

The Analysis of Appearance and Meaning of Prenatal and Perinatal Phantasies in the Psychoanalytically Oriented Psychotherapy of Children

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Abstract

The author isolates and analyses the prenatal and perinatal phantasies, which she observed in children and adolescents during psychoanalytic treatment. She presents her hypothesis about the meaning of those phantasies for the therapeutic process. She differentiates the prenatal and perinatal phantasies in neurotic patients and in patients with borderline organisation of the personality. The hypothesis connected to the role and the time of appearance of the phantasies in those two groups of patients are illustrated through clinical material. The author presents a few examples from the therapeutic sessions with children. The changes of the prenatal and perinatal phantasies during the treatment are shown. The author explains these changes and the general meaning of the prenatal and perinatal phantasies during the process of psychoanalytically oriented psychotherapy of children in terms of objectrelation theory.

Zusammenfassung

Die Autorin isoliert und analysiert die pränatalen und perinatalen Phantasien, die sie während der psychoanalytischen Behandlungen von Kindern und Jugendlichen beobachtet hat. Sie stellt ihre Hypothesen über die Bedeutung dieser Phantasien für den therapeutischen Prozeß vor. Die Autorin differenziert die pränatalen und perinatalen Phantasien bei neurotischen Patienten und bei Patienten mit Borderlinesyndrom. Die Hypothesen über Rolle und Zeit des

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Auftretens von Phantasien in diesen zwei Patientengruppen werden durch klinisches Material illustriert. Die Autorin präsentiert einige Beispiele der therapeutischen Sitzungen mit Kindern. Die Autorin erklärt diese Dynamik und die generelle Bedeutung von pränatalen und perinatalen Phantasien für den therapeutischen Prozeß in der psychoanalytisch orientierten Psychotherapie von Kindern im Rahmen der Objekt-Beziehung Theorie.

Introduction

Otto Rank was the first one who systematically presented in "Das Trauma der Geburt und seine Bedeutung für die Psychoanalyse" (Rank, 1924) the role of experience connected to birth. He opened a totally new perspective in the theory of psychoanalysis. Rank asserted that each human being experiences during his or her birth the largest trauma of his or her life and that throughout this whole life that person tries to overcome it. Terence W. Dowling (Dowling, 1987) writes, that according to Rank, the process of healing is connected to the birth-symbols in dreams and phantasies. Rank assumed that the transference is tied to repeated experiences of the fixation on the mother and the termination of treatment can symbolize the child's departure from her.

In children's phantasies the pre- and perinatal experiences play a very important role. Dowling (Dowling, 1987) quotes the research of Calvin Hall, in which 590 randomly selected children's dreams were analysed. As many as 370 dreams (that is 60 %) contained some reference to the intrauterine experiences and various emotions connected to the birth. Pre- and perinatal phantasies are described in the literature, both as the reconstruction of the real experience and as a material tied only to a phantasy. Ludwig Janus (Janus, 1991a) thinks that the possibilities of the psychotherapeutic treatment and the chances of healing are much higher in children than in adults. The beginning of the treatment at the right time can prevent unnecessary suffering. According to Janus even the possibility of understanding the child and his or her anxiety can have a large therapeutic effect. It is not, however, a significant condition because the anxiety of the child can be enormous. Freud wrote in "Traumdeutung" (Freud, 1900) that the moment of birth is the first experience of anxiety and therefore the source and the model of the emotion of anxiety in general. Janus (Janus, 1991b) draws a conclusion that the repetition of the birth experience in therapy can be very important for the patient in terms of healing, but in many cases, only a longterm working-through with psychoanalytic treatment can lead to the diminishing of the level of anxiety.

In my psychotherapeutic work with children and adolescents and in the experiences that I gained at The Institute for Analytical Psychotherapy of Children and Adolescents in Heidelberg and at the Psychotherapy Center for Children at The Faculty of Psychology at The University of Warsaw, I was able to observe various pre- and perinatal phantasies during different phases of treatment. In the two groups of the patients – neurotic and "borderline" patients – I noticed that these phantasies had a different character and occurred during different phases of

therapy. The prenatal aspects in children with the "borderline" organisation of the personality were expressed directly and at very early stages in the treatment, the same motives in neurotic children have a more indirect character.

Prenatal and Perinatal Phantasies in Borderline Patients

I observed the appearance of very strong and dramatic pre- and perinatal phantasies already at the beginning of psychotherapeutic treatment in some patients with "borderline" structure of the personality.

Case 1

For example this is the case of the nine-year old Thorsten who was born under traumatic circumstances. During the first therapeutic session he took a baby-doll, put it into a bath-tub that he filled with water and said: "The baby was born, but it died immediately". During the following sessions Thorsten created very dramatic scenes, in that he would often put a doll under my pullover demanding that I "give birth to a child". The strength of his emotions were enormous. Thorsten yelled, screamed and said that I could not do anything right. At the same time he destroyed and tortured the doll. This period in Thorsten's psychotherapy illustrates well what Helga Blazy (Blazy, 1991) said about her experiences in the therapy of very disturbed children: "... At certain stages of the children's therapies, a deep and unbridgeable abyss emerged in the therapeutical relationship experienced via transference and countertransference, so that I started to doubt whether I could reach the children with interpretations or whether I could understand them at all. Through transference they conveyed to me how they saw in me a useless parent or someone who neglected them, who did not realise them and who was unable to offer the correct incentives for further development ..."

Very intense work on the transference, continuous controlling of my countertransference and the generally understood function of Winnicott's "holding", which I have been conducting for a very long time in the therapy, enabled Thorsten to construct and feel "good" aspects of the object and in connection with it – the neutralisation of aggression and autoaggression. After about two years of treatment, when the neurotic conflict already dominated the personality structure of the patient, the boy borrowed one of the dolls and said: "It will be my baby, I will take care of it".

Case 2

Another patient, Krystian, who was 13 years old, during one of the first therapeutic sessions cut a plastic hippopotamus into small pieces and said that he had to see what the animal had in its stomach. "I suppose there is only garbage in it", he said. During many sessions Krystian accused me of having broken and demolished the toys in my consulting room, and that I was not able to glue the hippopotamus together and that I was bad and stupid etc. Krystian was an unwanted child, his mother rejected him and he was brought up by his grandmother. And again a lot of time was necessary in order for the patient to feel the ambivalence

towards the object, so that the primitive defence mechanisms like splitting and the archaic denial stopped to play the central role in his personality structure.

Ludwig Janus (Janus, 1991b) says that schizophrenic patients regress in a very open and "not-hidden" way to the prenatal level. What seems to concern their wishes and desires is that they have to be "held" and "supported" in the therapeutic relationship. We can assume that similar mechanisms and wishes can occur in patients with "borderline" organisation of the personality. Christa Rohde-Dachser (Rohde-Dachser, 1989) says that in "borderline" patients the manifestations of the anxiety very often have primary (and not signal) character. The subject reacts with the primary anxiety to such situations where the weakness coexists with a large excitation and where she or he feels rejected through all "good" objects and exposed to attacks and destroying forces of the internal and external "bad" objects.

Prenatal and Perinatal Phantasies in Neurotic Patients

As I have already mentioned, the pre- and perinatal phantasies in neurotic patients have a different character. They never appear as directly as in the "borderline" patients and they seldom occur during the first sessions of the treatment. It is obviously connected to another type of personality structure, to other defence mechanisms, to the role of repression etc, which characterize the neurotic level of the organisation of the personality. I think that in these patients, the symbolism of birth and the ideas of pregnancy are combined with the transition to the new stage of the therapy and with the anticipation of the termination of the treatment. Otto Rank would call it – "the birth for the external world".

Case 3

That hypothesis can be illustrated well by the case of Sebastian. The boy was 6 years old when he started the therapy, because of the enuresis. During one of the sessions, in the end phase of the treatment, Sebastian wrapped himself tightly with a blanket, covered his head and for over half an hour he emitted inarticulate sounds, he kicked and screamed, then he took off the blanket and later covered himself again, not reacting to any of my comments. As I told him that we have to finish our session Sebastian clambered from under the blanket and said smiling: "So, here I am". Such behaviour did not repeat itself during the treatment and on the following sessions we worked on the problem of separation and simultaneously on the topic of the termination of the treatment.

Case 4

The pre- and perinatal phantasies of an 8-year old Karoline had another character. This girl, where the neurotic conflict dominated, showed during the first couple of sessions a continuous control over me, demonstrating in this way her desire to have the omnipotent power over the object. My interpretations concerned the nature of the relation in the transference, especially the dimension symbiosis – separation. During one session, Karoline built a tent in the middle of the room and closed herself tightly in it. She asked me to give her various

objects which she put inside and asked me to be silent. She complained from time to time, that it was dark inside. I knew that her delivery was very difficult and lasted a long time. At the end of the session the girl crawled out from the tent with a lot of effort and happily went home. From that time on, the nature of our relationship changed drastically. Karoline was able to treat me as a separate person. One can say, that the patient took the first step towards the separation from the object, and the mechanisms that caused the desire for the omnipotent control ceased playing such an important role. The phantasies of the delivery, demonstrated by the patient in a very dramatic way, opened in some sense a new period in our work.

Ruth Storch (Storch, 1991) analysing children's phantasies that occurred during the therapeutic process, says: "... By their dreams, phantasies, spontaneous drawings and games these children express their need for 'corrective experiences', which may compensate the lack of the safety they had suffered from the beginning of their life...". Ruth Storch describes the children who were born from the risk pregnancies and deliveries, who were born prematurely and those who were adopted. I think that her statement can apply also to such cases where the pathology of the pregnancy or of the delivery was not observed.

Conclusions

The work with neurotic patients and with patients with the "borderline" structure of the personality demonstrates the role of the subjective and individual experiences and feelings connected to the problems of the birth.

I understand the concept of "corrective experience" as a new emotional experience in the relation to the therapist. It is the transference that enables the patient not the reconstruction of his or her past, but rather the creation of a new quality, both emotional and concerning the new elements in the personality structure. This definition of the concept, enables in my opinion, to formulate of an assumption that the "corrective experience" plays the central role in the process of working – through of the pre- and perinatal experiences and phantasies in a patient.

The unborn child exists not only in the phantasy of child-patient, but also, and that should be emphasized, in the phantasies of the parents. These phantasies concern both, their children and their own experiences in the early periods of their lives. Therefore, it is very important to remember, that during the work with the parents of the patient we should not forget about their own internal child, the image of which, they carry inside themselves.

The therapeutic experiences in the work on pre- and perinatal phantasies of children and their parents, can allow further research in the field of the prophylactic therapeutic intervention for families expecting a child.

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