As It Was In The Beginning:

The Significance of Infant Bonding in

the Development of Self and Relationships

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How well an infant bonds lays the blueprint for all of his or her future relationships. Evidence firmly suggests that the original imprint is to be found within the prenatal period of development. In fact, recent research in prenatal and perinatal psychology continues to push back the origins of consciousness to earlier and earlier times in our lives (e.g., Chamberlain, 1994; Emerson, 1989; Veiny, 1986). Therefore, to return to the original imprint to understand, heal, and reconnect with the essential Self, we must look back very, very far in our lives.

If all goes well, infants bond with their parents early in their lives. Bonding means love and the absence of fear. It creates connection and safety. Bonding allows an infant to experience the world as a friendly place. If bonding doesn't occur, the connections to Self, Other, and the rest of the world become fragile and unsafe. Poorly bonded people are generally insecure, are locked into hindsight, and vigilantly try to control, predict, and anticipate events. They feel powerless and afraid of the unknown. They do not want to be questioned, yet they always have an answer, know how to do things, and consider themselves to be right. They both dominate and cling, using and abusing people to meet their own needs. They live their lives on constant alert, trusting only in their own defenses. For them, love and intimacy create fear. When someone else moves close, they find excuses to distance themselves (they fear being too close and/or too far away).

Recent research has shown that the lack of bonding (skin contact, sensory stimulation, etc.) leads the emotional (right) hemisphere of the brain to shut down, leaving people to live in the thinking (left) hemisphere. This could, perhaps, be the origin of the mind/body split. When people live from their heads, rather than from their emotional centers, they are driven to figure out how to cope and how to get by. Most of all, they have to figure out what other people want; they constantly look outside themselves because they are separated from what is inside them. In this condition, the person lives his or her life according to the perceived needs of others and thereby closes him or herself off from the nutritional and expressive needs of the Self.

Each individual also develops his or her own configuration of defenses, or "character style." These more general characteristics, usually thought of in terms of "personality," may also be traced back to the birth and bonding periods of development. The foundations of "character style" are formed when the infant in trauma has no choice but to split off from the body. Hence, the original injury may become trapped in the body or, in later stages of development, a false Self

may be created on top of the pain. Here we are not talking about trauma as a rare occurrence but as a common response to the birthing and bonding process. This becomes increasingly apparent the more we examine the prenatal and perinatal experiences from the infant's perspective.

Given the compelling evidence that the in-utero infant is a conscious and aware being, how might unwanted children respond to the messages they would receive from their parents? What about the child whose very existence has been threatened by an attempted abortion? Or, at birth, what happens when the mother is simply 'absent" through medication, or when the child looks into another pair of eyes that show no sign of recognition or welcome? Infants cannot contain such feelings-they are too overwhelming, so the infants develop defenses in order to survive. And while these defenses might provide necessary protection at the outset, they fail to serve the growing child and the emerging adult. Because these patterns are established long before cognitive or intellectual processes develop, they are not amenable to change through talk or insight. They are literally locked into the body and held at a cellular level. In terms of traditional psychotherapy, they might be considered to be "pathological."

Birth and prenatal work are the ways to release these pathological ways of surviving. Certainly other forms of childhood trauma may create some pathology, but if you start with good bonding, a good birth experience, and being wanted by parents and connecting with them, it is possible to recreate the trust necessary to emerge from the traumatic experience. Clinical evidence clearly suggests that individuals who have had birth or bonding injuries respond to subsequent trauma by returning to their original traumas and acting those traumas out as they did at the pre-verbal stage. They go back to the original imprints, be they anger, frustration, or depression.

At its essence, bonding is a biological need. Most professionals are familiar with the research demonstrating our need for touch. Recent experiments using massage with premature babies show that those who receive massages gain weight faster and are able to leave the hospital sooner than babies who do not receive massages. Bonding occurs during a critical period that is probably determined by hormones. The most important time for bonding is the first hour after birth. Beyond this, evidence suggests that during the first eight days of a person's life a relationship pattern emerges that lasts a lifetime. This does not mean that bonding cannot happen later, but, if drugs or other problems interfere with the hormonal factor, that interference may significantly hamper the bonding process.

It is through the body of the mother that the baby receives its first sensory contact and has its first relationship with others and thus with the world. Prenatal bonding injuries consist of not being wanted, communicated with, or celebrated. Very often, the uterus is experienced as toxic owing to prior unresolved traumas such as miscarriages and abortions, as well as physical toxicity from drugs and other contaminants. If there has been a miscarriage and the mother does not grieve that

loss, it will in some way contribute to her belief and fear that she will lose another child. In clinical work, clients will often remember abortion attempts from their own in-utero experiences. Sometimes the images occur in dreams along with feelings that someone is trying to kill them. When they try to verify or validate such experiences, they are often told by their mothers, "I never told anyone. How did you know?" But the child does know, and the memory is recorded in the body. And further, these things that we are not supposed to know or feel limit us.

Some women refuse to admit that they are pregnant, resulting in the infant feeling ignored and not wanted. If, on the other hand, a woman is happy about being pregnant, takes care of herself, and talks to her baby, then a loving prenatal bond is created. Mothers need the love and support of the father, who should also be encouraged to participate in this prenatal communication. The baby recognizes these communications, not for their verbal content but for the energy that is conveyed. For this reason, it is helpful for a woman to work on her own birth, even before she becomes pregnant. Without awareness, she can in effect communicate her own issues surrounding birth to the developing child at a cellular level. Working through issues that surround her relationship with her own mother can also be a critical part of this preparation.

Standard hospital procedures often create a lack of bonding. For instance, the epidural anesthetic (the current procedure of choice) does not stop contractions, but it does slow them down. And although the mother might not feel the contractions, the baby does. If the mother is anaesthetized, it will blunt the hormones in her body that provide an essential biological bond. This in itself creates an energetic mismatch, or lack of attunement, between the two of them. Anything that creates fear jeopardizes bonding. In all of this, the presence of the father as a participant throughout the birth can play a vital role in ensuring that the newborn feels welcome, celebrated, and subsequently attached.

The baby should be held by the mother immediately afterbirth. If she does not see the baby when it is born, this will also disrupt bonding. The cord should not be cut prematurely, as all the senses are activated. Skin and eye contact, soothing sounds, and smiles are all necessary for optimal bonding to occur at this time. To enhance bonding there must be extended periods of contact between the mother, father, and baby If there is support for the mother and she feels that she has the power to care for her baby, then bonding will continue to be enhanced. If breastfeeding starts right away, the mother's instincts and hormones will promote bonding as nature intended. However, bonding is a two-way street. Parents who have not been bonded as children often find it difficult to "be there" for their newborns. In later life they tend to abuse, neglect, and abandon their own children. Unfortunately, this critical issue of bonding is often overlooked by professionals who work with children, as well as by those working with adults and families. Given recent advances in the field of prenatal and perinatal psychology, the implications of this oversight might well be monumental. One

thing at least seems clear. People who do not become bonded in early infancy spend the rest of their lives looking for it, in one way or another. Unfortunately, most people in our society find substitutes in their intellects or in material things. From this perspective it really does seem that lack of bonding serves to create a life of bondage.

References

(For a comprehensive listing of the references used in the creation of this article, please see the article on APA's website at www.americanpsychotherapy.com.)

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