The Association for Prenatal and Perinatal Psychology and Health
Journal of Prenatal & Perinatal Psychology & Health
ISSN: 1097-8003
Vol. 39 No. 1 Spring 2025
https://doi.org/10.62858/apph250403

Aspects of Prenatal Aesthetics in Pictures Drawn by Patients with Somatoform Pain

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The visual arts serve as a valuable means for accessing prenatal experiences, including the representation of traumas within the framework of prenatal aesthetics using the model of Laplanche's fundamental anthropological situation and Lacan's paradigm of the real, imaginary, and symbolic aspects of psychological reality. This study examines the drawings of thirteen patients suffering from somatoform pain through the lens of prenatal experiences. They participated in an art therapy group, creating various drawings, with psychoanalytical interviews conducted before and after the drawing sessions. The drawings were analyzed using Visual Grounded Theory, while the interviews underwent Content Analysis. Specifically, details related to the *inner garden* topic were examined under the category *container-position relation* (that reflects the relational position of elements within a container) to reveal insights into prenatal experiences, followed by a co-occurrence analysis to determine additional categories associated with these pictorial details. This analysis identified

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frequent supplying elements alongside others reflecting corporeality or bodily boundaries. Many of these representations were negative, portraying the container (mother) as a grave or coffin and the contained element (baby) as defenseless and dark in color. Fragmentation observed in the drawings suggests an expression of a fragmented body, with some details coded under trauma-related categories (e.g., position field). The findings indicate a potential link between pictorial references to prenatal traumas and the pain experienced by participants, which may inform approaches in both psychotherapy and art therapy.

Keywords: prenatal aesthetics, basic anthropological situation, trauma, somatoform pain disorder, Visual Grounded Theory

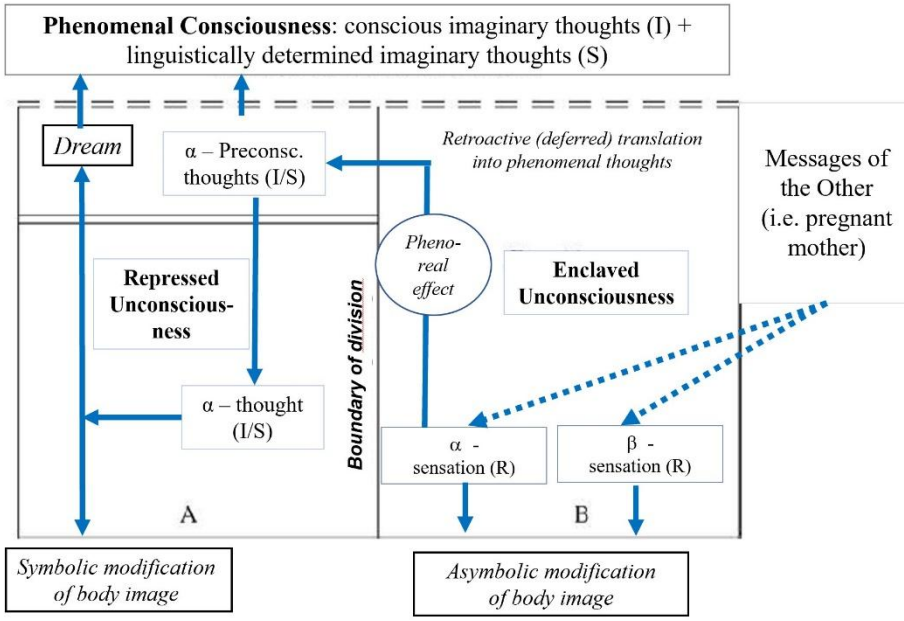
Although prenatal experience is said to have a formative impact on mental life, leaving traces in the affective memory, our memory cannot directly recall pre-birth experiences related to further sensory experiences (Hochauf, 2014). Nevertheless, it is thought that prebirth experiences manifest in retrospective visualizations that can be understood as the offspring of this early reality. Thus, an attempted abortion can be visualized as a seemingly irrational fear of annihilation accompanied by images or narratives of an existential threat (Egloff & Djordjevic, 2020; Evertz et al., 2021; Goetzmann & Janus, 2023; Rank, 2007, 1924). However, when interpreting prenatal aesthetics, it is important to consider that each visualization and image can be understood differently. A further core principle is based on embodiment: body memory and its relation to body image (Dolto, 1984) play an essential role in creating a picture. Equivocality and embodiment are thus important features of prenatal aesthetics. In this context, aesthetic forms can also represent prenatal traumatization (Evertz, 1997). Fragmentations and signs of physical and mental deprivation are often to be found.

Viewing prenatal psychology from a psychoanalytical perspective, the fundamental anthropological situation, as described by Laplanche (2011), has existed in principle since the pre-birth period. According to Laplanche, enigmatic messages that originate from an adult's unconscious encounter the child's unconscious. These messages are implanted in the so-called enclaved unconsciousness. However, even during pregnancy, the unborn child would

absorb certain maternal messenger substances via the maternal blood (*inter alia* endocrine substances such as cortisol, oxytocin, or some interleukins that regulate immunological reactions). The blood is transported in the umbilical cord. Therefore, the first messages of the *Other*, i.e., of the mother, are conveyed via the umbilical cord. Moreover, the baby also hears and feels the mother's heartbeat, hears her voice, and receives further environmental signals. Babies feel the contact when their parents touch the mother's belly, but they also feel the physical closeness of their sibling in a twin pregnancy. These are all prenatally received messages of the Other that are mysterious, which carve themselves into the baby's real unconscious (cf. Goetzmann & Janus, 2023). Figure 1 shows this process related to Laplanche's theory as a model of psychological functioning in the prenatal period.

Figure 1

Model of Psychological Functioning in the Prenatal Phase



These sensations (in the enclaved unconscious) occur in two different forms: firstly, as sensations that are transformable or translatable (α-sensations), and secondly, as non-transformable sensations (ß-sensations) (*see*

Bion, 1962). Since the latter exceed the translation capacity of the subject, they must, for example, be discharged by the body (which leads to an asymbolic modification of the body image). However, α-sensations can be translated from the real, as Lacan says (2021), directly into the imaginary register. Lacan distinguishes between the real, i.e., the unrepresented unconscious, and the imaginary, which consists of images but also, as we might add, of sounds, smells, tastes, the sense of touch, and feelings. The third dimension is the symbolic, which expresses itself in language and its associated structures (e.g., the law). These three things are connected in the so-called Borromean Knot and form the psychic reality. Imaginary thoughts are initially preverbal and, in this sense, phenomenal. Accordingly, preverbal consciousness can also be described as phenomenal. An early translation during the pregnancy enables the baby to develop, therefore, a phenomenal consciousness.

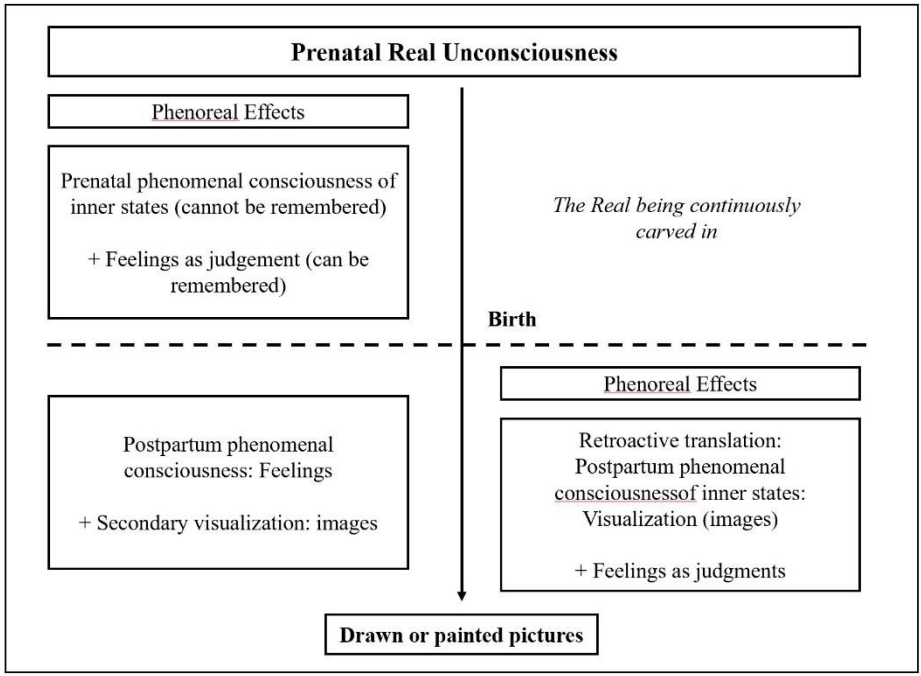
We call this early translation from the real to the phenomenal-imaginary the *phenoreal effect*. It is the transformative effect of the messages in the enclaved unconsciousness on imaginary thinking (Goetzmann et al., 2024a). These phenomenal inner states of the baby, we assume, are evaluated by various feelings (Goetzmann et al., 2024b). Unlike the sensory sensations, which cannot be remembered, these feelings can be recalled and subsequently illustrated as if in dream life. In this respect, feelings shape the first form of a phenomenal consciousness that can be remembered, while further imaginary thoughts are definitively forgotten. Recent investigations have shown that emotion-like behaviors and roots of emotions occur as early as during fetal life (Delafield-Butt & Trevarthen, 2013).

On the subject of fetal development, it can furthermore be said that the fetus is processing sensory stimuli, including painful stimuli, at a cortical level from around the 25th week of pregnancy and that in the 34th week of pregnancy, the fetus is not only capable of perceiving complex sounds outside the womb but can also distinguish between different sounds (Kadic & Kurjac, 2017). These experiences can be translated retrospectively, i.e., across the entire lifespan postpartum, into imaginary thoughts (in the sense of thing-presentations). Moreover, they can be determined linguistically (in the sense of word-presentations). These effects of the Phenoreal are processed through selection, displacement, condensation, projection, and, if necessary, renewed repression in the machinery of the knowledge register. The repressed imaginary and symbolic contents may return in dreams or body symptoms.

During the pregnancy or afterward, the prenatal *real*, i.e., the unconsciousness that is not represented, exerts a phenoreal effect on the imaginary register of knowledge (Goetzmann et al., 2024a) in the sense of *afterwardsness*. Afterwardsness means that certain contents of the real are translated only into the imaginary-symbolic registers later in the course of further cognitive development (Laplanche, 1992). Figure 2 shows the two translation trajectories during and after the prenatal period:

Figure 2

Translation Pathways of the Prenatal Unconscious



This model of the psychological development of the fetus, shown in Figure 2, forms the theoretical framework of our study. We suggest that there is a prenatal real unconsciousness that is already translated prenatally into a phenomenal consciousness. This prenatal consciousness is evaluated by the corresponding prenatal feelings, which can actually be recollected, unlike the further imaginary contents of prenatal consciousness. Moreover, we assume that even in childhood or adulthood, the prenatal real can be translated

afterwards into the phenomenal-imaginary. Thus, the painted pictures, which have the structure of a container, could be understood as retroactive or deferred translations of the prenatal unconscious, whose formation is co-determined by the recollected feelings from the prenatal period. With this in mind, we propose to outline below the results of an analysis of pictures drawn by patients diagnosed with somatoform pain disorder. The international classifications ICD and DSM have different concepts regarding the so-called somatoform pain. In ICD-10, somatoform pain disorder (ICD-10: F45.40, World Health Organization, 2024) is described as a syndrome whose symptoms consist of the subjective experience of pain that cannot be adequately explained by physical impairment.

In the DSM-5-TR conception of somatic symptom disorder, no significant importance is assigned to the influence of the mental state on the physical symptom of pain (American Psychiatric Association (APA), 2022). It is rather a question primarily of the physical effect of the pain on the mental state. In this respect, the DSM-5-TR concept is more or less unidirectional, i.e., physical pain has psychosocial consequences (APA, 2022). On the contrary, however, the upcoming ICD-11 version of the bodily distress disorder assumes a mutual interaction between body and mind: somatoform pain symptoms are both triggered and sustained by emotional distress (*see* Fink & Schröder, 2019; Gureye & Reed, 2016). This article will follow the phenomenological ICD-10 description of somatoform pains.

Our study aims to empirically investigate the prenatal worlds of patients suffering from somatoform pains via their artwork. We are interested in exploring prenatal worlds in direct contact with the pictures. We decided to study all of the details in the pictures on the theme of the *Inner Garden* coded with the category of a container-position-relation that reflects the relational position of elements within a container. We assumed this code identifies pictorial motifs reflecting the baby's position in the mother's body. Accordingly, the following questions arose: (1) Are there pictorial motifs coded with the category container-position-relation? What additional codes occurring together with these motifs were assigned? (2) Can references to prenatal aesthetics be identified? (3) Are there references to forms of prenatal experience that could be linked with the origin of the pain?

Methods

The sample consisted of 13 patients treated in the Clinic for Psychosomatic Medicine and Psychotherapy of the Segeberg Clinics in Bad Segeberg. The ages of the patients, eleven women and two men, ranged between 41 and 62 years *(M* = 49; *SD* = 8.29*)*. Since this was a qualitative study with a considerable amount of data (two interviews, three images per participant) that did not require sophisticated statistical analysis, we considered the sample size of 13 participants to be appropriate from a scientific perspective. The unequal distribution of genders reflected the distribution in the entire patient population of the psychosomatic clinic about the diagnosis of a somatoform pain disorder.

The inclusion criteria were being between 18 and 65, fluent in German (to be able to participate in a psychodynamic interview), and having a clinical diagnosis of persistent somatoform pain disorder (ICD-10: F45.4). Exclusion criteria were dementia, a psychotic disorder, and the presence of physical disorders as the source of the pain. These exclusion criteria prevented patients with cognitive difficulties from participating in a linguistically differentiated interview (regarding dementia). They also excluded patients suffering from body hallucinations and body-related delusions as well as from pain that could be caused by physical illness (regarding psychosis or physical illness). Patients were informed about the study verbally and in writing and consented to participate in writing. Patient data were pseudonymized. The Ethics Committee of the University of Lübeck approved the study. The study design consisted of participation in two interviews conducted by psychoanalytically trained therapists.

In the period between the interviews, the patients were asked to draw three pictures on the themes Inner Garden, Mirror Cabinet, and Floodgate of Feelings. The pictures were drawn on a sheet of A4 paper with a choice of pastels, watercolors, water markers, ink, colored pencils, wax crayons, pencils, and charcoal crayons. The interviews were audio-recorded, transcribed according to the usual rules (Kruse, 2014, p. 349–368), and imported into the ATLAS.ti software. Photographs of the pictures were also imported into ATLAS.ti. The total qualitative dataset consisted of 26 interviews and 39 pictures. To limit the focus on the qualitative data, we restricted ourselves to analyzing 13 images on the theme of the Inner Garden.

For the pictorial analysis, we used Visual Grounded Theory methodology (Goetzmann et al., 2018), which is based on Ulrich Moser's analysis of dreams

(Moser & Hortig, 2014; Moser & Hortig, 2019; Moser & von Zeppelin, 1996). Grounded theory is a qualitative research method developed by Glaser and Strauss (1967). It involves qualitatively investigating a specific research topic, for example, by coding texts and developing hypotheses about the research topic. Visual grounded theory combines the research methodology of grounded theory with Ulrich Moser's structural dream analysis, which focuses on dream images conveyed through language (Moser & Hortig, 2019). In this structural image analysis, cognitive elements, their attributes, and the relations between the elements are coded in the appropriate position, movement, and interaction fields (the codebook in Table 1).

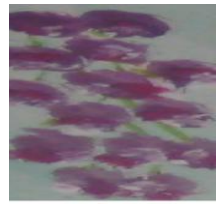
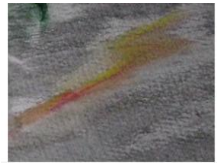
In the visual analysis, we applied exclusively structural codes, which were theoretically defined (using Moser's coding system). Thus, this approach was only deductive. Specifically, a section of the image corresponding to the definition of a particular code was selected, and this selected section was assigned to this code. Although we proceeded deductively in this data analysis, inductive coding (in which the codes would have been developed immediately from the visual material) would have also been an alternative possibility. We chose the deductive approach to capture the psychodynamic structure of the images (analogous to Moser's dream image analysis).

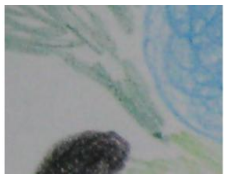
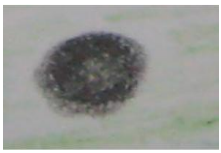
We used deductive and inductive codes when analyzing the interviews; however, this analysis is not considered in this article. In the presented analysis, all picture details coded with the position relation in a container (CONT POS REL) were studied to record possible aspects of prenatal experience or aesthetics. We assumed that such a category is most likely to depict the situation of a baby in the mother's womb from the perspective of the adult drawing the picture. Based on this assumption, we conducted a co-occurrence analysis to examine the joint occurrence of further codes or categories *inter alia* to determine whether categories pointing to a so-called *deaffectualization* (per Moser & Hortig, 2019) in terms of a traumatic reaction or the processing of trauma occur. Thus, we assessed whether the code CONT POS REL and a further code are used in the same section of the picture. Table 1 presents the codebook, including the interrater-reliability known as Cohen's kappa. It is defined as the degree of agreement between the codes assigned by the two raters for a particular section of the image (Landis & Koch, 1977).

Table 1

Codebook with Interrater Reliability of the Pictures Inner Garden

Name	Code	Definition	Example of an anchor	Interrater reliability
Field		The sections of the image are defined as a field and correspond to an abstract cognitive construction.		
Position field	POS FIELD	The cognitive elements are static and immobile; there is no interaction between them.		.92
Field of movement	LTM FIELD	Movements of the individual cognitive elements take place.		.81
Interaction field	INTERACT FIELD	Interactions between at least two cognitive elements.		.93
Cognitive element	CE	All objects, figures, and abstract drawings, that are present in a picture.		

Name	Code	Definition	Example of an anchor	Interrater reliability
Living cognitive element	CEA	Cognitive elements that are alive and self-propelling.		1.00
Inanimate cognitive element	CEI	Cognitive elements of the physical world.		
Figurative inanimate cognitive element	FIG CEI	Concrete elements or abstract drawings with clearly recognizable boundaries.		.83
Substance-like inanimate cognitive element	SUBST CEI	Cognitive elements have a substance-like, less clearly defined, amorphous quality.		.85
Cognitive element, part	CE PART	Parts of animate or inanimate cognitive elements.		.79
Attributes		Attributes describe the characteristics of the cognitive elements.		

Name	Code	Definition	Example of an anchor	Interrater reliability
Boundary attribute	BOUND ATTR	Describes the boundaries, the surface, or the outside of a cognitive element.		.87
Functional attribute	FUNC ATTR	Describes the practical function of a cognitive element.		.94
Global physical attribute	GLOB BOD ATTR	Characterizes the general physical state of a cognitive element.		.91
Relationship	REL	Relationship between two or more cognitive elements.		
Positional relationship	POS REL	Static relationship between two or more cognitive elements without interaction.		.80
Distance-position relation	DIST POS REL	Spatial distance between the cognitive elements.		.93

Name	Code	Definition of	Example of an anchor	Interrater reliability
Container-position relationship	CONT POS REL	Represents the relationship between a cognitive element with another cognitive element that serves as the container of the first element.		.86
Auxiliary position Relationship	AUX POS REL	Relationship that shows how one cognitive element uses or needs another as support or is supported by it.		.80
Defensive deanimation transformation	DEF DEAN TRANS	Animate cognitive element is represented as lifeless, inanimate. The result is the absence of animation or life.		.80
Defensive dehumanizing transformation	DEF DEHUM TRANS	The animate cognitive element is dehumanized by the representation in a non-human form.		1.0
Embedding the transformation	TRANS EMBEDDING	An animate cognitive element is embedded in a place.		.08

Note. Color images reproduced in black and white.

Results

Overview of the Quantitative Results

First, we checked whether and how often the code CONT POS REL was assigned to all 13 pictures with the theme Inner Garden. All in all, we found 195 picture details coded with this category. The next step was to carry out a co-occurrence analysis. Table 2 overviews the number of coded picture details that appeared together with the code CONT POS REL.

Table 2

Results of the Analysis of Co-Occurrence to the CONT POS REL Category in the Pictures Inner Garden

Cognitive Element		**Field**		**Relationship**	
FIG CEI (figurative, inanimate element)	80	POS FIELD (position field)	161	POS REL (Position relationship)	74
CE PART (animated element, part)	70	LTM FIELD (loco time motion)	49	DIST POS REL (distance-position relation)	71
SUBST CEI (Substance-like inanimate cognitive element)	58	INTERACT FIELD (interaction field)	14	AUX POS REL (auxiliary position relationship)	48
Attribute		**Defensive Transformation**			
FUNC ATTR (function attribute)	176	DEF DEAN TRANS (Defensive Deanimation)	18		
GLOB BOD ATTR (global body attribute)	155	DEF DEHUM TRANS (defensive dehumanization)	7		
BOUND ATTR (attribute boundary)	151	DEF EMBED TRANS (Defensive embedding)	6		

As Table 2 shows, *attribute* categories occur most frequently with the code CONT POS REL: attributes indicating a function, describing a general bodily state, and marking a boundary. The *position field* categories (referring to a trauma defense) of the figurative inanimate element occur similarly frequently. The codes referring to parts of an animate element or a substance-like consistency occur less often. Progressive transformations do not occur, but defensive transformations indicating a warding-off of traumatic experiences do occur. The results could be interpreted against the backdrop of prenatal aesthetics as the predominant structural elements are attributes showing the maternal care function, the child's body, and its boundaries. We shall now discuss a selection of these and other picture details.

Co-Occurrence Field, Container-Position Relation

POS FIELD (Position Field)

The following pictures contain position fields in which the element does not move. Position fields associated with the category CONT POS REL occur in the pictures Inner Garden of all thirteen patients. Patient L, for example, painted the following picture, which we coded with the open-ended category *person in the river.*

Figure 3

Person in the River (POS FIELD)

The background of the picture detail, painted by patient L, consists of a marbled light-blue fabric-like substance streaked with dark-blue lines. The boundaries of the lines are fuzzy and bleed into the background color. A rudimentary black figure can be seen in the center of this field. The figure consists of a head and torso with arms and legs. Hands, feet, and face are missing. The boundaries separating the figure from the bluish background are fuzzy. In the lower right-hand section of the torso is a blurred white ring-shaped structure radiating shoots into the figure's black. This structure could represent a small heart on the wrong side of the body. The little figure comes across as completely defenseless.

A further picture detail is a grave with flowers painted by Patient B:

Figure 4

Grave with Flowers (POS FIELD)

A greenish-tinged immaterial substance contains an oval shape featuring a wreath-shaped structure with circles and connecting lines. In this shape's center is a flower with a yellow blossom. At the edge are two further flowers. The oval structure depicts a position field containing the yellow flower; it evokes a grave, with the flower as its contents. This little flower also appears alone and helpless; it seems dead, although it has a yellow blossom. Possibly, the picture shows the mother's depressiveness. We could also be dealing here with a prenatal

maternal introject, e.g., an unmourned death in the mother's biography. Further position fields serving as containers for content are, e.g., a dead-looking figure on a meadow, a wicket gate with a face, the sun in the sky, a head with tears, and a blood-filled pond. We have the impression that here, in a position field indicating a traumatic experience, the baby in the womb is being represented.

LTM FIELD (Loco Time Motion, Movement Field)

Movement fields with the container motif occur in all patients' drawings. Patient M, for example, painted the following picture.

Figure 5

Small Boat Sailing on the Sea (Movement Field)

Semicircular blue wave-shaped structures fill a movement field in which, at its center, a small boat with a yellow sail and a small stick figure is sailing. The atmosphere fluctuates between a feeling of safety in the boat and great loneliness. Similar subjects depict lightning and raindrops in the sky, tears running over a face, traces of blood, or tanks in motion.

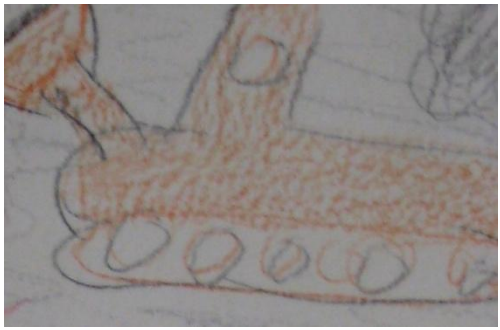
Co-Occurrence Cognitive Elements, Container-Position Relation

FIG CEI (Figurative Inanimate Element)

All patients drew or painted pictures featuring inanimate figurative elements in a container. Patient E, for example, drew a tank.

Figure 6

Tank (FIG CEI)



At the bottom of the tank there are several red and black wheels. They are next to one another and touch. The reddish color of the tank evokes the inside of the womb, but the atmosphere appears to be life-threatening. The tank represents war and destruction, or protection from destruction. Similar motifs are a lightning bolt, a house, a boat, a barbecue, a bench, or eyes, e.g., with the word “salt” (possibly as a defensive substitute for tears).

CE PART (Animate Element, Part)

Twelve out of 13 patients drew or painted pictures with animate elements, which are only shown as parts. Patient F, for example, painted a bush with berries.

Figure 7

Berry Bush (CE PART)

In a green position field, raspberry-red, ragged blotches are depicted. The boundaries of the blotches are blurred. Could this represent an abortion, with streaks of blood and scraps of tissue? Or a fragmentation? Similar motifs are trees with fruit and roses and hedges, generally with flowers or birds.

Co-Occurrence Attribute, Container-Position Relation

FUNC ATTR (Functional Attribute)

All patients drew or painted elements with functional attributes. One example is Figure 4. The grave contains a flower. It is the grave's function to hold the flower in its interior. Perhaps the grave represents a depressive mother who is pregnant with the flower. In another picture, a watering can contains water, or a coffin is directly shown as a container.

GLOB BOD ATTR (Global Bodily Attribute)

All patients drew or painted pictures whose elements have global bodily attributes. Such an attribute would be the wounding of a plant affecting its entire figure. This picture was painted by Patient F:

Figure 8

Wounded Plant (GLOB BOD ATTR)

A serpentine plant-like structure is in front of a greenish-marbled position field shading into light green on the left. The white flecks that the leaves contain look like injuries or scars in the flesh. The plant as a whole has something fleshy yet injured about it. Comparable picture elements are a penis, a pyre, a mutated plant, or a dead figure (lying in a meadow).

BOUND ATTR (Boundary Attribute)

Twelve out of 13 patients drew or painted pictures containing elements with clear boundary outlines. Patient F, for example, drew a figure evoking a penis with clear boundary outlines: the sperm is dammed up at the tip and is prevented from flowing out by a grating.

Figure 9

Penis (BOUND ATTR)

AUX POS REL (Auxiliary Position Relation)

Eight patients drew or painted pictures in which auxiliary position relations occurred, always associated with the container motif. Patient G, for example, drew the following picture in Figure 9.

Figure 9

Eyes (AUX POS REL)

We see two almond-shaped eyes with blue irises positioned in a face. Leaking from the left eye (from the viewer's perspective)—probably instead of tears, which are defensively transformed into language—is the word *Pein* (torment); from the right eye, the word *Angst* (fear). The eyes enable these words (tears) to be shed. In this picture detail, although the mother can support and bear the baby, the baby experiences fear and torment. Comparable motifs are a bush with berries, a grave with a flower, birds in trees, or sun in the sky.

Discussion

In this paper, we studied the pictures drawn by pain patients treated in a psychosomatic clinic setting. We analyzed the pictures using the Visual Grounded Theory method (Goetzmann et al., 2018) based on Ulrich Moser's structural dream analysis (inter alia Moser & von Zeppelin, 1996 and Moser & Hortig, 2019). At the bottom, all interpretations of artistic works that consider prenatal aesthetics are based on the methodology of conjectural reason (Vassalli, 2001), i.e., on Freud's process of surmising and deciphering. With this in mind, we decided to study all picture details coded with the container-position relation. This category reflects the relationship between an element and a container, i.e., between the baby and the mother's body in which the baby is positioned. We are dealing here with a retrospective revision of the situation, as the unborn child itself does not know that it is the body of another human being. Rather, the adult would use this knowledge to represent prenatal experiences pictorially. However, the child likely possesses a phenomenal consciousness related to imaginary experiences (especially sounds, taste, and touch). These experiences can be judged by effects that can be remembered. Alternatively, real sensations are translated retrospectively, e.g., when drawing a picture. Thus, we assume that the container situation represents the framework within which the earliest experiences – in the form of effects or retrospective transmissions – can be pictorially represented. We suspect it is no longer possible to decide which trajectory predominated in the case of the individual picture motif. Of course, it is possible, and even likely, that the prenatal pictorial motifs are revised according to subsequent postpartum experiences, i.e., that these later experiences influence the pictorial representation. With this in mind, let us now discuss our results.

All patients drew pictures where container-position relations or container motifs occur. All patients employed *position fields* in which the elements do

not move. The said elements often come across as dead or defenseless, as in the example of the person in a river (Figure 3), whose heart is on the wrong side of his body, or a flower lying in a grave (Figure 4), possibly depicting a baby floating as if dead in the amniotic fluid or buried in the mother. This illustrates the child's position within the mother's body while also suggesting a form of trauma related to an attempt to evade the realization of a complex, specifically a traumatic interaction. However, no interaction occurs in *movement fields* (employed by twelve patients). These pictures leave the impression that, with the help of prenatal aesthetics, the painting or drawing ego is portraying situations of forlornness and loneliness, when a solitary person sailing on the sea (Figure 5) or tears running down a face (Figure 10). More rarely, the *interaction field* is employed (five patients).

Figurative inanimate elements (e.g., tanks) occur relatively frequently. The reddish hue of the tank evokes the inside of the womb (Figure 6). Here, too, however, the mood seems to be hostile to life. Similar motifs are eyes with the word "salt" (Figure 10), most likely referring to tears. In this case, the pictures would represent an early subjectification of the unborn child in the form of inanimate elements. All patients drew or painted pictures with animate elements shown as parts or individual parts. Thus, a patient painted a bush with berries (Figure 8). Lacan (2006, p. 78) described the phenomenon of the fragmented body, which he characterized as a regression to the time before the mirror stage. Such a fragmentation possibly refers to the earliest experiences in the mother's body, perhaps even to the experience of an attempted abortion or to the stress states of the mother, which attacked the child's phenomenal bodily experience.

Twelve patients drew or painted pictures with inanimate substance-like elements. The sea in Figure 5 might stand for the amniotic fluid, the little boat for the embryo. It is cold, rough, and lonely. As might be expected, attribute categories occur most frequently, specifically attributes referring to a function. In the relationship to its content (baby), the container (mother) has a function. The function of the mother is to ensure that the baby has a protective and nurturing environment. The elements in the container function (the mother or baby) have general bodily attributes and attributes marking a boundary. In this case, the earliest experience of the enveloping skin would be represented in the pictures. Referring to Esther Bick, Brenner (2022) speaks of a skin container that is initially introjected and later serves as a psychic container. The pictures

with clear boundaries and outlines would be like snapshots of this introjection process.

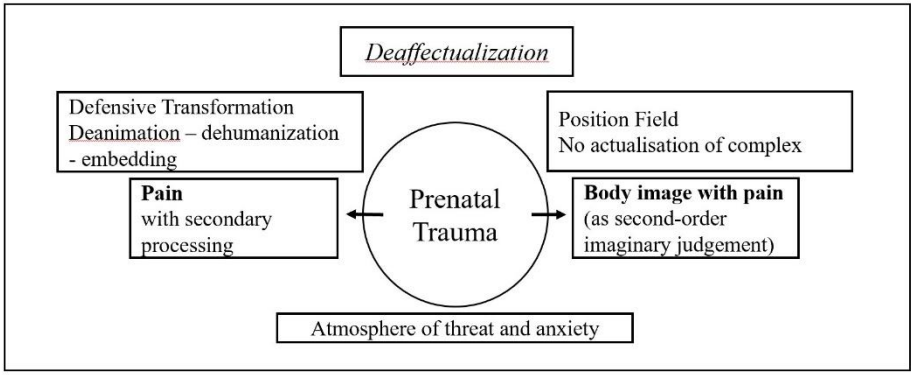
Eight patients drew pictures in which auxiliary position relations occurred. The container (e.g., the eyes in Figure 10) is in a helpful relationship with the Contained, for example, with the tears, which have been defensively transformed into words. The eyes, i.e., the mother, help the tears to flow and the child to be born. These results must also be understood against the findings that emotion-like behaviors and roots of emotions occur as early as fetal life (Delafield-Butt & Trevarthen, 2013).

Together with the category of the position field, motifs coded with the categories of a defensive transformation (*deanimation*, absence of animation or life; *dehumanization*, absence of human characteristics; and *embedding*, absence of individual characteristics) refer to a *deaffectualization*, a regulation of traumatic effects (Ruettner et al., 2021). It seems to be the case, therefore, that traces of the earliest traumatic experiences can be identified in prenatal aesthetics. Twelve patients drew or painted pictures with threatening motifs, with one drawing a lightning bolt. Comparable motifs are a carnivorous plant, the wicket gate with a face, tanks, storms, or a pool with blood.

Establishing a plausible connection between forms of prenatal experience and the origin of pain is undoubtedly a challenge. Knowing that many pain patients experienced postpartum traumatization in their childhood, one might posit that the traces of prenatal traumatization could also be associated with the subsequent development of chronic pain. In this case, the pictures created would be imaginary transpositions of a body image with traumatic injuries. Bodily states are judged by the effect of pain. In the interviews, all patients reported childhood traumatizations (Ruettner et al., 2021), and the pictures feature a variety of codes pointing not only to a deaffectualization (in the sense of minimizing the intensity of the effect) caused by trauma but also to fragmentation and injuries. Some motifs appear threatening, while others project an atmosphere of anxiety. Most human pain is possibly due to the primal pain of not being truly welcome (cf. Ferenczi, 1929; Janus, 1996). As Figure 11 shows, a connection between traces of prenatal trauma and the subsequent experience of pain might be established as a phenoreal effect that results in the translation of real sensations into imaginary states. This translation constitutes the body image, which may be judged by the effect of pain. It is also possible, however, that the pain is directly remembered and secondarily imaginarily illustrated.

Figure 11

Prenatal Trauma and Pain



Limits of the Study

The limits of this study are diverse. Its qualitative orientation is not suited to making generalizations; instead, qualitative research frequently serves to generate hypotheses. We studied thirteen patients only; the sex ratio was markedly imbalanced (eleven women, two men). Another limiting factor is restricting the pictorial analysis to 13 of 39 pictures with the theme Inner Garden. Above all, though, there are at most indications of traces of a prenatal experience that might also stem from later phases of life or be revised by experiences from later phases of life. It might also be possible that prenatal experiences are represented outside the context of a container-position relation in the pictures. However, it struck us as sensible to study only those picture motifs referring to the situation of pregnancy in the first approach.

It must be borne in mind that in art therapy, we generally work with the sensations and feelings of the patients, which they express in the drawing or painting process and the reception of their pictures. Our structural-empirical study represents a unidirectional analysis of the qualitative pictorial material. Here, it is a matter of a joint and relational approach to the potential messages of the picture. This represents the hermeneutics of prenatal aesthetics that can be understood more comprehensively through relational imagery interpretation. Even if a difference persists between an empirical-scientific study and the common art-therapy interpretation, we shall also, in the next step, consult the information from the interviews to expand on the interpretation of the pictures.

In this article, however, it was important for us to approach questions of prenatal aesthetics with the help of a structural picture analysis. Future studies should also include more men and non-binary individuals and not just focus on patients with somatoform pain. Perhaps artificial intelligence methods could also be utilized to standardize image sections concerning structural codes.

Conclusion

Our study has shown, we hope, that pictures drawn by patients can indicate a prenatal experience. This is interesting in many respects. Firstly, the question gives rise to how and by what means prenatal experience can be represented imaginarily and what role the effects play in this translation process. We are convinced that Lacan's RSI-paradigm (i.e., the real, imaginary, and symbolic that are connected in the Borromean knot) and Laplanche's model of a fundamental anthropological situation can be applied to prenatal circumstances (Lacan, 2021; Laplanche, 2011). One might say that early phenoreal experiences are transformed into the adult's imaginary-symbolic registers. It would then be possible to link these contents (e.g., as the presentation of death, defenselessness, injury, or fragmentation) back to the prenatal experience that is real and could be seen in the intersubjective field of the Other's messages.

A prospective study in which the mothers are interviewed during pregnancy (or even in which their stress state is measured physiologically) and in which subsequent pictures drawn by the children or adolescents and their statements in interviews are qualitatively investigated would most likely bring further insights and scientific clarity here. Above all, however, drawing pictures within a psychotherapeutic or art therapy setting offers a way to address prenatal topics and experiences potentially of existential importance to patients. Thus, our findings have immediate clinical implications. It is possible that patients with somatoform pain can express themselves by painting pictures of deep, even prenatal experiences in an initially preverbal way. In this way, early, potentially traumatic experiences, which are also responsible for the development of pain, can be emotionally processed. The pictures can also be discussed in psychotherapy or psychoanalysis, thus enabling verbalization and, above all, opening up a space for understanding emotional and mental processing for patients.

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