rosner, M. (2012). *Recovery From Traumatic Loss: A Study Of Women Living Without Children After Infertility*. Pennsylvania: University of Pennsylvania .
- Rowland, R. (1992). *Living Laboratories: Women and Reproductive Technology*. London: Cedar.
- Rubin, S. S. (1984). Mourning distinct from melancholia : The resolution of bereavement . *British Journal of Medical Psychology*, 339-345.
- Silverman, M. A. (1981). Cognitive Development and Female Psychology. *Journal of the American Psychoanalytic Association*, 581- 605.
- Stern, T. S. (1960). *Letters of Sigmund Freud*. New York: Dover Publications.
- Vitti, A. (2020). *In the Flo*. New York: Harper Collins.
- Weatherall, M. U. (2000). Motherhood and Infertility: Viewing Motherhood through the Lens of Infertility. *Feminism & Psychology* , 323- 336.
- Wright, E. (1992). *Feminism and Psychoanalysis*. Oxford: Blackwell Publishers.
- Zepf, S. (2016). Penis Envy and the Female Oedipus Complex: A Plea to Reawaken an Ineffectual Debate. *Psychoanalytic Review*, 397-422.