Int. J. Prenatal and Perinatal Studies Vol. 4 (1992) No. 3/4, 187–195

The Mother as the Child's First Family: I. Hypnosis Cognitively Integrated with Group Analysis

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Abstract

In our psychotherapeutical work with pregnant women in the First Obstetrical and Gynaecological Clinic at Rome's University "La Sapienza", we start from the premise that the biopsychical destiny of the baby is mainly determined during pregnancy and perhaps more so in its initial phase. The close link existing between the pregnant woman's physical diseases or stress (due to bereavement or tension within the family) and congenital malformations, mental retardation, and early ill–health of the child in its first years of life was stressed by many authors. We, however, believe that only a prolonged maternal depression as well as repeated stress and traumas during the pregnancy, may cumulatively lead to certain psychological predispositions which will in turn develop into neurotic traits if they are augmented by adverse birth processes and negative parental influences.

We therefore consider the psycho-physical relation created between mother and child throughout the pregnancy to be an important factor in perinatal bonding and for the future relationship between mother and child. In our psychotherapeutical work we therefore try to prevent and treat the psychological problems of the mother-to-be which could have a negative influence on her capacity to establish a good bonding with her child and to help her to attain a good psycho-physical balance. This inner harmony can lead her to better understand the emotional problems of the newborn baby and we can there-

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Paper presented at the 10th World Congress of the International Society of Prenatal and Perinatal Psychology and Medicine (ISPPM) "The Unborn Child Within the Family", Cracow, Poland, May 15–17, 1992.

fore say that the mother has to be reborn psychologically in order to give birth. The method adopted by us for this purpose is hypnotherapy cognitively elaborated through group analysis.

Zusammenfassung

In der psychotherapeutischen Arbeit mit schwangeren Frauen, die wir in der ersten gynäkologischen Klinik der Universität „La Sapienza" in Rom durchführen, gehen wir von der Annahme aus, daß das biopsychische Schicksal des Kindes zum großen Teil während der Schwangerschaft, vielleicht sogar in deren allerersten Phasen, bestimmt wird. Zahlreiche Autoren haben den Zusammenhang zwischen den physischen oder psychischen Schwierigkeiten der schwangeren Frau und den späteren psychophysischen Belastungen des Kindes bewiesen. Wir glauben jedoch, daß einerseits nur anhaltende Schwierigkeiten der Mutter, im Kind eine Veranlagung zu psychologischen Problemen verursachen können und daß andererseits diese Veranlagung erst dann die Form von psychologischen Störungen annimmt, wenn das Kind nebst pränatalen Belastungen auch einem traumatischen perinatalen Erleben und negativen postnatalen elterlichen Einflüssen ausgesetzt ist.

Unseres Erachtens ist das psychophysische Verhältnis zwischen der schwangeren Frau und dem Ungeborenen für das perinatale Bonding und die künftige Mutter-Kind-Beziehung äußerst wichtig. In unserer psychotherapeutischen Arbeit versuchen wir daher der künftigen Mutter zu einem guten psychophysischen Gleichgewicht zu verhelfen, damit sie die emotionalen Probleme des Ungeborenen besser empfinden und mit ihm einen innigen emotionalen Kontakt herstellen kann. Die von uns zu diesem Zwecke angewandte Methode ist ein durch Gruppenanalyse kognitiv integriertes hypnotherapeutisches Verfahren.

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We shall present three studies in which we will show various aspects of our psychotherapeutical work with pregnant women in the First Chair's Department of the Obstetrical and Gynaecological Clinic at Rome's University "La Sapienza", to foster a good bonding between mother and child. We consider the psychophysical relation created between mother and child throughout the pregnancy to be an important factor in perinatal bonding and for the future relationship between mother and child; this positive relationship between woman and fetus can only be achieved if the pregnancy is accepted by the mother and it is a calm and balanced experience for her throughout. We start from the premise that the biopsychical destiny of the baby is mainly determined during pregnancy and perhaps more so in its initial phase. In the first part of this work we shall therefore try to demonstrate the influence on the fetus of the emotional state of the mother.

We would, however, like to stress that, as we will show later on and especially in our second work, there is a reciprocal interaction between the fetus and the emotional state of the mother and this interaction has particular dynamics which can be facilitated by a regressive mechanism of the mother.

As you probably all know, the close link existing between physical diseases or stress (due to bereavement or tension within the family) and congenital malformations, mental retardation and early ill-health of the child in its first years of life was stressed by Stott as early as 1957, and confirmed by the same author in 1973. The mother's emotion as an "environment" that is already at work prenatally in the shaping of the behavioural patterns of the child, which persist postnatally, has been pointed out by Ferreira in his now classic study of 1965 and the continuity between fetal behavioural patterns and the child's postnatal personality has been confirmed by Piontelli (1987) who has compared prenatal activities of some children – observed by means of ultrasounds – with their postnatal attitudes. According to Ammon and Ammon (1981) early disturbances of the prenatal interaction between mother and child at the level of vegetative and behavioural processes can lead to psychic or psychosomatic diseases in the child, while Crandon (1979) states that children born to anxious mothers have lowered apgar-scores which in turn can be associated to neurological abnormalities. Cohen and Velez demonstrate, in a longitudinal study of 1989, that early emotional risk, including unwanted baby and pregnancy emotional trauma, is significantly related to three behavioural syndromes: attention deficit, behavioural problems and oppositional disorders.

The psychophysical state of premature and low birth weight babies and the relation between preterm delivery and the attitude of the mother to the pregnancy must now be briefly considered. If on the one hand, according to several authors, as Blau et al. (1963), Berkowitz et al. (1983), Zitrin et al. (1964), preterm delivery is closely linked to the mother's negative attitude to the pregnancy, on the other hand, state Hardy (1973), Eisenberg (1981) and Abramson (1961), the rates of definite neurologic abnormality and motor retardation are higher for low birth weight infants than for those of normal birth weight.

We, however, agree with Verny (1981) that only a prolonged maternal depression as well as repeated stress and traumas during the pregnancy, may cumulatively lead to certain psychological predispositions which will in turn develop into neurotic traits if they are augmented by adverse birth processes and negative parental influences.

We consider therefore worth stressing, with Eisenberg (1981), the harmful effects that stem from being born unwanted into a family ill-prepared or unable to provide proper care, as shown in two longitudinal studies, one carried out in Sweden by Forssman and Thuwe (1955) and the other in Czecheslovakia by Matejcek et al. (1987), both proving that unwanted children have greater psychologial vulnerability, are characterized by more antisocial behaviour and alcoholism and problems in private and professional relationships than the control group.

We are therefore firmly convinced that the psychologic intervention on the mother during pregnancy has a beneficial preventive effect on the child's psychologic and physiologic health. In the same way, as we will show in the Congress

of Psychosomatic Obstetrics and Gynaecology in Stockholm, psychologic intervention on adolescents has a preventive effect on the symptomatology of menopause. In the context of maternal influence on the fetus, we have to ask ourselves how and to what extent the fetus is capable of responding to external agents, i.e. to factors and stimuli coming from the prenatal environment. Verny and Kelly (1981) speak, as we all know, of three communication systems between mother and child: physiological, behavioural and empathic. Dörner (1987) has widely described the transmission of prenatal stress through hormones.

We firmly believe in the existence of a psycho-biological relation between mother, placenta and fetus. The fetus is subject as well as object of the relationship with the mother and through it, with the external environment. Because of these undeniable biological conditions, the fetus is therefore contemporaneously an individual in evolution and a delicate transductor of different metabolical, hormonal, psycho-neuroendocrine and psychobehavioural inputs deriving from a complex integrated homeostatic system formed by the external environment, the human organism and the intracellular world. We can therefore speak of psychobiology of the fetus rather than of fetal psychology.

Studies on fetal well-being made by bio-physical techniques, lead to the identification of patterns of behaviour implying the activation of motorial and sensorial functions and their complex integration. These activities are experiences which in any case, even if in a primitive way, contribute to the development of the later psychoemotional functions. In particular, the fetus constantly receives rhythmical and casual stimuli connected with the mother's respiratory, cardio-circulatory and gastrointestinal system [de Casper and Sigafoos (1983), de Casper and Fifer (1980), de Casper and Prescott (1983)] but also external stimuli such as the mother's voice, sounds, noises. The fetus develops integrative functions: states of consciousness having as an electrophysiological counterpart the electroencephalografic synchronization and desynchronization, and the movement of body and eyes. Studies on these parameters have proved the presence of REM-like sleep, considered as dreams of the fetus. The atypical REM-phase seems to be much more correlated to sensomotorial integration probably responsible for the correlation between soma and basic emotions largely independent of cognitive activity. This integrative moment represents perhaps the beginning of early psychological processes (Schindler 1981, Petre-Quadens 1974).

Let us now introduce you briefly to our psychotherapeutical work.

W. Ernest Freud (1987) affirms that the mothering capacity is closely connected to the mother's own mothering experience and that to appreciate fully the extent and quality of the mother's emotional investment in her pregnancy, we must first know whether she has sufficiently come to terms with her femininity. Uddenberg and Fragenström (1975) stress that obstetric pathology is over-represented among daughters of reproductively maladjusted mothers. In our opinion also, the psychological attitudes of the mother can influence, beginning at the very first stages of pregnancy, the quality of the bonding in the pre-, peri- and postnatal periods and the later evolution of the mother-child relationship. In our psychotherapeutical work we therefore try to prevent and treat the

psychological problems of the mother-to-be which could have a negative influence on her capacity to establish a good bonding with her child and to help her, the child's first family, to attain a good psycho-physical balance. This inner harmony can lead her to better understand the emotional problems of the newborn baby and we can therefore say that the mother has to be reborn psychologically in order to give birth. The method adopted by us for this purpose in the First Gynaecological and Obstetrical Clinic is hypnotherapy cognitively elaborated through group analysis. If (as we will see in our second paper) hypnosis helps the woman to rapidly reach deep levels of the psyche, which is a basic requirement of the pregnant woman's psychological readjustment, group analysis is needed to allow her to express verbally, and therefore interpret cognitively, such experiences, reintegrating them into the whole personality and thus recomposing the split between the conscious and the unconscious. The need to cognitively integrate hypnotherapy is also felt by Bick (1987), who, however, adopts a completely different method.

Patients whose aptitude has been previously checked through clinical interviews and psychometric tests, participate in the weekly three-hour sessions of hypnosis and group analysis which take place in the First Chair's Department of the Gynaecological and Obstetrical Clinic. Besides pregnant women in good physical and psychological health, who will be dealt with in our third paper, we also admit pregnant women with unsolved psychic problems made more acute by childbearing, as well as women with various gynaecological diseases (e.g. hypertension), psychogenic infertility or with a predisposition to miscarriages. In our opinion, group analysis is the most suitable method in a hospital, because it allows many people to be helped at one time and because it allows meeting, exchange and merging of women of different personalities, situations, cultures and ages. Our method is inspired by group analytical criteria as elaborated by Foulkes (1948,1983) and Ancona (1983). According to Foulkes (1983) the familiar and social groups shape and condition the individual from birth, causing his good-or-ill-health through the multiform network of relations he establishes with them. By means of the symptoms, the patients express a conflict between the biological and instinctive elements of their personalities and the values transmitted by family and society, generated and kept active by the tensions in the network of relationships they are inserted into. That which is caused by the group might be cured by the group. The therapeutical group, however, differs from the social one because, states Foulkes (1948), in the former, the individual can find a specimen of society, his own family, unconscious aspects and even primitive and archetypical images, according to the psychological level on which he experiences the group. Within the therapeutical group, the individual minds interact one with the other according to a dynamism which differs from the sum of the individual psychic contributions of the member. According to Ancona (1983) one can speak of a group mind the same way as one speaks of an individual mind and the matrix represents the overpersonal background shared by everybody. Group mind and individual mind coexist and in alternance emerge from the background as do the face and the cup of Rubin's figure. Starting from the context, the overpersonal background, the unconscious activity of the group, group-analysis tries to recu-

perate the manifest activity, the individual. Transforming dreams, fantasies, and other unconscious communications into verbal expressions, translating the language of the symptoms into spoken language, which fosters in each member of the group the gaining of consciousness of himself, of the others, of the relationship, the symptoms can be understood and corrected. This happens by means of the freely-fluctuating communication, resulting from the group's association process. Gathering the associations of many people and giving them an uniting interpretation is particularly important in the group analytical interpretation of dreams. The intervention technique stresses the relational aspect in particular. Group analysis considers important the way an unconscious content comes forth, not the reason why it happens. It is therefore necessary to avoid, in the beginning, interpretations on the level of the personal unconscious, and encourage associative reactions asking each person to freely say everything that comes to mind. Usually the dream report of one person stimulates that of a second and a third person, and all data become then, as Ancona (1983) states, the stones of an archaeological work of construction which then gives way to an interpretation on a second level. Group analysis works on the manifest dream content whose images it does not decode but reorganizes and articulates. In the manifest plot of a group dream, traces emerge of what previously occurred in the group on an unconscious level of interaction, of the impact that the interiorization of exogenous psychical contents had on the group's mental structure. All this leading to the disclosure of the unconscious of the group. Starting from this background of unconscious truth one can then find the figure, the truth of the single person, his individuality through the interpretation on a personal level.

Before we conclude we would like to stress two particular aspects of group analytical work with pregnant women: the mother is the transductor of the still-primordial psychologic mechanisms of the fetus which are brought to the surface through our work with the mother, in the form of her dreams and interpreted through the group analytical interpretation of her dreams. There is also the groupality of the fetuses. During group analytic sessions with pregnant women, sometimes a magic event occurs: the women feel suddenly that something is moving within them, altogether, at the same time. The adult's group matrix thus becomes a fetal group matrix.

I. Case History: Daniela

We would like to illustrate, by means of the case history of Daniela, the practice of our group analytical work which is always preceeded by a hypnotherapic session. We shall start with the group's elaboration of a dream of Daniela.

During a group analytical session, which is a turning point of her psychological attitude, Daniela, who is 7 months pregnant and has been in the group for three months, narrates the following: "I dreamt that I gave birth to myself and that I fell into the sea. I was half-child and half-fish. I swam in the dark ocean. I was then caught by some fishermen. They put me into a glass jar because they wanted to show me around as I was different from other fish. I am not happy in the jar. I start floundering in the water until the jar falls and breaks

into pieces. I am wounded but I manage to escape from the ship and to return to the sea."

Answering to the invitation of the group leader, the other group members freely express associations concerning the dream, the first patient says: "I associate it with the delivery". Daniela: "Something about me is not complete." Another patient, almost at the end of her pregnancy, adds: "Anatomic pieces under formaline in a laboratory of natural sciences. I put them into relation with the visit to a center of premature babies, one of whom was so horribly deformed that I asked myself why they were keeping him alive." Daniela: "I don't want to feel trapped in a rôle created by others." A third patient: "I am happy that the strange creature shut in the jar was able to escape." A fourth patient (suffering from psychogenic sterility) says "While Daniela comes out of the uterus I would like to enter it." Daniela: "This means that I am able to let things, which are out of the ordinary, come out of me." A last patient concludes with: "Feeling of freedom. Going towards the sea."

Daniela is 18. She does not work. When she came to us, on her gynaecologist's advice, she has been pregnant for four months and has been married for one month. Albeit her pregnancy preceeded her marriage, Daniela says she wants the child and loves her husband. However, she vomits frequently and often dreams of miscarriages and the birth of a monsterchild. With us she is always sweet and gentle and keeps smiling. She talks very little and answers questions about her present and past life in a compulsorily optimistic way, which seems to us a conscious or unconscious way of avoiding revealing anything true about herself. She says she has always been a loved and cherished child, that she has never had conflicts with her parents, that she is loved by her husband whom she loves, too. The pregnancy is, in her words, a most marvellous event. Listening to and looking at her, blond as she is, with big blue eyes and a constant smile on her lips, Daniela appears like someone out of a fairy tale book. Her life seems full of beautiful, marvellous events and she mentions only by the way that the only problem of her childhood and adolescence (but we will see that it is not so) was her frequent refusal to eat, which forced her mother to give her small and frequent quantities of food.

As we had expected, a rigid, conformistic and contradictory personality emerges from the psychometric tests, lacking critical sense, but what is more, completely unconscious of her problems. What results is, that she does not participate in group activities, she has no one to whom to confide her problems, even if she says she has many friends and acquaintances, she is not able to freely express her feelings when she is irritated and worried, she is not able to organize her time.

She, however, accepts our suggestion to enter the hypnotherapeutic and group analytical group even after (or perhaps unconsciously because) we have explained to her that it is not a traditional prenatal class but that through the hypnotherapy and the following verbalization of the hypnotic experience, one can enter deeper psychological levels, learning to know oneself better and learning to control one's reactions, especially during labour and delivery.

When Daniela enters the group she is kind, but very timid and closed. She seems embarassed but also sceptic and suspicious. She is punctual, she sits down, does not speak to anybody, keeps the same position for a long time. She usually looks towards the floor, avoiding eye contact with the other participants, as if she feared they could discover something she would like to keep for herself. The person she observes mostly is the group leader. Her incapacity to fall into a trance, to lower her eyelids betrays her need to keep everything under control, her difficulty to let herself go. For many sessions she keeps sitting straight on her chair, instead of lying down on the bed as all the others do. One day she will timidly say that hypnosis scares her, because it reminds her of the death of her grandfather, a person who, we discover, was for her more important than the father, who was often absent (as is her husband, who even lives in another town), and who shielded her from her mother, who was too pushy and acquiescent. "My mother always wants to be kind, do favours for everybody" she says one day, thus betraying her hatred for this trait of her mother's personality, which conceals, as we have seen in the associations of her dream at the beginning, her wish to stop constantly submitting to social norm and to escape from its suffocating conformism, and her desire to be able to do something "out of the ordinary."

Even if she had stopped vomiting and having nightmares before, after that dream the change in her becomes ever more visible to us: she lies down, yawns, is able to relax and even though she is still unable to fall into deep trance, she can dream and have fantasies. She slowly succeeds in verbalizing her real fears and worries concerning the pregnancy, the delivery, the health of the child, the absence of the partner. She succeeds in establishing with herself and with the child within her an emotional and physical contact. She often touches her belly, or other parts of her body as if she wanted to test the existence of something she had ignored before. The initial unconscious refusal of the pregnancy gives way to worries and tensions aimed at granting her a successful delivery and she starts believing in her capacity to be, although very young, a mother and not simply a daughter, what is more, an overprotected one. Through self-hypnosis Daniela is able to control labour and delivery in a satisfactory and for herself astonishing way. A few days after the birth of her daughter she tells us that she has decided to leave her family of origin and join her husband.

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