IPA PODCAST

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The Desire and Passion for a Child: Psychoanalysis and Reproductive Techniques

This podcast addresses the central topics of my book *The Desire and Passion for a child. Psychoanalysis and Contemporary Reproductive Techniques*. It is a chronicle of the questions raised by different clinical presentations in a field that combines the desire for parenthood and reproductive techniques. For the first time in history, the split between sexuality and reproduction inaugurated a new order of reproduction. Since then, bodies, genders and desires gave rise to new and in some cases unprecedented filiation projects. Over these years, different techniques have spread throughout the world: in vitro fertilization (IVF), gamete donation - eggs and sperm - and surrogacy. These new scenarios of parenthood require us to rethink our theories, which are based on a specific clinic. In other words, being parents in a new way. These are all challenges. They make us think about what is changing in this field: something new has emerged with technology

The desire for a child has been a central theme since the beginnings of psychoanalysis and has been addressed by Freudian and post-Freudian perspectives and gender theories. This topic raises questions about the vicissitudes of female and male infertility, about the experience of waiting, about the place of the body, about maternal and paternal roles, and about the plural desires of women in contemporary clinical scenarios.

Clinical work in this field is characterised by a significant absence: the child to come. It involves both disappointment and the promise of life. In this context, we find women who undergo one assisted fertilization treatment after another and developed a kind of pregnancy-seeking that was initially called "having a child at any price". It is a destiny of motherhood whose roots I have identified in the narcissistic-passionate axis and which I call passion for a child. The passion for a child has different characteristics, among which we find the emotional intensity, the persistence in the search for pregnancy and the Thanatos through self-sacrifice. For these women, the child is a unique object. It is the recipient of the maternal love.

These topics will be the focus of my talk on three main points.

1) First, the socio-historical context in which reproductive technologies have brought about a new order of procreation.

2) Second, the desire for a child in contemporary clinical scenarios: from a unique to a plural desire

3) Lastly, when the desire for a child becomes a passion for a child and their crucial differences in our clinical work

The last five decades have seen many cultural and medical changes and also different psychoanalytical perspectives over time. When we delved into these clinical consultations many questions arose.

1)The arrival of reproductive technologies has introduced a new order of procreation.
In 1978, at the beginning of reproductive technologies, how was it possible to imagine that the conception of a child could begin in a laboratory? How to think about the inclusion of the doctor with the medical team in the mind of the consultants? How to think about the new categories generated by the use of different reproductive techniques: eggs, sperm, genitor referring to egg and sperm donors, also surrogacy, mother and surrogate woman?

All of these were - and still are - new categories that need to be thought about. We need to find representations and a certain figurability for organs, cells, and fluids. They are invested, new narcissistic "objects" to think about, both by patients and analysts. The implementation of reproductive technologies has also generated both idealization and persecution anxieties, as well as the growth of omnipotent fantasies projected onto technology.

In our consulting rooms, we see patients who are undergoing assisted reproduction treatments. We analyze their conflicts, which involve the influence of what is foreign related to the body, vis-a-vis the self in gamete donation, the issue of the anonymity of donors, the psychic status of embryos or the splitting of bodies in surrogate maternity. In many situations it was and it is challenging for me to picture the embryos or the frozen sperm or ovum when working with my patients. Without doubt, technology has introduced a *new order in procreation*, leading in turn to new filiation projects.

We are living in a unique historical period, we have the privilege of exploring and explaining its repercussions on subjectivity: to make psychoanalysis work in this singular field where bodies, desires and medical-technological possibilities converge. All these changes in parenting raise many questions in our clinical practice and our theories. At this point, we may ask ourselves whether the old can explain the new, and whether clinical work can be understood with the resources we have now or whether we are facing new representations in the reproductive field. What is certain is that maternity and paternity are no longer something well-known and familiar and have become a new alchemy in which bodies, fluids, and cells may be combined, substituted, and modified. Therefore, it is very important for us to update and review these topics, which lead us to think and continue to question ourselves about what remains the same and what is changing in this field. The implementation of reproductive techniques has opened up new possibilities of access to parenthood but has also led to new debates and questions.

These problems present not only theoretical-clinical challenges, but also touch on the analyst's theories and prejudices which may operate as obstacles. These experiences affect subjects' bodies and are intertwined not only in representations of the new and varied ways of being born today, but also in the extra-scientific field, such as children born as a result of techniques. In this regard, it is a clinical work containing novel elements which exceed what was known until only 1978, confronting us with what is different in this field.

The desire for a child in contemporary clinical scenarios: from a unique to a plural desire

When we think about the notion of the desire for a child in psychoanalysis, we can see the hegemony of motherhood associated with the feminine. The desire for a child in this sense is based, on the one hand, on the anatomical difference as a biological support and, on the other hand, on the theoretical support. That is, when we talk about the desire for a child, when the girl gives up her desire for a penis and replaces it with the desire for a child. From this perspective, every woman desires to have and envies those with a penis.

The masculinisation of the girl as a boy is linked to the androcentric and patriarchal ideals of the time, with well-differentiated roles for men and women. The Freudian vision of female sexuality was inevitably influenced by the cultural variables that did not question the supremacy of the man.

We recall that Freud (1925) defines the desire for a child by stating that the female libido slips into a new position along the line of the penis=child equation. The use of the words "slipping" and "equation" brings a linear and almost natural causality to his formulation, especially in the idea of a pre-existing process in women.

If we think about how women's desire for a child is at the theoretical core of femininity, we can see the risk of clinical interpretation privileging motherhood as being intrinsic to femininity. This perspective naturalises the maternal in an unquestionable way, a vision that is underlain by the sacralisation of the maternal.

There are series of theoretical assumptions that are underlying Freudian developments about the desire for a child in women. These include phallic monism in the perception of the girl as a boy, which is based on binary logic. There is also an essentialist perspective, which implies that motherhood makes the feminine in woman. It maintains that there is a nature to femininity for all women, an understanding of maternity rooted in the sediment of patriarchal culture. As I will develop further, this is a point that is central to an understanding of the passion for children.

Historically, motherhood has been associated with a certain naturalisation of a desire considered typically feminine. It is important to revisit different perspectives on this issue in the context of current women's experiences of motherhood. Contemporary maternity requires a decentralized interpretation of binarism and essentialism within a desired diversity. The paradigm of a unique desire in women – the desire for a child- is challenged by the diverse experiences of women who do not conform to traditional notions of the feminine. In this respect, motherhood raises the need for a deconstruction of the traditional paradigm of the feminine in the context of psychoanalysis, in the face of possibilities ranging from the desire to have a child to the desire not to have a child.

In this regard, the notion of the desire for a child is undergoing a transformation in current clinical scenarios. Motherhood today is a heterogeneous territory that includes changes in different family structures and gender identities. These are questions that introduce us to a plural feminine, far from the idea that there is a unique destiny for femininity: to be a mother.

Today, our clinical experience is showing us different scenarios in which a diversity of desires is present in women. Their voices in our consulting rooms introduce us to new plural female experiences in first person. There are women who choose to donate their eggs, women who choose to become single mothers through anonymous insemination from a sperm bank, a growing practice. Other women become surrogates so that others can become parents. Some maternities occur later in life; some women choose to preserve their fertility by freezing eggs, others adopt, and more women decide not to have children at all. Some pregnancies are carried on against all adversity as the result of a passion for a child.

What happens when the desire for a child becomes a passion for a child? What is the crucial difference in our clinical work?

The passion for a child is a certain type of maternity marked by emotional intensity and insistence on seeking pregnancy even at the cost of self- destruction. The distinction between desire for a child and passion for a child enables us to define clinical cases with self-sacrificial and thanatic aspects. Passion for a child is a desire that has become a need: it is the search for “a child at any cost”. It belongs to a narcissistic and identification economy and reveals the conflict between the ego and its ideals. In passion for a child, the maternal ideal is rooted not only in the woman's oedipal and narcissistic conflict, but also in the place of motherhood in patriarchal culture.

This woman's love for a child is fixed and depends on the absent object, as in narcissistic passion, where the idea "you will be mine or nobody's" prevails.

Back in the 90s, I had a young woman as a patient who was searching for a child. For a long time, I listened to Marcela talk about her desire for a child, her pain. I worked hard

with her to understand the cause of her suffering, the reasons for her strong fixation on trying to get pregnant, her relationship with femininity and her history.

I found myself thinking about the specific features of the child as a love object: it is unconditional, considering the basic asymmetry of mother-child bonding, and is also a part of the woman's body, the seat of maternal narcissism; a special love-object. And in this case, it was someone that was only for her, not to be shared with other people; exclusively for her, exclusively for the baby.

It was almost a ritual; for some time, we made progress in understanding the situation, and she seemed able to decenter and think of herself as someone fertile for life, but before long, we were retracing our steps. At times, I found myself thinking of how powerless I was to help her. Every month, it was always the same announcement with similar words:

This month I haven't gotten pregnant... I'll never make it. Why does this have to happen to me? Many women don't want to get pregnant. Maybe the obstacle makes the desire stronger in me. I don't know. I'd have one after the other. It's the only thing that could fulfil me, having babies. I'd like to have many.

Working with Marcela, I initially thought that hyper-cathexis of the reproductive function, the difficult relationship with her mother, and increasing female castration anxiety explained the intensity of the effects involved: her difficulties for thinking, the repeated crises she went through every month when faced with the impossibility of getting pregnant.

Clinical practice enabled me to reflect on cases similar to Marcela's: perseverance in diverse, sometimes bloody procedures, years spent, depression, and also two distinct features: fixation: a persistent search and affective intensity. Can all these features be explained only by the maternal ideal, female castration anxiety, and pre-oedipal conflict? Is it the *Child at all cost* as Delaisi de Parseval and Janaud (1983), Tubert (1991), and Ansermed (2018) posit?

However, in my clinical experience, I did consider it from a narcissistic-impassioned perspective. I pursued another avenue that considers libidinal withdrawal and efforts to re-create a state of fusion with the original object via motherhood: the child to be born. The child is also associated not only with transcendence and legacy but are also rooted in the

maternal ideal - as the only and unique destiny for women: being a mother. This imperative comes together with the mandate of the maternal ideal in femininity that reinforces this destiny.

By this path I arrived at the hypothesis: *for these women, desire for a child turns into passion for a child, the latter constituting a unique object, the recipient of that love. Passion is the shape the suffering ego takes when subjected to the ideal of motherhood*.

Passion arises in the relationship with that 'absent' child in a fixed, unceasing, excessive, and demanding way. Like the childhood love that Freud described: boundless, exclusive, not content with less than all.

Infertility is experienced as a narcissistic wound as Marcela says: "Why does this have to happen to me?" In passion for a child, the expectation of a "pregnancy-baby" is heavily cathected, establishing an inner dialogue with that absence, and permanently questioning the body. As regards the object of passion, Aulagnier (1992) stresses that the object of passion is an irreplaceable, necessary object because it is the answer to a desire that has become a necessity. The passion for a child translates into 'living for' getting pregnant. Motherhood remains as an ideal, as something exclusive, which gives pleasure and, as an absence, causes extreme suffering.

Passion for a child is an affective movement that derives from the desire to give life to that child, as Green added when I supervised with him. In this way, the endless search itself serves as reassurance for a weakened narcissism. The object replaces the ego ideal and, in that state, the individual increasingly renounces their own complaints to the point of self-sacrifice. The primacy of affect, of suffering for an object presented as impossible and inaccessible, saturates the transference.

It is important to distinguish passion for a child from desire for a child in two ways in our clinical work.

- The passion for a child is frequently found along medical-technological journeys. As I mentioned before, they are women that undergo one treatment after another. The child – in this case- is a unique and irreplaceable object of maternal love.

- Secondly, from the theoretical frame, it is important to rethink the gender bias about maternal love and the sacralization of motherhood as the unique and hegemonic destiny for women. This may invisibilise the thanatic aspect related with self- sacrificial aspects which need to be analysed.

This is the crucial difference between the passion for a child and desire for a child. The child as a passion unveils an excess and, as with every passion, it marks our lives significantly. It is an excess of expectation of pleasure as well as an excess of the possibility of suffering.

The passion has two aspects: a positive aspect—attempted binding and attachment—and a negative, sacrificial aspect, the action of a death drive, related to sacrificial behaviours and some medical-technological journeys. This hypo-cathexis leaves no traces since a certain social consensus usually makes the woman's behaviour invisible: a woman drops her activities one by one because she is "dedicated to getting pregnant." The risk is that this movement towards psychic isolation may produce a void in the group of objects that are part of her representational capital, leaving her at the mercy of the death drive.

The search for a child as a passion comes with a certain "naturalness" of a typically feminine desire. Although psychoanalytic listening provides various theoretical lines and points of view, a woman's field of desire seems to be almost completely saturated by motherhood. In this regard, we ask an open question for further reflection: how does the psychoanalyst's point of view affect the case?

Like any passion, the passion for a child can become a unique destiny in a woman's life.