



2° INTERNATIONAL MEETING "THE FUTURE OF A.R.T."

Desire for a Child: The Couple Faced with Needs, Conflicts and Fears

M i l a n , I t a l y 1 3 - 1 4 S e p t e m b e r 2 0 2 4

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YESTERDAY AND TODAY

It became possible with **CONTRACEPTION**

(in the 1970s)

to separate **SEXUALITY from PROCREATION**

Finally, we were free to have sexual intercourse
without fear of pregnancy.



YESTERDAY AND TODAY

Today, with **MEDICALLY ASSISTED PROCREATION**,

it is possible to separate

PROCREATION from SEXUALITY

To procreate, sexual intercourse is no longer necessary



YESTERDAY AND TODAY

Fertilization occurs at a **'RIGHT' TIME** beyond the physiological limits of fertility, in a defined and chosen time

And in an **'EXTRACORPOREAL' SPACE**, an unknown space, where an operator transforms someone into a parent



THE PARENTHOOD PATH

Becoming parents involves adopting a much more comprehensive perspective than simply waiting for a child

As individuals and as couples, the journey of parenthood begins when the desire for a child arises

By the time pregnancy occurs,
in the parents' minds the child is already born



BODY AND MIND

It is now an accepted belief that the
PSYCHOLOGICAL STATE is fundamental

MIND AND BODY

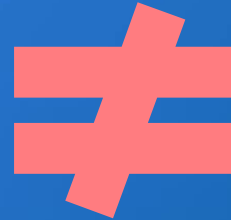
influence and interact with each other



WOMAN

The desire for a pregnancy

There is a narcissistic desire to experience feelings of fullness, to prove to herself and to others that her body is working, and that she can become omnipotent like her mother



Is not the same

The desire for a child

The woman's focus is on the child, who is separate from her, with whom she will create a relationship based on caring for it

(Bydlowski, 1984, Pines, 1982, 1988)



THE INFERTILE WOMAN

The mind is **FULL**

The belly is **EMPTY**

Veggetti Finzi 2004



MAN

Men's desire for paternity is not well-researched

The scientific research on human reproduction
has been focused on women,
even when they have an infertile partner!
because culturally women identify themselves
by their **MATERNITY**
and men identify themselves not by their paternity
but by their **MANHOOD**



THE INFERTILE MAN

So male identity was based on manhood,
but now things have changed
social changes have modified the traditional role of father,
so research has begun to study the **desire for paternity**

Infertile men present anxiety, depression,
failure, fault and shame



THE INFERTILE MAN

Considers

**POTENTIA CUENDI
AND POTENTIA GENERANDI**

the same thing
so an infertile man can be
considered impotent

This is how a narcissistic wound
is created

G.Rifelli 2010



THE INFERTILE COUPLE

In medical procreation centers the **WOMAN** starts the health care journey at the beginning, so she must cope with her

«empty belly and full mind»

The **MAN** deals with his infertility only later when he has to collect sperm; it is in this moment that he must confront

his impotence and his shame



PERFORMANCE

The desire to become parents is equated
with other life projects

There is a need to present oneself to oneself and to
society as **PARENTS** or as a **FAMILY**

The **DESIRE** to have a child has been replaced
by the **NEED** to have a child



AN OMNIPOTENT DREAM

Today

WHERE THERE IS A WILL THERE IS A WAY !

Couples often believe they can have a child whenever they want, but of course this is an illusion, an omnipotent dream, that can turn into frustration and an unbearable disappointment,

a **'couple wound'**



EMOTIONAL DIMENSION

What about the psychological dimension
and the couple's unexplored concerns and feelings
about parenthood?

If they are not taken into consideration,
they will make themselves felt!



PSYCHOLOGICAL ISSUES

In sexology clinics couples come because they can develop sexual dysfunctions when they decide to procreate :

Dyspareunia, vaginismus - in women

Premature ejaculation, erectile dysfunction - in men

These are expressions of the conflict, a psychological barrier to parenthood



PSYCHOLOGICAL ISSUES

These couples may come to your Fertility Centers believing they can overcome the difficulty in procreating by bypassing the sexual symptoms, employing a mechanism of denial or minimization of the problem

However, this conflict will manifest during the process



PSYCHOLOGICAL ISSUES

A patient comes for a consultation presenting an erectile dysfunction that he cannot explain

He reports that he desires his partner and has never had such problems before

He experiences no difficulties during masturbation

From the sexual history, it emerges that the difficulty began when they decided to begin trying for a pregnancy

He becomes aware that this potential child is causing him great fear, a fear of not being up to the task



WHEN TO BECOME PARENTS

I WANT IT, I DON'T WANT IT

AMBIVALENCE OF DESIRE

Another illusion is that one can have a child
at any age

The 'ideal' procreative seasons for men and
women may not align

**Nature urges having children early,
while culture encourages waiting**



A CHILD: PERSONAL AND COUPLE FULFILLMENT

When a child is born, it is a **gift of mutual love**
and **trust in life**

It can also have a curative meaning
when it is expected to repair the balance
of a personal, couple, or family life
perceived as failing



A CHILD: PERSONAL AND COUPLE FULFILLMENT

I remember a teenager who came for consultation
due to distress

From the interviews, it emerged that the grandfather,
a physician, could not forgive himself for failing to help his son,
the boy's uncle,

who had committed suicide at 20 years old

The adolescent felt his birth was a means of atonement for
for his maternal family

The meaning had roots in the family's collective unconscious



WORKING TOGETHER

PHYSICIAN

pragmatic, operates in a realistic scenario,
asks questions

PSYCHOLOGIST

waits and sees, deals with mental representation,
listens



WORKING TOGETHER

The only way to help an infertile couple
and to work in a satisfying way is
to treat the couple as a whole
both individually and together

We don't divide their body and mind

The solution is in our approach!



THANK YOU!

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