

Pregnancy as a Feminine Initiation

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Abstract: Pregnancy as a feminine initiation becomes conscious to a woman when she engages with her pregnant imagination through dreams, art, emotions, and somatic changes. If the woman acknowledges her emotional and psychological reactions arising from core archetypal patterns, a “conscious pregnancy” occurs. Three stages of the initiation are outlined: Gateway, Attending, and Passage. Focusing on the Attending stage, three key psychological components are explored: shadow, syzygy, and simultaneity. Viewing the prenatal psyche through C.G. Jung’s lens of Analytical Psychology sheds light on how archetypal patterns and symbolic material associated with initiatory tasks supports maternal confidence and enhances mother/infant attachment.

Keywords: Pregnancy, feminine initiation, conscious pregnancy, mother archetype, initiation oriented pregnancy

Introduction

Each pregnancy is unique and psychologically transformative, although not all women are conscious of this potential. A woman who chooses to engage with her pregnancy by listening and responding to her psyche, undergoes an “initiation-oriented pregnancy” or “conscious pregnancy,”¹ which opens her to the sometimes rigorous demands of an initiatory experience.

¹ Most women are aware that they are pregnant, but do not engage with their pregnancy in any other way than it being a physical experience defined by medical terms, and a means to an end. Their psychological process remains invisible to the world and often times to themselves. *Conscious pregnancy* and *initiation-oriented pregnancy* denote the woman who is actively responding to the demands of her pregnant imagination through psychological and spiritual tasks that result in an enhanced and valued prenatal individuation experience.

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Sometimes these women may enter a therapeutic relationship so as to explore the initiation more consciously. The archetype of initiation is an essential lens for the woman but also for the therapist or analyst to consider when working with pregnant women. As one pregnant woman said, "there is something more to pregnancy than what is in books or the world." Using concepts from Jung's Analytical Psychology, this paper considers some of the ways in which the initiation archetype manifests during pregnancy, influencing the woman's individuation.

Rather than laying the archetype of initiation over the pregnant woman, distancing us further from knowing about her inner personal psychic experiences, the archetypal pattern emerges organically, particularly when the woman encounters pivotal challenging incidences that require her to confront unconscious aspects of herself in relationship to the world. While not the focus of this paper, it is also worth mentioning the pull on the therapist/analyst to actively participate in the initiation as the initiator, resulting in possible power dynamics, polarization and misunderstandings, or a subtle, but profound, emotional disorientation or abandonment for the pregnant woman. Becoming more conscious of the rich archetypal material of initiation that emerges through her own experiences makes room for the pregnant woman to reclaim a disowned aspect of the archaic journey that is often in the shadow of the relationship and for those around her to rightly honor the individual journey.

Literature review

Helene Deutsch's (1944) seminal research dispelled the myth that analysis was dangerous for the pregnant woman, courageously differing from her male colleagues by viewing the biological processes of pregnancy as a reflection of psychological material that was useful for women's development. A wide and varied body of research continues to emerge from Deutsch's initial inroads. Throughout his work, C.G. Jung drew on pregnancy as a metaphor for his ideas on the Great Mother and the generative creative process within the psyche as it related to individuation, the transcendent function, symbol formation, and active imagination. Several Jungian analysts referred to the pregnant woman as an archetypal image connected to nature (Neumann, 1994; Hall, 1980; Harding, 1970; von Franz, 1999) but the personal dimensions of a pregnant woman's psyche have not been specifically addressed by this older generation of Jungians. In her book on childbearing loss, Savage (1989) considered the archetypal burdens

that an individual woman carries when she becomes pregnant: “The elemental nature of the Great Mother archetype constellated with the awareness of pregnancy contains both positive and negative attributes. As positive mother, she is the ‘vessel’ which contains, protects, nourishes, and gives birth; as the negative mother, she is the one who separates, rejects, and brings death” (p. 32). More recently an extensive collection of dreams, submitted by pregnant women, were organized under various predominate symbols (Abt, Bosch, & MacKrel, 2000), highlighting the depth and breadth of psychic energy available during pregnancy.

The stages of initiation were used to illustrate a feminine model during Jungian analysis where the woman’s childbearing life and the analytic relationship are both ritualized, honored and made sacred by archetypal images and dreams (Beane Rutter, 1993/2009, 2011). Barone-Chapman (2007, 2011) researched and documented some of the complexes arising with women who undergo invitro fertilization (IVF) and pregnancy while in analysis. As an obstetrics doctor drawing on the myth of Persephone, Kortendieck-Rashee (2011) explored how the dreams of immigrant pregnant women in Germany may express the theme of initiation. Within a medical framework, Côté-Arsenault, Brody, and Dombeck, (2009) documented how the rite of passage is a useful structural model for pregnancies and childbirths that follow a perinatal loss.

The early social anthropologist, Westermarck (1906/2007) observed that tribal communities isolated a pregnant woman because she was thought to be dangerous, contaminated, and likely to infect those around her. He assumed that this notion was rooted in the superstition and fear of the power of blood, which gave the woman hidden powers over her husband and men in the tribe. Observations on feminine initiations, including pregnancy, were later noted (van Gnepp, 1960; Turner, 1987) as a time of isolation, transition, and a rite of passage. When Lincoln (1981/1991) differentiated between feminine and masculine initiations, he concluded that feminine initiations do not bring women increased social status or hierarchal power, as an initiation does for men, but, instead, she is compensated with a “cosmic status” (p. 105). The woman’s status is found through her daily life, her body, and other women, all of which lead to an inner authority with regards to her life purpose and her connection to the divine. Instead of altering a woman’s status, “initiation changes their fundamental being, addressing ontological concerns rather than hierarchical ones. A woman does not become more powerful...but *more creative* [emphasis added], more alive, more ontologically real” (p. 104).

It follows then that a woman who is receptive to her creativity, which supports the development of her “cosmic status,” is coming into a conscious relationship with the Self, an Analytical Psychology term used to denote the guiding transpersonal function within the psyche. It also follows that in the pregnant initiate’s daily life, and in her analysis, she participates in an investigation, clarification, reorganization, and integration of the parental complexes so as to enhance her maternal confidence and nurture an increased adaptation and attachment to the baby.

Pregnancy as Initiation

The emergence of the initiation archetype within the psyche brings with it various challenges and tremendous shifts in consciousness. There is not only a deepening of the analytic/therapeutic relationship but a distinct psychological indwelling in which the pregnant woman may become profoundly connected to her own feminine nature through responding to the demands of her psyche. Phillip Bromberg’s (1998) description of an analyst’s experience in analysis is analogous to the pregnant woman’s initiatory experience in her relationship with her pregnancy and the fetus. “... the analyst’s ability to experience the intersubjective field as a process in which ambiguity, paradox, and sometimes even chaos are felt to be relationally valid elements in the growth of the self” (pg. 28). These words set the stage for an unwritten play to unfold in which the woman discovers the depths of her personal psychological world during pregnancy, a process that is quite autonomous. It is best described as an initiation from the Self, which is exactly why we cannot apply the initiation model to every pregnant woman, yet, by becoming conscious of the archetypal pull through her emotional and creative efforts, she uncovers her own mythic story.

All initiations contain challenging tasks and ordeals with the presence of risk, danger, and the possibility of death. While often idealized by the collective, pregnancy is precisely one of those powerful psychological feminine initiations. As reported in Ploss-Bartel’s research, the Hova tribe considered the pregnant woman dead from conception until she gave birth, at which point she was considered resurrected (van Gnepp, 1960, p. 43). The contemporary pregnant woman may indeed feel psychologically “dead” to herself, and others, because she is no longer who she was and yet has not been born into the woman she will become within her community. This is rarely spoken about. Her new awareness can stimulate fears of her own separation or death, the separation and death of her fetus, or the

separation and death of her partner.

Within this psychological realm, the pregnant woman exists in a transitional space that can constellate such loss or grief for her past and ambivalence for her future that daily language is insufficient. Paradoxically, while new life grows within her body, death is a stark emotional consideration for her, highlighting the richness of the potential space, just out of reach, in which she temporarily lives. Although more physically visible than ever, she may feel invisible because her intra-psychic feelings of joy mixed with fear, worry, and mourning may be unknown to others. This paradox is hard to reconcile and even more difficult to speak about. An unexpected confusion may ensue for the woman and those who support her. Suddenly she exists outside her familiar daily life, not who she was and not yet who she will become.

Psychologically, this state is not a negative regression but a softening of the ego so that the Self can expand and influence the ego's development through personal psychological work, which includes her use of her imagination. Once in this temporary "dead space" the pregnant woman may unearth a fertile creative hearth within her referred to as a *pregnant imagination* (Swan-Foster, 2010). The notion of a pregnant imagination formed out of an interest in the phenomenological experiences associated with imagination (Corbin, 1972; Cwik, 2010; Schaverien, 1992) as well as the imaginative accounts provided by the pregnant woman through clinical work and exploratory research (Swan-Foster, 1989, 2010; Swan-Foster, Foster, and Dorsey, 2003). During these creative encounters, the woman grapples with complex prenatal feelings such as grief, fear, or love that eventually reveal the creative gnosis within her. Without this imaginative space the initiation archetype during pregnancy does not have the opportunity to fully emerge into consciousness.

At times, because of the powerful archetypal pull of pregnancy, a woman's pregnant imagination is misunderstood, too quickly judged or assessed by those around her, who may forget that she exists in a unique state of consciousness. She may express grief, ambivalence, confusion, helplessness, depression, or anxiety. While post-traumatic stress, obsessive compulsivity, and anxious depression are clearly researched, documented, and treatable concerns, for some perinatal women, using only a biomedical perspective may inadvertently simplify her condition and dismiss the opportunity for integrating a new consciousness surrounding her creative feminine instincts and her maternal role.

Winnicott (1958/1992) originally described the change in the

woman's behavior and affect as maternal preoccupation, a non-ordinary state that may typically appear pathological or concerning. Instead, seen as a specific kind of altered state, this psychic/somatic condition may often stimulate the right brain where the limbic and autonomic nervous systems are concerned with implicit memories and subtle emotional and somatic changes. These "soft tissue" feeling states are best expressed through authentic shared language, metaphor, imagery, and symbols (Schore, personal communication, 2011).

Furthermore, within this transitional state a compelling countertransference reaction may occur in which those around the woman may be pulled into a prenatal "field" to share personal stories of the idealized and overly positive experiences as well as undigested traumatic content. The impulse to "make nice" or make infantilizing statements, or resort to advice-giving that arises out of one's own implicit memories is also sometimes constellated. Such external reactions and projections towards her emotional state indicates the pregnant woman's powerful expression of the binary mother archetype, along side the archaic feelings associated with the archetype of initiation, in which trauma, fear, grief, separation, and death may predominate.

We have much to learn from the pregnant woman regarding these unconscious right brain states that are deeply rooted into primordial material within the collective unconscious. Unfortunately, well-meaning preemptive reactions from those around her may reinforce her fears causing a fight/flight reaction and a sealing off of the potential to come to know herself in a more meaningful way. Such hyper-arousal curtails and inhibits her curiosity and trust in her pregnant imagination, which indeed offers a particular guidance system to navigate the challenging path of initiation that she must ultimately travel on her own, alone.

When the woman recognizes her personal relationship to this prenatal process within a symbolic and imaginative space such as analysis, therapy, art, dreams, or active imagination, she gathers greater individual understanding and meaning from her physical condition and emerges with an enhanced feminine experience that often lasts throughout her life. Ultimately, within an analytical psychology framework, her conscious pregnancy, or initiated pregnancy, results in a more resilient ego that accepts an enriched and ongoing growing maternal confidence that is yoked to a meaningful connection with the Self.

The term pregnant imagination also reflects C. G. Jung's notion that a symbol has the potential to be "pregnant," enlivening the psyche. Chodrow (1997) refers to Jung's use of the German word *betrachten*, which means "to make pregnant. ... And, if it is pregnant, then something is due to come out of it; it is alive, it produces, it multiplies" (p. 7).

Pregnant imagination describes the inner creative process that orients and validates the woman's encounter with her own creative and religious nature, expanding the possibilities for experiencing the numinous. Further, the softening boundaries associated with time and space are often unconsciously expressed in her drawings through the use of transparencies (Swan-Foster, Foster, and Dorsey, 2003). Certainly her pregnant imagination stretches the woman's perceptions of reality, encouraging a more flexible and supple ego that can tolerate a greater range of being. Engaging in *betrachten* moments with her psyche or the fetus promotes an awareness of the emerging attachment process with her baby.

Most importantly, a woman's pregnant imagination is a specific and essential ingredient that shifts the woman's prenatal experience from one that is linear, concrete, non-symbolic, and ego-driven to a multi-layered, paradoxical, and symbolical sacred initiation journey that is guided by an expanding ego, but greatly influenced by the Self. This process only occurs when the woman embraces her personal relationship to an inner imaginal world of pregnancy that is both individual and archetypal. Taylor (2009) reinforces the wide range of archetypal imagery, reinforcing the role of the collective unconscious and the depth of the pregnant initiate's unconscious process that spontaneously emerges through women's art, dreams, or imagination.

Certainly, the initiation model is not for every pregnant woman. For those who lack psychological interest or a certain level of ego strength to access the symbolic realm of the psyche, remaining with the concrete medical and technological models of pregnancy provides a certain security. These protections may be especially needed with unconscious or unresolved complex trauma that the woman is unable to face. These can be considered ego-oriented pregnancies and they tend to rely on cognitive behavioral approaches aimed at managing anxiety and fear.

A woman does not automatically undergo a feminine initiation simply because she exists in a liminal space (Swan-Foster, 2010). Sometimes a pregnancy is uneventful yet each individual comes to it with a varied history and psychological awareness. Some women endure and survive pregnancy, including the unfortunate traumatic

incidences, without introspection or conscious integration of the available psychological tasks, while other women are thrown into a process of deep self-investigation.

Initiations are not to be undertaken lightly. They signify a confrontation with separation, danger, and the possibility of death with unbidden adjustments or transformations. While most pregnancies go well, pregnancy is a period of tremendous uncertainty and the possibility of death may secretly lurk in the woman's mind. She has no specific map for her pregnancy, no guarantees. The initiation archetype brings to the psychological foreground a model through which challenging nuances of pregnancy that arise from both her physical and psychological ordeals are filtered.

As stated above, the phrases "initiation-oriented pregnancy" or "conscious pregnancy" describe a personal process that is not driven by the ego, but exists as an underlying archetypal pattern available to her if she suspends her reliance on the pragmatic "reality," "truth," and "certainty" of a medical model and engages with her pregnant imagination. While coming to terms with separation, danger, and death on a psychological level, she may also have a compensatory reaction of engaging with the potential space where creative play occurs (Winnicott, 1971). This paradoxical process allows her pregnant imagination to conceive, form, and give birth to whatever is psychologically paramount for her in the moment. Ultimately, this will be a new conscious attitude within her feminine psyche.

While it is useful to loosely hold and consider the images and structures of the initiation archetype for the pregnant woman, we remain cautious against replacing, yet again from outside the woman's experience, another linear structure or label to repackage, or encourage a false or unwanted process, for the woman's personal prenatal journey. This only sets her up yet again for misunderstanding and judgment, and seals off the most conflicting prenatal thoughts and feelings.

Feminine Initiation Stages for Pregnancy

Lincoln (1981/1991) defined and named the three stages of a feminine initiation as containment, metamorphosis or magnification, and emergence. The terms *Gateway*, *Attending*, and *Passage* (Swan-Foster, 2010) are used in order to distinguish the initiation process of the pregnant woman as separate from other feminine initiations. In order to not overlook the woman's psychological well-being, these three phases were purposely chosen in place of the medical term of

trimesters, primarily referring to the growth stages of the fetus. An initiation-oriented pregnancy is not to be confused with a medical and childbirth-oriented perspective, which may acknowledge the liminality of the major transition but not fully incorporate the psychological complexity nor consider the role of the pregnant imagination that relies on the purposive nature of the Self.

Phase 1: Gateway

The word Gateway has the root meaning of gate, suggesting a door-like structure, a hole or opening (Ayto, 1990, p. 250). The term defines the state of expectancy and urgency that a woman encounters when she is considering, through imagination, dreams, art, or visions, whether or not she wants to become pregnant and how she might experience pregnancy should it occur. The image of a gate suggests a formally defined space with the possibility of moving through into another world, not yet encountered, but imagined. The other side of the gate is the world of pregnancy. During the Gateway phase a woman may be longing for pregnancy. She may change her daily habits, secretly hoping that this will enhance her fertility. She may fear the pregnancy will never happen. She may have preparatory dreams, or feel the presence of dread or emptiness that she hopes a pregnancy could rectify.

If she has experienced a prenatal loss, then her longing is more intimately intertwined with her knowledge of danger and death. A woman who waits at the Gateway phase for a difficult or unfulfilled conception faces an intolerable psychological and physical emptiness that becomes conscious through analysis when seeking alternative medical options (Barone-Chapman, 2007, 2011) or adoption to fulfill her desire and hope for a child.

Unlike the hero, who is called out from his familiar territory into the world, the pregnant woman is called inward to consciously work with her pregnant imagination, and, as a result, the sacrifices she makes may be invisible to others. The call of conception may come from an inner voice through a dream, or as an image in response to her procreative urges. One pregnant woman remembered the call this way:

One day when I was dozing I “saw” this little soul pulling at my hand. It didn’t feel it was good timing for us nor my career, but I knew the soul had been waiting. It took my hand, pulling me in a different direction, begging me to listen. I wanted to push it away, but I really felt I had no more choice in the matter. It was

time. While I didn't believe what I had imagined and I forgot about it once I got on with life, shortly after I learned I was pregnant.

Another pregnant woman spoke of a dream that she later realized was her call to try to become pregnant, although she did not know what it meant at the time. She recounted the dream: "my daughter was an infant in my arms and said, "Mama—it's time now. I am ready to be with you." Another woman met up with a nonpoisonous snake while out in nature that turned towards her and touched both her feet. She later called it a blessing for her pregnancy that she had not yet consciously confirmed.

Each of these women received powerful messages from the unconscious, but it was only when they were pregnant that they reclaimed the images as meaningful messages from the cosmos. Once pregnant each woman confirmed the power of her unconscious and acknowledged the role of her imagination that had served to make her pregnancy conscious. In other words, the pregnant woman is drawn into the initiatory process, which has autonomously presented itself in the form of a living symbol. It is the living symbol that is often the calling to cross the psychological threshold into the next phase of her prenatal journey.

Phase 2: Attending

The ending of the Gateway phase is marked by the moment a woman learns she is pregnant. What follows is the Attending phase, which is the nine months that follow Gateway and precede the onset of labor, defined below as the Passage phase. While the etymology of the word "attend" means to stretch, listen, or direct the mind toward something (Ayto, 1990), originally the word comes from the Latin "attendere," a compound verb of "ad," (to) and "stretch" that eventually led to the Latin verb "tenere," which means to hold and contain (p. 42). The word attend took on the meaning of caring for and finally to be present with something or someone, suggesting a more feminine and religious quality.

The idea of "stretching to" evokes not only how the body stretches, but also how psychologically, in a conscious pregnancy, the pregnant initiate's ego is stretched towards a relationship with the Self, allowing an expansion into a larger personality while simultaneously recognizing the numinosity of her condition. While in the middle phase of Attending, three key psychological components are revealed:

Shadow, Syzygy, and Simultaneity. Each concept illustrates particular aspects of the feminine psyche that serve the pregnant woman's individuation journey.

When the Shadow presents itself, a range of denied or unexpected aspects related to pregnancy begin to surface in the woman's psychological world. The gradual process of integrating the shadow implies that the ego encounters defeats because of what she is suddenly forced to consider or accept, such as thoughts that her body is no longer her own, an increased emotionality or imagination, the strong opinions of people around her regarding how to handle her condition, or the unexpected shifts in her own view of pregnancy. Indeed, the body's changes denote that the Attending phase is underway and the shadow demands attention. Because shadow is what the ego rejects or disowns, "to become conscious of shadow involves recognizing the dark aspects of the personality as present and real. This act is the essential condition for any kind of self-knowledge, and it therefore, as a rule, meets with considerable resistance"(Jung [1959/1978] p. 8, para 14). While doing so can initially constellate increased fear for the pregnant woman, the results can be deeply satisfying.

While a non-pregnant person can resist the shadow, a pregnant woman may not always have the defenses to do so. The softening and expansion of her body force her to accept a certain amount of psychological change. Many mistake the shadow as holding only the negative aspects, yet the positive aspects condemned early on by cultural complexes and the collective shadow also need to be reclaimed from being feared as dangerous and contaminating. This implies that much of what is vital and psychologically essential for the pregnant initiate exists in the unconscious; her initiation journey is a call, a particular type of regression that is concerned with a lowering of consciousness so that she can redeem what is essential for her psychological wholeness. For instance, a woman who has lost a previous baby must courageously work with her emotions regarding the past as well as her fear of another death (Figure 1).



Figure 1.

This drawing shows one woman's greatest fear. In attempts to avoid the shadow and protect her feelings through emotional "cushioning" (Côté-Arsenault and Donato, 2011), she may sometimes reject rituals such as a baby shower or organizing baby clothes. The rituals that honor her current pregnancy and a new beginning also bring the memory of what she has lost, including confidence in her body. While making a drawing can be emotionally painful, paradoxically, the image also may provide her with emotional distance, clarity, and relief.

Sometimes her mourning may be a call to reclaim her faith in survival through an unpredictable process and to engage with repetitive feelings of grief and suffering until a new level of consciousness emerges. In Figure 2 this same woman used the image of the hand as a protective resource until the baby arrived.



Figure 2.

This image acknowledges the presence of the Self and her reliance on something larger than her. Drawings can support a woman who straddles her need for self-protection with her need to understand and articulate her inner experience. When her reaction to the previous trauma constellates a self-care response (Kalsched, 1996) that obstructs her opportunity for an initiated pregnancy, the therapeutic relationship can offer adequate containment for the unraveling of her feelings associated with previous trauma or loss. Ultimately such work may shift her perspective for the emergence of a good enough attachment to her current pregnancy.

Somatic challenges are also invitations to work with shadow material. McNealy (1987) described the psyche/soma relationship this way: "It is about bringing life back to deadened psyches *through the body* [emphasis added], and to deadened parts of the body *through the*

psyche [emphasis added]" (p. 10). For the pregnant woman, the prenatal psyche and body thins and softens, making room for the fetus and the potential for new consciousness. The interaction between psyche and soma during pregnancy prods her towards an emotional alchemical process that supports wholeness and individuation, as well as maternal adaptation, and attunement to psychological states in herself and her baby. Another way of understanding her experience is that she exists as a living and visible container of an inter-subjective field.

But the body is, of course, also a concretization, or a function, of that unknown thing which produces the psyche as well as the body; the difference we make between the psyche and the body is artificial...there is nothing but a living body...psyche is as much a living body as body is living psyche: it is just the same. (Jung, 1998 [1934-1939], p. 114).

Here Jung was referring to the body and psyche as one interactive dynamic metaphorical container, an alchemical vas or retort, for challenging and unacceptable feelings or thoughts that can be clarified, cooked or transformed, and digested. Today the advances in neuroscience explain some of what Jung observed and intuited, particularly the way that affect is stored in and expressed through the body.

With pregnancy, literally "something" has entered the pregnant woman's body and now lives within her, constellating psyche and soma. More often than not she is silently preoccupied with the impact of the fetus on her body while, at the same time, incorporating a new unknown psychological aspect of herself. Indeed, for the first time in her life, she may not know who she is from moment to moment. At the same time that her body softens and expands to make room for the fetus, her ego faces defeat as it softens to incorporate what is somewhat foreign to her, not yet born and yet very much alive within her.

One pregnant woman said, "*I'm in a state of mild panic. I'm physically nauseous, but I'm also emotionally nauseous with panic.*" Although not fully conscious of it in that exact moment, this woman was becoming aware of how her body and mind were interconnected. More specifically, her body made the pregnancy known to her, first through nausea and her relationship to smells and food and then through her own metaphors of nausea, panic, and dizziness that highlighted her emotions. By consciously working with her physical experience, she could slow the "spinning" and explore her panic. Her feelings became opportunities for us to explore the personal complexes

as well as the archetypal themes that arose through dreams or art images. These prenatal feelings were her ordeals or tasks. She did not want to be fixed or encouraged; what she encountered emotionally was essential material that was “making,” “stirring,” or “cooking” her into a mother.

As she embraced the weekly ritual of attending to herself in our sessions, the deadened parts of her psyche and body were enlivened through meaningful investigations into somatic feelings, dreams, affect, and spontaneous drawings. As she mourned her past relationship with her own mother, her psyche softened and expanded along with her body. She grew more aligned with the fetus and congruent with her image of herself as a mother. Her distraught clinical state may have been immediately assessed as prenatal depression and anxiety that required medication, but for this woman, there was much more to the panic than simple anxiety or nausea.

Instead, having a space to explore these unnamed experiences led her to hold and tolerate her thoughts and feelings, (indeed, practicing what she would eventually provide for her infant), where she had previously tended to grasp onto a judgmental view point or collapse emotionally and shut out the world. Her ability to “ride” and survive her feelings while also calming her body and reassuring her fetus led to a rich inner psychological journey and increased maternal-confidence. Ultimately this process laid the groundwork for what was needed from her during the post-partum attachment process.

A woman brought this dream a few weeks prior to the Passage phase.

I am in a helicopter circling above a particular place, trying to find a good place to land. The pilot seems uncertain, checking out different places, maybe lost, but not out of control. I remember that my cousin died in a helicopter accident. Then, I am worried about running out of fuel and crashing and nobody finding us. I feel helpless and I awake with a sense of urgency.

This dream illustrates the struggles of facing the unknown, being caught out, feeling unprepared, suspended, and searching for a safe landing while being haunted by the fear of death. The dream suggests that this woman was looking for a place to give birth, a place to come home to herself. Kortendieck-Rasche (2011) points out that this type of dream is common when the woman is preparing for birth, or the Passage phase; however, these feelings are often expressed throughout the Attending phase with such images as drifting, being lost, feeling suspended, or drowning, all of which constellate ambivalence,

uncertainty, feeling overwhelmed, and having a fear or terror of the future and losing what is familiar. Figure 3 is a visual description of this difficult state of confusion and uncertainty.



Figure 3.

For instance, another woman, in her second pregnancy, noted a reoccurring prenatal dream of her daughter nearly drowning but being saved in the last moment. This dream series suggested a young creative feminine aspect of her psyche that was overwhelmed by the emotional and physical experience of pregnancy that highlighted feelings of confinement and restriction. When we discovered her feelings of loss were associated with how her creative professional identity had been unconsciously transferred into motherhood, these dreams did not return.

Amidst this process, it is not unusual for a woman to come in contact with her shadow through a critical inner voice that is rule-oriented, unforgiving, or dismissive, all of which limit the possibility to build trust in her pregnant imagination. Barred from this exploration, perhaps because of an interfering negative animus stemming from a negative mother or father complex, “the capacity to assimilate shadow qualities is lacking...there is often an inability to tolerate the psychic pain of facing one’s own destructiveness and its effects on others” (Culbert-Koehn, 1997, p. 4).

The destructive aspect of the power shadow can be constellated when a pregnant woman is caught in a painful struggle of having to make choices. The feminine aspect of her psyche may feel kidnapped, dominated, betrayed, and even destroyed; as a result, the relational aspect of her psyche is nowhere to be found. In this case, the woman may psychologically separate from her feminine body and, consequently, from a feminine initiation. Psychologically, this foreclosure on her feminine authority by deferring to others may stir

up feelings of betrayal and shame that ultimately silence her. The woman may become almost captive to any medical procedure without first asking questions to consciously discern what choice is best for her and her unborn baby.

Certainly, if dissociative defenses are in place and a rigid ego defends to keep these same structures active, the process of cultivating a relationship with her fetus, with herself, or a therapist is not as easy it sounds. Terrifying contents may remain unconscious for the woman and even so firmly locked in the body that only a trusting therapeutic relationship to hold the heat of the suffering can allow the destructive shadow contents emerge. Until that point, a woman caught in this struggle will inflict the pain on herself by rejecting and sealing off the shadow material, and even leaving the therapeutic relationship.

While she remains “in charge” of the process with a “get through it myself” attitude, she is isolated and only partially alive. This woman may say, “I just have to get through this pregnancy and birth and then everything will be okay.” A significant part of her psyche is “killed off” by such a statement. Working with the contents of her destructive shadow is critical to understand and transform the negative mother complex. This requires a capacity for her to tolerate shame and guilt while at the same time holding the possibility for repair and transformation.

The second essential component during the Attending phase is to work with internal opposites so as to understand the role of the feminine/masculine Syzygy. The word “Syzygy” is rooted in Latin and means “yoked” or paired and “in a straight line” (Merriam Webster, 1995, p. 1198). From a biological perspective, syzygy is described as “a conjunction of two organisms without loss of identity” (Oxford English Dictionary, 1971/1979, p. 3214), suggesting a psychological state of feeling joined or connected but differentiated.

This definition also suggests the supreme pair of opposites, such as the King and Queen or the anima and the animus. These poles embrace the natural presence of the opposites in nature that can be brought together, or yoked, to serve a greater purpose. Nature is filled with opposites: dark/light, masculine/feminine, or sun/moon, psychologically the pregnant women may encounter such additional opposites as birth/death, seen/unseen, wandering/home, contained/container, abandoned/related, and conquered/conqueror. These last four pairs of opposites reflect the possible archetypal patterns imbedded within pregnancy (Swan-Foster, 2010).

Lincoln (1991) referred to the “play of opposites” (p. 97) as a particular kind of feminine initiation that is less definable than other

types of initiation because it lacks a locus of action. Instead, there is a dialectical complexity that is presented; the initiate becomes identified with the synthesis of what she is enduring with the idea of transcending the conflicts (Ibid). Psychologically, this may be understood through Jung's synthetic method and the role of the transcendent function within the psyche that gives birth to a living symbol.

Physical discomfort and emotional suffering during pregnancy often contradicts the excitement and joy of becoming pregnant and the plans to have a baby. While pregnant a woman may become particularly aware of how her feminine attributes contrast the masculine aspects of her psyche. In other words, her physical condition stimulates an awareness of the play of the opposites within her psyche. In the feminine/masculine syzygy process, the component within her psyche that is lacking is brought into sharper focus; it may improve her ability to have more courage and discernment (animus) or it may enhance her ability to patiently nurture and soften to her life (anima). This depends upon what she personally needs to stretch into the syzygy.

As two oxen in harmony in the yoke, the internal psychic feminine/masculine syzygy provides a way to harness the tension of these opposites and have them work together. So as to enhance this process, the woman may specifically draw on her pregnant imagination to illuminate the tasks, ordeals, or sacrifices of her feminine initiation. Since the syzygy emerges from the unconscious, or imaginal space, the experience of the union may offer a purposive image that makes way for the relationship with her baby. It is not uncommon, nor surprising, that once she has reconnected with the feminine initiation, a woman may dream of a powerful feminine image that offers wisdom or support, suggesting the presence of the Great Mother archetype.

But before this syzygy can occur, the shadow or "other" also needs to come into relationship with its conscious opposite. This takes place through a relational and imaginative process that yokes the conscious with the unconscious. The other is most obviously experienced by the pregnant woman through first the conception and then the fetus because the unknown takes residency within the woman's body. Psychologically, this generative principle can have masculine or feminine qualities depending upon the prenatal psyche. An important task for the pregnant woman is to recognize her own bi-polar nature. Syzygy is about her coming to terms with and finding value in her two-sided nature as expressed by her physical pregnancy. The next other is

the deepening relationship to the masculine aspect of her psyche or the animus.

The role of the animus within the pregnant woman's psyche is next addressed for the purpose of amplifying the process of yoking the conscious with the unconscious. The animus serves as a contra-sexual aspect of her psyche that supports the development of her feminine pregnant psyche. Viewed here as psychopomp, or traveler, between the conscious and unconscious worlds, the animus is continuously developing in the psyche of the woman, and may become visible and meaningful for the first time during this major transition. Because of the threshold nature of pregnancy, the animus can either hinder or support this particular feminine initiation process. Through the connection to the Self, the pregnant woman's animus may offer the psychic energy necessary to facilitate her pregnant imagination. The animus is persistent, helping to load the imaginal work with psychic energy and move her from the concrete nature of the physical experience into the metaphoric and the symbolic.

Consequently, the mediating quality of the animus encourages her individuation process by bringing vitality and integrity to her feminine connection to the Self. Gaining an awareness of this animus energy may be difficult for her to name without some analytic work, but she often discovers it through shadow projections onto her partner, doctor, father or other men in her life. She may also come across an experience of the animus in dream images.

For instance, when a woman is overly directed by a negative animus, her task is to expand her consciousness of the feminine aspects in her psyche so as to accept the indwelling, softening, and uncertainty that hold personal meaning. On the other hand, when a pregnant woman is overly identified with the softening of her feminine psyche and views her physical pregnancy as only a positive experience, her ordeals challenge her to work more consciously with her animus, honing her skills of discernment, assertiveness, differentiation, and clarification. Her initiation task is to connect with another side of her instinctual nature, completing tasks that she may not normally be accustomed to doing and yet through the process she comes to understand and integrate the life changing events. One woman reported the following dream:

This gentle man about my age arrived carrying a pile of nicely folded blankets. He said he was a chaplain. He was feeling sad about a death. I did not feel worried in the dream and I trusted him although I didn't know him. I feel more worried in real life.

In an active imagination, the woman expanded her relationship with her “chaplain man.” She drew the dream and had a “conversation” with him about her pregnancy and impending childbirth. When she said she felt as though she was rambling, I expressed curiosity about the “wandering” energy that was arising from the unconscious and encouraged further wandering and curiosity. The woman used the dream to explore her ambivalence about becoming a mother because of her fear of her baby dying during childbirth. This was a predominant concern as two acquaintances had babies who died. Her dream ego was “not worried,” but her conscious ego was often obsessed by the fear of death, struggling to defend against the images or minimizing her fears with humor, yet inside she felt confined by a psychological vault of dark anxious thoughts.

When her anxiety reached a peak in her life, she sought out therapy. She commented that her anxiety was just like her father’s and was keeping her away from authentic feelings. This illustrates how during pregnancy a mature and respectful psychological relationship with the animus may emerge for the first time. While she explored disavowed feelings behind her fear, the chaplain man became a living symbol, an animus resource of calm support through daily routines and finding spiritual order in her “messy life.” This purposive image would bode well for her relationship with her baby and the chaotic adjustment process of post-partum.

The third concept of the Attending phase is Simultaneity, which describes a reflective and contemplative place of both being and becoming. The word is derived from the word similar and refers to things being similar or happening at the same time (Ayto, 1990, pg 478). The pregnant woman is a vivid example of how layered states of awareness co-exist at the same time. The image of the Russian stacking dolls comes to mind, all existing together, one within the other, to form one doll with an outer shell, hiding inner multiple inner states. Her ability to move fluidly between these psychological states while recognizing that they co-exist without conflict opens her to an expanded sense of imagination and a creative trust in both the being and becoming of this transitional time. This layered psychological experience was found in drawings (Figure 4, and 5) she created of herself pregnant that include transparencies of the baby, her naked body, her clothing, and then the space around her (Swan-Foster, Foster, Dorsey, 2003).



Figure 4.



Figure 5.

Typically pregnancies exist within a linear state of consciousness with a beginning and an end. However, when a pregnant woman is able to psychologically soften to her deeper feelings, then she is engaged in the tasks of initiation through emotional and spiritual indwelling that is enlivened and made valuable by the imaginal and symbolic realms. She discovers a place within her that is inherently both complex and quiet. She feels less emotionally desperate for those around her to save her. The experience becomes nonlinear, multilayered, and allows the physical and psychological aspects of her existence to consciously co-exist in a dynamically inter-related way. Along with integrating shadow material and recognizing the yoking process of syzygy within her psyche, there is an opportunity for the pregnant woman to recognize and tolerate the challenging complexity of simultaneity as a source of vitality that is naturally fed by her connection to the Self.

When the woman tolerates the tension between remaining still...waiting and simultaneously stretching towards and making room for other, the power of the initiation often becomes conscious. It

is in this quiet, still place that she may finally come to understand the power of what she is encountering, and respect her own process of discovery and inner wisdom as idiosyncratic and valuable. When referring to initiation, Jung (1960/1972) said, “transformative processes...have to do with the realization of a part of the personality which has not yet come into existence but is still in the process of becoming” (p.293, para 558). Indeed a pregnant woman may be aware of a unique psychological state of becoming that grows within her and emerges from her physical experiences of pregnancy.

The woman/fetus dyad is often viewed in psychotherapy, and particularly psychoanalysis, as a physical or symbolic state of enmeshment and fusion, a regression of the psyche, a time when the pregnant woman is unconsciously identified with a fetus that is fully dependent on the mother. Rothman (1989) said, “...it is not the fetus that is denied; the fetus is increasingly seen and valued, while the relationship with the woman in whom it resides is disvalued. And so the fetus becomes a patient, a captive, an ‘unborn child,’ needing protection—including protection from its mother” (p. 53). In other words, the pregnant woman’s experience is overlooked. She may be a faceless container in service of the fetus while carrying projections from the collective.

The illusion and projection that the woman is fused with the fetus is dispelled with the role of the placenta. The pregnant woman and her fetus exist in a unique interconnected state of simultaneity, with the placenta serving as the mediating organ. In an interview with the philosopher Luce Irigaray, the French biologist Helen Rouch provided support for the idea that the woman and fetus are separate (Irigaray, 1993). She defined pregnancy as a:

Successful transplant [since the] embryo is half-foreign to the maternal organism....[B]ecause of [the paternal antigens] the mother should activate her defense mechanisms to reject this other to her self. The placenta, which is also this other, prevents this mechanism from being activated. In a complex manner, it will block or at the very least greatly minimize maternal activity leading to rejection, but only locally, around the uterus (p. 40).

Rouch’s description of the biological process of the placenta emphasizes how the pregnant initiate consents to having a foreign object grow inside of her despite the inherent dangers of life and death. It is the placenta that serves to mediate the adjustment process between two separate beings. It serves as a symbol for the imaginal

capacity within a transitional space where the two separate life forces come together: “the mother and fetus are strangely organized and respectful of the life of both” (p.38).

Rouch explained to Irigaray (1993) that the traditional language such as “fusion” or “aggression” do not adequately reflect the biological process of pregnancy, so it is no wonder that the pregnant woman may feel strangely misunderstood while coming to understand herself as both mother and not mother at once. Or, additional misunderstandings may arise from her understanding that she and the fetus are separate yet connected, particularly when she and the fetus are seen from afar as one unit. More explicitly, Rouch suggested that because the fetus creates the placenta from the combined parental genes, the organ marks an already established and clear differentiation. In fact, the mother has always known that the placenta was other and that by letting the placenta know this, she enables the maternal organism to accept it as other (Irigaray, pg 41).

The fact that the implantation of the ovum is both the woman’s tissue and tissue from another person forces a biological tension of the opposites within her body that exists within and extends beyond the feminine/masculine towards the more layered opposites such as inside/outside, container/contained, life/death and self/other. This syzygy expressed through the physiological tension emphasizes once again how the pregnant woman both contains and expresses nature’s polarities as well as experiences a profound state of simultaneity that transcends the physicality of her condition.

With Irigaray (1993), Rouch spoke further of confronting the “blindness” that we may hold towards the pregnant woman because of our personal and cultural projections:

it seems to me that the differentiation between the mother’s self and the other of the child, and vice versa, is in place well *before it’s given meaning* [emphasis added] in and by language (in psychoanalysis), and the forms it takes don’t necessarily accord with those our culture...relays: loss of paradise, traumatizing expulsion or exclusion...I am not accusing these forms of the imaginary of being wrong, but of being the only ways of theorizing what exists before language. It makes one wonder about *this remarkable blindness to the processes of pregnancy* [emphasis added], and especially to the particular role of the placenta”(p. 42).

The four archetypal patterns mentioned above provide an alternative

lens to old psychoanalytic concepts and language referring to pregnancy such as fusion, expulsion, or exclusion. These words are one-dimensional and lack the relational aspect of syzygy that is inherent within pregnancy. In contrast, the archetypal patterns (wandering/home, contained/container, abandoned/related and conquered/conqueror) conjure images of the initiatory challenges that the pregnant woman encounters and confronts within herself as well as in the world. Through this process she may discover a new expanded aspect of her psyche. Much like the Russian dolls, archetypal themes and the relational interactions may be experienced simultaneously during pregnancy. While this may appear chaotic at first, engaging in psychological work can certainly help the pregnant woman clarify, differentiate, and yoke these complex feelings.

Although the Self is a psychological concept, Jung (1953/1966) considered it the center of the psyche, and that it “might...be called the ‘God within us’”(par. 399, p. 238) capable of holding the complexities of emerging consciousness. When the pregnant woman embraces the Self’s role in facilitating her pregnant initiation, then the ego has surrendered to a conscious pregnancy and the woman undergoes a powerful feminine initiation that transforms who she is as a woman. Moreover, the relationship between the ego and the Self becomes enriched through a discovery of personal meaning and unearthed treasures.

An important aspect of the Attending phase is the underpinning of the archetypal patterns. As the woman becomes more conscious of the mother archetype during her pregnancy, each day of pregnancy can feel emotionally and physically different, expanding her flexibility and spontaneity in response to an emerging new pattern within her psyche. What worked yesterday may not work today or tomorrow. And what worked without a baby may not work with a baby. For instance, her own need to create a home or “nest” for *other* may constellate a wandering. The following woman poignantly spoke about her disorientation when she was six months pregnant:

I am drifting...in a whole other world, unable to think about things in a linear way, like I used to. I seem to sail around things as if I am in a fog and yet eventually the fog clears and I discover I have not lost my way. What I have needed to do has gotten done what I have been looking for has been found. The drifting actually has some kind of direction. It is not definable. If I struggle against it I get anxious. (The drifting) is chaotic, but in some funny way restful and fun too.

This woman is discovering alternative ways of moving through life. Sometimes such wandering includes a state of mourning (Savage, 1989) as she lets go of her past. The archetype of wandering is also awakened in the Attending phase of pregnancy when she feels removed from “regular time” and falls into lunar time, which contains states of reverie and imagination. This non-ordinary state may be expressed physically by nibbling throughout the day or waking up periodically during the night. Her body moves slowly and is no longer comfortable in certain chairs, particular clothing, or crowded environments.

These details force a woman to adjust her relationship not only to the expanding space within her, but also to the space around her. She is not visibly going out to search for new space, as in the masculine initiation, but rather she is adjusting, recreating, and adapting to the spaces that were once familiar to her. In reality she is disconnected from and unfamiliar with the world she once knew and moved freely in; she now lives in a “thin place” (Wright, 2000) of the non-ordinary realm of consciousness. Powerless to the teleological movement of the physical and psychological initiation, the pregnant woman both patiently waits and actively searches to find her new self so as to know herself once again.

In contrast to wandering, the archetypal pattern of containment may be felt by the pregnant initiate as an inward movement away from the collective to the invisible lunar world of her psyche. Her pregnancy may have come as a surprise, or it may justify her introversion and for the first time she has a substantial concrete reason of the pregnancy and fetus to reassess and possibly reject the collective demands upon her, all of which seed her own growing sense of feminine authority. The shadow side of the containment pattern is the ambivalence with how the pregnancy suddenly means a loss of her mobility and autonomy and increased responsibilities, what one pregnant woman named as “forever a mother.” She may happily recognize that new life requires a relationship with the dark lunar world, but this realization also brings painful feelings of isolation and loneliness that precede the birth of something bright and new.

The uncertainty of her changing life may constellate painful archaic feelings in which the archetypal pattern of abandonment emerges. The pregnant woman may suddenly realize that, while she may have support during her pregnancy, she may also confront feelings of aloneness and feeling abandoned to be pregnant on her own. Jung noted the transcendent symbol that is discovered during the darkest hour may resolve the painful tension and illuminate the value

of abandonment in the creative process (Jung, 1959/1990, p. 167, para 285).

Feeling conquered by the physical and emotional aspects of pregnancy is a common archetypal pattern that comes unbidden for the woman. It can constellate feelings of being captured, kidnapped, betrayed, disappointed, a fear of retaliation, distrust, and death. Complicated struggles around choosing sides, the right side, may force a pregnant woman to confront the double binds inherent within her process such as fears of being kidnapped by her physical experience or shuttled back and forth without power by those who are more “knowledgeable” and carry authority with the possibility to rescue her if something goes wrong. Decisions can often be very hard for a pregnant woman, when facing the unknown. Those around her may not appreciate her psychological dilemmas so she is conquered by their demands and becomes kidnapped by her own inner complexes.

Finding a way out of the power complexes that are constellated around the pregnancy and within her own psyche depends on the presence of other archetypal aspects within her psyche to help shift and relieve her of the pain and suffering. This does not always occur in the first pregnancy and the feminine aspect of the psyche can be “killed” only to resurface with another pregnancy or during a later life transition.

Phase 3: Passage

With the onset of labor, the breaking of uterine waters or the loss of the cervical plug, the Attending phase of pregnancy comes to an end. The term Passage is used to describe the final phase of the initiation process and is defined when the woman realizes her labor has started. In this post-liminal stage, the laboring period offers her an opportunity to gradually enter into a new life. The woman brings to consciousness a new aspect of her feminine psyche through the laboring process. The word passage suggests a hallway, a passageway, or a way to arrive at a destination. Passage also suggests a movement through a space with a tight squeeze. For the pregnant initiate a shift in psychic energy is required by her to move into and through labor towards birth, which is marked by her desire to push the baby out into the world. Before the birth, her body may go through a variety of states during the Passage phase: an absence of energy, a gradual building of progressing energy, or an immediate onset of terrifying energy forcing its way through the container of her body. She typically remarks how she was caught in an archetypal possession without access to her ego, feeling the powerful force of birth as a separate archetype. She may fear her own death or

the baby's death, without being able to verbalize her feeling states as her body takes over.

A woman in the Passage phase is similar to a vessel moving through the symbolic passage between Scylla and Charybdis where some do not survive. Indeed during this stage both mother and child are again faced with the fear of death as they are painfully pushed, squeezed, forced, and carried along by the passing labor pains, wondering when it might end, until the Passage gives way to the actual birth when both mother and child are born into a new life.

Conclusion

Clearly one of the predominate archetypes that surfaces during pregnancy is initiation. Whether or not the woman embraces such a concept depends upon the woman's psychological interest and readiness to engage with her pregnant imagination while held in this transitional state. Having an archetypal model as a backdrop to the relational focus inherent during pregnancy reformulates how we consider the woman's feminine experience and recognizes that her initiatory experience is an important aspect of her individuation, not something that needs fixing. By understanding and clarifying the Attending phase of her initiation, the pregnant woman has a greater opportunity to engage with her inner psychological world and the poignant archetypal themes that are naturally constellated by her transitional state of transformation. Exploring her hopes and dreams, along with the fears and challenges that come with any true initiation, prepares her for a new role and the powerful attachment process.

The Attending stage, with its unique psychological softening, makes room for insights into developmental issues that arise from the mother and father complexes, and time to address some of her own traumatic history related to previous childbirth issues. By responding to the call of pregnancy as a feminine initiation, she acknowledges that her journey is not simply driven by her ego and the outcome, but a process of uncovering and integrating essential shadow material.

Importantly, pregnancy gives a woman time to explore her role and her connection to the bi-polar mother archetype. In so doing, there is a strengthening relationship between the ego and the Self; the presence of the Self may take on new meaning for the woman, giving her the sense that she is no longer alone on the journey. The pregnant woman can be seen as held in a contained space between two trees, suggesting the transitional or liminal state of initiation that is influenced by nature and supported by the Self. This inner work with material and

images from the woman's unconscious creates room for clarification, flexibility, endurance, spontaneity, and patience that seed and fertilize her maternal philosophy. Importantly, it can be visually anchored into place prior to the baby's arrival. In addition, the inherent creativity within the biological and psychological processes of the Attending phase provides a stunning view into understanding the feminine psyche from a fresh perspective. Her journey illustrates for us the valuable role of the pregnant imagination, how it validates her liminal state and brings balance to the more goal-oriented, practical, and technological approach, which may overlook, dismiss, or devalue the hidden experiences of the feminine experience for the pregnant woman.

The timelessness of the various images that surface during the pregnant woman's initiation are honored and made sacred when she attends to her pregnant imagination and allows the archetypal themes of wandering/home, contained/container, abandoned/related and conquered/conqueror to become more conscious. The tasks of her pregnancy allow her to connect with the archetypal experience of initiation while at the same time giving value and meaning to her unique person journey.

Viewing pregnancy as a feminine initiation with specific tasks and ordeals reminds us of the struggle for creative potential that is available in each person's psyche. It is the pregnant woman's personal initiation journey that gives us insight into how engaging with images leads to the birth of new consciousness.

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