

# Power Dynamics Within the Group of the Mothers and Reproductive Pathology

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## **Abstract**

According to Briffault (1927), the primordial human groups were “primarily reproductive in function” and “maternal”. They “were not the manifestations of sexual impulses of the male, but of the maternal instincts of the female”. Within this primordial social body, we might assume that becoming a mother was the way to reach a power role in the group hierarchy. At that early stage of social development, the mothers were the only important figures. Gaining their favour was the fundamental way to be accepted within the group, i.e. to survive. Actually, the exclusion from the group and death were one and the same thing. In such an archaic situation, survival of the species was founded on the almost total absence of the feeling of individuality so that, for example, children were nursed and attended by any mother of the group and the adults would experience a feeling of oneness and belonging toward the group as a whole, rather than toward their natural parents. The member of a “primitive” group would not think and feel in individual terms, but in the terms of what Briffault defined as the “group-individual” and the “group-mind”. One of us has defined this primordial human group as “syncytial”, i.e. a structure where the limits/boundaries (membranes) between individual members (cells) had disappeared (Nesci 1991). The birth of individuality,

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Paper presented at the 10th World Congress of the International Society of Prenatal and Perinatal Psychology and Medicine (ISPPM) “The Unborn Child Within the Family”, Cracow, Poland, May 15–17, 1992.

in the modern meaning of the word, and the rise of the nuclear family from the ashes of patriarchy (which was built on the ruins of matriarchy, in its turn have put inevitably in conflict the new psychological and cultural acquisitions, which we are conscious holders of, with the syncytial aspects of the group-individual that still lives in our unconscious. This conflict can be represented in different ways and at different levels: in the body, in the mind, and in the culture. That is why studying women who suffer from reproductive pathology (such as: polyabortivity, gestational diabetes, and hypertension) brings back to light the living vestiges of this maternal group structure, of this syncytial culture. The diseases of human reproduction are the *topos* where the extreme forms of this conflict, between conscious timeless syncytiality, come to the fore. In this paper the authors present a clinical experience in which the conflict between mother-in-law and daughter-in-law is the tip of the iceberg of a situation whose main element are the power dynamics within the group of the mothers.

### Zusammenfassung

Nach Briffault (1927) hatte die ursprüngliche menschliche Gruppe vor allem die Funktion der Reproduktion und der mütterlichen Versorgung. Das entscheidende war nicht der Bereich der männlichen Sexualität, sondern die mütterlichen Instinkte der Frau. Innerhalb dieses ursprünglichen sozialen Rahmens bedeutete Mutter werden, den Weg um Macht in der Hierarchie der Gruppe zu gewinnen. In diesem frühen Stadium der sozialen Entwicklung, waren nur die Mütter gesellschaftlich wichtig. Ihre Zuwendung und Gunst war für die Zugehörigkeit in der Gruppe und damit für das Überleben entscheidend. In der Tat waren der Ausschluß von der Gruppe und Tod ein und dasselbe. In dieser archaischen Situation fehlte das Gefühl von Individualität vollständig. So wurden beispielsweise die Kinder von jeder beliebigen Mutter der Gruppe versorgt und die Erwachsenen hatten ein grundlegendes Gefühl der Gemeinsamkeit und der Zugehörigkeit zur Gruppe als ganzer und kaum ein Gefühl für die Zugehörigkeit zu ihren natürlichen Eltern. Das Mitglied einer solchen ursprünglichen Gruppe dachte und fühlte nicht in persönlichen Begriffen, sondern in Wendungen, die Briffault „Gruppen-Ich“ und „Gruppengefühl“ umschrieb. Einer von uns hat diese ursprüngliche menschliche Gruppe als „syncytial“ beschrieben, also einer Struktur, wo die Grenzen zwischen den einzelnen Mitgliedern aufgelöst sind (Nesci 1991). Die Geburt der Individualität im modernen Verständnis dieses Wortes und die Entwicklung der Kernfamilie aus dem Niedergang der patriarchalen Großfamilie (die wiederum auf den Ruinen des Matriarchats aufbaute) führten unausweichlich zum Konflikt der neuen psychologischen und kulturellen Erwerbungen, die unser Bewußtsein bestimmen, mit den syncytialen

Aspekten unseres Gruppen-Ichs, das noch in unser aller Unbewußtem lebt. Dieser Konflikt kann sich auf verschiedenen Wegen und auf verschiedenen Ebenen realisieren: Im Körper, im Gefühl und im Bewußtsein und auf der kulturellen Ebene. Das ist der Grund, warum die Untersuchung von Frauen, die an reproduktiven Erkrankungen leiden (häufige Fehlgeburten, Schwangerschaftsdiabetes, Bluthochdruck usw.), zu den noch lebendigen Überbleibseln dieser mütterlichen, syncytialen Gruppenstruktur zurückführt. Die Erkrankungen der menschlichen Reproduktion sind die Form, in der extreme Ausgestaltungen dieses Konfliktes zwischen zeitgenössischem individuellem Bewußtsein und zeitlosem unbewußtem Gruppen-Ich zutage treten können. In dieser Arbeit stellen die Autoren eine klinische Erfahrung dar, bei der der Konflikt zwischen Schwiegermutter und Schwiegertochter die Spitze des Eisberges eines Machtkonflikts in der Gruppe der Mütter bedeutet.

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According to Briffault (1927), the primordial human groups were “primarily reproductive in function” and “maternal”. They “were not the manifestations of the sexual impulses of the male, but of the maternal instincts of the female”. At those early stages of development, menstruations, pregnancies, and all the other events of female sexuality were the pace makers not only of human reproduction but also of the group’s social life. Men had to adjust to the women’s rhythms and rules, and had a marginal role in the management of power within the group of the mothers.

Even the paternal contribution to the physiology of the generation was ignored: babies were considered to be the children of the moon, which was believed to control the femal sexual cycle. In such an archaic situation survival of the species was founded on the almost total absence of the feeling of individuality so that, for example, children were nursed and attended by any mother of the group and the adults would experience a feeling of oneness and belonging toward the group as a whole, rather than towards their natural parents.

The member of a “primitive” group would not think and feel in individual terms, but in the terms of what Briffault defined as the “group-individual” and the “group-mind”.

Within this primordial social body, we might assume that becoming a mother was the way to reach a power role in the group hierarchy. At the early stage of social development, the mothers were the only important figures. Gaining their favour was the fundamental way to be accepted within the group, i.e. to survive. Actually, the exclusion from the group and death were one and the same thing at that time.

One of us has defined this primordial human group as “syncytial”, i.e. a structure where the limits/boundaries (membranes) between individual members (cells) had disappeared (Nesci, 1991). The birth of individuality, in the mod-

ern meaning of the word, and the rise of the nuclear family from the ashes of patriarchy (which was built on the ruins of matriarchy, in its turn) have put inevitably in conflict the new psychological and cultural acquisitions, which we are conscious holders of, with the syncytial aspects of the group-individual that still lives in our unconscious.

This conflict can be represented in different ways and at different levels: in the body, in the mind, and in the culture. That is why studying women who suffer from reproductive pathology (such as: polyabortivity, gestational diabetes, and hypertension) brings back to light the living vestiges of this maternal group structure, of this syncytial culture. The diseases of human reproduction are the *topos* where the extreme forms of this conflict, between conscious contemporary individuality and unconscious timeless syncytiality, come to the fore.

In this paper we will present a clinical experience (we will call our patient Luisa) in which the conflict between mother-in-law and daughter-in-law is the tip of the iceberg of the power dynamics within the group of the mothers.

### **Mother-in-law and Daughter-in-law**

“My parents used to keep me secluded at home. I wasn’t free at all, I was never allowed to get out. I never got out, I had no friends, I had no lovers, so I decided to escape. [...] I... we have been fighting a lot, my mother and I, since my father didn’t want it... You know... the mentality, the old mentality: women must stay at home, men can do everything... I... [didn’t accept it] and I said to my mother: ‘Mum, I want to get out a little bit, you never allow me to go anywhere... Why don’t you let me go to work?’ So I met my husband. [...] He had left our city when he was sixteen and volunteered for the Police-force. Maybe, I don’t know, this early separation from his parents, from his mother (he still calls her his ‘little mummy’)... Maybe [this separation] has bound him even more. I don’t know why [this happened]... [anyway] my [only] problem is [the relationship between] my mother-in-law and my husband. My husband is deeply bounded to his mother, up to the point that anything she does or says, he [always agrees]... And that’s it! There is no way, no way at all [to make him doubt her]... in spite of all her claims, my mother-in-law has a very strong character, and she is also a very good actress: she can play every part, the good guy, the bad guy, every role. Among all his brothers, my husband is the only one who swallows everything she says... Could you believe it? After one month of marriage he asked for an annulment [actually our patient’s mother-in-law was furious with her daughter-in-law as she did not encourage his son (her husband) to call her on the telephone, every day, during their honeymoon [...] my husband left me without any explanation, without giving me any money, and she [her mother-in-law] was furious at me, as she said that I’ve stolen her of her own son, of his love, and that is unfair... to do such things to a mother who did so little... so much, so many sacrifices [in Luisa’s slip of the tongue there is the unconscious charge that her mother-in-law did so “little”, rather than “so many sacrifices” for her son, N.o.A.]... but I think she is wrong, as today I am a mother, too [and I would behave differently]”.

Luisa felt herself segregated, without friends, without any positive perspectives. She felt in a compound situation. At a conscious level she lays the responsibility for her own situation to her narrow-minded father; she thinks she would rather separate from her original family and she believes her mother would be happy to help her to become an individual and live her own life. However, at an unconscious level, the psychological situation is much more complicated, since

she ended up getting married to the first man she met at work: a young, immature policeman, who was totally dominated by his mother. Convincing herself that she was “escaping” from her narrow-minded family, Luisa was actually segregating herself inside a pseudomarrriage which confined her to an endless dependence from the very same ties which she thought to be released from.

Luisa ignores it (maybe she disavows it). She is unaware of the fact that the relationship between her husband and his mother mirrors her ambivalent relationship with her own mother. She does not know she had been looking for a malicious mother-in-law (on whom she could easily project all her repressed hate against her own mother in order to resolve their unconscious conflict) instead of looking at her original family. She is unaware of her own repressed feelings of fear and hate toward her mother’s power over life and death (Luisa, first-born, tells us with apparent indifference about her mother’s voluntary abortions – four, at least).

We have been able to uncover her unconscious fantasies toward her mother only through a projective test. In a maternal table (the ninth, of the Rorschach test) Luisa says: “This one frightens me, these colours here. It looks like fire, it makes a bad impression on me . . . Maybe the embers, or some fire, some large . . . I don’t like it at all, as it were inside a deep abyss, I don’t know . . . it’s something strange, quite strange . . . I don’t like it. It scares me, it makes me anxious . . . As if it were hell, a pot . . . It looks like a fire, like something burning . . . I am afraid of falling into it: I don’t like it . . . Burning flames”.

It is this unsolved conflict which Luisa tries, unconsciously, to work through by marrying a distant husband with whom she has a superficial and idealized relationship. During their engagement she did not care to really get to know him. She was totally taken by her wish of gaining the new social condition of a married woman: for Luisa’s group-individual, it did not matter who the partner was, as an individual; it only mattered that he was born in their native land and that he wore a uniform. This was enough to consider him a good husband . . .

Thus, Luisa gets married to a man who allows her to remain with her own parents. Even if her individual Ego will suffer from it, Luisa goes through her first pregnancy with her parents, rather than with her husband: she will never live in their home, she will never even bring in a single piece of furniture. Luisa remains secluded inside her original family, fixed to the archaic group of the mothers.

### **Making Mother Scenes . . .**

“We were in bed, once . . . We were already married and we were sleeping at his mother’s home, that time, and we heard shouting. We went to the kitchen: it was my mother-in-law! She had one leg over the balcony, but the other one inside, and she was shouting at me, claiming that I had stolen her of her own sons love so that she was going to throw herself from the balcony. That was the way she made scenes! I do think that if someone really wants to kill themselves they wouldn’t call everyone and make a scene . . . She would throw herself from the balcony, right away, I do believe. [ . . . ] Every time my husband came back to our city, we had to move to my mother-in-laws, as he said: ‘I never see my parents, I have the right to stay with them!’ [ . . . ] And he would always agree with his mother [and go with her where she wanted to:] ‘Let’s go there, let’s go there, let’s go there, let’s go there!’ He didn’t consider me at all . . . he considered me only when he

went to bed, unfortunately. Therefore I feel today like... maybe, I say, I don't know... maybe, I don't know, I don't know... maybe he doesn't love me very much, maybe. I don't know, maybe it is his way of loving [that is wrong]..."

In or out of the balcony... The acting out of the mother-in-law seems to condense and represent the separation anxiety of a group member (due to the birth of a new nuclear family, inevitably antagonistic with the archaic syncytial matrix) as the lethal exclusion from the group of the mothers (being thrown from the balcony). It also dramatizes the anxiety of delivery as a catastrophic risk, which involved each member of the primordial group (as the shouts of the mother-in-law try to do, involving even the neighbours, in order to disturb the reunion of the new couple and their giving life to their new nuclear family).

But there is another disquieting element that re-emerge from the syncytial culture and gives a regressive character to the apparently "modern" fight between Luisa and her mother-in-law (as the champions, respectively, of the nuclear and of the traditional family). In these vicissitudes between daughter and mother-in-law we are confronted again with the use of children as pawns in a power play that ostensibly was aimed at the possession of a man (the husband). As a matter of fact, the real challenge was going on between the women of a group of mothers ("according to me, she is wrong, as today I am a mother too [and I can say what is right and what is wrong]"). Luisa's husband was just a cover of the timeless struggle within the unconscious group of the mothers.

"During my first pregnancy there was a peculiar situation between my husband and me. Let's say that I didn't agree with him, and so [we were often quarreling]. [...] During the first months of my pregnancy I suffered from a threatened miscarriage, a little one... A little threatened miscarriage... I went to the midwife and she said to me: 'Yes, it should be a little threatened miscarriage, stay in your bed!' [...] I carried on this pregnancy without my husband's consent and without his support. I spent the whole nine months alone. But I wished this baby at any cost, also because I thought: 'Maybe this baby will change my life with my husband, he will be able to become... to grow up a little, to become a little more mature'. [...] Then nine months passed... During the fifth month I decided to come and see my husband here, in Rome, as he worked here. Here he has been for eleven years. I decided to come and see him. We enjoyed fifteen days together... Then his mother came and she took him again... Since then we didn't see each other until the day of delivery. At delivery, I was in labour for fifteen hours, and then they performed a Caesarian section... [...] I had an epidural anesthesia: it was a beautiful experience as I was able to see everything. [...] I was awake... That was important for me: being awake. [...] One week before delivery we knew she was a little girl. [...] My daughter is very tied to my parents and my husband is very jealous of this attachment, he would rather like her to be bound to his parents, also. [...] Now I am living here, in Rome, I've imposed [myself on him], convinced to myself to come here instead of going to live in my parent's home with them and with my daughter. [...] Here I am, far from my family, far from everybody, because of my mother-in-law. [...] In my city we have a brand new apartment, a beautiful one, but it is unfurnished, while here we live in a furnished little dark studio... Briefly, [even if I am uncomfortable] I'm glad to stay here as this is the only way to stay with my husband and my babies. [...] My husband didn't accept this pregnancy, in the beginning, since he didn't want it, but I said: 'As it has come from Our Lord, who has sent it to us... [we have to carry it on].' Therefore we have to resign ourselves and accept it... After a couple of months, indeed, he has accepted it... by force. [...] Babies are my goal, now. [...] For them [Luisa's inlaws]

it will be traumatic, but I don't care; I don't care anymore about them. [...] They knew about my pregnancy when I was in my sixth month as my husband didn't tell it to them before, he didn't communicate it to them immediately, I don't know why... To me it was good news... so I informed immediately my parents, my sister-in-law, everyone, since I am happy, at least I have this aim in my life: my children. [...] After this baby I will take the pill... [Then, Luisa told us that she is planning to stop taking the pill, in some years time without telling it to her husband, so that she might have another baby.]”

## Conclusions

We went to see Luisa in her Roman little dark studio, after her delivery. We could verify that it was her mother who was taking care of her newborn, holding him in her arms, comforting him while crying, changing his napkins, and so on. Luisa let her do it, passively, as if maternal care was her mother's task, not her own. In the same way, it was Luisa's mother who spoke about the daughter's marriage and threatened to make a definitive decision, the right decision, for both of them: “We can't honestly stand this situation anymore... he is not worthy [of our patience] anymore [her son-in-law]”.

Luisa did not recover from her hypertension, yet, and she seemed to be depressed, as if she began to realize what she risked coming back to her parents' home, once again, defeated. The only one that seemed to have triumphed was the archaic group-individual, the unconscious dynamics of power within the primordial group of the mothers.

Luisa had tried, though in a clumsy way, to leave her maternal home. She came to Rome for a second attempt in order to make her husband grow up and save her marriage. Maybe she got ill because of this (she suffered from gestational diabetes and hypertension), for the stress of an uneven struggle against the real and imaginary mothers, who did not want to make any room for her, to accept her as a peer between themselves.

In a recent paper, Dinora Pines wrote that “during pregnancy the universal dilemma of maternal ambivalence towards the foetus and whom it represents may be strongly influenced by unresolved conflicts and anxieties belonging to earlier stages of a woman's psychic development”. She also hypothesized that “spontaneous or planned abortion, which allows the woman [...] to deny life to the foetus, may provide a psychosomatic solution to this psychic conflict” (Pines, 1990).

Our interdisciplinary approach complements her clinical findings. We always consider the pathology of human reproduction (any pathology) as psychosomatic, i.e. as the expression of the impossibility to represent otherwise (i.e. without the medium of the body) the complex nature of a conflict which takes place between intrapsychic levels (individual and group-individual), between persons (the mother and her extended family), and between cultures.

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