

Somatically Informed Parent-Prenate Psychotherapy

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Abstract: This paper discusses somatically informed parent-prenate counseling/psychotherapy. It defines and presents the phenomenon called parent-prenate attachment. Further, it reviews the literature on parent-prenate attachment; and also reports on some of the factors that have been found to strengthen, or weaken, the qualities of bonding in this relationship. Finally, the article defines and introduces somatic psychotherapy; and proposes some of the potential ways in which somatic clinical interventions could enhance the practice of parent-prenate psychotherapy.

Keywords: Somatic Psychology, Somatic Psychotherapy, Attachment, Parent-Prenate Attachment

This article will treat the research conducted on parent/couple-prenate attachment and its implications for psychotherapy-counseling for expectant parents. In particular, it will discuss whether or not, how, and to what extent, psychotherapy which integrates somatic based interventions such as sensory awareness and mindfulness based training in somatic attunement could potentially benefit the quality and health of the parent-prenate relationship. The parent-prenate relationship, and in particular the mother-prenate relationship in the context of the western world, was given increasing scientific and scholarly attention in the 1970's -1980's (McKinnon Doan, & Zimmerman, 2003; Seimyr, Sjögren, Welles-Nyström, & Nissen, 2009; Sjögren, Edman, Widström, Mathiesen, & Uvnäs-Moberg, 2004; Van Den Bergh & Simons, 2009). At that point in history, various scales were also developed in order to study and measure the phenomena associated with maternal-fetal attachment

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(Condon, 1993; Cranley, 1981; Müller, 1993) and paternal-fetal attachment (Müller & Ferketich, 1993; Weaver & Cranley, 1983).

Attention to the integration of somatic interventions into the practice of psychotherapy stems back to the very inception of the profession (Janet, 1889; Reich, 1945/1972) in the late nineteenth, and at the beginning of the twentieth, century. Since then, various schools of body-centered psychotherapy have emphasized sensory awareness, embodied self expression, somatic attunement, and release of somatically held emotions. Notably, however, many current models of somatic psychotherapy commonly de-emphasize emotional catharsis, and instead employ grounded and titrated approaches to psycho-emotional release (Levine, 1997; Ogden, Minton, & Pain, 2006; Rothschild, 2000), as well as learned affect self-regulation (Schore, 1994, 2002, 2003a, 2003b).

In order to address the potential value of somatic interventions for couples seeking prenatal counseling/psychotherapy, I will first review the literature on mother/parent-prenate attachment. Then, I will briefly introduce somatic, body-centered, psychotherapy. Finally, I will discuss various ways in which some key facets to somatic psychotherapy may potentially enhance the practice of parent-prenate psychotherapy.

Literature Review

Definitions of Parent-Prenate Attachment

In this section of the article I will review studies that have been done on parent-prenate attachment. After defining the studied phenomenon, I will look at factors that appear to be associated with strengthened, or weakened, parent-fetal attachment. Finally, I will offer a brief introduction to somatic psychotherapy; and I will then discuss the potential values of integrating somatic psychotherapy interventions in counseling-psychotherapy of mother/parent-prenate dyads/triads.

For natural reasons, most studies on parent-prenate attachment have investigated the mother-prenate relationship. Different definitions of mother-prenate attachment have emphasized behavioral, relational, and emotional/affective components. For example, Cranley (1981) defines mother-fetal attachment as “the extent to which women engage in behaviors that represent an affiliation and interaction with their unborn child” (p. 181); while Müller (1993) defines fetal attachment as the unique relationship that

develops between a mother and her unborn. By contrast, Della Vedova, Dabrassi, and Imbasciati (2007) emphasize the emotional component of the relationship and define prenatal attachment as “the affective investment that parents develop towards the unborn baby during the gestation period” (p. 86). This article will propose the employment of an integrative perspective that not only holistically embraces the integration of these above-mentioned definitions; but equally embraces the view of the pre-nate as a sentient and aware spiritual being who can engage in a conscious, bi-directional, relationship with his/her parent(s) (Chamberlain, 1994, 1998, 2003; McCarty, 2009).

Measurement Instruments of Parent-Prenate Attachment

The three most commonly applied measurement tools of mother-prenate attachment are Cranley’s maternal fetal attachment scale (Cranley, 1981), Condon’s antenatal attachment scale (Condon, 1993), and Müller’s prenatal attachment inventory (Müller, 1993). Although less commonly employed, Waver and Cranley (1983), as well as Müller and Ferketich (1993), also developed and applied paternal-fetal attachment scales.

Factors Affecting Parent-Prenate Attachment

Looking at the scope of research conducted thus far, there appears to be a wide range of behavioral, psychological, medical, social, spiritual, cognitive, and emotional factors that may affect the depths and qualities of parent-prenate attachment.

For example, Benoit, Parker, & Zeanah (1997) found that pregnant mothers who had developed a realistic view of the fetus - as opposed to a disengaged or distorted perception - were significantly more likely to have infants classified as securely attached at 12 months. In this regard, Lewis (2009) reports that whether the woman knew the fetus’ gender and fetal age were the best predictors of the strength of maternal-fetal attachment. Figueiredo and Costa (2009) also report that events such as the mother seeing the fetus in an ultrasound exam seem to improve prenatal attachment; and Nelson (1998) discovered that talking with the pre-nate was positively correlated with parent-prenate attachment.

Further, it appears that maternal-prenatal attachment is linked to the mother’s increased perception of fetal movements (Lerum & LoBiondo-Wood, 1989; Reading, Cox, Sledmere, & Campbell, 1984). Interestingly, however, research studies asking the mother to engage in fetal movement counting have yielded some contradictory results.

For example, while Mikhail et al. (1991) found that fetal movement counting was associated with increased mother-prenate attachment; another study conducted by Saastad, Israel, Ahlborg, Gunnes, and Frøen (2011) did not.

In regards to the effects of health, medical, and pathological factors affecting the parent-prenate bond, Leva-Giroux (2003) suggests that health-promoting behaviors may be an integral piece in the process of developing maternal attachment. Interestingly, women who displayed a pattern of increasing oxytocin from the first trimester through the first month postpartum also reported higher levels of maternal-fetal attachment in pregnancy (Levine, Zagoory-Sharon, Feldman, & Weller, 2007). This however raises the classic correlational question of as to whether the increasing levels of oxytocin resulted in higher levels of mother-fetal attachment; and/or if the higher levels of maternal-fetal attachment increased the oxytocin levels?

In relation to body image, Haedt and Keel (2007) found that maternal body dissatisfaction was related to lesser maternal-prenate attachment. These data support Litt's (1997) earlier findings that there appears to be a relationship between poor or diffuse body image and mother-prenate attachment.

Regarding the relationship between trauma and mother-fetal attachment, some research (Schwerdtfeger & Nelson Goff, 2007) indicates that a mother's trauma history, in and of itself, does not predict poor attachment with her prenatate. Notably, however, poor mother-fetal attachment was associated with the mother having experienced interpersonal trauma. In this regard, Zeitlin, Dhanjal, and Colmsee's (1999) study further demonstrates the negative influence of domestic violence on mother-prenate bonding.

In regards to the role of fathers, Arnott and Meins' (2008) study revealed the significance of a father's psycho-emotional involvement during the pregnancy. Their study revealed that fathers who were able to imagine what their prenates were going to be like as children at six months of age were much more likely to later develop a secure attachment with their child.

Finally, Seimyr, Sjögren, Welles-Nyström, and Nissen (2009) include an impressive review of various verbal, imaginistic, and nonverbal factors that may affect the attachment between parent and prenatate. This long list of affective, behavioral and relational components was too extensive to be reviewed in this brief article; yet its scope deserves mentioning, and follow-up research.

Somatic Psychotherapy

Hanna (1986) defined the word somatic as how the body is phenomenologically experienced, subjectively, from within. Somatic, or body-centered, psychotherapy thus puts emphasis of each client's unique experience of the world through their felt sense (Gendlin, 1981, 1996). This felt sense includes the individual's awareness of kinesthetic, proprioceptive, and interoceptive senses (Fogel, 2009). Notably, most current day somatic psychotherapists also practice from an integrative perspective that views the human spirit as embodied, and the human body as one with spirit (Hanna, 1986).

Gendlin's (1981) landmark research on the role of the felt sense to the practice of effective psychotherapy provides a foundation for this work. Extensive research on the effectiveness of embodied mindfulness practices has also been conducted, and reviewed (Baer, 2003). Overall, scientifically based evidence for the effectiveness of somatic psychotherapy based interventions is growing yet still needs, and merits, further investigation (May, 2005; Röhrich, 2009).

While the very earliest methods of body-centered psychotherapy emphasized emotional catharsis (Reich, 1945/1972); current models (e.g., Hendricks, 2007; Levine, 1997; Ogden, Minton, & Pain, 2006; Rothschild, 2000) commonly emphasize a clinical approach which prioritizes client resourcing, as well as titrated, grounded, approaches to trauma treatment that aim to work within the client's safe psycho-emotional thresholds, and nervous system windows of tolerance. Notably, current, relational methods to body-centered psychotherapy, therefore, also emphasize right-hemispherical attunement, dynamic interpersonal co-regulation, and learned self-regulation (see e.g., Schore, 1994, 2002, 2003a, 2003b; Siegel, 1999; Stern, 1985).

Somatic Interventions in Prenatal Counseling-Psychotherapy

Rand and Caldwell (2004) conclude that the fields of pre- and perinatal and somatic psychology share many ideological, scientific, and methodological grounds. These authors discuss the interfaces between these fields and propose several potential opportunities for methodological integration.

In this regard, some clinician-authors (e.g., Loman, 1994; Panthuraamphorn, 1998; Panthuraamphorn, Dookchitra, & Sanmaneechai, 1998; Schroth, 2010) report having applied various approaches to clinical somatic-prenatal integration. For example, Loman (1994) presents how somatic-movement activities could be

used for expecting parents to support parent-fetus attunement and attachment. She describes how she supports the parents to imagine how the fetus is moving. Further, she encourages the parents to practice moving like the fetus; as well as to practice journal writing on their experienced sensations, dreams, and feelings regarding their relationship with their child in utero.

Likewise, Panthuraamphorn (1998) describes the successful outcomes of a parent-prenatal program that included massage, breathing exercises, relaxation skills, and visualization practices, as well as multi-modal sensory stimulation of both the mother and the prenat. In similar ways, Schroth (2010) describes somatically rich ways to promote mother-prenate bonding. For example, initially, Schroth supports the mother's focus on her breathing, as well as her embodied and emotional experiences. These somatic experiences are then later connected to the mother's symbolic representations of the prenat, as experienced through the mother's dreams and images of the fetus. Finally, the mothers are also encouraged to dialogue and communicate with the fetus.

Summary and Discussion

This article discussed parental-prenate attachment. It looked at some of the various factors that deepen and weaken the parent-relationship. By way of summary, it appears that there are several factors that deepen the parents' attachment to the prenat, such as the parents' knowing the gender of the child, the parents' speaking with the child, the parents' holding a vivid and realistic image of the growing prenat, as well as the mothers' ability to sense the movements of the fetus, and so on.

By contrast, factors that appear to weaken the bonding with the prenat include the presence of domestic abuse, the parent's history of relational trauma, the parents' holding distorted images of the child, the parents' lack of communicating, verbally or nonverbally, with the growing fetus, a father's lacking in positive psycho-emotional involvement, as well as the mother's not being able to sense the movements of the child.

This article also briefly introduced somatic psychotherapy and discussed some of the ways that somatic interventions have been integrated into pre- and perinatal counseling. Thus far, a variety of interventions, including imagining how the fetus is moving, encouraging the parents' to move like the fetus, practicing mindful sensory awareness, keeping a journal on somatic sensations (as well as

dreams, imagery, and emotions, etc.), practicing mindful breathing exercises, offering massage to the mother and the fetus, have been tried.

In terms of future research, as somatic interventions frequently prove to be to be highly successful components in the treatment of psychological and relational trauma; it is recommended that researchers look at the effectiveness of somatic awareness in the treatment of expectant parents who carry experiences of psycho-emotional trauma. Ideally, this could lessen or eliminate the risks of transmission of inter-generational trauma.

Further, as somatic interventions aim to offer the client a kinder way of witnessing the self, and the body, perhaps somatic interventions could help mother's develop a more compassionate self-body image relationship; which by extension could also promote a healthier self-prenate relationship (Haedt & Keel, 2007; Litt, 1997).

Finally, movement-based, somatically mindful, welcoming rituals (Somé & Mercuze, 1999) could also be included as part of the ongoing treatment, to deepen and strengthen healthy-secure attachments, not only during the prenatal, but equally during the conception, perinatal, and postnatal stages of the family's life.

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