

Pre- and Postnatal Haptonomic Communication, Affective Security and Development

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Keywords: phenomenality; psychological-tactile (haptic) contact; self-assurance; sense of base security; affective life; sub-cortical regions; gamma fibers; pregnancy; unwanted child; fathers; positive imprint; pre-natal memory; base security; affective confirmation; preventative tool

Abstract: Haptonomy, which was first discovered in 1945 by a native of Holland, Frans Veldman can be defined as the science of affectivity and psychological-tactile (haptic) contact. It is classified among the Social Sciences as it involves phenomena that can be reproduced and verified from one person to another. Haptonomy is founded upon the very basis of human existence.

Pre-post natal Haptonomic accompaniment allows the parents to form affective and very concrete ties with their child very early in the pregnancy. This accompaniment completely changes the courses of the pregnancy as well as the global development of the child after his birth. It allows for a mutual relationship to develop where the child receives affective confirmation from his parents and is in turn able to reciprocate this affective confirmation.

Haptonomy as always postulated what neurosciences are now just beginning to prove: affects, emotions and feelings are of capital importance for the development of the psychological life and intellectual capacities.

Pre-post natal Haptonomy is a global prophylaxy for a so-called normal pregnancy, but if one member of the parents child triad is confronted with a serious illness, it offers an all important therapy. There is numerous evidence proving that emotional deficiency and hardships overcoming early in life without reassuring support can have traumatic affects that influence development from as early as conception to death.

Because its approach is unique, pre- and postnatal haptonomic accompaniment constitutes the most elaborate and powerful general preventative tool currently at our disposal on the physical-psychological and affective levels. Genetic programming plays a very important part in the development of the nervous system, but leaves a great deal of room for external influences on the formation of the microscopic organisation of the neuronal system. With early training, the foetal sensory experience can modify the spontaneous behavioral responses of the child to events with which it is confronted both before and after

birth. This is possible because humans behavior is determined by a constant give-and-take between “nature” and “nurture”.

Zusammenfassung: *Prä- und perinatale haptonomische Kommunikation, affektive Sicherheit und Entwicklung.* Die Haptonomie wurde 1945 durch den gebürtigen Holländer Frans Veldman entdeckt und kann als Wissenschaft von der Affektivität und vom psycho-taktilen (haptischen) Kontakt definiert werden. Sie gehört zu den Sozialwissenschaften, insofern sie Phänomene betrifft, die von einer Person zur anderen reproduzierbar und verifizierbar sind. Die Haptonomie baut auf der eigentlichen Basis der menschlichen Existenz auf.

Prä- und postnatale haptonomische Begleitung ermöglicht den Eltern schon sehr früh in der Schwangerschaft eine affektive und sehr konkrete Verbundenheit mit ihrem Kind aufzubauen. Diese Begleitung verändert den Verlauf der Schwangerschaft vollständig, wie ebenso die allgemeine Entwicklung des Kindes nach der Geburt. Sie ermöglicht die Entwicklung einer wechselseitigen Beziehung, wodurch das Kind durch seine Eltern eine affektive Bestätigung empfängt und dadurch seinerseits in der Lage ist, diese affektive Bestätigung zu erwidern. Die Haptonomie hat immer schon angenommen, daß Affekte, Emotionen und Gefühle von zentraler Bedeutung für die Entwicklung des psychologischen Lebens und der intellektuellen Möglichkeiten ist, was die Neurowissenschaft nun auch zu beweisen beginnen.

Prä- und postnatale Haptonomie ist eine umfassende Prophylaxe für eine sogenannte normale Schwangerschaft. Aber wenn ein Teil der Eltern-Kind-Triade ernsthaft erkrankt, kann sie eine entscheidend wichtige therapeutische Möglichkeit sein. Es gibt zahlreiche Belege dafür, daß Einwirkungen emotionalen Mangels und anderer Härten auf das frühe Leben ohne bestätigende Unterstützung traumatische affektive Zustände zur Folge haben, die die Entwicklung von der Konzeption an lebenslang beeinflussen können.

Durch ein frühes Training kann das fötale sensorische Erleben die spontanen Verhaltensantworten des Kindes auf Ereignisse vor und nach der Geburt verändern. Dies ist möglich, weil menschliches Verhalten durch ein konstantes Geben und Nehmen zwischen “nature” and “nurture” beschrieben werden kann.

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During this colloquium, the potential risks threatening the child from the moment of conception have been repeatedly evoked to such a degree that I imagine a pregnant woman in attendance would have serious reason to fear that the being she carries in her womb is first and foremost a potential victim menaced from all sides, whose only means of defense is a potentially inefficient maternal protection. We have heard that the child is threatened in myriad ways by mothers who do not want their child, fathers who do not respect their companion, clumsy ultrasound examiners, overly-technical doctors, and various members of society. This is all true. However, I would like to take this opportunity to demonstrate that the unborn child is a feeling being clearly capable of showing pleasure, displeasure and taking initiative early in intrauterine life, and the recognition of this fact would constitute a radical change for most of the speakers here today.

When the child is seen to play the central role in its own life while it is still in the womb, it can no longer be considered in the same light. And although it may be menaced by many dangers, we discover that it also has means at its disposal to adapt and react to these threats. This is clearly demonstrated by perinatal haptonomic accompaniment, which I will now describe to you. This process has nothing to do with parental education, which is based on the assumption that men and

women must be taught by others how to become good parents. Haptotherapists would state things quite differently, as they feel that parents should be helped to discover their own unique version of “parenthood” with all their ambivalence and limitations. If anyone is in a position to teach anything to parents, it is surely their own child, even before it comes into the world. For this to happen, however, the child must first be allowed to express itself.

Haptonomy, which was first discovered in 1945 by a native of Holland, Frans Veldman, can be defined as the science of affectivity and psychological-tactile (haptic) contact. It is classified among the Social Sciences as it involves phenomena that can be reproduced and verified from one person to another. Haptonomy is founded upon the very basis of human existence. It sprang from the human drama that constituted the last world war, from that state of total barbarism where people no longer recognized each other as fellow human beings, and from the desire to understand how and why such events could have occurred, and how to avoid their recurrence if possible. It also sprang from what Frans Veldman’s experiences of non-verbal exchanges between human beings to support each other as they were plunged into the greatest distress imaginable. Haptonomy is impregnated by phenomenological philosophy, and its field covers interpersonal communication as a whole. It can be used to carry out child and adult psychotherapy, or work in greater depth through haptoanalysis. It provides an effective means to help people handicapped from birth achieve a whole sense of corporeal animation and tackle life with confidence and self-assurance by assisting them in integrating their handicap with sense of base security. It also provides particularly reassuring assistance to the dying or patients in comas.

The work carried out around birth is one of the fields of application of haptonomy, and is all the more exciting because of its prophylactic dimension.

We totally differentiate ourselves from those who attempt to “stimulate” the foetus to develop its intellect and improve its intellectual capacities, since we focus solely on the affective life. However, we have always known – and the neurosciences currently prove – that the intellect and affectivity are intimately related and the balanced development of one is a prerequisite for the balanced development of the other.

Clinical Work

Haptonomy leads you into a highly-subtle world. This world is subtle because it is small in size and because it is a relatively opaque universe. Initially, it manifests itself to us through several mediums, such as the membranes, amniotic liquid, the uterus, abdominal muscles, the adipose panicle, and the skin, particularly at the beginning of pregnancy. These are very delicate sensations that cannot be easily felt or understood without appropriate instruction. The complexity of the interactions involved is another reason that the intrauterine world is so subtle. Before birth, the child is a being capable of manifesting its desires, pleasure, and displeasure, but its behavior is enormously influenced by the mother-child relationship, the father-mother-child relationship, and the father/-child-mother relationship, and the parent-child relationship.

The entire haptonomic approach is based on the concrete phenomenality described by Frans Veldman, which makes its effects foreseeable, verifiable, and reproducible. It is based on the effects of the activation of sub-cortical regions on the regulation of the neuro-muscular system through the gamma fibers during affective contact.

This implies that approaches to pregnancy involving the cortical processes – such as yoga, sophrology, and all forms of respiratory techniques – are completely out of keeping with haptonomic accompaniment. This is not due to a sectarian desire to set haptonomy apart from these approaches, but rather a necessity born of a sense of realism and respect for women who find themselves at a total loss on the day of delivery when they mix unreconcilable practices. This is also an approach that cannot be practised in a group setting, since the subtlety and the highly-intimate exercises involved cannot be fully experienced under such circumstances. It is always very moving when parents approach “parenthood” in this manner with their child before birth, as this process often awakens memories of personal experiences from childhood and adulthood that may come as complete surprise to the other parent. Such highly-charged emotional experiences are difficult to predict, and are ill-adapted to a group setting where they cannot be received and accompanied with complete respect for those most concerned – the mother, father, and child.

Ideally, we start as early as possible in the pregnancy in haptonomic phenomenality discovery sessions to improve the mother’s understanding of our orientation relative to delivery. When we are lucky enough to use this early approach, we observe that the mother is able to feel the baby’s movements much earlier. When we encounter parents after the start of the second trimester, we start directly by making contact with the child.

It takes us a certain time to help parents develop this way of thinking and integrate it into their daily lives. For this reason, we never begin haptonomic accompaniment after the start of the seventh month of pregnancy. If there is distress at the end of the pregnancy, we intervene haptonomically, but in quite a different sort of accompaniment.

If a woman brings her maternal feelings toward her child into play, she can invite it to move inside her womb. It must be noted that nowadays, women do not allow their instincts to guide their behavior toward their child. This appears to result from a sort of “cultural pathology” that is a pure product of our hyper-rational modern era. These women are not mothers, but “gestating females,” and cannot gain access to the unconscious knowledge supporting their maternal instinct without help. The “inhabited uterus,” which we call the “womb” to differentiate it from the uterus as a mere organ, serves a very specific neuro-physiological function when it is invested by the mother as a place of receptivity and tenderness.

We feel that this would be an appropriate time to address an important issue that has been repeatedly discussed during this colloquium: the unwanted child. A subconscious or unconscious desire for a child is completely different from a rational desire for a child. Certain pregnancies are rationally planned for completely neurotic reasons, while many so-called “accidental” pregnancies are actually desired on a subconscious level. It is sometimes more difficult to start working with a woman who may have planned every detail, but who lacks a deep desire to be

a mother, than a woman who arrives saying “I was not sure I wanted this child, but I couldn’t bring myself to abort – help me.” Often women in the latter group are aware that they do not accept the pregnancy on a rational level, and that they have several objective reasons not to have the child, but the child reacts immediately to their efforts nonetheless because they are subjectively very present for the child. They actually want the child living in their womb, even if the concerns associated with the pregnancy continue to exist. They then discover that they can work through these concerns in partnership with their child. The child helps and supports its mother. It was a great discovery for me to understand the immense degree to which the child carries the mother that carries it. An unwanted child can help its mother discover that she subconsciously wanted it and is able to welcome it as a good mother. Such a discovery helps both parties escape from their position as “victims.” Obviously, this does not always occur, but it is much more common than one would think.

So, without using her hands, the mother rocks the child inside her as if the womb were her cradling arms. The child’s reaction depends on its state of awareness at the time. The ability of the mother to accompany, rock, or calm her child from inside is a precious skill throughout pregnancy. During amniocentesis, she will be present with her child, and they can mutually reassure each other. If there is a risk of premature delivery, the mother can invite the child toward her heart, which has an immediate effect on any contractions that may be occurring, and particularly on the vicious circle of anxiety, in which one contraction triggers the next. During delivery, the mother accompanies the child along the channel that she opens for it, rather than trying to expel it from her body like a foreign object.

Once again, we can see how everything changes if the mother and child *mutually experience* threats or necessary medical intrusions. The mother feels that she is *really* protecting the child and the child manifests itself to signal that it is aware of her presence in spite of the danger, which in turn reassures her and makes her feel like a good mother. This changes the course of events, and these modifications can be observed on many levels: psychological, affective, physiological, muscular, articular, hormonal, ligamentary, and vascular. A mother who is in peaceful contact with her child is then able to speak of the fears connected with motherhood in her mind. She needs to voice her rejection, ambivalence, fears, and childhood traumas to emerge from the pathological crisis stage. If the mother can feel the peaceful envelope formed around the child at such times by the haptotherapist and the father – if he is present –, and realizes that the child is not suffering or threatened in any way, a truly significant transformation takes place in the lives of the parent-child trio. The mother feels unburdened after having expressed her concerns, especially since she was able to do this without feeling judged or guilty because the child demonstrated that it was able to withstand it with great tranquillity. This is very important when we consider the damage caused by gnawing feelings of guilt, which is such a violent poison for human beings. When this releasing process is undertaken successfully, obstetricians often clearly observe that the situation has improved dramatically, but do not understand what could have happened in such a short period.

The same principle applies to ultrasound examinations that now part of standard procedure in the industrialized world. If the mother watches the screen and

listens to the practitioner, she immediately distances herself from the child who as an unpleasant experience. However, if she remains in contact with her child during the examination, or if the parents reform the affective envelope around the child as soon as the examination is completed, the child feels reassured and the situation is completely modified. The mother feels that she can help her child live through an ordeal that is necessary for its health. The participants are no longer victims of medical technology, trying as it may be. To the contrary, they are able to adapt to it and face it together. This is completely different from feeling subjected to an examination with indifference for the child's feelings or in fear for the child.

We have recently begun research with an ultrasound practitioner that has shown that as soon as parents are in contact with the child, its movements change perceptibly. It becomes calmer, and parents often say that they prefer to enjoy a tender moment of contact with the child rather than watch the screen, which is surprising to many ultrasound experts.

A mother pregnant with twins, for example, is perfectly capable of inviting one child to come toward her heart, and the other to move downwards, as if she were cradling it in her pelvis. In this manner, different and separate "games" can be played with each of the children. However, such processes can only be successful in an affective climate pervaded by a feeling of invitation, since feelings move faster than rational thought, which only inhibits or hinders true contact. As soon as a woman forms a rational desire in her mind, such as "I want the child to move upwards," a blockage occurs, and nothing happens. An excessively-rational attitude may sometimes be bothersome to women at first, but this problem can be easily overcome with the precious assistance of the child and the father.

Fathers

The father is in a completely different situation from the mother, since he calls the child from the outside. To do this, he uses his hands and voice, and especially his presence near the mother and child.

The father can call to the child in many different amusing or subtle ways, which are all tender and confirming for the mother and the child alike. Tactile contact is a powerful language, and requires some degree of instruction. This educational process may be more or less difficult, particularly in an era when many adults are deprived of tactile skills.

One type of game that can be used is what could be the most archaic form of "peek-a-boo" (similar to the "Fort! Da!" described by Freud). This game is played by calling the child in a very specific manner with the hand on one side of the womb, then by moving the hand away while remaining in contact. The child (foetus) approaches immediately. The rapidity and the clarity of that response depend upon the quality of the contact and the child's desire to make the encounter. The child in the womb sleeps almost continually, but this sleep is more or less deep. When it is sleeping lightly, the child is very receptive to this contact and seems to enjoy it immensely. It becomes immediately apparent when this is not the case.

The child's responses to these exercises are slow and very slight, since it moves using its pelvis and spinal column. These movements are very different from the sharp, spontaneous movements that mothers usually identify with "feeling the

baby move.” Rather, they are continuous, slow movements that, at the end of pregnancy, resemble a wave rolling across the mother’s womb. This type of gentle movement can be learned early. Mothers who have had several children without haptonomic accompaniment often say that the style of intrauterine movement changed in a very specific way after only a single session.

A World of Subtle Communication

The invitation can also take much more subtle forms when the parents and the child are truly in affective harmony such that each participant reaches out sufficiently beyond him or herself in a specific act of proactive anticipation, which is known in our field as “*happerception*.” The hands, which are placed very lightly on the outside of the womb, send an imperceptible invitation to the child to move – to roll on its axis by turning its back, to roll head over heels, or to rock from side to side. It is surprising to note that after a few seconds, the child always takes the initiative in moving, and that it begins to rock its parents in a certain sense as they lean over it. This phenomenon is always perceptible and observable both inside and outside the womb.

When this happens, any type of movement can be initiated, with the child following suit and adapting itself instantaneously. There is a real feeling of a dance involving several partners. If the hands begin to weigh too heavily on the womb, the child will stop moving immediately as if pausing in a game where everyone is waiting for the least sign from the other players. As soon as the weight of the hands is lifted once more, the child either recommences the movement that was interrupted or initiates one of the other movements discovered earlier. We really get the impression that communication is taking place. The child determines the amplitude, the direction, and the length of its movements. Once it is accustomed to the game, it often begins moving as soon as the hands are placed on the womb. The child proposes something, and it is then up to us to confirm that we have understood and are willing to go along with it. In doing this, we are affectively confirming the child, which is very positive for its later development. We are already supporting something akin to initiative, and this leaves a *positive imprint* on the child.

When the child has had enough of the game, it reduces the amplitude of its gestures, then stops in a manner that is very perceptible for all participants. This helps the parents understand that it is not possible to manipulate their child against its will. It is very important to understand that none of this can take place if a mother attempts to accompany her child without full affective contact. Without knowing it, she has the ability to hinder it, slow it down, or even immobilise it, just as easily as she can accompany it. Sometimes a mother may block the process because she does not want one of the participants to make contact with the child, and this can be a sign of latent conflict between the parents, or between the mother and her child after its gender is revealed, for example, which is far from uncommon. It is important to realize that contact with the child is impossible without the mother’s cooperation. Although we now know that the child is able express its own desires, and clearly demonstrate its pleasure and displeasure with tiny kicks, we must not ignore the fact that it is dependent upon its mother.

This dependence is not the state of perfect symbiosis that was once believed, but rather a very special state of near-symbiosis that is more or less binding depending on the moment. It is precisely the involvement of the father or another third party entering into the relationship between the mother and child that varies the state of symbiosis in a very significant manner for both the mother and child alike, that is, for the mother and therefore for the child.

Again, we can see that the child reveals any conflict that may exist between the parents. In the most successful cases, the child enables the parents to work through the conflict, and in less successful cases, at least avoid leaving such matters to fester in the dark and become pathological issues in the worst cases. Most often, the parents are able to signal their affective receptivity in spite of their differences. There may be conflict in their relationship as a couple, they are present together as parents. In this scenario, the child is no longer the helpless victim of parental misunderstandings.

Pathological reactions to events such as the disclosure of the gender of the child are more frequent than one might believe. The disclosure of this fact forces parents to face certain aspects of their personal background, although they may not always be conscious of this. Haptonomic accompaniment can be a unique tool to help parents deal with these feelings, by helping the mother clarify the relationship between the imaginary child and the real child. In this way she can make way for the latter without completely giving up the former, which continues to play an important role. Once again, haptonomy helps parents work through and dissipate the feeling of guilt that can emerge when disappointment follows the disclosure of the gender of the child. This in turn protects the future relationship between the child and the rejecting parent.

Parents must be able to make contact with the child without making it the center of their existence. A hand placed tenderly and simply on the womb is so appealing that the child will gently come to snuggle underneath it and feel reassured without being the center of attention for its parents. This is very important if haptonomic accompaniment is to be considered as early education in the noblest sense of the term: "To be human is to form relationships."

Speech as Gesture

Voices and sounds also play a very important role. The mother's voice is of primary importance, since it always comes from the same source and is one of the child's permanent reference points in the polyrhythmic concert forming a background of sound during its intrauterine existence. The child is affected by the inflections of this voice and the varying sensations experienced in the relationship in conjunction with changes in vocal tone. Sharp voices are often associated with a tight womb, hormonal secretions that change the taste of the amniotic fluid, and accelerated heartbeat and breathing. The voices of the father and any brothers and sisters also have considerable importance.

The child becomes interested in sounds from the very start of its intrauterine life, well before its functional auditory system is fully formed in the third trimester of pregnancy. Midwives in the past sensed this intuitively, and used to say that the foetus' skin is like a big ear. Low-pitched sounds seem to carry particularly well. As early as the third month of life, and provided the mother does not prevent

it, the child will immediately move toward a well-modulated, tenderly-inflected voice speaking near the mother's womb, preferably of sensible things. The foetus is probably attracted by the vibrations that the voice creates on its skin through the amniotic fluid.

We begin our lives as vibrating beings seeking out anything that makes a signal.

From the voice of the father, which can move closer or farther away and come from any number of different directions, the child develops a sense of space beyond the womb. If the father talks to the child often and the mother likes this, the child will always move closer to the familiar, pleasant voice of its father, even if he is not directly addressing the child. The mother can reinforce the father-child relationship by pointing this out to the father. At birth, the father can use his warm words to envelope and reassure the new-born infant, who is just beginning to discover life outside the womb.

This immersion in sound prepares the child to select the specific phonemes associated with its mother tongue, which is also its father tongue. Voices are one of the factors that help the child find its place in the family trio.

Pre-natal Memory

It is surprising to note how easily contact can be made with children at only ten or twelve weeks (or even less) into foetal development. However, it is absolutely essential that the mother feel these responses, because it would be unethical to establish a relationship with a child without the active participation of its mother and father, if the latter is present.

Although the foetus possesses an extremely primitive nervous system early in its development, it nonetheless seeks contact, and triggers movements discovered with a particular voice when it hears the same voice again. Even before the fifth month of gestation, it is clear that the foetus hears sounds and associates these sounds with movement. When a foetus is accompanied properly, it will let us know its desires when we are fully present for mother and child, and place our hands on the womb with respect. These early contacts and the resulting experience are permanently recorded in the primitive consciousness, that is, the affective pre-logical, pre-rational mind, in the form of "positive imprints" fixed in the sense memory of the child. These positive imprints are the beginnings of the affective map that will help the child negotiate through life with what is known in haptonomic circles as "base security" built upon the affective confirmation that it received during these exchanges.

While it is certainly true that we cannot yet fully understand how this comes to pass, and what neurological circuitry is mobilized and awakened by this early imprinting of the memory, numerous practitioners have clearly observed this phenomenon in their daily clinical observations. Archaic imprints and memories are used in many psychological treatments for children and adults, and we are now aware that the traditional dogma of infantile amnesia is open to question.

Base Security and the Human Voice

Once a dialogue has been solidly established between the parents and the child, other elements can be added to the accompaniment process to help the father

make the mother and child more comfortable (as one cannot be disassociated from the other).

The father learns to rock the mother and child, help the mother relieve lower back strain, and improve her standing and sitting posture at the end of pregnancy. All of this helps delivery in a very specific way without any form of respiratory control. The mother also learns to become aware of her perineum, which is part of a unit that haptotherapists call the “base.”

This is extremely important, since many stress-ridden women today suffer from tight wombs due to their fear of premature delivery or miscarriage. This is especially true of women who have experienced voluntary or spontaneous abortions, and whose feeling of guilt remains transfixed in their base. If such women do not release their base, the quality of the relationship between mother and child suffers, and the child is certainly less comfortable. Awareness of the base is a key to the quality of presence for the mother, the child, and the father, and is therefore indispensable to the development of a feeling of base security. It is easy to imagine how haptonomy can be used to help mothers mourn for children they have lost, and make room for each and every child, living or dead. Mothers work through the guilt associated with voluntary abortions and miscarriages in partnership with the living child, who affectively confirms its mother.

When a woman is at ease in her base, she experiences a state of comfort that she shares with her child. She has far fewer contractions, and communicates with her child easily. Tender and amusing exchanges can then take place that enable the child to develop its base security, which should not be confused with the simple awareness of the base, although the two are intimately related.

The quality of the awareness of the base also determines the quality of the voice or sound in musicians. For this reason, we encourage all patients who are singers or musicians (except pianists) to practice in our offices in order to make mutual discoveries about what happens at such times for the mother and the child.

This also plays a role in postnatal accompaniment for both mothers and fathers. A child senses immediately if it is held by someone who is not in tune with his or her base, and cannot feel completely relaxed and secure in such arms.

Affective Confirmation and the Parent-Child Trio

Haptonomy is neither an ideology nor a sort of “gymnastics for efficient foetuses with modern parents.”

The goal is not to stimulate the child or make it move, but rather to encourage the development of “*affective confirmation*” as we say in haptonomic circles, in the relationship between the child and both its parents.

Haptonomy cannot take place if the father plays with the child while the mother passively observes without really being present or accompanying the process. The notion of the parent-child trio is very important for the prophylactic aspect of haptonomy. This is because the affective confirmation that a child receives from its parents enables the development of its base security. It then responds in turn by confirming its parents, thereby helping them develop a sense of affective security and self-confidence as parents, which are very important for their future together.

If the father does not wish to participate in this type of accompaniment, we cannot proceed, for it would be ethically unacceptable to come between the fa-

ther and his child, even with the mother's consent. To do so carries the risk of promoting fantasies of the "good mother" and the "bad father," which could only victimize the child. Who would claim to know what constitutes a good mother or a good father? Not I, in any case, and haptonomy is certainly not designed to make any guarantees in that area.

Haptonomic accompaniment must absolutely be reserved for those who truly want it, and *never imposed* upon anyone, either directly or indirectly. The same rule applies to professional training.

If the father has died or left early in the pregnancy, the work is performed with another third person, to maintain the notion of the trio. This is also done to ensure that the accompaniment process does not reinforce a stifling binary relationship, which would be difficult to bear for both the child and the mother, even if the latter does not consciously realize it. The third person must be chosen carefully, and there is no reason why a woman could not fill this role.

Pathology

I hope to give you a glimpse of how haptonomy can help parents and children enormously during pathological pregnancies. In such cases, we work in specific ways that are adapted to the situation at hand. For example, haptonomy can be used to accompany parents and their child before an abortion required for medical reasons, after a malformation is discovered, or when one of two twins cannot survive. We can also help rejecting parents who are anxious or depressed about reproduction, and this is one of the most interesting aspects of our work. Many cases demonstrate that haptonomic contact help prevent certain types of psychosis caused by "hidden agendas," taboos and family secrets that may adversely affect several generations. We also specifically cover the manner in which the Birthday Syndrome affects pathological pregnancies.

Post-natal Work

A new-born baby is a person who has lost its freedom. In the womb, it could move its hands and feet, and did not hesitate to play with them. It also played with its umbilical cord, which it would suck or squeeze, and it liked to caress its placenta as well. As a foetus, the child could move freely in a space whose limits were unknown, and it could approach any pleasant sound or contact that attracted it. From the moment of birth, however, the newborn is stuck to its bed by gravity. Deprived of its former autonomy, the baby is in a state of constant expectation. Like all humans, it looks for meaning all around it, and thus questions everything. Whereas it once could play with its hands, feet, umbilical cord, and placenta, and suck its thumb, all of this is now impossible.

Not only is the child dependant, but one can also imagine that it might miss its lost freedom.

Post-natal work in haptonomy consists of aligning what we say with our gestures and the words we use. The way a child is held is also important, since this is a form of language to which the child clearly responds with its attitude and the quality of its presence.

We use a certain number of gestures and positions in which the child is often turned outwards when it is awake, but the gestures themselves are not important. The important thing is never to carry or move the child like a package, but always invite it to act of its own accord or hold itself up. For example, we never hold a child's head, but merely support it at the base, so that the baby can feel its entire spinal column and head in our hand. The child can then hold its own head up if it chooses. If the baby is tired, we suggest that it rest its head. Resting one's head and having one's head held are two entirely different experiences that have radically different effects on the person experiencing them. Like Frans Veldman, I believe that it is important for tiny humans to feel their vertical nature very early, even for brief instants. When the child is held on its axis, its presence changes immediately, and its face "lights up." It is more aware, which is probably due to the activation of the reticulum. Choosing whether or not to stay in one's axis is an experience in early autonomy.

The exchange of looks and gestures is also very important. It is easy to see how a sense of security leads to autonomy, while feelings of insecurity surely lead to dependence.

Well-accompanied Children

From birth, well-accompanied children have better posture tones than children who did not receive haptonomic contact during pregnancy. Well-accompanied children are calm, and exude serenity among those around them, and are consequently autonomous. Although they do not lack self-confidence, they also like human contact, and thus are not babies to be left alone in a corner like inanimate objects. They want to participate in life, and reach out to others, but in a calm, tranquil manner. Their parents say that they are easygoing, and are able to make themselves easily understood. When they cry, there is a good reason for it, which can be discerned fairly easily. While it is true that autonomy and security can contribute to precociousness, I dare say that this is a pity, because it is not our goal. Our objective is to develop the child's sense of base security and autonomy to prepare it for the emergence of identity, self-confidence, and subtle discernment based on character, which will help the child make conscious moral choices with confidence later in life.

We see these children very rapidly after birth, at one month and between three and four months of age. This is very important in my opinion, because I think that many babies become withdrawn between the ages of four and nine months, and lose their interest in communicating with the outside world, where they have been bored ever since leaving their intrauterine existence. They are proposed nothing that satisfies their immense curiosity for anything that makes a signal. They are not welcomed in a way that takes into account their desire for communication. Their rhythms are not understood, and their immense capacity for openness and comprehension are not respected.

The duo or trio composed of the mother, father, and child can still struggle along haphazardly in this manner for the first three months following birth. However, when the child is about three and a half to four months of age, major developments take place in the cortical regions that support the cognitive functions, and the baby starts to open its eyes to the rest of the world. Everything changes from

this time onwards, and the child could become bored since its new needs remain unsatisfied. A child who has not been affectively encouraged to communicate its needs adequately begins to withdraw into a state of disappointment – or even depression. Experts trained to observe such phenomena can see that such children are in complete regression relative to their true potential, just as they reach the age when autonomy really begins to be taught as such.

These babies consequently join the numbers of the “lackadaisical” who are disappointed with communication, and are not only afraid to express themselves, but no longer even feel the desire. Unfortunately, the untrained eye cannot recognize this in children at such a young age, because, as I like to say, “life finds a way.” These children may grow and grow up, and even express themselves, but in a frustrated, noncommittal manner. It is only much later that the damage becomes apparent in the form of a certain passivity, or difficulty learning to read and write. They may lack spontaneity in initiating activities – even those that normally interest them – or have difficulties socializing and adapting to group situations and in communication in general.

It is also useful to see these children again when they are learning to walk, because experience shows that parents have trouble adapting to the autonomy of their offspring. For this reason, the parents may become frustrated, and a well-accompanied child is able to rebel against them with great self-assurance acquired from a solid sense of base security.

For far too long, affective security has not been systematically taken into account when considering psychological development. The fact that this conception is now outmoded is proven by observations of the differences in the development of these children, and the effects of early childhood trauma and affective deficiencies, which are clearly revealed by clinical data gathered during haptoanalysis of children and adults.

From the Womb to Society

In our world today, where might makes right, and where obsolescence seems to be the rule, even for human relationships and love, the quality of early communication is particularly important. In effect, the affective confirmation that generates a sense of base security forms the foundation for the construction of the child’s sense of discernment. This essential quality gives the child a force of character necessary to keep it from getting “lost” in the crowd in order to be accepted, at the risk of being manipulated against its will, and becoming a passive victim of life.

It is also important to address the question of relationships with others. Children whose identities are constructed within a framework of affective security are able to recognize others as fellow human beings, and not become aggressive killers who say afterwards: “I don’t know what came over me.” Sadly to say, this type of crime is becoming all too common.

Ethics and Haptonomy

Approaching a child and its parents during this crucial period for their future together is an enormous responsibility. Haptotherapists are aware of this, and

our code of ethics consequently mandate unfailing respect, openness, and prudence toward all participants in the accompaniment process. These three core principles are continually present in our minds as we reach into the bottomless pool of creativity needed to perform our work, which requires us to reinvent the accompaniment process for each unique parent-child trio under our care.

In haptonomy training programs, we continually evoke these ethical concerns, which merit particular attention in a field that demands a wide range of skills and a high degree of subtlety in the haptic approach. We can teach students how to perform on a technical level, but they must develop their own sense of how to perform on a moral level. The C.I.R.D.H. (Centre International de Recherche et de Développement de l'Haptonomie – International Center for the Research and Development of Haptonomy), located in Oms, France, is the only place in the world that dispenses certified training in the field.

We are also aware of the danger of attributing the foetus with relationship capacities that it doesn't possess, and using this as the basis for projecting our fantasies into a purely imaginary construction. Who can claim to be completely free from this danger? I would not presume to make such a claim, but I can say that this is a continual concern in our profession.

I always insist on the risk of falling into "foetal-idolising," which would remove the child in the womb from its rightful place, and could even turn it into a domestic tyrant during its intrauterine life. This is not our intention.

For this reason, we insist on the considerable importance of the act of birth. Giving a foetus the same status as a child that has been born would be insanity. This is one of the reasons that haptotherapists fear that the disclosure of the gender of the foetus will become increasingly commonplace. Such disclosure can have dramatic consequences in certain unpredictable cases, while non-disclosure generally does not present any particular danger and protects the importance of the first meeting constituted by birth. I am extremely ill at ease when parents call their child by its first name before it is born. The naming of a child is heavy with imaginary and symbolic significance, and marks the passage into the world outside the womb from which we all spring. A newborn infant is different from what it was inside the womb; it does not have the same expectations, the same needs, nor the same demands. However, the experiences of the child as a foetus play an enormous role on its ability to adapt to the world and prepare for its future. Our goal is simply to ensure that the child is accepted for what it is, and that all we take account of all that is currently known about the mother-child duo – and particularly the mother-father-child trio.

Haptonomy proves that this knowledge can be used with very positive effects for normal pregnancies, for general prophylactic purposes, and as therapy for physical and moral distress during pathological pregnancies.

The approach used toward children and their parents during pregnancy implies an ethical responsibility that goes far beyond discussions about voluntary or medically-required abortions.

In Conclusion

Affectively confirming haptonomic contacts before and after birth are very important for both the parents and the child, since they affect the relationships and the life trajectory of the child forever after. These contacts give the child the capacity to adapt smoothly to events that life puts in its path, and serve as a solid basis for its future cognitive abilities, since the affects and cognition are intimately related.

Because its approach is unique, pre- and postnatal haptonomic accompaniment constitutes the most elaborate and powerful general preventative tool currently at our disposal on the physical-psychological and affective levels. Genetic programming plays a very important part in the development of the nervous system, but leaves a great deal of room for external influences on the formation of the microscopic organisation of the neuronal system. With early training, the foetal sensory experience can modify the spontaneous behavioral responses of the child to events with which it is confronted both before and after birth. This is possible because humans behavior is determined by a constant give-and-take between “nature” and “nurture.”

In any case, the desire to communicate appears to be genetic in humans. So why would the human brain wait until the moment of birth to begin the permanent human interaction it so deeply craves?

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