

The Prenatal Experience and Lifelong Implications

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Sigmund Freud emphasized what he termed a “continuity” between the prenatal period and early infancy which multitudes are now focusing on in studies of prenatal and perinatal psychology. Dr. Alessandra Piontelli was the first noted to perform a study involving fetuses and their behaviors while in utero using ultrasonic cameras and correlated behaviors from birth through four years of age. The parallels in the uterine experience and early infancy stage give a solid framework into understanding the lifelong implications of the prenatal experience. Through direct observation in the womb and after birth Dr. Piontelli expounds upon possible links to the experience in utero in terms of how the neurophysiology of the baby gives evidence to memory of the womb experience. Her focus of investigation relates to individuality, psychological birth and the influence of maternal emotions during pregnancy. “Her findings demonstrate clearly how psychoanalytical evidence enhances, deepens and supports observational data on the remarkable behavioural and psychological continuities between pre-natal and post-natal life” (Piontelli, 2000). Thomas Verny further adds that “...maternal feelings and moods are linked to hormones and neurotransmitters that travel through the bloodstream and across the placenta to the developing brain of the unborn child” (Verny, 2002).

In the interview that I conducted with Debbie and her son Michael I submit the following review with considerations of the prenatal period for both mother and baby. I was in close relationship with Debbie prior to her conception and during her pregnancy. The first interview was conducted nearly eight weeks ago. Prior to writing this comprehensive report I contacted Debbie and spoke openly about further questions and direct behaviors now seen in her son Michael.

The following dialogue is a summation of the critical components of the second interview.

During the first interview with Debbie and Michael my thoughts reflected back to the prenatal time period. Having a prenatal experience in which Debbie's mother neglected her body and therefore the baby it was clear that Debbie had early imprints of neglect and a lack of maternal bonding. John Bowlby emphasized that the first three years forms a "blueprint" which the child will carry the rest of their lives. The advancing field of neuroscience now gives evidence that the experiences of the mother become the shared experiences of the baby. With this framework of understanding one can understand why a consideration of Debbie's prenatal experience is of value in understanding her now shared experience with her firstborn son Michael. The only prenatal bonding that I did know of occurred during the eight and ninth month as Debbie would talk to Michael and assure him that he was "wanted". I think that this was of great significance due to the fact that Debbie's prenatal period was marked with her mother's feelings of not wanting to be pregnant. Debbie spent years of her life with this psychological imprint which did have a direct bearing upon her own self worth and relationship with others. Upon discovering that she was in fact pregnant with Michael she had a surge of "No! I don't want to be pregnant! Not now while I'm in graduate school! Not now as I'm too young, too broke, too newly married!" Debbie laughed as she recalled her immediate reaction to the news that she was pregnant. She understands now how much considerable stress she was in fact under at that time. Debbie reflected her parallel of negative feelings that her mother must have felt at discovering that she was pregnant. "The discovery of being unwanted typically leads to the realization that lifelong

episodes of depression, self-destructiveness, or aggression are a direct expression of prenatal rejection” (Emerson, 2000, p. 10). Debbie suffered for many years with feelings of not being wanted

which led to years of self destruction through sexual promiscuity during college in addition to drug and alcohol abuse. With a background in psychology and counseling Debbie had spent a considerable amount of time working to address some of the core issues in her past related to her mother’s rejection of her prenatally. This work began nearly six months prior to conception. Looking back I can see what a critical benefit this work was to her pregnancy with Michael. Debbie is the type of individual that is always on the go and rarely slows down or is mindful of her internal states until she reaches a point of exhaustion. Self-care is a discipline for her. Early in her pregnancy I did notice that Debbie was aware of her internal states of fatigue but would have a difficult time actually slowing down and responding to the needs of both her body and her developing baby. Could this be reflective of Debbie’s mother’s experience of “not wanting to be bothered” as Debbie recalled? I see the times that she did slow down when attuned to the combined needs of her body and the baby as prenatal attention. I see this attention serving as a mild initiative into prenatal bonding in that she was responding to the needs of self and the baby in shared experience. Thomas Verny noted, “Even the way a woman moves and paces herself throughout the day becomes a form of behavioral communication” (Verny, 1981). Debbie would also speak to Michael occasionally. I remember there would be times when we worked together that I would join in the conversation and place my hands and mouth close to her belly and assure Michael of how much we were looking

forward to his arrival. Debbie's husband did join in this process. Michael's prenatal experience in many ways mirrors that of his mothers. One can see how the psychological framework of the mother becomes the shared experience of the baby. Frank Lake's extensive research showed the lasting effect of a mother's emotional state on her child, especially in the first three months in the womb (Ridgway). Bruce Lipton further added that environment affect genetic expression, especially in early development (Lipton, 1998). Debbie and Michael's shared a parallel experience I believe from repressed prenatal anguish of "not being wanted" in the initial stage of development. Debbie cried during the interview when she made this open connection of how her past affected the reception of the news that she was indeed pregnant. The first four months were almost a "blanketed denial" Debbie stated. She said, "If I could have placed a blanket over the whole thing and made it go away I would have. The stress of graduate school, a struggling marriage and financial pressures were just too much for me to handle." I believe Debbie's body remembers this period as she became tearful during the interview.

Michael is a rambunctious little boy with bright blonde hair and blue eyes. He is consistently in a state of hyper-arousal. During the first three months after birth Debbie tried to breast feed but to no avail. She explained, "Michael seemed tense all of the time. I could feel it in his back and his mouth as he would clamp down on my nipples when feeding. It made me annoyed at what I perceived as 'demands' from me. And these demands made me frustrated. I felt that my breasts were not pumping enough milk and the message that came up for me was that I was 'not good enough'. Well this made me

not want to meet any of his needs then. I often found myself going numb when he would begin to cry for extended periods of time. During this time it seemed that Mike was more attuned than I was to Michael's needs. I knew he had needs but just felt surging frustration at having to repeatedly meet them." Debbie's experience and emotional position parallels her prenatal and perinatal experience with her mother who was in a severe car accident after she was born and was placed in a body cast. Debbie's mother added to this interview in that during a phone conversation Debbie contacted her mother to ask the exact dates that she was in the cast. Her mother told her that it was during her first eight months after she was born. "But Grandma took care of you although she hated doing it!" (Debbie's mother laughed). The correlation between Debbie's internal anguish seems to be linked to her own deficits in getting her primary needs met by her mother. These emotions (energy) then turned inward as an introjection that "I am not good enough to have my needs met" and so I will have to demand that they be met. This was an evident pattern in Debbie's life as she screamed in frequent conflict with her husband during her pregnancy of how her emotional needs were not being met. Interesting that during the second interview (which last four hours) I became aware of how much Michael screamed. He would walk around the home and let out these amazing high pitched demanding screams of frustration and confused affect. Debbie laughed on several occasions. When I brought attention to her laughter she said "I have to laugh at it otherwise I will have a stress response and be upset with him for rattling my nervous system." Again Debbie seems to automatically deny her emotions and in a very unconscious manner she non-verbally denies Michael's internal experience which leaves

him feeling abandoned and rejected all over again. Michael continued to wander around the house letting out a few more screams. When Debbie would go into the room to get him he would run away from her in a frantic pace. I questioned if part of this was his desire to have her confirm his worth to “hold onto him”. Did he feel the rejection from the womb which now unconsciously makes him wonder if he is lost can he now be found and wanted?

As the interview continued I became more aware of how aggressive Michael became at random experiences within the home environment and with several different encounters with others. At one point he grabbed the football and threw it into the wall in a very hostile manner. When Debbie went towards Michael to get the ball Michael quickly laid on his back and tried to kick at Debbie. She laughed again and tried to pick him up. He slapped at her several times near her face and then tried to bite her arm. I was very aware of how much tension there resided between the two of them. It’s as if they both had a well of rejection within them which caused this aggressive energy from shared parallel experience in utero combined with a plethora of life stressors. “Mothers already under stress react to new stress in heightened fashion, releasing hormones that adversely affect the fetus” (Verny, 2002). I recalled the amount of stress that Debbie was under at the time that she discovered that she was pregnant. She was beginning graduate school and going through daily marital conflict within the home environment. In discussing life within the womb Lennart Nilsson noted, “The fetus is also using its sense of hearing for orientation. Its most familiar sounds are surely the noises of the mother’s digestive system and the swishing from her major blood vessels, but gradually the fetus also begins

to perceive the sounds of the mother's world, such as music and the father's voice" (Nilsson, 2003). William Emerson noted the implications of this. "The majority of adults with problems in aggression learn that they were unwanted at the time of discovery, but many of them also learn that they were exposed to other forms of aggression during the pre and perinatal period. Some common forms of aggression are warfare, gang fights, domestic violence.... Prenates who experience one or more of these aggressive conditions are at risk for manifesting aggression and violence..." (Emerson). It appears to be a parallel process that for much of her pregnancy Debbie felt that she needed to scream to have her needs met. Now it appears that Michael, at just over one year of age, has developed an unconscious maladaptive conditioning to having to exert higher levels of stress and aggressive states in order to survive. I can remember the sad experience that Debbie shared with me when she and Michael were in an argument about not having enough financial means to support a baby. The stress that this placed upon both Debbie and the baby must have reverberated through their unconscious causing this hyper-aroused and hyper-vigilant state to assure that everyone's needs would be met to survive.

Now Debbie expresses concern that Michael frequently bites her and slaps her when he is dysregulated and when she is attempting to provide some sort of soothing. This appears to be connected to the internalized energy of not having his early developmental needs met. For example, when Debbie worked her physical body to the point of exhaustion in a very unconscious way she denied Michael's prenatal needs for solace. Now this behavior is mirrored in Michael's inability to allow his mother to soothe him. I wonder if his unconscious would say, "You can't soothe me because you

never did!” In talking with Debbie regrets not having received more of her own inner healing work with regard to attachment prior to her pregnancy. She has discovered and encountered numerous blocks when faced with motherhood never having a mother who had bonded to her. She stated that she felt “handicapped” in her ability to bond with Michael and worried that he would have deficits in his attachment as a result of her deficits. To watch the two of them now it is clear that Debbie has grown in her confidence as a mother and that when she has her second child the process will be even that much richer of an experience due to the process of growth in this whole experience. Debbie is still in the process of healing from her prenatal and perinatal experiences. She has embraced and processed much of the pain associated with rejection, abandonment and neglect. She has done this through relational somatic processing in both individual and group process therapy. As a result her ability to bond with Michael seems to be developing. Debbie is also growing in her awareness when she is distancing herself from him in times of high stress within the home environment. Her ability to put her needs as secondary speaks to healing that has occurred in her life. It’s as if Debbie does not harbor a crying prelate on the inside of her who is longing to be heard. She has integrated these past losses and welcomed in love, acceptance, nurture and stability. This is reflected in her attention, affection and growing attunement that she provides to Michael on a consistent basis.

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