

# **Prenatal Bonding (BA): A Method for Encountering the Unborn Introduction and Case Study**

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**Abstract:** Part I - Introduction: Prenatal Bonding BA (\*Bindungsanalyse by Raffai) provides the possibility of creating an intense bonding between mother and fetus, of being witness to the development of the fetus in the womb, to realize early prenatal traumas as well to have the chance for immediate healing. In this respect the method is at the same time an instrument of pre- and perinatal research, an empowerment of bonding between mother and fetus and a great help for giving birth much more easily. After birth the baby has a remarkable degree of self-esteem and full access to its personal potential. Part II - Transgenerational Impacts of Prenatal Violence: In a detailed case study the influence of the transgenerational history over 4 generations appears in the perception of the baby in the womb on a symbolic level. The destructiveness of this history severely endangers the actual pregnancy to premature birth or even miscarriage. By Prenatal Bonding (BA) and the help of the father the peril can be managed and balanced. The baby's own strength and his willpower to survive can be observed.

**Keywords:** Prenatal Bonding (BA), dialogue with fetus, caesarean section, postpartum depression.

## **Part I: Introduction The Inception of Prenatal Bonding (BA)**

Prenatal Bonding (BA) had its origin in the early 1990s, when Jenő Raffai of Hungary did psychoanalytic basic research with young

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\*In this manuscript the abbreviation: Prenatal Bonding (BA) is used equivalently to the term Prenatal Bonding (Bindungsanalyse by Raffai)

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psychiatric in-patients. During his treatments he observed a special psychodynamic constellation, namely a lack of inner boundaries between patients and their mothers in early childhood, creating confusion about reality later in life. Jenő Raffai (1995, 1998a) subsequently assumed that schizophrenia has roots in gestation, if inner boundaries between mother and fetus are not well established. Raffai (1997, 1998b, 2009) intended to develop a preventive method which instructed mothers to set and experience inner boundaries between themselves and their unborn babies. Raffai on his own has provided more than 1200 women with Prenatal Bonding (BA) in Hungary and carefully documented the outcomes by observation. He found that the method has a profound effect on pregnancy and childbirth in general and on the development of the child's personality. Raffai noted that Prenatal Bonding (BA) is intended primarily as a facilitating process.

#### The Method Of Prenatal Bonding (BA)

Prenatal Bonding (BA) is begun at about the 20th week of pregnancy. The following setting is required: The pregnant woman lies on a comfortable mattress in a relaxed position with the intention to focus on her inner perceptions. Sessions start with centering on awareness of breathing, body feelings, and emotions. By focussing her awareness the facilitator helps the woman to come into contact with more and more inner images, such as we know from our dreams. Images are seen to be symbols of words, body feelings, and emotions. Gradually the images become more frequent, creating a flow of information and communication between the mother and the unborn and this creates the "umbilical cord of both souls." Mothers find out how their babies are developing, what they are feeling and needing, even about things that might be threatening or dangerous. It is much easier and more impressive for mothers, as well as less expensive, less invasive, and less dangerous for babies to gain information this way, as compared to ultrasound or medical tests. The most powerful effect: Prenatal Bonding (BA) enables a dialogue in images with the unborn.

#### Improvements In The Pregnancy

Raffai recommends that the pregnancy and the development of the baby has a better outcome if a inner separation between the pregnant woman and her own mother has taken place, which concerns the growth of the pregnant woman from the role of the "daughter of her

mother” to the “mother of her baby.” Prior to birth a second process of separation is facilitated by a number of explicit steps. For example, the unborn is invited to say goodbye to the intrauterine world of his mother. Or the mother and baby speak separately about their recollections during the pregnancy. The story the mother tells is partly or sometimes completely different from the story the baby tells. This substantiates that the baby has its own mind, perceptions, and experiences and makes its own decisions. At the end, giving birth itself is simulated in a “final rehearsal” as a mental training. The mother-to-be is invited to let go and open herself for a new step in her life, to explore inner obstacles to that new family constellation. Inner hindrances that could have evoked a somatic tenseness during giving birth can be eliminated a long time in advance. This is similar to a procedure of simulating birth with the babies, as advocated by William Emerson, PhD (1996/2000, 1997, 1999). Depending on the starting point about 20 sessions are needed for the whole process.

### Effects On The Baby

Babies who are communicated with in Prenatal Bonding (BA) feel themselves to be seen and heard at a deep level. This makes them feel respected as they are and for their unique personality and situation. In addition, the reflections of the baby’s feelings and perceptions by the mother build a safe container for the fetus to expand and express itself, so a profound self-esteem can grow. The development of the brain is intensely stimulated and the interest and trust of the baby in the outside world are empowered.

### The Importance Of The Father

The important role the father has in the process of Prenatal Bonding (BA) should be emphasized. The research of Prenatal Bonding (BA) has proven that the unborn is aware of the father and significant others as well. So the father also has the chance for an early bonding with the unborn. He is important to the unborn baby right from the beginning and his role is to provide a “social womb” for his pregnant wife. This means creating a safe space for the pregnancy, allowing the mother to encounter the extensive changes in her womb and body and widespread changes in her life.

### 12 Common Results of Prenatal Bonding (BA)

1. The mother's inner perceptions are well attuned to her pregnancy and the unborn. She has access to her own as well as to her baby's wisdom.
2. Her natural female capabilities are empowered by Prenatal Bonding (BA) and create greater assertiveness and security during childbirth.
3. Mother and baby become a good team and both experience less anxiety and pain.
4. There is less effort in giving birth and fewer complications.
5. The need for obstetrical interventions goes down significantly.
6. Cesarean sections were decreased in Hungary by Prenatal Bonding (BA) to about 6%, as compared to the norm of 30% and more. Thus birth is safer and less costly.
7. Of 1200 pregnancies treated by Raffai premature birth rates were less than 0.1% - as compared to an average of more than 8%.
8. Birth trauma is of low degree as indicated by natural, round shaped heads and little crying after birth (mostly less than 20 minutes per day).
9. The babies are curious about the world, emotionally stable, socially mature and have complete access to their personal potential.
10. There is less sleeping during daytime, but longer and deeper sleep at night, with few awakenings, so parents suffer less from sleeping disorders.
11. Babies and children are easy to communicate with and dealing with them becomes completely intuitive. Babies have a lot of self-awareness and self-esteem. They are patient and understanding of their parent's intentions and needs, as well as their own.
12. Postpartum depression is expected to become a thing of the past, as, in Raffai's sample of 1200 facilitated pregnancies, no postpartum depression was reported. On average about 15% of mothers experience postpartum depression for several months and about 5% exhibit first-time postpartum PTSD after birth.

## Part II: Transgenerational Impacts of Violence: A Case Study

If we are working with Prenatal Bonding (BA), we have to be prepared of to push back the frontiers of science on the way to a new consciousness and an expanded image of mankind. We encounter in this process not only a deeply significant relationship between the mother and the unborn but also the spiritual dimension of human existence (Grof, 1985). We become direct witnesses of the incarnation of a soul. We cannot resist this if we want to understand sufficiently the context in which Prenatal Bonding (BA) works. In addressing ourselves openly and impartially to the unborn by Prenatal Bonding (BA), we are making a fundamental contribution to the future intellectual, emotional, and psychosocial development of this new human being (Hüther, 2005). We only get this single chance.

Raffai and Hidas emphasize in their book, *Nabelschnur der Seele (The Soul's Umbilical Cord)*, "In our experience, however, the life of a human being begins at least two generations earlier: in the house of the maternal and paternal grandparents. We inherit not only our genetic predisposition and our chromosomes but also the epigenetic, social and cultural framework, our psychosocial legacy." (2006, p. 17). I find this a statement of basic significance if we want to completely understand the course of the fate of people's lives. I would like to go a step further and demonstrate to you in this case study that it is also necessary to include the generation of the great-grandparents in our considerations (Schroth, 2009).

This case study does not deal with a simple or routine case of Prenatal Bonding (BA), but with a rather complex and, in places, highly fraught life histories in which emotional and physical violence are almost always present, although they often emerge in the guise of physical or psychological symptoms. I want to demonstrate what an impressive scope Prenatal Bonding (BA) displays as a method and to gauge its limits.

### Biographical History Of Three Generations

The following case study tackles the story of a 30-year old pregnant woman in the 20th week of pregnancy. She was referred to me by the responsible obstetrician due to a massive emotional crisis. Shortly before this she had been admitted to hospital with an acute pyelonephritis of septic issue. The massive antibiotic therapy and severe allergic reactions to it had almost led to the miscarriage of her

child. At our first meeting she appeared to me to be physically as well as psychologically seriously affected. She herself expressed doubt as to whether she was capable of carrying the pregnancy to term and even had the intuition that she would die after giving birth. The special background of her life history was that up to then she had been doing her best to be appointed as a civil servant in teaching. In doing so she had gone far beyond her personal capabilities and often broke down totally exhausted at home despite all her success at school. This immoderate desire for achievement had its roots in an alarmingly low degree of self-esteem that was also present in both parental figures.

The pregnant woman, who will be called Barbara, suffered from the very first beginning of her pregnancy from frequent and intense morning vomiting. But this stopped her in no way even if she had to get up two hours earlier to “vomit out” before going to teaching. Only at that point, after her total physical collapse, had she gained some insight into the implications and was prepared to report herself unfit for work for the remaining pregnancy in order to take care for herself and the baby.

As we look further back in Barbara’s biography, we find out that her father was professionally successful as an engineer, but he suffered from a severe alcoholism. As a result of that, he terrorized his whole family to the extent that the police often had to intervene. Barbara, her brother, and mother submitted unconditionally to the father’s will. On one hand, he was quite incapable of acknowledging his illness; on the other hand, no-one was allowed to know about his illness. His main motto was “You don’t let it show.” This attitude had asserted itself for Barbara as an absolutely essential life principle which made it quite impossible for her to look out for herself and her needs. Going further back in Barbara’s life history, we find that the father felt disgusted by the pregnant womb of his wife during the pregnancy with Barbara. He threatened to kill himself as he couldn’t bear the sight of her. At this point it doesn’t really surprise us to discover that he had kicked his wife in the womb during her pregnancy with Barbara. It is, however, possible to understand the bizarreness of his behavior when we look at the father’s life history. The father’s mother, i.e. Barbara’s paternal grandmother, was 16 when she was deported to an internment camp at the end of World War II by the Russians because she belonged to a persecuted German ethnic minority. There in the internment camp she was raped by the camp commander and forced to carry out the pregnancy. Barbara’s father was the result of this rape. His parentage had always been kept a secret, he didn’t find out about it until long after his daughter Barbara’s birth.

Looking for motives that could explain why Barbara's mother wasn't able to protect herself and the pregnancy from the father's destructiveness, we also find in her history massive traumatization of a different kind. Barbara's maternal grandmother had tried, unsuccessfully, three times to abort Barbara's mother. All her life she had experienced the grandmother's open rejection. Later, during her marriage, she submitted herself and her children to her husband's alcoholic reign of terror in order to at least gain the love and respect of her husband. She, therefore, tried at any price to please her husband so that she wouldn't be sent away again, i.e. to be aborted again.

In the trans-generational history of this baby, called Desiree, we find, as you have seen, experiences of murder, abuse, abortion, and physical violence. Their roots reach back into the Third Reich and the Second World War. Their direct consequences were, or are, different forms of emotional violence in the present, such as open rejection, personal exclusion, alcoholism, denial of conflicts, slavish conformity, and blind adherence to achievement. In the end, all of this left deep impacts during the facilitated pregnancy presented here. The unconscious basic issue of both of Barbara's parents and two of her grandparents, was the fundamental rejection of their personalities.

### Is There Enough Space For A Baby?

By the following verbatim excerpts from the sessions of Prenatal Bonding (BA) we can recognize how the trans-generational history is reflected in Barbara's pregnancy with Desiree: At the symbolic-pictorial level the internal feelings of the baby become comprehensible as response to the mother's state of health and the background of her experiences, which partly remained unconscious. A few central scenes from the progress of the Prenatal Bonding (BA) in which the effects of the previously depicted biographical incidents can be perceived at a symbolic level will be described.

#### *1st BA-Session (26th week of pregnancy)*

During the first session Barbara experienced in her internal images an icy, painfully tense, and inaccessible uterus. Despite my help, the uterus would not allow access to the baby. During Barbara's attempts to caress the womb with her internal hand (Note: Raffai [1987] uses his method of the 'internal hand' to establish tactile contact with the baby) the uterus flinched and the baby seemed to fight against establishing contact, it took some time to calm down.

*Comment:* In total contrast to the idealized need to have a baby (the originally meaning of Desiree is the "desired one"), coldness and rejection are at once evident, as already illustrated in the events prior to this pregnancy. Barbara seems to be incapable of giving love to the baby in her womb. Up to this point she had put all her energy into her career in order to generate her own self-esteem. She doesn't recognize the extreme morning sickness as a body signal. She is neither capable of perceiving and overcoming her unconscious defense against the pregnancy nor her state of overstrain. As she wasn't capable of respecting her own needs or the needs of her baby at the start of the Prenatal Bonding (BA), the womb's coldness possibly served to hold back a damaging, emotional toxic influence on her baby.

*3rd BA-Session (27th week o.p.)*

Barbara describes in the session how low her resilience is, that she has to take care of herself and finds it hard to do so. The uterus feels as hard as a metal bowl. However, in the ensuing time Barbara manages to care more lovingly for herself and her baby and as a result the uterus allows her to access the image of the baby for the first time. Quote: "The baby is cowering sulkily in the left half of the womb, its head on its knees. In the right half, where Barbara often feels extremely severe pains, are lots of metal objects, bars, rusty chairs, barbed-wire, drill bits and screws. Barbara helps Desiree to tie the sharp and dangerous objects together with a string. Afterwards Desiree looks worn out, tired."

*Comment:* Although Barbara's quiet, squeaky, girlish voice does not reveal much of her internal distress the images are clear and explicit. The sharp, rusty metal objects are more evocative of a scrap heap than a child's paradise. The destructiveness and animosity that are ever present in Barbara's family of origin had to remain unconscious but appear directly in the baby's perception and its symbolic imagery. The huge discrepancy between the mother's self-perception, her self-idealization and the baby's perception of the situation are obvious to the external observer.

*8th BA-Session (32nd week o. p.)*

In this session we see a scene where chilly water eddies in the uterus. Quote: "Desiree is swimming in the water, drifting with the eddy, enjoying it. After a while, she wants Barbara to hold her, because she is getting tired. But Barbara's hands are stiff and can't hold the baby. Desiree gets smaller, darker and drifts away on the water. She is



without Barbara's support. Gazing at Barbara, she drifts further and further away. Desiree is frightened. She has to struggle in the eddy not to be **torn away**. In the end, Desiree has to save herself, because Barbara's hands are too stiff and she can't help Desiree. (Remark: in the original German phrasing "abtreiben" means to be torn away as well as to be aborted!)

*Comment:* What had happened? By a simple question, I unexpectedly hit upon the basic conflict of "Who is needier?" (Barbara or Desiree) and it became obvious, that despite all spoken protestations of Desiree's being wanted - the issue of rejection (arising from the personal family history) was lurking right under the surface also in Barbara. It's hard for Barbara to allow the baby to get close to her, to say nothing of a spontaneous need of closeness to Desiree. Closeness is (unconsciously) experienced as an imposition. Empathy is hardly accessible; just as she is hardly able to experience her own feelings of grief and pain, anger and disappointment; she is hardly able to feel joy and pleasure. Barbara can accept herself at best as sick and, therefore, in need of help. When she perceives Desiree's need, she is unable to save Desiree, but permits the baby to be "torn away" (i.e. aborted). At this point it was clear to me that the father was desperately needed as a constructive force in this struggle.

*12th BA-Session (34th week o. p.)*

In this 12th session, the father (David) is present for the first time. In Barbara's image Desiree looks like a plastic doll without ears, without a nose, without eyes, whose arms are stretched up helplessly. My question: "Does Desiree know that David is here?" leads to a clear change of mood in the session. The image changes rapidly. Desiree becomes softer and cuddlier, starts coming alive. David holds her in his arms, Desiree is happy and beams with pleasure. Barbara, however, stands aside feeling envious and regretting that she can't hold the baby herself. At the end of the session Desiree looks like a real baby for the first time.

*Comment:* In spite of the supportive function of Prenatal Bonding (BA), Barbara is hardly able to feel affection for the baby or a sense of closeness. It is not until the father is tangibly present that Barbara's internal situation is effectively stabilized. Surprisingly the obstetrician reported, that from the start of Prenatal Bonding (BA) the pregnancy had no longer been at (medical) risk and showed an increasingly stable progress. From now on Barbara became able to actively contact and touch the baby during the Prenatal Bonding (BA) and Desiree laid herself willingly in her hand.

On the Way to a Competent Fetus:  
The Separation Phase

The separation phase is of particular importance for the success of Prenatal Bonding (BA). As already mentioned, the mother and the baby are prepared during nine thematically defined sessions for the birth and so the physical separation. Here, in the third and fourth sessions are the most important ones in the separation phase. At first the mother relates her memories and the baby listens. In the following session, the baby remembers its experiences and the mother listens. It is not unusual that mother and baby have different perceptions. This is a piece of clear evidence of the independent perception of the baby in the mother's womb as well as its potential to express itself as an independent being.

We find hints of similar experiences in the descriptions of Alessandra Piontelli (2002) on the continuation of pre-birth reaction patterns of the twins (observed by ultrasound), in comparison to a long period in the time after birth.

*3rd Separation Session (36th week o.p.) Barbara tells the Baby her Recollections*

Barbara reported about the conscious decision in favor of the baby when she found out that she was pregnant. From the beginning she felt tired and knew, "Now I need to have the energy for two people." She suffered from frequent and severe vomiting from a very early stage of pregnancy on, was weak and exhausted. She felt under a great deal of strain but still wanted to cope with everything and taught regularly at school. Although her obstetrician had warned her and wanted to sign her off sick Barbara was determined to carry on at all costs until she was finally admitted to hospital with acute pyelonephritis. Due to the antibiotics, to which she had a severe allergic reaction, the pains and cramps worsened. She felt like the doctors had abandoned her. She thought everything was at an end and she had to die. She was very afraid that she would lose Desiree or lose her life. But Desiree showed her what was important in that moment and that she could survive. Before she got pregnant, Barbara had expected to have a wonderful pregnancy and to wear super maternity clothes. But by the end of the pregnancy the only thing important to her was that Desiree was healthy. Barbara would have liked to know why the right side of her womb had always hurt so much. This was also the case during her description. It struck her that Desiree had never

reproached her for her behavior.

*Comment:* In Barbara's report the darker aspects of pregnancy are clearly emphasized while the constructive aspects such as the support of the Prenatal Bonding (BA) and of David bear no or little importance. The issue of Barbara's lack of self-esteem, her basic mood of depression and the lack of internal connection to her baby remain the leitmotif of her description.

#### *4th Separation Session (36thweek o.p.) Desiree's Recollections of the Pregnancy*

Desiree's description began as a small dot that had settled in the bottom right-hand side of the uterus. It had required a lot of strength to attach herself because the uterus was as slippery as a sheet of ice. Desiree was the moving force, she had to spend a lot of energy and she literally had to "staple herself into the uterine wall." This dot emanated energy like a fireball, its rays had the form of a saw blade. The uterus was a black cavity for a long time and not very inviting. Desiree herself was the only light. Nevertheless she had developed and enjoyed floating weightless in space. She hadn't related Barbara's vomiting to herself, it was just disturbing. At around the 4th month it became rough, while Barbara received antibiotics, Desiree tried to throttle the umbilical cord and couldn't take anything for herself. She sat cowered in the corner and wasn't sure that she had made the right choice of parents and doubted that there was enough security and strength for her in the life outside. This was the point where she lost her fetal paradise. The situation had frightened Desiree. Finally, however, she decided to get along her life's journey with fighting spirit. The Prenatal Bonding (BA) began after this crisis in hospital. Many pictures from the Prenatal Bonding (BA) resurfaced and Desiree began to thrive. Desiree relaxed again, was no longer afraid. She also got enough nourishment. But she would have preferred to have been more cared for, she missed being caressed. She loved it when Barbara touched her. In the end she was full of beans, curious about the world outside and impatient to be born.

*Comment:* Desiree's narrative is astonishingly unconcerned and powerful. The constructive element is strongly highlighted and shows the baby's own individual energy and its will to live despite all the difficulties and hindrances. Desiree's fight for life seems to have somatized in the painful part of Barbara's uterus. Desiree was able to overcome her doubts about having chosen the right parents.

The remaining final sessions and the last 4 weeks of pregnancy

were surprisingly uncomplicated and Barbara and Desiree become increasingly close to each other. Barbara got better at caressing Desiree and playing with her. Desiree seemed to greatly enjoy it and seemed very relaxed. In the end Barbara was even able to feel comfortable with her pregnancy and accepted greater closeness to Desiree. In the last sessions she described herself as enjoying her pregnancy, but she regretted that this phase was so short.

In the end, Barbara entered the birth situation with confidence and few fears. She reported that she had been surprised by the intensity of the pain during the birth and that she hadn't found it easy to remain in contact with Desiree as result, but insisted doing without painkillers despite severe pains. The birth lasted 24 hours and had been very exhausting for her. But she had nonetheless weathered it well. Apparently there was not much intervention needed from the obstetricians, who had expressed themselves very positively about Barbara's part in the birth.

Desiree was a vaginal delivery at the 40th week of pregnancy. She weighed 3100gm (6.83 lbs), was 53 cm (20.1 in.) long and she was healthy and chipper. Desiree was noticeably a very alert baby that observed the world with interest and recognized voices that she had heard earlier. Desiree had from the beginning a very close and considerate relationship to both parents, with a marked preference for the father to whom she seemed closer in character. Desiree regarded the world gravely, almost critically and inquisitively. Her face seemed more adult than childish but she was evidently at peace with herself.

### Conclusions

This account enables us to obtain insights into intimate details of the prenatal development of a mother-child relationship. It further allows us to experience through the methods of Prenatal Bonding (BA) how unresolved experiences of violence, which date back three or four generations, can cast long shadows over a present pregnancy.

The basically positive experience in this Prenatal Bonding (BA) is that Barbara was finally able to develop a trusting relationship with her baby and me. David had a significant protective function. It was possible by means of mother-fetus-Prenatal Bonding (BA) to turn the progress of a pregnancy, which at several points under usual circumstances might have ended in miscarriage or at least premature birth, for the better.

Finally, I want to emphasize something else that could be considered here: We found out that this baby has its own perception,

its own personality, and its own force of will which we have to take in account. At one point it had doubts about the correctness of its choice of parents and whether the family had the strength to support it. But, after the septic pyelonephritis had been overcome, the baby decided to fight for its existence and, with considerable support, in the end succeeded.

It is exactly this way of looking at pregnancy and childbirth that could relieve young mothers, as well as concerned obstetricians, of excessive responsibility for the progress of the pregnancy and birth as well. We all should be prepared seriously to accept the baby as a competent fetus and to include him in the guidance of the birth. The charisma and the powerful expression of vividness, which we often observe in pregnant mothers (and fathers as well) have their roots in the spiritual gift of the fetus in the womb. As mother and fetus had become a good team through Prenatal Bonding (BA), this is an encouraging prospect for the future of giving birth.

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## References

- Emerson, W. (1996/2000). *Collected works I and II: The treatment of birth trauma in infants and children and pre- and perinatal regression therapy*. Petaluma, CA: Emerson Training Seminars.
- Emerson, W. (1997) *Birth trauma: The psychological effects of obstetrical interventions*. Petaluma, CA: Emerson Training Seminars.
- Emerson, W. (1999). *Shock a universal malady. Prenatal and Perinatal Origins of suffering*. Petaluma, CA: Emerson Training Seminars
- Grof, S. (1985). *Beyond the brain: Birth, death, and transcendence in psychotherapy*. Albany. NY. State University of New York Press
- Hüther, G. (2005). Pränatale Einflüsse auf die Hirnentwicklung (Prenatal influences on brain development). In: Krens, I.& Krens, H. (Hrsg) *Grundlagen einer vorgeburtlichen Psychologie (Basics of Prenatal Psychology)*. Göttingen: Vandenhoeck & Ruprecht.
- Piontelli, A. (2002). *Twins: From fetus to child*. London: Routledge.
- Raffai, J. (1995), The psychoanalysis of somatic sensations. The prenatal roots of schizophrenia. *International Journal of Prenatal and Perinatal Psychology and Medicine*, 7(1), 39-42.
- Raffai, J. (1997) Mother-child bonding analysis in the prenatal realm. *International Journal of Prenatal and Perinatal Psychology and Medicine*, 9(4), 407-415
- Raffai, J. (1998a). Towards a new psychotherapeutic approach of schizophrenia. Presented at the WPA Symposium, Washington D.C.
- Raffai, J. (1998b). Mother-baby bonding analysis: The strange events of a queer world. *International Journal of Prenatal and Perinatal Psychology and Medicine*, 10(2), 163-173.
- Raffai, J. & Hidas, G. (2006). *Nabelschnur der Seele (The Soul's Umbilical Cord)*. Giessen, Germany: Psychosozial-Verlag.
- Raffai, J. (2009). Die Tiefendimensionen der Schwangerschaft im Spiegel der Bindungsanalyse (Deeper dimensions of pregnancy in the mirror of Prenatal Bonding BA). In: Blazy, H (Hrsg) *Wie wenn man eine innere Stimme hört (As if you hear an inner voice)* pp. 41-50. Heidelberg, Germany: Matthes Verlag
- Schroth, G. (2009). Bindungsanalyse nach Raffai und Hidas. Eine einföhrung (Prenatal Bonding (BA) by Raffai and Hidas: An introduction). *International Journal of Prenatal and Perinatal Psychology and Medicine* 21(3-4), 343-347.