Prenatal Bonding, Prenatal Communication, and the Prevention of Prematurity

Author: Peterson, Gayle

Publication info: Pre- and Peri-natal Psychology Journal 2. 2 (Winter 1987): 87-92.
ProQuest document link

Abstract: None available.

Full Text: Prenatal bonding and communication with the unborn has been documented in recent research by Dr. Thomas Verny.1 Prenatal bonding and attachment has been suggested by many authors (Cheek, Chamberlain, Verny, Mehl, Peterson, and others presenting at this conference).2 This paper will focus on the issues facing the modern day mother which contribute to complication of pregnancy, including prematurity, and on specific guidelines for preventing prenatal complications. I will use case examples to illustrate some of the factors that make motherhood difficult in this culture, the emotional factors which prevent prenatal bonding, and the use of hypnotherapy in resolving complex emotional patterns which prevent prenatal attachment. For the past 20 years sociologists have proclaimed the "family" to be in a state of crisis.3 By 1990 it is predicted that 50% of all families will not be original biologically intact families (US vital statistics). Blended families and single parent families continue to be on the rise in our country. The socioeconomic and emotional work of motherhood has in the past been largely supported by family. Our society is neiger child-oriented nor particularly supportive of the nurturance of the child. With the breakdown of family support in the realm of mothering, all mothers are affected on a cultural-biological level, regardless of the family status at the time of pregnancy. Likewise, single mothering is more and more a choice that women are making, notwithstanding the emotional hardship of such a decision. Our culture impacts our biology. Motherhood is a conflicted endeavor in our society.4 Women are at the nexus of many factors which impact the experience of pregnancy and birth. The notion of "equality" has been used against women in a patriarchal society. Pressure to achieve success in career, assume greater power within the family structure, in addition to the questionable stability of the family itself all mitigate against enjoyment of motherhood. Ambivalence about motherhood is rampant both in the pregnant woman and society at large. Pregnancy and birth constitute the bridge to motherhood. Pregnancy and birth have become more complicated, because women are experiencing the stress-points of our times and because the "family" is in a state of crisis. My work as a psychotherapist is to address the ambivalence which prevents prenatal bonding. It is my way of supporting women across the bridge to motherhood in a society which devalues the feminine. It is common for prematurity and miscarriage to be presaged by feelings of guilt and uncertainty in the mother.5 I have already identified the causes of this ambivalence to be largely culturally induced. How and in what manner each individual mother carries these feelings is naturally influenced by her own personal history. As a psychotherapist, I create a healing relationship with the client and use specific hypnotic technique for resolving the fear and guilt which preclude prenatal bonding and attachment. The first case example is Sarah, a 35-year-old woman pregnant with her first baby. She was a single mother suffering from depression and conflict about having a child, which was unplanned. She was a member of a spiritual community and unable to set limits on the physical labor she was expected to perform in service to her community. She felt unworthy. At 30 weeks of pregnancy she threatened premature labor. Nonmedical treatment for preventing premature labor included hypnosis sessions for bonding to her baby prenatally, thus motivating her to take care of herself physically, increasing the chances of bringing her baby to term. In her first session, Sarah cried as we went inside the womb to look at her baby. She felt she did not deserve the baby, that she was not a good enough mother, and would be unable to take care of her child. Given her fears, it was understandably difficult for her to feel close to her baby. Guilt got in the way. She also said that if she had the baby soon, she would be able to do more physical work at the ashram, which in turn would make her feel more worthy. I used three approaches in helping Sarah create a bond with her baby: 1) The development of a nurturing bond between Sarah and myself which

would provide the foundation for increased self-esteem. This in turn offered her energy to begin taking care of herself. 2) The development of an inner confidence in her capacity to mother, and to give to and look forward to receiving from this child. 3) The continued use of hypnosis tapes we made during the pregnancy which refrained her "resting" as "work." These tapes also carred the subliminal messages for carrying the nurturance of our relationship into her daily life and for carrying her pregnancy to term. By the second session Sarah had altogether stopped having contractions. She became increasingly cheerful, happy to see me, and looked forward to seeing me in between visits. She progressed to the point where she could visualize her baby inside her womb-a sign of bonding. She was able to "talk" to her baby and feel an attachment to the baby and even feel a little excitement about motherhood. At 38 weeks she delivered a viable, healthy baby girl. Before identifying guidelines for creating a prenatal bond between mother and unborn child, I will give one more example for illustration. This case relates to guilt imposed on women through the modern technology of amniocentesis. Women who have had abortions and carry guilt from these experiences tend to be at greater risk for both prematurity and miscarriage. It is not the abortion itself that contributes to this tendency but rather the woman's unresolved feelings that render her vulnerable. Specifically, these feelings of guilt impair her ability to relate and bond to the child prenatally. This is also true when women have lost newborns or young children through birth defects, drowning, and other catastrophes. In these cases the woman may feel that she has failed to effectively care for and protect her child. The guilt the mother feels may commonly give rise to ideations of self-punishment which surface during a subsequent pregnancy. Leanna was a 38-year-old woman pregnant for the second time, two years following a late abortion of a Downs' Syndrome baby whom she had affectionately named "Rose-petal." Leanna was experiencing extreme nausea at 12 weeks of pregnancy and was having difficulty giving herself adequate nutrition and rest. She was also suffering from insomnia. Though she was clear about wanting this baby and had recently entered into a happy and stable marriage, Leanna could neither enjoy her pregnancy, nor allow herself to become attached to this child because of her feelings of guilt for Rose-petal. Under hypnosis she revealed that she felt she should be punished by losing this child and that she did not deserve a healthy baby. Her nutrition was poor, which is often the case when women harbor self-blame and ideation of punishment. They neglect their own bodies and their pregnancy can be threatened with high blood pressure, toxemia, prematurity, and other prenatal complications. Leanna's anxiety was contributing highly to her nausea and lack of sleep. During her second hypnosis session Leanna had initial difficulty getting relaxed. She was unable to "see" any image of her baby at all. The only images that came up were those of Rose-petal after birth. Rose-petal had lived for several hours beside Leanna before she died. Leanna could not project herself into the future. She could not envision herself with a baby or progressing beyond five months of pregnancy. Leanna's profound guilt about making the choice offered by a technological society (amniocentesis, abortion) left her alone with the guilt and emotional pain, which was expressing itself in nausea and sleeplessness. I began speaking softly to her about nature, about her womb as a garden, about the eternal rebirth and brilliance of nature all around us. I spoke about the grass that shoots up wherever and whenever it can-even through sidewalk cracks-sprouting life anywhere it got the chance. I talked to her about the gardener who makes choices about what will grow in his garden-and what weeds, beautiful and alive as they are, he will make the choice to take out. I spoke of how nature knew no judgement. The gardener was not punished for the choices he made in his garden, nor was the beauty of weed-life denied. Nature continues to grow in every place and at every opportunity possible. It knows no blame-just joy for the chance to grow life again and again. Developing this metaphor, I watched Leanna notably relax and let go of body tension. She was then able to "see" her baby growing on the inside-the beginning of her attachment and bonding to this new child. Her nausea and sleeplessness disappeared. The above example demonstrates several issues. Women are put in the extreme position of carrying sole responsibility for the choices made available by our society. The fact that the technology exists is also an inference that to abort a Downs' Syndrome baby is considered the "best" choice, perhaps, for society. It is the woman herself, the mother-harvester of tomorrow's children, that bears the

responsibility that a technological society places squarely on her shoulders. The example of Leanna also cries out for the emotional support needed by women in this day and age. Stress is created for women who bring forth children and bear all the personal responsibility in a society that does not respect, honor, protect, or support motherhood. The problem Leanna faces is a societal one-yet it is one we have let her and other women face alone. Naturally, we cannot expect women to be free of ambivalence in motherhood in this society. And we cannot expect them to bond and to nurture the children of the future unless they too are receiving the nurturing and support they need. CONCLUSION Guidelines for developing and strengthening the prenatal bond between mother and unborn child include: 1) A one-to-one therapeutic relationship which nurtures and supports the woman. This relationship must be nonjudgemental and contribute to her confidence in her ability and right to mother her baby. 2) Identifying what emotional causes create difficulty in developing the bond between mother and unborn child. 3) Doing the work of healing past ghosts which cause guilt and selfblame, using hypnosis and the therapeutic relationship. 4) Use of hypnosis to create images of the baby inside the womb and allow for dialogue to take place between mother and unborn child. 5) Use of hypnosis and the therapeutic relationship to envision the full development of the pregnancy through term, birth, immediately postpartum, and one year postpartum. References REFERENCE NOTES 1. Verny, Thomas (1981). Secret life of the unborn child. New York: Summit. 2. 1st-3rd Internat'l Congresses on Pre- and Perinatal Psychology, personal communications and presentations, 1983, 1985, 1987. 3. Tufte &Myerhoff (1979), eds. Changing images of the family. New Haven: Yale University Press. 4. Rich, Adrienne (1986). Of woman born: Motherhood as experience and institution. New York: Norton. 5. Gadpaille, Warren (1975). The cycles of sex. New York: Charles Scribner and Sons. AuthorAffiliation Gayle Peterson, M.S.W., L.C.S.W. AuthorAffiliation Address requests for reprints to the author, 1749 Vine Street, Berkeley, CA 94703.

Publication title: Pre- and Peri-natal Psychology Journal

Volume: 2

Issue: 2

Pages: 87-92

Number of pages: 6

Publication year: 1987

Publication date: Winter 1987

Year: 1987

Publisher: Association for Pre&Perinatal Psychology and Health

Place of publication: New York

Country of publication: United States

Journal subject: Medical Sciences--Obstetrics And Gynecology, Psychology, Birth Control

ISSN: 08833095

Source type: Scholarly Journals

Language of publication: English

Document type: General Information

ProQuest document ID: 198716419

Document URL: http://search.proquest.com/docview/198716419?accountid=36557

Copyright: Copyright Association for Pre&Perinatal Psychology and Health Winter 1987

Last updated: 2010-06-06

Database: ProQuest Public Health

Contact ProQuest
Copyright © 2012 ProQuest LLC. All rights reserved. - Terms and Conditions