

# Mother-Child Bonding-Analysis in the Prenatal Realm

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**Keywords:** intrauterine representations; mother-representative of immune origine; embryonic hormone hCG; research in cancer; examples for bonding analysis between mother and unborn child

**Abstract:** The paper is concerned with basic intrauterine sensations which – if not transformed into personifications and thoughts – cause a person to become psychotic or psychosomatically severely ill. An essential factor in the possible or impossible transformation is the mother-representative which contents the requests and laws of generations before and finally the ‘grown rock’ of the mother-representative of immunologic origin which every born human being has experienced as a deadly threat, however, he survived. The drama of implantation is discussed, where cancer and child separate, however, regressively, later on in life a deathly cancer can be reactivated. With two patient-reports from bonding-analysis in the prenatal realm the difficulties of reaching the unborn child are discussed, both point at the discretion of the child which rather hides or even disappears forever if his being in life seems too problematic for the other generations. The bonding-analysis due to Raffai and Hidas presents a psychoanalytical understanding to pregnant mothers who do not feel neither themselves nor their child in pregnancy: they experience first their own body and later learn to make the child speak within the womb via body-sensations.

**Zusammenfassung:** *Mutter-Kind Bindungsanalyse im pränatalen Raum.* Der Aufsatz spricht von den intrauterinen, ursprünglichen Empfindungen, die einen Menschen psychotisch werden lassen, wenn sie nicht in Personifikationen und Gedanken über diese umgesetzt werden können. Ein wesentlicher Faktor bei der möglichen oder nicht möglichen Umsetzung ist der mütterliche Repräsentant, der die Forderungen und Gesetze der Generationen zuvor beinhaltet sowie schließlich ‚der gewachsene Fels‘ des Mutterrepräsentanten immunologischer Herkunft, den jeder geborene Mensch als für ihn tödlich erfahren und dennoch überlebt hat. Diskutiert wird das Drama der Einnistung, wo Krebs und Kind sich scheiden, doch regressiv im späteren Leben eine tödliche Krebserkrankung aktiviert werden kann. Zwei Fallbeispiele sprechen von der Mühe der Beziehung zum intrauterinen Kind, und beide heben die Diskretion des Kindes hervor, das sich lieber versteckt oder auch sich für immer entfernt, wenn sein Dasein den anderen Generationen zu problematisch ist. Die Bindungsanalyse nach Raffai und Hidas gibt Müttern, die sich und ihr Kind nicht spüren können in der Schwangerschaft, eine psychoanalytische Hilfe, zunächst ihren eigenen Körper und dann via Körperempfindungen das Kind mit sich sprechen zu lassen.

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If someone asked me if psychoanalysis is possible with the unborn child I would answer affirmatively and add: Certainly not immediately but with help from the mother. Thus, the analysis of the mother-child-relation is the essential point.

For five years I had a paranoid-psychotic patient in psychoanalysis with four, later three sessions a week. He is one of two psychotic patients with whom analysis succeeded while many other trials with these patients did not.

Already in the first term of analysis he mentioned that he was spotted, laughed and mocked at while working. He was mostly afraid to be murdered. In times when his anxiety grew high he was hardly able to follow his work but stayed away on longer holidays. It turned out that nobody was present in his bureau or in the corridor when he was laughed and mocked at. There were no visual or auditive sensations. Soon we learned that his surrounding was another world, the world of his original sensations to which he regressed when becoming psychotic. At the end of a session he said the key-word: He neither sees nor hears that he is mocked at – he is sensible of it. In the beginning the world represents and arranges itself for us in sensations – or it does not arrange.

The child in the uterus is full of sensations. Sensations are the content of his affective conscience, by which he dares a design of himself and via these sensations his mother can characterize him. The intrauterine child is able to explain to his mother how she influences him and which kind of relation is between them. Thus, the mother can realize the sensations of her child and experience what actually happens between them, whom and how this happening influences.

Sallenbach (1993) described as an outcome of an investigation into intrauterine bonding that within the sensations of the child are the experiences of the child's mother. That is important to the Achilles' heel of child development: Is the intrauterine child able to differentiate his experiences from those of his mother? If he cannot succeed his mother's experiences are dominant and he cannot dissolve himself from a self which represents the mother's body but goes on living in unseparable unity with his mother's body.

If this is so, the mother does not communicate with her child but with the representatives of herself within the child. To say it simply: The mother contacts her experiences of herself within the child and not her child and his experiences. If the mother's self, organized along her personal experiences is furthermore dominant in the child, if thus the mother experiences her own self-representative in the child, then the intrauterine child's self wastes away as it does not experience a meritorious and stimulating relation. The psychoses, among them schizophrenia, can be the result of such a rudimentary intrauterine development of the self (Raffai 1991, 1995). If the mother's self is dominant in the child it is rather the mother who grows as long as her self-reproductional phantasy is realized while the dominance of the child's self makes the child grow within his mother.

Both ways of growth represent two mainly different ways of development: The first has got a low bow, it is pathologic and near to the state ready to return into the mother (intrauterine regression). The other bow is high, grows always more independently, withdraws more and more from the motherly sphere, becomes able for discoveries and creativity.

The method of mother-child-bonding in the prenatal realm was worked out by Hidas and me (1995a). Via this method one can get in touch with early intrauterine

representatives and help the child to free from the representations of his mother's experiences to build up borders of his own self and start an autonomous way of development. This results in an intrauterinely more differentiated and mutual relation with mutual tuning and perception of the other one's feelings. Then the mother reacts to her child and no more to herself, to her own reflection in the child and vice versa.

Mutuality results in strengthening of bodily borders and further of autonomous ego-development. A further result is the mutual preparation for birth. There is no pre-term birth, no cross- or rump-delivery, no complications at birth. These are new dimensions to human life to open the realm of a new era. However, let us return to the world of early intrauterine representations to make the psychoanalytic background of mother child bonding-analysis better understood.

One of Freud's essential discoveries is the unconscious which – besides other topics – points at the psychic taking inside of persons and the relations to them, their representation within us which since the moment of procreation or even earlier determine us. Thus, we have inner images of the world and the persons except of ourselves. In the psychoanalytic process the patient recreates the development of his history of relations in relation to his analyst; projecting them onto the analyst he relives his early representations. We call this transference. This special relation does not revive only the postnatal representatives, as in every moment of revival in transference of a patient with his analyst there is a new couple re-envoked which reproduces some of the dual experience from the beginning of his being alive. It is the task of the analyst to identify who is who in the new couple, which part of which couple is his in the feelings of his patient (Wilheim 1995).

A new couple originates from the coming together of the egg-cell with the spermatoid, but as well during implantation of the cygote to the uterus. The analysis of life-time before birth mobilizes a queer memory-system: The objects have not yet undergone a symbolizing and psychic way of working through. They are dramatic, non-tamed and rough. In the psychoanalytic relation they come up the way they were once experienced. Not phantasy nor imagination is here at work but truth itself. It is the result of the mutual heroic work of patient and analyst that these memories can be transformed via the analytic process into phantasies and thoughts and thus may be transcribed to a symbolic way of working through and become integrated parts of the patient's ego. The intrauterine memorial process discovers all the relations between mother and child via bodily attitudes, ways of moving, affects and sensations. The psychoanalytic process causes a transformation of body sensations into thoughts, their transcription into a verbal system of memory with personification via transformation. From sensation results thought together with a remembrance. The translator, the transformator is just the ego of the patient. Within intrauterine mother-child-bonding the language and the sign-system of communication are determined by the developmental niveau of the child. It makes things easier if a mother can follow her child from the verbal step of communication to the level of sensations and can adapt to the respective developmental level of her child. If she has reached the step of regression in quest during bonding analysis she acts within the mechanism of transformation to exchange informations with her child via body sensations. Thus she becomes able to transform the sensations of her child to become personifications. Similarly, she

becomes able to control her own world of experiences and work on her traumatic experiences and her destructive tensions on her own. Normally, they all are transferred to the child. Everything a mother makes her child experience leaves a trace on him and a representation. This representation contains the traumatisations, the representations of conflicts and actual tensions of his mother. In his mother-representative the child thus bears the burden of his mother and even of more persons. Besides, there is a mother representative from immunological origin of whom we will talk later.

Why is there no filter which hinders the early traumatization of the child? We find an answer in Freud's *Dream Analysis* where he found out that the ego is surrounded by a shelter-system, the so called defense mechanisms which help against attacks on the identity of his ego from the unconscious. Towards his body he is, however, open, there are no defence mechanisms. So the child is exposed to attacks from the unconscious as any of the mother's other organs; an ulcer may be considered as a sacrifice to the unconscious. Naturally the child has a certain amount of defence and a certain defence system not to be as passively delivered up like a stomach.

There is another complication to the mother child bonding as in the unconscious of the mother is the representation of the bonding to her own mother alive which is activated too. We can ask who is communicating with the intrauterine child, the mother or her mother-representative, the child's grandmother? From our mother child bonding analyses we already gathered experiences about the fact that the bondage to the fertilized egg-cell from implantation onward is determined from the mother's representative of her own intrauterine time. This mother-representative is built up in an immunological way and determines life and death. This representative is present in every implantation. Inevitably, biologically determined.

Asserting that the first mother-representative results from immunological origin we do assert no less than the transgression of biological proceedings: They have precipitations, representations. At the beginning it might be a sensation produced by a physical operation. Actually, it is not relevant in which form or construction this is kept inside; much more important is that it will be personified in the mother-child bonding analysis.

It seems to be a law that every new procreated being becomes subjected to a generational shift. The implanted egg-cell does not meet her mother firstly but her mother-representative of immune origin. Not only our genes may be transferred from one generation to the other but our representatives as well.

Let us look close how this first mother-representative of secret immune origin arises. Implantation is the greatest drama of human life. All living beings have received their ability to live in this struggle against death. In the first time of our biological life we all are not wanted children. The motherly immune system regards the fertilized egg-cell as obtrusive and strange and wants to annihilate it because of her fatherly genes. However, the zygote wants to be implanted in the mother's world. A deadlike war starts between both.

Let us combine this war with a hypothesis on cancer now: The American scientist Acevedo published a hypothesis on the origins of cancer in the journal *Cancer* in October 1995 which excited his audience very much. He started with

the phenomenon that the human organism reacts similar to a pregnancy as to the development of cancer cells and succeeded in finding a hormone, called *human choriongonadotropin* (hCG) which is not to be found in the cells of healthy grown-ups. Embryos secrete hCG to defend the motherly immune system. Thus, hCG is called 'hormone of life'. A cancerous tumour starts to produce hCG in a secret way which hides it against the attacks of the motherly immune system like an embryo. "The hormone which spends life annihilates life as well", Acevedo writes in his study and discusses the highly interesting idea that ripe adult cells which become cancerous regress to a state of embryonic life as hCG is only produced by embryonic cells. Acevedo's results from the investigation on cancer describe as well the struggle of life and death between the egg-cell to be implanted and the mother. However, I do quote him here to complete my own hypothesis with his observations and make understandable the law of arise of the mother-representative of immunologic origin as I understand it.

Acevedo's discovery leads to a question: What could it be that moves the ripe adult cell on the path of embryonal regression, on the cancerous path? Is there a mechanism which can influence the communication within a cell so much? If there is, then, because of the law of logic, it must arise in the embryonic state about the time of implantation when hCG is created.

The child's life is threatened by the attack of motherly immune-cells. There is a frantic war between both and via sensations of being attacked the event reaches the child and represents itself. This is the mother representative of immune origin. Its content is a phantasy of immune origin again which we will describe later on.

The threatening from outside thus lives on as an inside threatening. The attack of the motherly immune cells does not disappear without traces. All real events leave their traces within us. The price of survival means that we bear the feeling of threatening and destruction within us via the mother representative. The effect of the motherly immune system attains a special phantasy-composition in her: The uterus is the place of rebirth of the mother herself, her own reproduction which means the place for her own eternity. At this place a foreign body has no room but must be annihilated. In the immune war the mother attacks her child with this phantasy of immune origin; the phantasy reaches the child and is represented inside him. In severe psychotic regressions when the person feels to have no right to live, to survive, this mother representative of immune origin takes over. These are the narcissistic self-reproduction-phantasies of immune origin. When the uterus has become the place of self reproduction, when the mother in her uterus can create herself anew, then her life becomes eternal. However, when a child can implant himself at that place it deprives her of eternity and makes her go the path of transitory and death.

Then the narcissistic selfreproductive mother representative left from the immune war of implantation cannot but realize its phantasy of eternity anew via a cancerous tumour. By this it rebirthes itself to become an embryo and a malign one. My hypothesis regards the cancerous tumour as the narcissistic selfreproductive mother representative of immune origin.

When we ask what leads the ripe cell to the path of cancer in an embryonic regression we can assume that this is done by the mother representative of immune origin which every human being has implanted inside after the struggle of the

motherly immune system against the implanted egg-cell. It is from cellular origin too and born from the war of cells. Its malign embryo, the cancerous tumour, is protected by the hCG like a child. Acevedo is right to say: "The hormone which spends life does annihilate it too."

These are problematic thoughts but instead of the holy myth of genesis we have to face the holy reality of genesis as in fact we can only intervene in reality.

Normally the mother does not reach her child in implantation, neither does the child reach her. During implantation the child struggles with the malign annihilating immune-mother and if he survives with her onliving representative.

He meets the loving and good mother only later. The origin of our life is not naturally good, not self-evident as love itself is not which we reach only much later and the possession of which we have to hunt for in the struggle with death. Therefore, the loss of the love won is so weighty and can cause death.

We like to be organic parts of a living world which does not want to let us enter into. This world rejects us because of our strangeness and alienness and excludes us and even starts a war against us. From that point we receive our prejudices, feelings of being apart, our readiness to fight alienness in other human beings or other living beings. Biologically it is prescribed that we can obtain love only with delay. How the child later on is able to mitigate the drama of his origin, of his implantation, with the love accessible then and can inscribe it into his memory is already another question which might be the theme of another paper.

Until now I spoke about burdening events and showed the much magnified microscopic image of psychoanalysis and from that point a developing mother-child bonding-analysis to make the invisible visible and the otherwise unknowable knowable.

The mother-child bonding-analysis wishes to enter in vivo into the world of these very early and deeply determining representations. Theoretically, there is a way to connect the mother via her uterus with her implanted child. The mother-child bonding-analysis is built on two pillars:

1. On the own intra- and extrauterine representations of the pregnant mother, first on her mother-representative and its internalization by the child.
2. On the psychoanalytic discovery that the representations manifested in body-sensations can be transformed via personification, thoughts and memories.

The technique of the bonding-analysis can be described in some basic steps – but remember that the method is still very young and can only look back on one and a half year of experience, so the method is still a toddler and growing further. Due to our experiences it showed the best algorithmus of starting a relation with the child in:

- a) taking up relation with the own body and the body-sensations;
- b) melting with the uterus which leads to a connection with the child respectively the personification of the uterus taking up the impulses and feelings of the child;
- c) melting with the child which enables a differentiated formulation and personification of the child's sensations. On this level the mother speaks for the child;

d) a dialogue in which the mother varies in speaking as the child and as herself depending to whose feelings she is tuned.

These steps enumerate the milestones of the development of the mother-child-bonding, too. Possibly this can occur spontaneously, but sometimes the importance has to be laid on personification if it has become difficult to understand the child. Then one may suggest to the mother to ask the child to let her enter, and thus there occurs a bridging between the child and his mother and the mother becomes capable to express the impressions of the child as if she were the child.

The bonding-analysis has a frequency of two to three times a week depending to the mother's problem until birth. A session is 50 minutes and takes place according to the classical analytic position which secures the suitable frame of work. However, one should not insist upon the classical position, foregrounded is the interest in contact and the mother's way of best relaxation. Certainly, coming in contact with her own body, her own uterus and her child does not take place automatically, it is rather the aim of the treatment to make this occur by itself. A big hinderence for that is the presence of the early representations of the parents, an actual partner problem or other relational conflicts or their symbiotic matrix in the background.

Before I give an example I should mention that via the method of bonding-analysis a mother can move her child in the same way as we could observe it during the haptonomic demonstrations, but in our technique this is done just via communication through body-sensations and the development of bonding as a result. Our modest results show easy births, babies with surprisingly developed emotions and mind – and naturally births free from anxiety and problems.

### *Case Report*

Mariann is 27 years old and expects her first child. She comes to me for bonding-analysis in her third month of pregnancy. Her main motive is a fear of miscarriage increasing to panic attacks and her second motive: Yet she has not felt anything from her baby and she only knows from ultrasound that there is a baby.

During the first session her relation to her mother becomes foregrounded: Her mother is a perfectionist with a successful scientific carrier, a woman orientated on output who educated her two daughters to achieve independence as early as possible. In their relationship emotions were kept in the background. In this first baby-session Mariann felt that she quickened the birth of her baby. It is easy to conclude that her mother's idea is behind her wish to get rid of the baby as her mother wanted to be freed from her when she pressed her to most swift independence. We realized, that her mother spoke from Mariann when the fear of miscarriage was acute. The living mother inside her wants that Mariann may be freed from the baby as soon as possible; in reaction Mariann becomes afraid of a miscarriage. A long struggle starts with her mother-representative. The more we are lucky the less Mariann is afraid of a miscarriage.

She experiences her first contact with her baby as a dramatic event: To come into contact with her uterus is very difficult. We learn that since she was 14 there is a problematic relation to her uterus. At that time a gynaecologist attested her a small and rugged uterus and since then Mariann could not love her uterus but rather felt that it was angry with her as she had become identified with the opinion of the gynaecologist. Her uterus expressed anger during menstruation via spasms and great pain. After having worked on her uterus all this session during the following session her uterus takes her up deliberately and for the

first time in her pregnancy Mariann feels her baby nestling to the uteral wall. After working on inhabiting her uterus she is able to localize the position of the baby exactly. The meeting is a cathartic one. Earlier, she said, she never imagined that this could occur. Since, her relation to the baby is constant. She feels the baby as a cautious one. Mostly it is in the under part of her uterus and it needs some hours until it dares to move up and makes his mother sense him. After some time Mariann feels as if the baby hides. This feeling grows when she repeatedly realizes that the baby takes up her rhythm of speech and nearly melts into her and thus makes himself hardly perceptible. She feels that her baby is threatened by a danger and wants to become invisible to escape. Again the threatening mother is foregrounded who wants to get rid of the baby. Mariann is desperate as her mother is between her and her baby, that the baby is related to her mother and she has no access. During the following session she says that she cannot feel her baby as clearly as before because her mother blurr the relation. The struggle with her mother is going on. When Mariann succeeds to oppose against her mother the baby dares to move upward to come near to the heart and the voice of his mother.

There is a turn when Mariann dares to buy a baby carriage and the first clothings for the baby. To do this she has to conquer the living mother in herself, the mother-representative in herself. Buying these objects shows an inner conquest. Since that moment the baby has stopped his trials to melt within her to become invisible and not to be felt. For the first time Mariann feels that she has become the mother of the baby which she could not imagine before.

With this short case report possibly we can show the essence of the mother-child bonding-analysis. Finally I quote from the description of a mother who came to me for a bonding-analysis and now has already born her child:

“When I heard from this training for the first time I felt shaky how you could experience such a small being and even contact it without a physician’s help. At that time I was pregnant since three months and asked myself if I ever could manage to surrender my body to myself and understand what was going on inside. I wanted to speak to the baby immediately though I had not found him yet. I could feel the baby early, however, I needed much time to understand his feelings. After some sessions a thought reached me and I felt that the baby had already known me since a long time, had felt with me and understood all my happiness and sorrow. This thought grew stronger within me when he started to move. When I felt burdened or angry, the baby retreated, but when I felt well it felt with me and started to move peacefully and kick. The way he disappeared and appeared again made me know a new quality of his: He is independent. He reacts very sensible to everything which happens to me, but now he starts to become independent from me. Since then I knew when I have got a problem with him, if he kicks and hurts me I can ask him to feel with me and then he reacts to me. On the other hand I understand that he’ll let me know his problems. I only have to be attentive. This gives me a certain security that we can work together during birth. I feel a bit sorry that this very intense and inner relation will come to an end. However, I hope that our first looks and touches will become the continuation of an old loving relation and both of us won’t meet as strangers.”

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