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Introduction to Prenatal Bonding (BA)

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The Inception of Prenatal Bonding (BA)

Prenatal Bonding (BA) has its origins in the early 1990s, when Dr. Jenoe Raffai, Hungary, did psychoanalytic research with young psychiatric inpatients. Subsequently Raffai developed out of this a preventive method which helped mothers to create a far deeper bonding with their unborn baby than conceivable until now (Raffai 1995, 1998). Mothers can as well experience inner boundaries between themselves and their unborn babies, which is substantial for the emotional maturation of the baby (Raffai 2009).

Raffai on his own has provided 4350 women with Prenatal Bonding (BA) in Hungary since about 30 years. He carefully documented the outcomes by observation and found that the method has an empowering effect on pregnancy and childbirth in general and on the development of the child's personality (for details, see Table 1). Raffai noted that Prenatal Bonding (BA) is intended primarily as a facilitating process and may be applied by many professions dealing with pregnancy, giving birth, and postpartum period.

(*) In the following, the abbreviation *BA* is used equivalently to the term *(Bindungsanalyse by Jenoe Raffai)*.

The Method of Prenatal Bonding (BA)

Prenatal Bonding (BA) starts at about the 20th week of pregnancy; starting earlier can be offered. The following setting is required: The pregnant woman lies on a comfortable mattress in a relaxed position with the intention to focus on her inner perceptions, often induced by a guided relaxation. Sessions start with centering on awareness of breathing, body feelings, and emotions. By focusing on her awareness, the facilitator helps the woman to come more and more into contact with inner images, as known from dreams. Images are seen to be symbolizations of words, body feelings, and emotions. Gradually the inner images become more frequent, creating a flow of information and communication between the mother and the unborn, and this creates the "soul's cord." Mothers find out how their babies are developing, what they are feeling and needing, and even about things that might be threatening or

dangerous. It is much easier and more impressive for mothers as well as less expensive, less invasive, and less dangerous for babies to gain information this way, as compared to ultrasound or other medical examination (Emerson 1997). The most powerful effect is Prenatal Bonding (BA) enables an *inner* dialogue ("baby talk") with the unborn.

Improvements in the Pregnancy

Raffai recommends that the pregnancy and the development of the baby have a better outcome if an inner separation between the pregnant woman and her own mother has taken place Raffai and Hidas (2006). This concerns the growth of the pregnant woman from the role of the "daughter of her mother" to the "mother of her baby." Prior to birth, a second process of separation is facilitated by a number of explicit steps. For example, the unborn is invited to say goodbye to the intra-uterine world of his/her mother. Or the mother and baby communicate separately about their recollections during the pregnancy. The story, the mother tells, is partly or sometimes completely different to the experience the baby tells. This substantiates that the baby has its own mind, perceptions, and experiences and takes its own decisions. At the end, giving birth itself is simulated in a "final rehearsal" as a mental preparation. The mother-to-be is invited to let go and open herself for a new step in her life, to explore inner obstacles to that new family constellation. So inner hindrances that could have evoked a somatic tenseness during giving birth can be eliminated a long time in advance. Depending on the starting point, about 20–25 sessions are needed for the whole process of Prenatal Bonding (BA).

Effects on the Baby

Babies who are communicated with Prenatal Bonding (BA) feel themselves to be seen and heard at a deep level. This makes them feel respected as they are and for their unique personality and situation. The existence of a kind of personality even during the pregnancy has not yet been taken into account until Alessandra Piontelli's research on twins in utero by ultra-sound assessment (Piontelli 1992). The very special communication between the mother and the unborn baby by the Prenatal Bonding (BA) facilitation creates a situation of a "safe container" (White 2013), and in addition, the reflections of the baby's feelings and perceptions by the mother allows for the fetus to expand and express itself, so a profound self-esteem can grow. The development of the brain is intensely stimulated, and the interest and trust of the baby in the outside world are empowered.

The Importance of Father and Siblings

The important role the father has in the process of Prenatal Bonding (BA) should be emphasized. The research on Prenatal Bonding (BA) has proven that the unborn baby is aware of the father and significant others as well. So, the father also has the chance for an early bonding with the unborn. He is important to the unborn baby right from the beginning, and his role is to also provide a "social womb" for his pregnant wife. This means creating a safe space for the pregnancy, allowing the mother to encounter the extensive changes in her womb and body and widespread changes in her life as well (Schroth 2010). For that very reason, the father is as well invited to participate in the sessions as often as possible. In addition, the father is instructed to regularly have his time with the unborn baby, e.g., by touching the womb and singing lullabies

or poems. In similar ways, siblings are invited to contact the baby in the womb. Thus, long before birth, a counter-wise familiarity is built up preparing the baby's arrival in his/her "new world."

Table 1: 12 Common Results of Prenatal Bonding (BA)

- The mother's *inner perceptions* are well attuned to her pregnancy and the unborn. She has access to her own as well as to her baby's wisdom.
- Her natural *female capabilities* are empowered by Prenatal Bonding (BA) and create greater assertiveness and security during childbirth.
- Mother and baby become a good team experiencing *less anxiety and pain*.
- There are *less efforts* in giving birth and fewer complications.
- The requirement for *obstetrical interventions* goes down significantly.
- *Caesarean sections are decreased* substantially by Prenatal Bonding (BA), and natural vaginal birth is usual. Thus, birth is safer and less costly.
- Pregnancies facilitated by Raffai, *preterm birth rates* were less than *0.2 percent* – as compared to an average of 9.2% in Germany and 12% in the USA. The general experience tells us that the majority of babies after Prenatal Bonding (BA) are born within 1 week around the due date, without any medical intervention.
- *Birth trauma is of low degree* as indicated by natural, round-shaped heads and *little crying after birth*; excessive infant crying is unknown after Prenatal Bonding (BA).
- The babies are curious about the world, emotionally stable, and socially mature and have an easy *access to their personal potential*.
- There is less sleeping during daytime, but *longer and deeper sleep at night*, with few awake-nings, so parents suffer less from sleeping disorders.
- Babies and children are *easy to communicate*, and dealing with them becomes completely intuitive. Babies have a lot of *self-awareness and self-esteem*. They are patient and under- standing of their parent's intentions and needs, as well as their own.
- *Postpartum depression* is expected to become a thing of the past, as in the sample of over 8000 pregnancies facilitated by Raffai and his colleagues worldwide less than 1% postpartum depression was reported. On average about 19% of mothers experience postpartum depression for several months after birth (Schroth 2015).

Comment

As full implementation of Prenatal Bonding (BA) can largely prevent preterm birth and birth trauma and manifest postpartum depression and often spare obstetrical interventions including caesarean section, this represents fundamental progress for the pregnant woman, the unborn child, and the respective family. Natural vaginal birth is becoming safe again!

These outcomes have been reinforced by a most recently published 5-year follow-up study (Goertz-Schroth 2019) of 188 facilitations by Prenatal Bonding (BA) including 37 different colleagues worldwide. The wide spectrum of different local conditions and cultures including different professional backgrounds as psychologist, social workers, obstetricians, midwives, doulas, and other professions allows to conclude that Prenatal Bonding (BA) is firm and most effective.

Furthermore, after birth, the appropriate and loving care of the baby that arises from the solid bonding between mother and baby is the optimal way to prevent psychological illness in this new generation. It can be assumed that for the first time, the taxonomy of the Jenoe Raffai method has succeeded in providing an appropriate psychodynamic explanation for the nature of post-partum depression (Schroth 2015).

On the basis of 40 years of treatment experience as a psychiatrist and psychoanalyst, I venture to propose that Prenatal Bonding (BA) not only represents an excellent method of preventing mental illness in future generations. In addition, the method of Jenoe Raffai may open up new dimensions in terms of both our understanding of major psychiatric illnesses and the probabilities of recovery from them.

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