

How to Limit the Effects of Earliest Losses?

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Abstract: Previously a direct intrauterine prevention was limited to medical-technical influence on mother and/or baby or on the influence on the mother's psychic problems in a psychotherapeutic setting. Since Hidas and Raffai in Hungary developed bonding-analysis, a technique derived from psychoanalysis, to give mother and child the intrauterine realm to communicate with each other on their feelings, thoughts, and anxieties we win direct possibilities of experiencing the psychic relations which they together can gain. Former stillbirths, and a loss of a twin as well as the intrauterine and birth-experiences of his parents can influence an intrauterine baby and can coin his further life. Some new inquiries in epigenetic science, in losses during pregnancy, birth in breech position or pre-term are presented and discussed. There is no medical help here, neither can a psychotherapy – if wanted at all – soothe the trauma until the birth of the baby or the perinatal time. A bonding-analysis is up to now the best preventive method.

Keywords: Loss during pregnancy, epigenetic science, birth-problems, bonding-analysis

In my talk I like to discuss some new developments which give hope that finally we can overcome the difference soma versus psyche or as well science versus humanities which until now regarded intrauterine life very differently. Are we genetically fixed from the beginning of our life and thus measurable objects to scientific processes or are we subjects of our own freely variable possibilities? Are we during intrauterine development objects of medicine or are we human beings in our own right of development? Meanwhile the balance of genetic and epigenetic science inclines rather much to individual development. The genetic inheritance of every human being is in continuous change and does not follow a fixed ground-plan. Each organism, each human being, even each body-cell is a universe in itself and lives in a complex exchange with others. During the last years much has moved hopefully to a better understanding between psyche and soma, science and humanities so that nowadays we can look out for a common understanding for the necessities and variables of human development. I still remember how wonderful it was in 1990 when for the first time Lennart Nilsson's film on procreation and intrauterine development made visible what was going on inside. Meanwhile we read about changes and new possibilities of single genes and we feel there are much more differentiations now and as well new problems never ever thought of twenty years ago.

For my talk I took some essays from print media on new explorations, I shall present them to you and shall outline what we know about from the psychic realm

of intrauterine life until now. I arrange some five tops which reach from outside to inside and back again.

When We Ask Questions

The title of my talk is an open question which can move to many different movements, problems and clarifications. We may ask another question directly: What should we understand when talking about losses? In my data paper for patients I have got a top 'losses'. Some of them answer to it, f.i. "Early loss of my mother with 16; grandfather died when I was four years old; loss of best friend when we moved; loss of a pet"; some mention operations or somatic restrictions, some put a question mark.

How do we want to understand earliest losses here? Every loss is an earliest when it occurs for the first time. Insofar the suffering of a loss seems to occur fatally independent, it happens earlier to the one and later to the other.

How can we discern the effects or results of losses? Sometimes someone says it directly: "After having moved I changed and never found such a good friend again". Often the effects at first are not yet clear if not symptomatically a strong and anxious clinging or a reaction-formation – f.i. self-initiated separations instead of fear of loss – can be felt. Most people on earth live nowadays without a known connection to their earliest time of life. "Pregnancy was normal", mothers use to answer when asked and so they tell their children. Asking more questions about the time of pregnancy you will receive many different memories which mostly show very differentiated aspects of the couple or the family bondings, f.i. "Well, the child was wanted but not now; we felt shaky if we really wanted him; my mother was against abortion" and when a mother says: "I don't want to remember, but my mother died in that time", we prick up our ears.

How is a thematic border possible when there are so many facets as are here alluded to in a minimal space? Hardly, if we do not take the technique of psychoanalysis to help us so to understand via transference and counter-transference the deep problems of love and hate, of wishes to fuse and wishes not to be touched which show up behind former losses or new editioned actual losses. Or we take up the technique of body therapy to move the regions of suffering of the child or the child from former times and make them speak about the dreadful experiences.

When 'the Earliest Couple' Is Unbalanced

From the book and the case studies by Joanna Wilhelm who concludes from the way of the encounter in the analytic setting to the way of procreation, nesting and earliest development of the germ and assumes a cellular memory for these processes, we know since long that the earliest development of the human being (procreation and nesting) is coined by struggles, fear of losses, and losses. While penetrating the egg the sperm loses its particularity, and the egg, too, will never be as it was before. With its new loading it does no longer belong to the mother's body but becomes a foreign body which is attacked by the mother's immune system. Wilhelm understands this as the earliest trauma of a human being in his development.

Now the biologist David Haig from Harvard University gives supplementary ideas and conclusions from the genetic field: The child receives each gene twofold. But for some genes there is only one version really used, the other one is shut down. For the majority of the genes it does not matter if the copy from mother or father is read. But for some 70 genes the origin is of decisive significance. Haig says: "The proteins which originate from the mother's copy pursue quite different aims than those from the father's copy." From the mother's copy arise substances which serve her own survival, from father's genes arise substances which help the foetus to find nourishment. Father's genes influence the growing of the placenta, they augment the quantity of nourishment for the foetus and thus his chances to survive, other researchers stress, too. Here we can understand the early attacks of the mother's body from another angle. Only a small part of the concepts survive; 75% of the fertilized eggs are destroyed in the Fallopian tube. At first the concept has to overcome the immune system of the mother to be able to nest in the womb. It looks as if only after that the effective protection of HLA-G molecules on the surface of the embryonic cells are brought to bear. "They change the program of the mother's natural killer cells in a way that they become protectors", says Markert from the Placenta Laboratory in Jena. Obviously this protection is individually and psychophysically different and is not always sufficient. The miscarriages show this. And last but not least – only in Germany – 135 000 babies are aborted and the number of non reported cases is high, too. The potential of destructive energy toward unborn children as foreign bodies and remains high. The philosopher Sloterdijk comments the societal way: "Here are two forms of borders to control, the country's borders and the body's borders."

When a Significant Loss Happens During Pregnancy

In 1978 two Finnish scientists pointed at schizophrenia later on in life when during pregnancy the mother suffered from a severe loss. Raffai and Hidas mentioned this study in their book on Bonding Analysis. Now a new large study checks and proves the Finnish study. British and Danish scientists took up data from 1.4 million of people in whose families the disease until then had not occurred. The outcome: Unborn children have a greater risk to suffer from schizophrenia later on when the mother during pregnancy suffers from a significant loss.

To understand the background of this effect we have at first to realize seriously that the unborn child is able to have mental and affective perceptions of his surroundings and can store them. Only later in life they may express themselves when you look intensely and individually. The baby inside feels a loss of someone dear to his mother with her and likes to make it tolerable for her, to do so it might bend himself for her. The mother on her side clings to her baby and never wants to loose him, not to make the loss intolerable. Both never want to separate but remain one body and one soul.

We can confirm these findings from the inner talks of mothers and babies in Bonding Analysis. Besides it was not by chance that Hidas and Raffai 'invented' Bonding Analysis when treating schizophrenic youths who felt non separated from their mothers bodies and fell ill in the struggle of a non to achieve freedom.

Since many years ISPPM has got the theme to sharpen the perception of society for the experiences and images of the unborn child and to collect the effects which result from society's deficient perception. With Bonding Analysis which we practise now in Germany, too, we have got an instrument to engage by help of the mothers in the growing knowledge of the baby and via the mother we can reflect the baby his wishes and questions so that he safely can grow out of his mother to his wished and wanted individuality. Naturally the mother has to cooperate and leave the idea that the baby is hers alone. The baby is not inside to console his mother or to feel like one of her organs belonging to her or to lead someone else's life. Here Bonding Analysis is the first and most preventive technique we can think of.

We can even ponder about that Bonding Analysis might be able to heal the traumatic traces from the fears and losses of procreation and nesting when we understand better what the baby of his earliest time remembers and tries to communicate to his mother.

When semen and egg are the first couple creating the new being, mother and baby in intensive loving exchange together with father who genetically fosters the baby's growing and is bound in mother's reverie can feel as a second and as well triangulated couple.

More Inner Problems

The Canadian epigenetist Moshe Szyf examines the connections of early traumatic experiences and their double in neuro-genetic changes to understand "how mind and body talk with each other". Mental experiences leave chemical traces which can even be inherited. "The chemical marking of special genes might be the long searched for hinge through which the outside world is effective on the inherited dispositions." Especially by adhering or removing of methyl-groups, the so called methylation, cells change the activity of special genes. Rat babies which were not fostered by their mothers grew up to frightened and nervous animals. The neurotic behaviour went together with changes in the nervous texture: The gene for a receptor to work on stress was switched off. Giving a substance to hinder methylation resulted in a much more quiet behaviour of the rats. Do parents who neglect or abuse their children affect their genes durable? Is the question of the article.

By epigenetic processes obviously stress, deficiency in nutrition, deficiency in loving care, torture can have effects down to the nucleus of the cell. Social and material factors can coin a human being not only psychic equivalently genetically. In the open system of the inherited genes it is not at all determined what a human being once will grow out of it.

Every intrauterine child and every human being has got such a knowledge in his cellular memory (Joanna Wilhelm) and moves it while growing in fulfilling his wishes or in deficiency.

The findings of Bonding Analysis show the competence and the intelligence of the baby and his urgent wish to communicate. As this technique now started to belong to our psychoanalytic tools we have to realize that it can change epigenetic ways of working on genes as well. The borders of body and mind are getting some-

what more transparent. Let us keep that in mind. Alas, this has not yet become common knowledge and has not yet conquered the world of misunderstandings, quarrels, and wars. There is still on the one side the barrier of tradition: Since ever women had children without a special treatment, on the other side stands the barrier of science. Birth as the start into life and from then on the possible scientific observation of the baby. That he from birth on can discern the voice and the smell of his mother from many others has been proven by experiments, but the findings do not seem to stand in any connection to psychic movements and knowledge before birth. Concerning these considerations I'll illustrate it with a part of a case study; it is an open ended matter, we are still on the way:

Mrs. E. came to treatment because of claustrophobic attacks and depression. At first she did not remember anything of her early childhood. Later on she told that she had been born one year after a stillborn brother. Obviously her mother had not overcome her distress about her stillborn son. She treated her daughter as if she were her projected bad and killing part which could not hold the first baby alive. She neglected and brought to nought everything which her daughter had on her mind, her sensibility and her wishes to appease her mother. She neglected her emotionally and never showed any tenderness to her. There was no rhythm in the family to make the daughter feel safe. Mrs. E. remembered that she often cried during childhood, that sometimes her mother did not let her enter the house for hours, that on her first day of school she had to walk there alone. Nothing was celebrated in the family concerning her. Again and again mother monomaniacally recited how bad everything was what she performed. The daughter lived in permanent guilt feelings and her exertions grew the more, but there was no help. Her mother prevented her from nesting in the family formerly she might not have wanted the concept to nest in her womb. Mrs. E's father was of no help as he was absent most of the time and did not love his daughter neither. Besides, the parents themselves had been born during world war II and grew up as neglected children who were not able to care for themselves well and certainly not for the following generation.

When Mrs. E. grew up she thought to understand that her mother unloaded her own abandonment on her because she had been neglected and her husband had girl friends all the time. After having finished school Mrs. E. moved from her parents but inside she could not separate from her mother. When the mother had a schizophrenic breakdown she felt guilty and thought that her moving away left her mother without support.

Mrs. E. choose as a first partner a much older man whom she admired for his excellent brains and his profound literary knowledge. He never had intercourse with her but tormented her sadistically; she often was afraid to die when he beat and choked her heavily. However, she only left him after a long time. We understood that she actively re-searched the situation which formerly she suffered from passively. She could see her early torment and nearness to death when mother did not give her the right to live. That her mother blamed her for the dead child Mrs. E. only realized later when she could not hold a child of her own inside but had a miscarriage after 11 weeks. She then talked about an abortion which she had had some years ago in the 11th week. She became very depressive, wanted to stop treatment and thought of separation from her partner as she could not love

anything in him. She was able to understand how the death of a child made her feel the feelings of her mother towards her. Not she but her partner had to cope with feelings of neglect and annihilation now. Finally we could start to trace her own intrauterine experiences when she told that in one night of depression she had torn to pieces all her childhood photos except the one of her as a baby. Here we saw her strength, the later time was not what she had on her mind but herself as a survivor of earliest attacks. It is “an open-ended matter” up to now.

When Birth Turns Out to Be Difficult

Scientists from the university Bergen/Norway analysed the data of some 400 000 men and women between 1967 and 2004, about 40 years of time. They found out that the risk of a birth in breech presentation is the double if one of the parents has been born that way.

From bonding analyses we know that the babies often like to take over the position which is familiar to them from the unconscious of their mothers or fathers. In Bonding Analysis they are moved that they may choose a way of their own. The mother is advised to tell her baby about the natural way of birth and how to move his head in the best position. She can tell her baby about her suffering in a difficult position which they both should not repeat. When the baby is in breech presentation for birth and the mother talks to him again it is possible that it moves within the following hours. This is a significant sign that he has reached a progress in separation. If the mother has suffered a severe loss he remains in that position. There is a narrow correlation between moving to the natural position and the reached step of separation in both.

As we now know some more facts about how psyche and soma speak with each other we have to stress that we do not only gain epigenetic tools but via intuition, inner images, brought into the inner dialogue, there might be the strength to change epigenetically inherited information. Besides we have to understand how inherited birth positions in a family make sense before we try to hinder their further transportation.

From psychoanalysis we know since Freud's research that traumata and secrets in the family can come up even in the third or fourth generation as a neurotic or psychotic breakdown which had not yet occurred in an open way. Especially in Germany with all the 'war-children' who often lost one or both parents or met a father with horrible war experiences late after years of suffering from mother's depression as if he were a complete stranger. Here we have to take a closer look. The nowadays 20–40 years old mother who becomes pregnant can hardly have mastered the traumata of her parents and grandparents or great-grandparents when they had not been translated to her. Mostly there were no words for the traumata, thus they remained subconscious if not faced in therapy. The traumata of former generations are reacting in everybody of us and move us to follow them, and they move unborn children to follow these traces. Often children turn out psychotic to help their parents to keep 'normal'. Furthermore there are in Germany never integrated problems of offenders or victims of the Nazi regime. Since we know more about the genetic and epigenetic changes that can occur from traumata we should have a close look at them. Grand- and great grandchildren

may have taken the former movements inside without ever discussing them and might have changed genetically to follow their speechless ancestors. What is most important is locked out as the general societal conscience did not change yet.

When a Child Is Born

New studies show that 30–60% of the mothers of pre-term babies suffer from a post-traumatic stress syndrome. They are instructed to work on the stress while finding security in their functioning as a well-enough-mother. And the fathers? Generally they do not seek the dialogue, it is said. Couples with pre-term babies more often separate. For months there is no normal life, the ideas of the couple drift apart, there is no space for intimacy and communication. Finally when the baby comes home it often cries much about his suffered deprivations and tortures the helpless parents by that who hoped that the deprivations now had come to an end.

Here help is very necessary comparable to the way in which the psychoanalyst Myriam Szejer and her group in France work with new born babies and their parents if they ask for help because of aggravating symptoms of the baby or the mother. Psychoanalysis and new born babies do not yet belong together for us, neither unborn babies and psychoanalysis. However, let us get accustomed to this. The French child analyst Françoise Dolto opened this new way of looking at babies years ago. To her opinion the unborn child takes up engrams like a magnetic tape which make sense for him and which later on he is able to decipher. The baby takes up an encoded information which becomes one body with him – see epigenetics. We know that the baby in the second half of his intrauterine development dreams. Probably, so Dolto, the memories are ‘stabilized’ in dreams and thus can become preserved in long term memory.

Szejer explicitly describes clarifying conversations with new born babies and their mothers/parents which help the babies to grow better and give the parents new confidence in their parenthood.

Very important are baby therapists in this early perinatal realm, too. They talk to the baby and his parents and explain to the baby his trouble while touching the places of the body where the suffering concentrates.

Certainly this is not meant for pre-term babies especially. Here, if there is the danger, it might help the parents to reflect on their own births and their inner images of their parents. If there is a tendency to miscarriage or preterm birth we know from Bonding Analysis that there is an unresolved conflict of mother-daughter and the transgression of generational borders. For the fathers Krymko-Bleton taught us that they as well bear an unresolved conflict with their early mothers. I cannot go in details here. There are some articles in the ISPPM Journal by Krymko-Bleton, by Raffai, and by me which explain the special difficulties.

Many discussions started since some time in the media on new crèches for babies and toddlers and on diverse schooling systems in Germany but hardly ever on the problems before birth which result in problems at birth and afterwards in life. What at least is the most important time of life is locked out. The societal perception is not yet opened enough though ISPPM tries to open it since more than 30 years. Certainly Bonding Analysis should not become prescribed by gov-

ernment as the duty to go to school but the mental and affective life of the unborn finally should reach an important realm in societal affairs. Let us hope for that and try to move this chance to the foreground in ISPPM!

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