•Original research article•

The fantasmatic and imaginary child of the pregnant woman

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Background: Pregnancy is a period of transition, which makes women more vulnerable and in unfavorable conditions may lead to psychopathology in both mother and infant. It is essential to outline factors adversely affecting the resolution of this period. Early interventions and why they matter: Interventions during pregnancy can provide important improvement in the outcome for both maternal and infant mental health.

Aim: The aim of the study is to evaluate the risk factors of antenatal anxiety and depression focusing particularly on maternal representations of the relationship towards the fetus and her own parents during pregnancy and the early postpartum period.

Methods: The study is outlined using a quantifiable interview during pregnancy to evaluate the woman's ability to keep her child in mind, measured by reflective functioning. Reflective functioning provides information regarding the pregnant woman's relationship quality to her fetus and important people in her life. Primiparae in Stockholm around gestation week 20 are asked about their experience with respect to pregnancy, their relationship to their family, partner, and their unborn child. The women selected to the study are an at risk population, with high levels of stress, childhood adversity, and/or history of mental health. These women are more vulnerable to develop perinatal anxiety and depression.

Results: The pregnancy interview provides valuable insight into the pregnant women's psychic constitution. The quantifiable measure of their mental state, reflective functioning, serves as measure of quality of the mother's parenting capacity. The countertransference and transference of the interviewer towards the women during the interview enables a more profound understanding of the underlying dynamics and constructs of repression, aggression, mourning, and narcissistic defenses.

Conclusion: A better understanding of the underlying mechanisms of the pregnant women's intrapsychic reorganization of motherhood and her relation to the unborn child shall facilitate specific early interventions. These interventions shall be targeted to specific risk groups and enable the prevention of adverse child outcomes.

Key words: pregnancy; intervention; mothers; infants; perinatal anxiety; depression; reproduction

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1. Introduction

Perinatal health is of great importance for future outcomes of maternal and infant health. Pregnancy is a vulnerable period and early intervention can prevent pervasive effects on infant and child physiology, behavior, and neurobehavioral trajectories.[1] This research considers that maternal fantasies and experiences during pregnancy affect the outcome of the mother-infant relationship and set the foundation for the infant's future developmental trajectory. Through interviewing pregnant women about their fantasies and imagination about their unborn child, their reflection

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on their relationship to their parents, and their partner, the women's mental state is assessed. The interview responses provide important indication for the future mother-infant relationship and indicate risk factors of antenatal stress, anxiety, and depression. The present study is currently the largest project, using the pregnancy interview as an assessment tool to analyze the maternal capacity to imagine, fantasize, and reflect on the proximate relationships. The outcomes of the interviews can be used both prognostically and clinically. Based on the answers of the pregnancy interviews, early interventions can be targeted more specifically to the women's needs. These outcomes are of importance for policy makers and public health services to provide optimal perinatal care. The significance of healthy children that can contribute to society, rather than becoming part of the global burden of disease, is essential in today's aging societies. Early interventions counteract the number of people suffering from mental disorders, which contributes to the world wide 7.4% of disability-adjusted life years (DALY).[2]

The journey from fantasy and imagination, conflicts, aggression, projective identification, social expectations, family dynamics to the birth of a child: pregnancy. Interviewing primipara pregnant women around week 20 and asking them about their experience of being pregnant, their relationship to their family, partner, and their unborn child is a demanding, but extraordinarily inspiring obligation. From the time the woman and her partner, if present, have decided to become pregnant, and if this is a planned pregnancy, the relationship with the fetus grows. The mother-fetus relationship passes through different stages full of fantasies, imaginations, and projections, starting even before the child is conceived. The mother's wish to give a child to her father, which later will provide the narcissistic pride and preoccupation with the child, as the so long desired idealized child finally has been created. The fetus' development is pronounced by rapid physiological changes and parallel is the pregnant woman undergoing a significant transition. Particularly, for the primipara pregnant woman an identity transition is taking place, an interplay of many dimensions (e.g. biological, psychological, philosophical, interpersonal relations) that dynamically coexist throughout a lifetime. The pregnant woman considers the meanings and expectations with respect to parenthood, her role as a mother, framed in choices she begins to develop and then evolve further throughout the pregnancy.

There is mourning and a sense of loss to becoming a parent too. The pregnant woman is losing her position as the primary person, the eternal child of her own parents and shifts roles, becoming the person in charge of someone else's needs. This shift of roles goes along with a loss and its mourning can be described as a depressive state. The pregnant woman's depressive state can be seen in the ambivalent, idealized, and devalued attributes she has towards her fetus. She can describe the fetus as sucking out energy from her, being demanding, fragile, passive or very active, which fuels her imagination and is a complex interplay of imaginary child, fantasmatic child, and the narcissistic injury the child is causing to the pregnant woman. Her appearance changes, her sexual attraction is in danger with respect to her partner and other men. Her role as a professional person is challenged as well. There is an attention shift, particularly insuring her primary narcissism, as she is not the unique center of attention for her partner and her parents anymore. She now needs to share the attention with the child that can be attributed as an intruder. The mother's aggression and rivalry with her child can make her feel guilty, ashamed.

In a similar manner as the mother, the partner undergoes a parenthood transition. He/she identifies with parental, Oedipal figures, and the gendered sociocultural ideals of parenthood and the expectations on becoming an exceptional parent. The narcissistic needs of the partner are greatly unmet after the child is born, since he has to share the prior genuinely directed attention, of the new mother with the infant. The father can create a heart rate, rivalry, and aggression towards the intruder, namely the child and at the same time have narcissistic pride of showing his newborn child. There is ambivalence about different positions and he can be mourning not being the child of his parents anymore and at the same time mourn his loss of being the primary center of attention of his partner, who due to prolactin has even less focus or interest in him and rather dedicates her attention to the newborn child.

The interplay of childhood needs in new parents; their fantasies and imaginings of their own parental role and their relationship to their infant are central aspects. In the notion that individuals repeat aspects of their past relationships in current relationships lies the basic premise of psychoanalysis. The inevitable relationship between childhood relationships and parenthood is implicit in constructs such as transference, identification, and internalization, however not until Benedek [3] and Bibring [4] specifically addressed was the particular relationship between adults' childhood experiences and their experience of pregnancy and parenthood the emphasis on intergenerational transition initiated. Ferenczi along with Gustav Graber, a Swiss psychoanalyst, appears to have been the first to consider the potential connection between topics mentioned by their patients and their intrauterine experience. A common theme underlying the majority of theories on how family patterns are transmitted center on psychological transference mechanisms at both conscious and unconscious levels.[5] In a similar matter, Williamson and Bray[6] suggested that family patterns are developed through the process of projection both within the nuclear family's emotional system, and across generations. Psychoanalytic understanding of the processes underlying identification with and internalization of parental figures supports a more complex view of intergenerational transmission, and of the dynamics of concordance and discordance.[7]

The significance of fantasies, imaginations, projections and family histories for the future mother infant relationship, has been described by Fraiberg[8] in the "Ghost in the Nursery". Due to the implication of these underlying unconscious, preconscious, and conscious processes, Fonagy, Steele, and Steele[9] and Slade[10] investigated the mother's fantasies, reflective functioning and its impact on the mother infant relationship. Fonagy[11] operationalized these representations and extended the mother's containing function on a more cognitive level, to her capacity to mentalize and through *reflective functioning* be more *sensitive* to the child's needs.

Fonagy, Steele, and Steele [9] and Slade [10] analyzed pre-birth and post-birth representations of the child along with the data provided by the Adult Attachment Interview (AAI) and Strange Situation. The outcome suggests that the way women represent their child and how they care for their infant, depends to a large extend on the women's experience of their own childhood and their own parents' caretaking for them. Deriving, the caregiver's own experience of being cared for will play a pivotal role in the woman's endeavor to care, and will occur in all parent-child relationships. Slade[10] found that mothers tended to conceptualize and integrate feelings, thoughts, and fantasies about their developing relationship to the child both before and after birth in terms very similar to those they had used to conceptualize their relationship to their own parents.

Lev-Wiesel [12] investigated the relationship of trauma and intergenerational transmission. In her research she showed that intergenerational transmission of trauma appeared to be expressed differentially, depending on the type of trauma experienced. Both the children and the grandchildren of people who had undergone significant life traumas appeared to be affected by the negative experiences of the first generation.

The significance of intergenerational transmission of the family psyche is such an essential part to be analyzed and better understood, as it has tremendous impact on the future generations. The pregnancy interview provides a very sensitive tool to access pregnant woman's mental state.

The longitudinal RCT at Karolinska Institutet, Department for Reproductive Health aims to assess the pregnant women's mental state in order to predict postnatal mother-infant relationship. The Pregnancy Interview (PI) is an interview similar to the AAI assessing the *woman's internal working model of her unborn child*, her conscious and unconscious experiences and relationships to her fetus, her own parents, and her partner. The research project is designed as a longitudinal randomized control trial on perinatal stress, anxiety, and depression, analyzing two different perinatal parent courses. The study targets women at risk for mental disorders, due to childhood adversity, previous mental health visits or high level of stress.

Fonagy's operationalization of mentalization, *reflective functioning* is measured by the PI and shapes together with Lebovici's[15] description of maternal fantasies and imaginations of the unborn child, the conceptual framework of the longitudinal RCT study. The integration of the two frameworks: Fonagy's mentalization and Lebovici's[16] fantasmatic and the imaginary child lead to several themes and questions, discussed below. To integrate these two approaches seemed of particular interest during pregnancy, due to fantasies and imaginings with respect to the unborn child being even more predominant than after the child is born. After birth, the mother is mourning unmet fantasies about her child, which she kept during pregnancy.

Lebovici's concept of the *fantasmatic* and *imaginary child* can be understood as related to the existence of two children in a woman's mind. The first is an imaginary child, the product of the desire for pregnancy, and about whom the mother develops preconscious daydreams concerning the desired gender and a destiny imposed by intergenerational transmission. The second is a fantasized child from repressed infantile conflicts that were expressed in the desire to give a baby to the mother's own father and future maternal grandfather. The imaginary child is transferred to the real child, held in the mother's arms and becomes a "recreated" child. These are the reasons why the baby's scenarios become its fantasies. Fonagy et al.'s concept of mentalising, reflective functions, and sensitivity can be seen as measures of the mother's capacity to adapt her imagined and fantasmatic child to the real child in her arms. The mother's ability to reason, conceptualize, to think of, and understand her child or in Fonagy's terminology reflect on the ways she relates to her child, is critical with reference to the quality of the dyadic relationship. The mother's ability to consider where her fantasies come from, her capacity to understand intergenerational patterns, repress her images, fantasies that may hinder the real child's development, can be brought together under the umbrella of the two theoretical frameworks of Lebovici and Fonagy. If the mother is aware of her fantasies, her imagined child and can reflect on intergenerational patterns then the real infant can be seen rather than overshadowed due to the mother's lens of fantasies, expectations, disappointment, and mourning of the lost imaginary, desired child. Wherein the better the mother can adapt to her real infant, the less the dyad is overshadowed by ghosts from the past or morning from the mother's unfulfilled fantasy.

2. Methods

2.1 Study population

The present study included 55 primiparae and is part of a larger longitudinal study in Stockholm, Sweden started in 2014. Inclusion criteria were: ≥18 years of age, in their late second or early third trimester of

pregnancy, fluent in Swedish. The participants were recruited through letters sent to their home addresses and through posters at the participating maternal health care centers in Stockholm. The screening included 3 criteria; 1) individuals assessed with the 4-items perceived stress scale (PSS-4) [17], with a score > 6, 2) previously sought health care for depression/ anxiety, 3) and/or childhood adversity. Women who fulfilled any of these three screening criteria were invited to participate in the study. The participating women, with an average age of 31.95 (SD 3.99), came from a similar socioeconomic background; in central Stockholm, see Table 1.

2.2 Measures

The study was outlined using a quantifiable interview during pregnancy to evaluate the woman's ability reflect on important relationships in her life and how they impact the relationship to her fetus. The pregnancy interview, PI [18] is a semi-structured clinical interview that has been shown to predict to adult attachment classification. It has 22 questions and was developed to assess the quality of a mother's representation of her relationship with her unborn child. The interview, which is administered during the second to third trimester, assesses a variety of aspects of the mother's view and reflection of her emotional experience with pregnancy and her expectations and fantasies regarding her future relationship with her child. Participating pregnant women were asked about their experience with respect to pregnancy, their relationship to their family, partner, and their unborn child. The women selected to the study are an at risk population, with high levels of stress, childhood adversity, and / or history of mental health. These women are more vulnerable to develop perinatal stress, anxiety and depression. The pregnancy interview provides valuable insight into the pregnant women's psychic constitution. The quantifiable measure of their mental state, reflective functioning, serves as measure of quality of the mother's parenting capacity. The countertransference and transference of the interviewer towards the women during the interview enables a more profound understanding of the underlying dynamics and constructs of repression, aggression, mourning, and narcissistic defenses.

Figure 1. Flow Chart of the study - Randomized Control Trial, Pilot Study Data

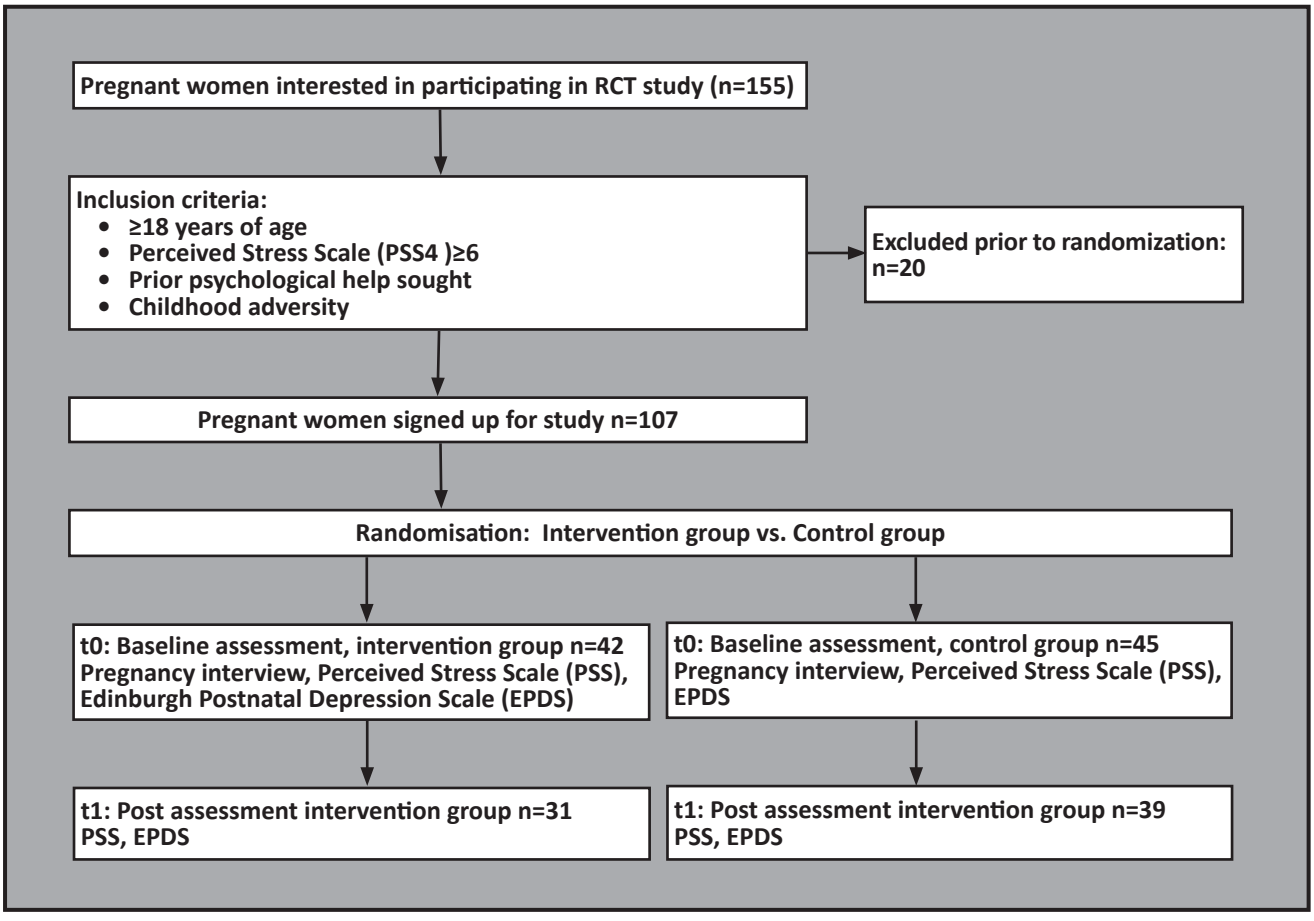

Table 1. Descriptive socio-economic background data

	Total (n=55)
Civil status	
Married	22 (40%)
Cohabitant partner	32 (58.2%)
Single	1 (1.8%)
Birth origin	
Sweden	52 (94.5%)
Foreign	3 (5.5%)
Employment status	
Working/studying	45 (90%)
Unemployed/sick leave	10 (10%)
Work hours/week	
> 40 hours/week	26 (47.3%)
< 40 hours/week	29 (62.1%)
Education	
Completed High school	8 (14.5%)
Higher Education	47 (85.5%)
Total household income	
< 4000 USD /month	9 (16.4%)
> 4000 USD /month	17 (30.9%)
> 6000 USD /month	21 (52.7%)
Presence of one or more diseases	14 (25.5%)
Prescribed medication	13 (23.6%)
Psychopharm	5 (9.1%)

2.3 Ethical considerations

The study uses secondary data analysis of a previous randomized control trial. The Stockholm regional ethical review body approved the RCT with the ethical approval number: IRB#2012/400-31/4. Participation in this study was voluntary and participants could withdraw at any time. Informed consent was obtained, following the latest version of Helsinki declaration of appropriate standard ethical safeguards.

3. Results

The pregnancy interview provides valuable insight into the pregnant women's psychic constitution. The quantifiable measure of their mental state, reflective functioning, serves as measure of quality of the mother's parenting capacity. The women's answers to the interview questions provide important clinically applicable information of their experience, their expectations, and concerns through pregnancy. The capacity to keep the fetus in their mind and build up a relationship to the unborn child, as well as reflecting on their own development and relationship to their parents, indicates the future relationship with their child and the capacity to reflect on the child's needs once it is born. The limited ability or even disability to reflect on their fetus is a clinically important indicator for psychopathology and unresolved trauma, leading to intergenerational transmission. On a macro level, these insights into the women's psychic condition serve governments and health service providers to tailor their care more specifically to meet the women's needs. On a micro level, during the interview situation, the interviewer can make use of the countertransference and transference towards the pregnant women and use this information in clinical intervention and psychotherapy. This enables a more profound understanding of the underlying dynamics and constructs of repression, aggression, morning, and narcissistic defenses that were portrayed in the interviews. This alliance between the pregnant women and the interviewer is an interesting phenomenon that occurred through the course of conducting the interviews and has a therapeutic and clinical value. The mutual trust, the openness to share deeply personal information, and the sense of relief the women reported after being able to share their personal experience with the interviewer is clinically interesting. The interview situation can be considered as a micro therapeutic intervention, and if considered necessary extended to a longer psychotherapeutic consultation. The importance of the alliance between the pregnant women and the interviewer is, however, essential for creating a safe environment for them to share thoughts that can be controversial to be spoken about. This safe, exploratory, and encouraging environment to share their personal information is what makes the interview situation such a valuable source of information, especially with regards to clinical diagnosis and interventions. During the interview the pregnant women's psychic constitution is portrayed in a multilayered and characteristic way, that is more individually targeted and catches more information than a standardized questionnaire on depression, anxiety, or stress. It integrates both the women's own psychic world, but also their social support network, as well as their upbringing and relationship to their own parents. As Selma Fraiberg has emphasized the importance of understanding the relationship to the past, we gathered information from parents and caregivers about their transition into parenthood. The fact that a 45min interview can provide such rich clinically essential information, that then can be targeted for specific interventions for the pregnant women's most acute needs, is therapeutically valuable for effective treatments.

3.1 The interviewer's containing function and the transference and countertransference in the room

Interviewing 107 currently pregnant women in Stockholm, has contributed to an increased understanding of the underlying fantasies, desires,

social, personal, and familial expectations of these pregnant women in 2016. It serves as a unique record of how it was to be pregnant during that specific time in Stockholm, Sweden. The pre-selected population of highly stressed women has predominantly shown to be anxious, but also depressed, or with a comorbid diagnoses. This deepened understanding has been established by the interviewer's countertransference experienced during the different interviews. The women's psychopathology became pervasive in the countertransference and has been a source of knowledge otherwise unknown. During the interview, the interviewer has taken on maternal function for the pregnant women, similar to the analyst in the therapy session. This has been one of the repetitive themes in the countertransference. According to Anzieu[19] the maternal function gives the child an envelope for its own functioning that can be contained and then felt as a personal experience. The infant's self, or premature Ego "internalizes" this maternal capacity. This process results in the creation of limits between the internal world and the external one, the limits of the Ego. In a similar manner, the interviewer served in this containing function and protective envelope for the pregnant women. By providing the pregnant woman a protective envelope, the interviewer facilitates the pregnant woman to reflect on her fetus, by guiding her towards her images of her unborn child. This protective environment enables the pregnant woman to get in touch with her imaginary world. It is a process of sensitive adaptation to each woman and respecting their time and pace to loosen up their defenses and letting the interviewer into their imaginary world. This part of the interview was the most fruitful and pleasurable, if the interviewer achieved that level of trust in the pregnant women.

3.2 Reflections on the Swedish responses

The interviewer, a Swiss psychologist, fluent in Swedish and with cultural knowledge of the Swedish society and health system, conducted the interviews. The underlying constructs of family psyche, fantasies, and social expectations influence the pregnant woman's ability to relate to her fetus and her ability to relate to her future infant. Besides these underlying constructs, the Swedish culture and its influence on the pregnant women have to be taken into consideration. Contemplating the pregnancy interview, designed for Anglo-Saxon societies, with their own cultural peculiar expectations on mothers-to-be and fathers-to-be, gives rise to the intercultural compatibility. The interview questions inevitably and appropriately do not all correspond to the Swedish culture. This became evident in respect to the questions of childcare responsibilities and father involvement. Almost all native Swedish, and most women with migrant background living in Sweden responded that they would share the parental leave equally among the couple. There is an additional question following later in the interview with respect to father involvement, how much the mother expected him to be involved with the child. Due to the prior question on parental responsibility in childcare being answered by the Swedish women as equally shared among both parents, the question on father involvement appeared somewhat repetitive within the Swedish cultural context. The Swedish parental leave is extended if the father takes a minimum of three months of the leave.

3.3 The Swiss interviewer on "job-sharing"

Accustomed to a minimal paternal leave and experience of living in the United States and Asia, where it is culturally accepted to have nannies as primary caretaker, the Swedish "job-sharing" always surprised and encouraged a protective function in the interviewer towards the pregnant women. The most frequent consideration has been, why Swedish women were so easy-going to share their leave equally with their partner. He, who was not physically exposed to pregnancy and did not have to give birth, why should he get the same amount of parental leave as the pregnant woman, who needs to recover physically? Gender equality is a very important social theme and stands over the woman's physical needs. The expectation of "superwomen" has been a common theme in most of the interviews, where the migrant women distinguished themselves slightly from the Swedish women: migrant women had less restrictive views on "job-sharing".

3.4 Parental Narcissism

There is a repeated pattern of anticipations and worries about not meeting the expectations of the 'perfect' pregnant woman, who is healthy, happy, sporty, strong, tough and meant to become an impeccable mother. The socially desirable disguise of negative emotions and control of such has been emphasized by the interviewed pregnant women. The importance to repress negative affects and avoid conflicts is an important cultural norm in the Swedish society. The pregnant women further frequently reported their desire to be fully devoted to their child's needs as a significant indicator for showing their parenting skills. The described women, who have very high expectations, were prone to perfectionism, and socially desirable parenting, had a great narcissistic need for external affirmation. The repression of affect and narcissistic personality in combination may be considered as important factors in the etiology and in the course of psychosomatic illness and make these women a vulnerable population. These women can easily be overlooked, due to their seemingly unspectacular pathological history. The narcissistic personality, in combination with lack of affect regulation, however, can have significant negative

impact on the infant's development. Espasa[20-21] has experienced the described difficulties with his parent-infant psychotherapy with narcissistic patients.

With respect to the questions about how the pregnant women imagined being similar or different to their own mother, as a parent, many responded emotionally. These questions have been the most taut in the entire interview and defense mechanisms were a common theme. It has to be noted that through the interview the women frequently used defense mechanisms, as the questions stirred up difficult topics. The pregnant women idealized, or dismissed, devalued, split their own mother's function as parental role model. Many of the interviewed women had a desire to become exactly like their own mothers, there was nothing they could think of, which their mother had done "wrong". These idealized and devoted mothers were described as:

"I can't come up with anything I would do differently to my mother, when parenting my child."

"I don't think I can become as good as my mother, she has done everything so right."

"My mother has always been here for me, she put her own needs behind us children."

3.5 Patterns of Transgenerational Anxiety

The repression of affect, which has been described to be a socially desired comportment in Sweden, can be traced in the transgenerational transmission of overly anxious caregivers. Due to the lack of appropriate containment and regulation of affect, the caregivers react in an overly anxious manner towards their children. The pregnant women, who were selected due to their high levels of stress, recurrently reported how they were aiming to avoid being hyper anxious.

"My mother was very worried, anxious and made us, my sister and I, become worrisome adults."

"As a teenager I turned off my mobile when I was out partying because my mother would constantly call me. Once I turned on my phone I had about 20 missed calls from her. I want to be different, setting clear guidelines for my teenager and not controlling them."

"As a child it was difficult to read my parents' emotions, they were cold, not showing much of what they were feeling. I want my child to get to understand and feel able to talk about feelings."

"My mother was overly anxious and made me worry a lot too. I really want my child not to feel the same way and will try to remain more calm."

3.6 The Absent Mother

In some of the cases the mother was absent due to a purposely-terminated contact, the pregnant woman had been adopted or the mother had passed away. The morning of the absent mothers had in all cases occurred several years prior to the pregnancy, however the interview and its questions targeting the imagination, fantasies and relationships to the own childhood, triggered memories. The responses on the mother relationship were all strong and defensive.

"My mother doesn't know that I'm pregnant. We don't talk and she doesn't know that I'm pregnant."

"My mother has a narcissistic personality disorder. She's my mother, but me being pregnant is more a thing for her to show around and tell everyone."

"My adoptive parents are kind people. They were however very old when I got adopted and I always felt estranged and not that closely connected to them. I'm thankful that I'm pregnant and can give my child his own real mother."

3.7 Pregnant woman's representation of her fetus: continuity and discontinuity

Some of the pregnant woman considered their fetus kicking in the womb as aggression. Feelings of aggression also emerge in pregnant women towards their fetus for sucking all nourishment out of their bodies. The notion of weakness and the inevitable contact with their female body became evident by the report of reduction in intense physical training such as weight lifting, intense spinning classes, and special unit police services. The feminine body, and the erotic, seductive fantasies around it are not considered as an ideal for Swedish women. Rather the strong and equally skilled labor worker, the career woman that can compete with men in any life situation is the model most desired. These attributes are challenged during pregnancy and confront women with their female sexuality and the feminine attributes of their body, an interesting mix of disgust, repression, mourning, anxiety, depression, and on the other hand delight, liberation and a new body ego relationship. If the pregnant women allowed their defenses against the feminine body to loosen up, they described the pleasure of being the only one having a close, secret, and intimate relationship with the fetus. The joy they experienced in being more forgiving towards themselves and enjoying the feminine sides in them they excused as being predominantly due to pregnancy. During the interview transference, pleasure was one of the themes.

4. Discussion

4.1 Main Findings

4.1.1 Integrating Theoretical Concepts of the Dyadic Interaction with Clinical Material

The interviews with pregnant women and the inevitable transference and countertransference

in the room between interviewer and interviewee have contributed to an insight into the fantasies, imaginations, desires, but also social expectations of these women. The interview situation has similarities to a therapeutic session, especially like the first time one meets a patient. The common progress of the interview came with a decrease in the defensive position of the pregnant women towards more reflection and admission of their fantasies. The interviewer had to be sensitive and as a therapist follow the pregnant woman's pace of opening up and sharing. The themes reassuringly described by the women were their narcissistic position of the outmost desire to be the perfect, socially desirable pregnant "super woman", however not too feminine rather remaining the high performing workforce compatible woman with her preferably male-coworkers. The majority of the Swedish native women expressed the desire to split their parental leave equally among themselves and their partner, which has been one of the most peculiar differences when comparing these women to those who had migrated to Sweden. Those who had migrated had a less rigid expectation of the organization of their caregiving. There has however been a transition in some of the interviewed women acknowledging their pleasure and learning to enjoy their new female body and change in societal position. These women had a more positive body Ego as Anzieu explains [19] and were less prone to depressive, anxious feelings and being in a state of mourning, rather they embraced their new liberation from personal and social boundaries with respect to the gender equal position in society. Their fantasies and joy in the intimate relationship to their fetus could be characterized by more vivid descriptions and an ability to reflect on fetal needs. In their description of their fetus and the relationship they shared, fantasies were more vivid.

The connotation of the societal expectations on women have a significant impact on all levels of the women's psyche and can contribute to culturally specific defenses and with respect to the Swedish society a more prone repression of affects. This repression may explain some of the anxiety, depression, and stress in the pregnant women and be a risk factor for future psychopathology. A difference with respect to cultural defenses could presumably be seen among interviewed women with a migration background and in the countertransference with the interviewer.

The results from the current study of 55 interviewed pregnant women has shown that the most predominant outcomes, which are of clinical interest, are anxiety around pregnancy, the fetus, and the uncertainty of role as a new mother. These themes occurred in 75% of the interviews, of this at risk population of pregnant women that have reported high levels of stress. The symptoms of anxiety, which predominated the interviews, can be considered as a potential source of explanation for their elevated stress levels.[22]

As manifested in the countertransference with the interviewer (e.g. a lack of engagement), a smaller number of women showed a more depressed state when imaging their future relationship to the fetus. This type of symptomatology occurred in 30% of the pregnant women. Nierop et al. [22] presented similar outcomes in their study.

From the women with either anxiety or depressive symptoms, there was a group that showed comorbidity of anxious and depressive symptoms. This was present in 15% of the women and may further have consequences for their breastfeeding duration, as Jonas et al. [23] described.

There was a small number (5%) of the pregnant women that presented traits indicative of personality disorders, particularly narcissistic personality disorder. These were expressed with body fixation, following aesthetic societal female norms, considering themselves to become model mothers, and a sense of emptiness not to be misinterpreted as a depressive state, even if these traits could in some cases lead to depression due to personality constitution. The sense of entitlement and emptiness in the transference provided important indicators for the trained therapist or in this case the person conducting the pregnancy interview, as explained by Slade.[24]

The implication of the transgenerational transmission of the parent-infant relationship has been reoccurring in the responses of the pregnant women and their relationship to their own parents, particularly the mothers. Similar findings were reported by Seimyr et al.,[25] wherefore this study has current research and clinical implications. Three maternal characters got accentuated out of the pregnant women's responses: the perfect mother, the anxious mother, and the absent mother figure. The psychopathological characteristics of some of the pregnant women could in most cases be related to the characteristics they had given to the description of their own mother, which supports the notion of transgenerational transmission of relationship patterns. The cultural implications and how they shape the female body ego, as described by Anzieu, are however neither to be neglected in the understanding of the mother-infant relationship, or in the necessary and sometimes painful aftermath of mourning by the mother which is an adaptation to the loss of fantasies and imaginings after the child is born. [19]

The Slade pregnancy interview[18,26] is not a screening tool for psychopathologies, but provides valuable information into pregnant women's mental states. It is of particular interest for clinical use with women that are at risk for high stress, anxiety, and/or depression during the perinatal phase.

4.2 Limitations

The present study was conducted in the inner city of Stockholm and was comprised of a relatively high-social status and well-educated group, therefore it was not representative of all of Stockholm and moreover cannot be compared with other international samples. In the future, recruitment should include different communities and the interviews should be conducted in several countries to enable a cross-national comparison, in order to see whether the discovered themes are generalizable over other societies or culturally specific for Sweden or even Stockholm city. Future research includes a study conducting interviews with women in different areas of Mainland China, with the aim of gaining a better understanding of family planning and reproductive health in light of the recent shift in China's one-child policy.

4.3 Implications

Recognizing the importance of the early development towards future life has contributed to the study of early interventions during pregnancy and potential tools to detect at risk pregnant women. This early intervention and potential screening through the pregnancy interview is of clinical importance. The overarching aim is to provide insight into risk factors that lead to mental disorders, which contribute to disability-adjusted life years (DALY) and enhance the global burden of disease. With respect to aging societies, these DALY stress the already precarious care of the aging populations.

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Conflict of interest statement

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Ethical Approval

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孕妇妇女对孩子的想象

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背景：妊娠是一个过渡时期，在这一非常时期孕妇会变得更为脆弱，在不利条件下可能引发母婴心理问题。因此，我们有必要找出对这一时期会产生负面影响的因素。早期干预对保持孕产妇和婴儿的心理健康十分重要。

目的：评估产前焦虑和抑郁的危险因素，特别是孕期和产后早期的孕产妇对胎儿和她自己的父母之间的母婴关系。

方法：研究采用在孕期进行量化访谈，通过半定式孕期访谈来评估孕妇对胎儿的心理预期和孕妇自己的母婴依附关系归类。孕期访谈可得到有关孕妇与胎儿、孕妇和她生活中重要人物之间关系的有价值的信息。我们对斯德哥尔摩的孕 20 周的初产妇进行了调查，询问其有关怀孕的经历、以及他们的家庭、伴侣、和未出生的孩子之间的关系。研究的孕妇均属于有较高压力、童年逆境、有否精神疾病家族史的高危人群。这些女性更易罹患围产期焦虑和抑郁。

结果：孕期访谈为了解孕产妇的心理构成提供了有价值的信息。她们心理状态和心理反应的量化可以用来衡量预测其母亲养育能力的质量。访谈中出现的反移情和移情有助于更深入地理解孕期女性的压抑、攻击性、悲伤、自恋、防卫等潜在动力学机制。

结论：探究评估母孕期的心理构成以及她与未出生孩子之间的关系有助于进行专业的早期干预。早期干预措施应针对特定的高危人群，可有助预防对其孩子可能产生的不良效应。

关键词：妊娠；干预；母亲；婴儿；围产期焦虑；抑郁；生育

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