

# Confirming Affectivity, the Dawn of Human Life

## The Pre-, Peri- and Postnatal Affective-confirming Haptonomic Accompaniment of Parents and Their Child

---

*F. Veldman*

Oms, Ceret, France

### **Abstract**

This article gives a short introduction to the science of Haptonomy and more specially to the application of its specific phenomenality of psychotactile affective contact and interaction during prenatal and postnatal life and during childbirth. The neurophysiological implications and the influence of this approach on the pain threshold are briefly mentioned, as well as psychological influences on the postnatal development of the child. Finally, there is a critical commentary on the use of the ultra-sound scan.

### **Zusammenfassung**

Dieser Artikel gibt eine kurze Einführung in die Wissenschaft der Haptonomie, wobei besonders auf die Anwendung der psychotaktile affektiven Kontaktnahme in ihrer spezifischen Phänomenalität während der vorgeburtlichen und nachgeburtlichen Lebensphase und während der Geburt eingegangen wird. Die neurophysiologischen Implikationen und der Einfluß des haptonomischen Vorgehens auf die Schmerzempfindlichkeit werden kurz abgehandelt, wie ebenso psychologische Einflüsse auf die nachgeburtliche Entwicklung des Kindes. Schließlich wird die Verwendung des Ultraschalls kritisch kommentiert.

---

Correspondence to: Frans Veldman, International Centre for Research and Development of Haptonomy (C.I.R.D.H.),  
Oms, 66400 Céret, France

Invited paper

Our world, our present day world-of-human-life, is more intensely than ever subject to drastic changes and human beings depend more and more on the revolutionary developments which create technical inventions. These latter are introduced and appear at such an increasing rate that it is difficult to follow and understand them.

The influence of these evolutions and advances on human life is enormous. More and more, technique (with its impacts on economic, political and social life) encourages a predominance of utility, productivity and efficacy, accompanied by hyper-rationalisation, which determines to the highest degree our potential, our habits, our life style and our way of life, as well as our ideas and the conditions of our social life: in short, our culture.

Many discoveries and technical inventions, especially in the field of health, demand a critical reserve when they touch on the limits of the acceptable; they confront us with questions concerning their ethical, moral and deontological eligibility.

However, I am not unaware of the *benefits* for humanity which the majority of technical developments bring about. Similarly, I recognise the great value that many of these developments have for our well-being, especially in the realm of medico-technical and socio-technical inventions, in computer science and elsewhere. But I cannot, nor do I want to, close my eyes to the negative influences and impact which often accompany some revolutions and which have progressively and insidiously repressed the qualities of the *affective* life of the human being.

Contemporary social evolution, with all the implications of the reign of the image and the tyrannical pressure of effectivity, economy and profit, has shown a profound modification in the development of the affective capacities of the human being and of his disposition to live well and confidently, and this right from early childhood.

This evolution has developed, under pseudo-rational appearances, that which in each of us tends towards the refusal of the other person, fear, aggression, and violence. In short, it generates and reinforces a dynamic of separation and an increase of the imaginary, in opposition to those forces which aim at cohesion and symbolisation, as much within the human mind as outside, in his relationships with others and with the world around him.

Thus we can note – and not without cause to worry – that for decades now we have been able to talk about an “*effective conscious world*” which dominates an “*affective conscious world*” in such a way that the affective life is strongly curbed if not repressed and this in an ever increasing way: in this “world of *effectivity*” pragmatism and intellectual rationalism reign. There is no room for feelings, emotions: for *affectivity*. The dimension of feeling – and all that concerns the affective life – is considered as lacking in interest and therefore has no place in this world, as it is of no economic or political value. This dimension would only disturb, in a awkward way, the economic processes of development and production.

*Haptonomy* demonstrates that faculties every human being should possess are nowadays more and more under-developed, they lie fallow, or are atrophied, if

not totally absent. However, these faculties are of fundamental interest for contacts, interactions and human relationships. It is the *absence of affective confirmation* which hinders their development.

Violence, acts of terrorism, drug abuse, have also shown an alarming progression since the last world war and are radically changing the aspect of the human world. These evils have immense repercussions and incalculable consequences for humanity.

It is precisely under the influence of the perverse and ruthless terror of the Nazis during the Second World War that *Haptonomy* was born. Under such distressing and inhuman conditions I discovered the great importance of *affectivity* in human contacts, interactions and relationships, and it gave me the idea of providing convincing and indubitable proof of the need for existential *affective confirmation* right from the beginning of life, that is, *from the conception of a human being*.

Similarly, pre- and perinatal life has become dependant on medico-technical influences and interventions, to which it is increasingly subjected.

Nowadays one talks of "*parental education*", an *education* which would become increasingly necessary in this *effectively conscious world*. This says a lot about the innate faculty, which every woman has, to become and to be a mother, a *natural* faculty and aptitude which seems, yet again, to be either suppressed, repressed or atrophied.

Where does this need to *educate* a woman come from, that is to *teach* her motherhood? What are the qualifications, the abilities and the aptitude of people who, "with full knowledge of the facts" set themselves up as *teachers* of such a subject?

"*Prenatal education*" consists at present of a multitude of psychoprophylactic, sophrologic, respiratory, or physical education methods and techniques. These methods, on the whole, are concerned *rationally* with the *mother* and her *body*, but very often ignore the *father*, and even the *child*, as well as the psychological – *affective* – reactions of the couple. It is the *pregnant woman*, becoming **physically** a mother, who is, in such methods and techniques, primordially the centre of interest. Although in this context one speaks of emotions, psychological reactions and that one uses the notion of "affectivity", the observation of these practices show that, in fact, it is a matter of rational objective approaches, and even manipulations and technical interventions which, more often than not, do not take into account the sentiments and the affective experiences either of the mother, the child in her womb or of the father.

A couple's emotional life and the *psychological* way of being a mother and father, with all the consequences of parenthood, are frequently neither taken into consideration nor understood: the confirmation of their aptitude as mother and father is not usually undertaken. Worse, they are deprived of *affective confirmation*.

Always stressing the *physical health* of the mother and child entails an underestimation of the instinctive, intuitive qualities and capacities of the person as a woman. Pregnancy and birth have become a "*casus medicorum*", and conse-

quently they are submitted to *physical* medical interventions which ignore the *psychological* phenomenality of feminine nature and its impact on motherhood.

Fortunately, we can at present note a definite growth of consciousness, shown among others by professor B. Glorion, in his editorial of the *Bulletin of the French Conseil National de l'Ordre des Médecins*, in March 1993, in which he calls for a more human training which will enable “*future doctors to be aware of a much more comprehensive approach to man as an individual in the midst of a Society in movement*”. He also adds that “*deontology and ethics should have a preponderant place in this programme.*” Finally, he specifies: “*Doctors should have a thorough knowledge of two languages, that of science and technique and that of the heart and soul.*”

This converges with the ideas that are the very principal of *haptonomic science*.

The approach and the *haptonomic* pre-, peri-, and postnatal accompaniment are explicitly and directly addressed to parents **and** the child *in their affective relation*, by interactions of a affective-confirming quality.

It consists of a an approach and an *accompaniment as well as a guidance* which are neither comparable to nor compatible with the methods and techniques evoked above, but which are based on an evident phenomenology of human affective contact.

### What Is Haptonomy?

*Haptonomy* the Science of Affectivity – comes within the field of the Life Sciences which deal with research relative to emotional and affective human life, particularly in all that concerns communication, interaction, relationships and *affective* human contacts.

The concept of *haptonomy* is derived from the conjunction of the classic Greek term *hapsis* (ἅψις), which means touch, sense, sensation, tact and the word *nomos* (νόμος) meaning law, rule, norm.

*Hapto* (ἅπτω), from the verb *haptain* (ἅπτειν) means, I touch, I reunite, I establish a relationship, I attach (myself) to . . . , and in the figurative sense: I establish (tactilely) a contact so as to make healthy, to heal (make whole), to confirm (the other person in his existence).

The *Confirmation of the Other Person*, in his rational existence as well as in the Good that this other person represents or can represent, is a fundamental aspect of the *haptonomic* approach.

*Haptonomy* has a fundamental principle: *the incontestable fundamental and primordial right of a human being is the right to the affirmation of his existence and to the affective confirmation of his being, right from the moment of conception*. A world which wishes to be considered as *human* must – above all – respect and guarantee this fundamental right. A *genuine humanity* can only exist where this right is recognised and respected.

It is the responsibility of every human being to preserve this right, as a fundamental human right.

In this context *haptonomy* distinguishes phenomenologically three ways of acknowledging human existence:

1. **Existential affirmation.**

It is the *acceptance* of the *existence* of the other person: acknowledging that he is there, saying *yes* to his existence.

This affirmation is the minimum requirement which enables establishing, accepting and tolerating the *presence in the world* of another person. The deprivation of this fundamental, basic, affirmation implies the total negation of the existence of the other: it amounts to an inhuman act.

Existential affirmation implies recognising that everyone has a right to a place in the human world, and a right to participate as a *human* without any discrimination being made of race, origin, colour of skin etc.

2. **The rational confirmation of existence.**

It is the *intellectual validation* of the concrete existence of the other person, a recognition which implies the justification of his existence, of his natural presence and his functional reality – his way of existing in representation. In social exchanges at every level men confirm themselves and each other to differing degrees and in many ways in their qualities and capacities. It is this *existential confirmation* that Martin Buber is referring to when he states: A society can be said to be humane to the extent that its members confirm each other. The basis of conviviality is two-fold, nevertheless the two factors form a unity: on the one hand everyone's longing to be confirmed by others for what he is or even for what he can become, and on the other hand the potential aptitude, innate in everyone, to provide this confirmation with others. Confirmation which surpasses essentially the simple existential affirmation. That such an aptitude has been left fallow to such a considerable extent, constitutes the real weakness and uncertainty of the human species: "*Real humanity only exists where this capacity can be fulfilled.*"\*

3. **Affective confirmation.**

It goes well beyond the *rational* confirmation of existence, in that it reveals and *confirms the true and essential being* of man, that is to say his personal and individual *Good*, his *worth*.

*Haptonomic affective confirmation* is therefore not limited to the recognition and the validation of the other in his existential functioning; it appreciates and assures him in his *essence*: it *rein-force-s* – *af-firm-s* and *con-firms* – his *authenticity*, and is a foundation of a (re-)assuring *state of security*.

*Haptonomy* considers, as has been said already, that it is an incontestable, fundamental and essential right of the human being: the right to the unconditional *affirmation* of his *existence and* of the *affective confirmation* of his *being, right from the moment of conception*.

The human being depends mainly on the *affective* confirmation of the Good which he represents, for his harmonious growth, his individualisation and his becoming-a-person in all his autonomy. He has therefore an obvious, inviolable

\* Martin Buber, "Distance and Relation" Psychiatry 1957.20.

and unconditional right to this confirmation of his being. Any negation of this right, any deprivation of the fundamental good which this existential affirmation and affective confirmation represents, is an evil in itself. As we have already explained, a world which wants to be considered “human” must – above all – respect, watch over and guarantee this fundamental right.

*Haptonomy* concerns – by its very nature – all human life from conception until death.

One of its considerable fields of interest, covers the interactions, relationships and affective contacts between parents and their child, from the moment of conception.

*Haptonomy* has shown, in particular, that the **pre-natal**, **peri-natal** and immediate **post-natal affective** interactions between the mother, the father and their child are of particular importance for the harmonious growth and development of the latter.

From conception to birth, the human being has a relationship of *complicity* with his mother: an *unlimited* relationship. *Unlimited* in the sense that there are neither rules, nor laws, nor norms to which to conform.

From his conception a human being possesses all the historicity of his own special nature which are fixed in his genes:

- a “memory” of the phylogenetic and ontogenetic evolution of his prehistory, as a “collective human *memory*”, a “*collective consciousness*”;
- his individual “*significant constellation*”, with the heritage of his ancestry, his direct heredity (the genetic heritage transmitted by his parents), which determines his capacities, his talents, his gifts and the potential features of his personality, both good and bad.

It is during the period of almost symbiotic complicity in the mother’s womb that the intimate, affective and sensitive life of the child finds its point of departure and that the development of his *cognitive* and *cogitative* faculties, innate and anchored in his genetic *significant constellation* is either initiated and favoured or else inhibited or even blocked.

From the moment of conception, existence is a continual choice, instinctively sure, guided by the *instinct of preservation*: it is an *active presence*. An active present being – in the “being-there” – by the contribution of his talents, his gifts and the possibilities which are personal and belong to *his essence*, giving sense and content to his existential vitality by the exercise of choice and the adoption of attitudes while growing up and maturing.

From the moment the being is formed, at the moment of conception, the desire to live and to exist makes itself felt by a vital primitive thrust, a tendency to become whole, complete, an instinct for corporal “integralisation”. This archaic thrust is carried by a fundamental desire for the *preservation of life* which is primordially essentially characterised by a primitive instinct for the *preservation of the body*.

The vital, corporal existence, projected from the moment of birth, already finds its right to life in the development of the fertilised egg, which becomes an “*embryo*” and then a “*foetus*” in biological and medical terminology. From the

moment the capacity to actively answer to the influences of the environment is shown, *individual life is then a fact*. It is evident that this happens as soon as *conception* has taken place.

Are there then already reasons for existence and a consciousness of existing?

What is certain is that the *body* takes shape and is conditioned, the *corporeity*, the *corporal*, begins, the *corporality* is inspired, *animated*, the *significant constellation* of the individual is given.

If we start off with the unity of the *body* and the *soul*, represented by the *animated corporality* (the psychophysics entity, including a spirit), and if we consider, against the ontogenetic background, the *significant constellation* that the human germ already possesses, we cannot avoid the conclusion that the *soul* is already incarnated in this life, *right from the moment of conception*.

Independently of any school of philosophy, religious or otherwise, the *soul* must be seen as the *principle-of-human-life*.

It is precisely the incarnation of the soul, as a *principle-of-life*, which means that this newly conceived life represents a human being. It is by irradiating – by “animating” – the *spirit* and the *reason* provided with their spiritual faculties of logical, introspective and deductive thought, of contemplation and creation, that the soul makes the “*humanisation*” of life possible.

Although the *spirit* fulfils itself through cognitive and cognitive processes which require time for growth and maturity, the *soul*, typifying the individual with his distinctive characteristics, is a fact, present at the dawn of every human existence; it precedes any development of the spirit and reason. It is a logical conclusion that the incarnation of the soul can only take place at the very moment of conception, when the fusion of the gametes has taken place.

From the moment that the fusion of the gametes has taken place, the fertilised ovocyte unites the father’s and mother’s genes in a new individual. From that moment, it carries the “programmed” model of the *unity of body and soul* of this individual, with all his properties and specific characteristics.

This *unity of the soul and the body* is the “matrix” of the future personality of the individual.

The individual obtains the model for his existence from his genome. While growing up, learning and maturing he can practice his capacity to *fulfil* his own way of being, thanks to the suitable offer of affective stimuli which confirm his being.

From the moment of conception of a new life, it is no longer a question of considering life as if it grew itself at a distance, by objectifying it as an “embryo”, then as a “foetus”, but this life, which is approaching us with all its potential, must be thought of as already representing a human *being*.

It represents a *child* who is asking to be recognised, met and loved.

*Haptonomic* observations and research have shown that very early on, as soon as there is intra-uterine existence, immediately after conception, receptivity to affective contact stimuli appears and develops and that this very young life reacts by replying and anticipating. This reaction, this response, is as much *reflexive* as it is *introspective*: as if resulting from a “*reflective*” *thought* – read: an evaluation of experience – through appreciative knowledge, pre-conscious, of an intel-

lignant cognitional nature. This reaction of introspective knowledge – *estimating* – implies a reliable instinctive knowledge, which includes an obvious *affective, intuitive*, factor.

The resulting experience prints *engrams* (impressions, imprints) in the primitive consciousness – the pre-logical, pre-rational, affective consciousness – which fix themselves in this sensorial memory. These engrams show the child, from the prenatal stage, the paths of affective behaviour of anticipation which prepare the founding of an existence in security and safety: the foundation of a “*state-of-basic-security*”. When these engrams are negative they impede or prevent the installation of this fundamental *state of security*.

Through the experience it has acquired of the possibilities of pre-natal interaction and communication between parents and child(ren), through studies and observations of the relation of mother-child co-existence, *haptonomic* research has shown that important inter-uterine exchanges are established very quickly between mother and child, but also between the two parents and the child, this time by psychotactile and verbal affective contacts both internal and external. And in that order.

The psychological frame of mind of the mother towards the child in her womb is important; factors such as receptivity, inclination, sentiments of joy, of love, or on the contrary refusal, negation, fear, hate, sometimes have a totally determining influence on the possibilities of the existential development of the child.

One must not, in this field, underestimate the role of the father, who has a great influence on this maternal disposition.

It is in the affective responses to communication stimuli during prenatal life that the “*being-with*” appears. Life in the mother’s womb is then lived as an affective “*living-together*”; a “*living-together*” shared by the father during his external tactile contacts.

This *affective* convivial, quasi-symbiotic living-together, becomes at birth an *ex sisto*: “I appear, I am here, I *exist* in the being-present-in the world.”

As soon as this “*ex sisto*” is transformed into a *conscious existence*, thanks to *affective confirmation*, man finds himself ready to complete the essence of his nature during his existence. It is then question of “*Being-there*” which, in reply, creates a “*Being-with*” in the world.

The new-born child shows, by its anticipatory behaviour and in a distinctive way, that he expects, desires and seeks a *prolongation* of the affective, psychotactile, *haptonomic* contacts experienced and engrammed during his stay in his mother’s womb. If a child is offered affective contact stimulation, adequately adapted to this anticipation, he can be made to feel, in the very first instants of his life outside the maternal womb, a confirmation of his *Being-there*.

As we have been able to verify many times, this confirmation has an absolutely determining influence on the integration of corporality and consequently, on the possibilities of becoming *self conscious* and of *unfolding his self* in *autonomy* and thus in the consolidation of his *authenticity*.

Thus the path opens by identification and individuation, through the *Being-together* and through a process of maturing, onto the *Being-there-present*. From this *Being-together*, the *Being-individual* receives its own *reason for living*.



Based on research on prenatal and postnatal life dating from the early nineteen fifties, a specific *prenatal, perinatal and postnatal guiding accompaniment* of parents and their child has progressively been developed, founded on evidence of the phenomenality of the *haptonomic* contact. This accompaniment has been applied now for over forty years. The very characteristic affective approach which is inherent to it, initiates and consolidates the affective father-mother-child contact.

Within this framework can be distinguished the *peri-natal haptonomic accompaniment*, characterised by support and assistance adapted to the parents. It is, more specifically, the field of *hapto-obstetrics*.

The *haptonomic* phenomenality-of-contact is differentiated from other forms of contact by a *tactile* approach which has an explicit and prominent quality which – due to its specificness – is called *psychotactile*. This contact, of an existential *affective-confirming* quality, differentiates itself in every respect from the *objective touch* which is used in medical examinations, corporal methods, techniques and therapies, social-professional contacts, etc.

*Haptonomy is neither a method nor a technique but the Art of Being Human!*

When man is approached by the *psychotactile affective-confirming haptonomic contact* it generates in him prerational, specific anticipatory reactions of integral physical tonus, which includes muscular tonus as well as the *tension* of ligaments, the *turgescence* of tissues and organs, arterial *tension* as well as *psychotonus*: existential and actual psychic *tension*.

The *haptonomic* phenomenality distinguishes and puts this unity of *physical* and *psychological* tonus to work. This unity, undivided, of an *integral* tonus of individual existence, is called in *haptonomy*: *the tonus of representation*. It expresses the *presence* and the quality of the *self-presentation* of an individual, namely, the way he faces up to the world.

This *tonus of representation* appears in an easily verifiable way, under the forms of variable *modalities* and stable, well defined *modes*, which express the actual participation of the human interaction, thus revealing his nature, the intensity and the veracity of the contribution and the relationship of the person to these interactions. The phenominality of the *tonus of representation* is characterised by *adaptations* which are remarkable and very specific to the *haptonomic* approach. Adaptations and regulations which are *controllable, renewable, reproducible and scientifically verifiable*.

From these precisely analysed and determined adaptations of the *tonus of representation*, it can be established that in the *haptonomic psychotactile* contact there is a remarkable extension of the existential *burden-tolerance* – including physical tolerance, tolerance of stress and resistance to pain – as well as an increase in the *tolerance of frustration*.

### Notions of the Neurophysiology of the Haptonomic Phenomenality

The adaptations of the *tonus of representation* (representational tonus) is accompanied by an activation of the  $\gamma$ -*innervation*, which regulates both the tonus of striated muscles and also the psychotonus and in such a way that resistance to

pain and tolerance of stress considerably increase, thus entailing a strongly diminished or much more endurable sensation and experience of pain. The threshold of pain is then significantly increased.

Experience has shown that one of the remarkable aspects of the  $\gamma$ -*innervation* is that it is accompanied by a cybernetic adaptation of the  $\alpha$ -*innervation*.

The  $\alpha$ -*innervation* mostly prevails over the  $\gamma$ -*innervation* in our hyper-rationalised world (especially in situations of stress, distress, anguish, alarm etc.), which provokes high physical and psychological tension, causing an increase in the secretion of *stress hormones*.

Recent studies and research have shown that the specific adaptations of the *tonus of representation* testify to the involvement of the action of these neurotransmitters. Their secretions have proven to be of great importance in situations of pain, suffering, existential stress, anguish, alarm or vital danger. The interaction of specific neurotransmitters – known as “*stress hormones*” – such as *endorphins*, *encephalins*, *gluco-corticoids* (such as cortisone and cortisol), A.C.T.H., etc., has particularly been demonstrated during delivery.

It appears that in this framework the  $\beta$ -*endormorphins* play an important and determining role.

Convincing research has shown that under the influence of the *haptonomic psychotactile affective-confirming approach* the production of endorphins diminishes remarkably in full term pregnant women in labour.

In some cases where this approach is not practised this production greatly increases, especially in women who are in a state of alarm, stressful, anxious and prey to unbearable pain or panic. This report confirms that this approach acts efficiently on the secretion of “*stress hormones*” by eliminating at the same time the influence of stress on pain.

It is not possible to deal with this subject more thoroughly within the framework of this report. Further details on this research can be found in the Acts of the *International Congress on Haptonomy* held in 1990 at UNESCO in Paris, in an article entitled: “*The incidence of the affective-confirming approach on the experience of pain and on specific neuro-transmitters*”, by Prof. Alvaro Aguirre de Carcer, which deals more specifically with the secretion of  $\beta$ -endorphins under the influence of the haptonomic approach (page 136). As to the  $\gamma$ -*innervation*, you can read my article: “*Prolegomena to a neurophysiology of haptonomic phenomenality*”. (page 149). (Both essays are in French).

I think it is important to emphasize that we do not claim that the haptonomic approach always permits “*childbirth without pain*”. Such an assertion is excessive; experience and tolerance to pain is subjective and individual.

But what is of great interest is the importance of the haptonomic approach for the well-being of the mother and of the child in her womb. These effects contribute to the energizing of the affective relationship between the parents and their child and consequently the growth and the becoming-of-self of this child. It is no less obvious that this approach acts in an indubitable way on the regulation and the adaptation of the *tonus of representation*, on the overall interplay between the *thoracic diaphragm* and the *pelvic diaphragm* and on the secretion of *neurotransmitters* linked to states of stress, anguish and panic. This entails a

significant reduction – *without medication* – of the risk of unbearable pain, of suffering and distress, so that the mother may actively remain present, without abandoning her child, accompanying him affectively at the hour of his entry into the world. Thus he can pave the path of his own birth for himself using his own innate vital “strength”, contained in his genome. And he can do this, properly accompanied and guided affectively by his mother or, in an optimal haptonomic situation – by his *two* parents: *mother and father*.

All our observations and research throughout the haptonomic *perinatal* approach – including the accompaniment and guidance both of the parents as well as the child in the mother’s womb – in the postconceptional prenatal phase, the natal phase (*hapto-obstetrics*) and in the postnatal phase during the first years, show that **positive** and **negative engrams** are recorded in the prerational affective consciousness, which greatly condition his development. Such engrams of their experiences can also be recorded in the memory of the father and the mother.

*Negative* engrams are often suppressed in the *subconscious*, or – if they are the consequence of frustrating experiences – in the *unconscious*. If a vital experience of a negative quality, with a strong frustrating tendency, is repressed, it remains undifferentiated and indeterminate and will appear sooner or later in an inadequate way and at an undesirable moment, involving suffering or distress.

It follows that the psychological and emotional implications during pregnancy and birth, especially if there are *physical* interventions, are much more intense and influential than one imagines or wishes to acknowledge.

Birth is often as much of an *emotional, psychological* and existential experience as a *physical* one. More often than not, the *affective* quality of the mother-child and – let us not forget – father-child interaction is not taken into account.

This experience, as *haptonomy* has revealed, is of fundamental importance for the child and also for the mother and father. It is an interaction which all too often remains unappreciated, under-estimated and often restricted if not totally impeded in an excessive medical-technical framework where there is no room for the interaction and *affective* relation between the parents and their child.

*Haptonomy* demonstrates – in prenatal life and especially at the moment of birth – the primordial and decisive influence of the *affective* interrelational mother-child contact on the development and security of the latter. The same goes for the safety of the mother. At the same time, the father’s role in this contact and the affective-confirming interaction inherent in this contact, are of a fundamental importance. *Together*, the parents set up a *basic state of security* for the child, an essential state which gives a solid start to the founding of his autonomy and the initiation of his authentic identity. A state of security, initiated and founded directly after birth, in the first minutes of life, outside the womb, by a very specific *act of detachment*. An act preferably carried out by the *father*.

Nowadays a *progressive lack of affective confirmation* can be observed. Youth goes astray, deprived from the very beginning and during the first few years of life of the foundation of security which this confirmation establishes.

Never has the number of juvenile suicides been so high and it continues to progress in an alarming way; never have so many adolescents – they are still children – lost their way in the unreality of the world of drug addicts, punks,

skinheads, etc., and never has the syndrome of the “borderline state” – the *sociosis* of our era – been so significant in human society. Also the “*insanitas moralis*” the amplified psychopathy of our era, has become an evil which poisons society with acts of violence, rapes, murders etc., because of a lack of development of a moral *inner conscience* which is characterised by a feeling of personal responsibility. The evil develops progressively and quickly in a disturbing way, like an illness which resists all interventions.

*Haptonomy* shows that the *lack* of a precocious *affective confirmation*, which should already be initiated during prenatal life in the mother’s womb, and followed up immediately after the birth with an identical accompaniment, is a dominating factor at the origin of this disturbing development.

If the normal child is himself the object of the disastrous consequences of these influences, a fortiori the child who suffers from “*foetopathy*” – the *child at risk* in the womb – and who needs medical, technical or therapeutic interventions, is even more subject to the menacing and distressing influences. This situation needs the accompaniment and the affective – *securising* – support of his mother and father even more urgently.

Any medical intervention – whether it is diagnostic, technical, therapeutic or practiced within the framework of “scientific” research – provokes by its very nature a considerable increase of stress, not only for the child but also for the mother and even for the father. This implies that the mother and the father, the parents, *themselves*, should be accompanied and supported in a *affective-confirming way* in such situations.

It is still very common to see a considerable lack in this domain. The complete ignorance of the experiences and psychological reactions, both of the child in the womb and of the parents, is often due to medical power or some kinds of research with which people find themselves confronted and to which they are at times subjected. When the child is exposed to some kinds of “*prenatal education*”, to certain repetitive interventions and even to research and experiments in the name of science, one can ask, in the framework of personal and professional responsibility and from the ethical-deontological point of view, if it is not a question, in this case, of the submission of the child to a *force majeure*, provoking an adaptation to a situation which then resembles *conditioning*.

It is then a question of *familiarisation*: and not the beginning of a *rational* and *affective memory* – well coordinated by intelligence in the processes of cognition, estimation, evaluation and the inherent cognition of the vital force – but a sort of *archiving* of impressions, of *engrams* which result in a “*training*” which could be qualified as genuine “*pavlovisation*”, or “*programming*”.

$\beta$ -*endorphins* can also be found in the foetal pituitary gland and in the amniotic liquid. One can assume that these  $\beta$ -endorphins are not secreted by the mother as it is considered as an established fact that, like A.C.T.H., they cannot cross the placental barrier. But it has been noticed that in certain circumstances when the baby is in vital danger, there is an increase in the rate of  $\beta$ -endorphins in the amniotic liquid, accompanied by a change in the rhythm of the heartbeat: signs of his state of alarm and distress. This can give an idea of the influence of

negative engrams resulting from pain, suffering or distress inherent in the stress caused by such situations and interventions.

It has therefore proven indispensable for the *psychological health* of the child to keep these risks to the bare minimum.

It is not longer enough to say: “*Look, the intervention went well; the child and the mother are in good health or in a state which medically is in every respect reasonable and acceptable*”, or else: “*There, the baby is calm, he is recovering from the stress inherent in our intervention*”, without taking into account the *psychological* influences of these interventions on the parents and *especially* on the child; without becoming aware either of the consequences and the repercussions on the existential development of the latter.

### About the Ultra-sound Scan

Within the context of my essay I would like to draw attention to the *ultra-sound scan*, a medical-technical invention of diagnostic importance, is in danger of being diverted towards inappropriate applications. For my part it is a matter of contributing to a meaningful debate on its risks and its influences.

I am of the opinion that this invention is of great importance and that it enriches the arsenal of diagnostic means available to modern medicine. My appraisal concerns its incontestable merits in this field, and this without reservation, on the one condition that it is *explicitly* and *only* used for purely *diagnostic* purposes, *cautiously*, and with *responsibility*, that is to say in an efficient way, well adapted to the purpose and within the *shortest possible* time.

In short, it should be used with *tact and moderation*.

It is from this viewpoint, that I would like to evoke a specific property, characteristic of all wave energy, and which, in the application of ultra-sound waves on the organism, can indicate and cause *undesirable*, though *involuntary*, reactions.

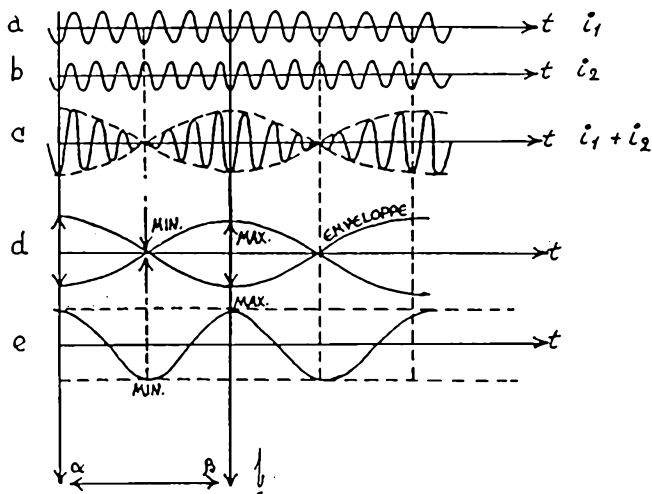
One of the characteristics of the waves is to be able to produce *interference*. This is well known in the natural sciences, which observe the nature, the properties and the qualities of wave energy – whether they are of an electric, electromagnetic or mechanical nature.

The phenomenon of interference is produced as soon as waves superimpose one another. If, for example, two waves of identical amplitude but of different frequencies are superimposed, the phenomenon of *interference* appears by a mutual interval of phases and the result is a new complementary wave of a *low frequency* which has its own characteristics.

In some cases so called “*parasite*” waves can also be formed.

The figure show the phenomenon of interference, and it can be seen how the two superimposed waves (a and b) with their own frequencies, as a result out of phase intervals, find themselves inevitably either in a *synchronisation* of their amplitudes or in *opposition* of their amplitudes.

When there is a synchronisation of amplitude their energy combines and the amplitude is doubled, when there is opposition of amplitude they cancel each other out and the amplitude disappears. (This is an acoustic phenomenon which



**Fig. 1.** Diagram of a linear superposition of two waves at intervals generating an interference. (a) and (b): the primary waves ( $i_1$  and  $i_2$ ) are slightly out of phase with each other by their frequency but they have the same amplitude. (c): the resulting modulation of the amplitude. (d): the low frequency “envelope” which is characteristic of this modulation. (In *acoustics*, this phenomenon is called “beat” and it is heard as such. The path  $\alpha$ — $\beta$  shows *one* beat). (e): the low frequency wave which is the result of the interference.

can be observed in halls, churches, etc., where, in some places the sound can be heard very loudly and not in others).

The waves – from the synchronisation to the opposition of amplitude go through all the intermediary positions. This is expressed by a *modulation* of the amplitude, the rhythm of this modulation corresponds to the frequency of the new wave which ensues. *The frequency of this new – secondary – wave is the difference between the frequencies of the primary waves which superimpose each other.* For example, waves which are propagated at a frequency of 5.000 Hz, superimposed on waves of a frequency of 4.950 Hz, generate a new wave of a low frequency of 50 Hz.

Low frequencies, below about 200 Hz, are *physically* perceived as *vibrations*, while frequencies under 50 Hz are perceived as impulses and felt like *blows* which are more or less light, depending on their strength (their energy).

The phenomenon of interference also appears in the case where waves, in their propagation, meet obstacles or surfaces in their path.

### The Use of the Ultra-sound Scan

The ultra-sound scan precisely uses the reflection of waves on “obstacles” which they meet in the human body, reflections which are visible on a screen.

Now, in the human body, sound waves do not only meet the “objects” towards which they are orientated, and by which they are reflected in a rectilinear way: they can also be reflected under a certain angle, which depends on their angle

of incidence, which constitutes an “exit” angle, whose direction varies, *among others*, under the influence of the baby’s movement, or of the source, or an association of the two.

Therefore, in this case, there is a superimposition of entry waves and reflective waves which generate, by their very nature, the interval phases which provoke interference and, consequently, secondary low frequency waves.

Under such circumstances it is quite probable that the resulting low frequency waves, which are produced, are precisely of a frequency which finds itself in the spectrum sensitive to vibrations.

If this is the case when an ultra-sound scan is carried out during pregnancy, it is feasible that these secondary waves, which are not visible on the screen, will be *perceptible* by the child in the womb. In this case, these waves, which are if nothing else, irritating, if not harmful, can have at such a precocious age incalculable *psychological* and *physical* repercussions on the existential experience of the child which could give rise to negative *engrams*.

It is frequently noticed that the child, during the ultra-sound scan, tries to escape from the influences of the ultra-sound radiation. Is he trying to escape from these low frequency impulsions – these *blows* – to which he finds himself submitted?

It seems to me that, beyond these hypotheses, thorough research on “*phantom*” models, for example, should be undertaken, so as to ensure the prevention of any risk of traumatising the child in the womb. A baby who cannot defend himself against all the interventions to which he is, more often than ever before, subjected to as a “guinea pig”. This seems to be the case more and more often during so-called “scientific” research, whose authors do not realise that all interventions of this kind *separate* the mother from the child in their *affective* relationship. It disturbs, if not interferes with, the almost symbiotic state between mother and child, and means that the mother too, even if rationally she is well disposed towards undergoing such experiments, becomes herself a “guinea pig”.

It has been confirmed that, more often than not, women – and also men – do not dare resist to demands which are imposed on them by doctors and researchers, especially in cases when the prenatal follow-up depends on it. One knows of research during which pregnant women have been subjected for hours on end to ultra-sound tests. The interpretations and conclusions of this research – especially if they are orientated towards the behaviour of the child in utero and the development of motor functions – are, under such circumstances, extremely debatable.

*The ethical-deontological responsibility in such cases should be questioned.*

In this context, I allow to point out that the fact of showing the family, and especially the mother and the father, the in-utero-life of their child by ultra-sound images and -films – often given to them to take home and look at – is not all without risk. We have often been able to ascertain that, due to the rationalisation provoked by these documents, the father or the mother is confronted with problems, which are sometimes serious, concerning the psychological image of the child they are expecting, especially when they already know, (too) early, the

sex of their child and this does not correspond to their (often subconscious), desires.

That is what concerns ethics and medical deontology, and the influence on the *psyche* – on the affective life – of the mother and the father – of the parents – and on the future self-fulfilment, the growth and development of their child, must not be underestimated.

In this world of *effectivity* where rationalisation and intellectualisation repress *affectivity*, such (medical)-technical approaches are sometime without discernment, that is to say there is no thorough reflection, the influences on the human *psyche* are not taken into account, nor are the consequences of the accomplished actions.

Therefore, I would like to make a sincere appeal to the ethical-medical responsibility and the deontology of the professionals in this field, so that they *only* use these inventions – which are in themselves of great medical interest – for the purposes for which they were conceived, and there again, with much caution: only if it is really indispensable, that is to say with *tact* and *moderation*.

## References

- Décant, D. (1992). Approche haptopsychothérapeutique de la souffrance. In: Acts of the Colloquium *Souffrances, quel sens aujourd'hui*, Toulouse 1991. Erès
- Décant, D. (1993). A la recherche de la sécurité perdue de l'enfant. Pour une approche haptonomique de la sexualité infantile. In: *La sexualité – oubliée – des enfants*. Stock
- Décant, D. and Gelber, T. (1993). Haptonomie: éléments de découverte et d'approche de l'affectivité. *Neuropsychy* 8, October
- Dolto-Tolitch, C. (1988). Apport de l'Haptonomie Périnatale à la Médecine d'Enfant. *Les Dossiers de l'Obstétrique* 155
- Dolto-Tolitch, C. (1989). L'Haptonomie n'est pas une technique corporelle. *Psychanalystes* 32
- Dolto-Tolitch, C. (1991). Haptonomie pré- et postnatale. *Le Journal de Pédiatrie et Puériculture* 1
- Dolto-Tolitch, C. (1992). Génération, espoir et souffrance. In: Acts of the Colloquium *Souffrances, quel sens aujourd'hui*, Toulouse 1991. Erès
- Hanus, F. (1992). Souffrance et haptonomie. In: Acts of the Colloquium *Souffrances, quel sens aujourd'hui*, Toulouse 1991. Erès
- This, B. (1992). Bien avant d'être né". In: *Guide du jeu et des jouets; Naître et Grandir*. (50, Rue Agnès-Sorel, 94130 Nogent sur Marne)
- Veldman, F. (1990). *Présence Haptonomique*, Aperiodical Scientific journal, Numéro 2, Acts of the *International Congress on Haptonomy, l'UNESCO*, Octobre 1990. (Can be obtained at: André Soler, 4 Rue d'Aulteribe, 63100 Clermont-Ferrand, France)
- Veldman, F. (1991). *Haptonomie, Science de l'affectivité*. Presses Universitaires de France (PUF), 1989, 3<sup>e</sup> édition
- Veldman, F. (1991). *Haptonomie, ouverture à la vie*. Liber Amicorum, Nos Iungit Bonum. (Can be obtained at the Librairie Thierry Garnier, 41 Rue de Vaugirard, 75006 Paris)
- Veldman, F. (1992). Haptonomie – Die Wissenschaft von den Grundlagen der Affektivität. *Int. J. of Prenatal and Perinatal Studies* 4, 87–100