



Publication Date: 11 May 2023

DOI: 10.24946/IJPLS/20231105

International Journal of Prenatal & Life Sciences, ISSN: 2945-011X, DOI: 10.24946/IJPLS

SUPPORTING CONNECTIONS BETWEEN FIRST MOTHERS AND THEIR UNBORNS: AN ANTIDOTE TO DISSOCIATION?

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ABSTRACT

The old saw in child welfare circles— “A baby is the only living thing without a past, only a future”— was always self-serving. Now we know it was always patently false. The new science in infant mental health and prenatal psychology makes it possible to reconsider the matter of various risks in prenatal life. We are then released to wonder what life is like in there, for example, for a child scheduled to be surrendered for adoption. While we don’t yet proclaim to have special avenues into the mental life of prenatals—or even systematic means to investigate it—evidence mounts that there IS such life, that it’s responsive to the mother’s mental life, and that such early and interactive mental life is of consequence for the baby’s later development. While there is still much to learn, we can surely say that it’s incomprehensible that the first nine months of the life of a child whose mom does not intend to keep him is anything but innocuous.

What if we considered these questions non-rhetorically and non-judgmentally: “How could a woman ever be expected to forget a baby she had carried for nine months? What would it take to ‘move on’ from the experience...” (Glaser, 2021, p. 4). Might we even conclude that we’re disrespecting first mothers to assume that they pay no attention to what is happening, and have no psychological response to it? And if moms do have a response, is it detectable by the babies within? Finally, are early and primitive working models of self and other created in utero? Might these early working models be brought by the adoptee to his relationship with his adoptive mother? If so, to what effect?

This paper focuses on one aspect of the mental life of a mother who intends to surrender her child for adoption: the possibility that she may, as a defense, dissociate—a kind of withdrawal from her own experience—and that such withdrawal may be experienced by the baby as maternal absence and rejection. We will try to show what this experience is like for the unborn, what defenses may be erected, and how such early experience may shape later relationships.

A Case

An adolescent girl becomes pregnant. She doesn’t want to be. She has no supports, and is lonely and terrified, or so she says to her daughter at their first reunion, 48 years later.

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A man who knew Marilyn's mom during the pregnancy happens to be present at the reunion when Marilyn was age 48. In a private conversation with Marilyn, he tells her that her mom denied the pregnancy for as long as she possibly could. He remembered that she was miserable, and profoundly sad. He may have been the person who took the photograph of Marilyn upon her birth. When the picture was shown to Marilyn at the reunion with her birthmother, she was aghast. She saw vigilance and fear in the face of the wide-eyed newborn. (Years later she would write to me of the photo, asking if I remembered how alarmed she clearly was, in the first moments of her life on the outside. It was as if seeing this picture was her first cue about her mental state at the time. I assured her that I did remember.)

No one knows, really, about the mental life of Marilyn's mother. But I can testify to the results clearly evident in the diminutive, affectless woman who walked into my office 50 years later. She came to see someone who knew about babies, even though she didn't have one, and claimed that nothing about having been one was of any importance. Nonetheless, there she sat; in the waiting room of a place, she had sought out: The Infant-Parent Institute.

She spoke in short sentences, devoid of any discernible affect whatsoever, of a life that sounded just awful to me, but about which she had no complaint. The first outward sign of the slightest affective response during that session lasted only split-second: a kind of flinch when I made reference to her having once lived inside the first mother, she had just told me meant nothing to her.

She was also not "close" to her adoptive parents, but by now, just moments into our first session, I had learned that she evidently had similarly bland feelings about most everything and everybody in her life.

Researchers would have said she had a dismissing state of mind about attachment (Steele, H. and Steele, M. 2008). If asked directly if her adoptive mother loved her, she would have responded, "Of course", but she would have been unable to come up with a single story or memory that supported such a weakly-asserted contention. Nothing stood out in her memories of the first half-century of her life. She had always been just fine.

But her head-hanging posture, the emptiness of her stories, and the vacant look on her gaze-averting face suggested to me that I was in the presence of the very prototype of an unwanted child suggested by the Hungarian psychoanalyst, Gyorgy Hidas: "...merely by living we have committed some wrong" (Hidas, 1997, p. 158).

I wondered about depression, of course, but somehow such a diagnosis—in spite of evidence seen in her posture, her gait, her "mood", her attitude, the absence of anything in her life about which she was passionate—seemed not quite right.

She was disconnected from even the few stories she could tell, and nowhere in them could I find a coherent narrative. At best, there were jumbled bits of a narrative, jumbled bits of a Self. How long had she been this detached—even dissociated—from her daily life?

I thought to ask about what brought her joy—or, at least, comfort. She brightened ever so slightly and introduced me to her "Box". In later conversations, she would sometimes refer to this place as her "Coffin", but the details of these places she liked to go, in her mind, were always the same. The box was a snug spot, with no windows and no doors—no way in or out—and about the size of... (and then she held up her hands to suggest the dimensions of a container that would hold only a small object, perhaps about the size of a doll).

She was proud of what she does in there. I had to wait for the punchline; I think she saw it as so patently obvious she surely wouldn't have to spell it out. What she does in her box is to survive.

I was lost, if not staggered. Every image aroused in me by her description of this place lacked joy, much less a feeling of efficacy, of accomplishment. The place sounded smothering to me, but certainly not to her, for whom the absence of doors or windows was a good thing. If she couldn't get out, it was also true that nothing could get in. The still-unnamed danger was on the outside. She acknowledged the minor problem of getting enough air and food in this imaginary place, but that was manageable. It seemed to arouse no anxiety in her. All she had to do, she explained, was make herself as small as possible, curl up in the corner, and not make a peep.

In this very first session, we had arrived at the site of her original pain, I thought. She had also rolled out the only coherent narrative she had. By the time she came back the next week, she felt ready to acknowledge where and when she experienced "The Box."

It took me a bit to understand why she was telling me, but in the second session she happened to describe her feelings about anesthesia during surgery when she was 38. She remembered the feelings in her body: "One moment I was nowhere, and the next moment I was terrified. People's hands were inside my body, and it was very violent...It was pure fear. My body was paralyzed." I might have dismissed this simply as a physical response to the anesthesia had she not gone on to mention that she had trouble sleeping for the next couple of decades. She then asked, "Do you know if adults who were abandoned as babies have problems sleeping?"

It was only then that she revised an earlier testimony about having never been pregnant, herself. She had actually had an abortion at age 18—the same age her mother had been when Marilyn was born. She mused on a possibility: had her first mother attempted to abort her?

As the weeks progressed, I was astonished and moved by the new effects that were now in evidence. Marilyn began to mourn—tentatively, at first, and then with mountains of sorrow—for the unwanted baby she had been, and for the life that had somehow been stolen from her, as she sat inside that box, just out of reach of an undeclared danger. She cried, for the first time.

A few weeks later, she asked me if I had ever heard of the "Snowbird Cherokees." Her first mother had once told her stories about her grandmother, a full-blooded Cherokee from Kentucky. She had been part of the famous forced walk on the Trail of Tears, during which she and a few other Cherokee women escaped and hid in caves up in the hills, in the dead of winter. Like herself, these courageous women had sought refuge in a confined space; it had saved their lives. Marilyn was proud to identify with them, and with the courage of her grandmother.

Marilyn began to sit taller and stand straighter. She came alive with everyday feelings. She began to describe an iteration of the box she called "The Room". The room had windows, through which she could see children joyfully playing outside, she said.

A few months into our work she fell in love and moved away. She wrote to me from time to time.

I'm grateful to Marilyn for bringing to my attention a subject I had never considered: the state of mind of first mothers who know they are carrying children they intend to relinquish, the defenses they sometimes erect to allow them to manage their grief, and what this may feel like to the baby inside. Marilyn helped me to imagine the mental life of her first mother. Further, I was now able to mentalize

the unborn Marilyn and could imagine the impact of this defended—if not toxic—environment in which she had developed.

I found myself wondering: if the babies are changed by this environment—if the babies themselves, become defended—do these defenses against loss and, therefore, against attachment, accompany the child into the adoptive home? What does such a defended child later look like, and feel like, to her adoptive mom? How does a withdrawn, affectless, needy-but-resistant baby feel to an expectant second mom who may well have thought she was getting a very different child?

Liotti (1992) said: “Detachment is first enacted by the child within his/her early attachment relationships as a consequence of the caregiver’s prolonged emotional or physical unavailability...in this sense, it is a type of dissociation” (Liotti, 1992, p. 196). In plain language, if a first mother withdraws from her unborn child in order to cope with the certainty of losing that child, might the child—living in a biological environment in which she is utterly dependent on the mother for survival—catch on to the danger? Might it constitute a clever, adaptive defense for the pre-nate to simply “leave the scene”: to dissociate? If defenses are erected against maternal detachment and the threat of loss of the first mother, why would we imagine the child would automatically relinquish such defenses when he greets the second mother? How long will it take the new mother—the adoptive one—to be affected by the defense of emotional withdrawal and unavailability of her adopted child?

Why might a first mother dissociate?

Many years ago, a professor at Wayne State University pointed out the obvious: “It is possible to experience grief before the actual loss occurs” (Werner-Beland, 1980, p. 8). Irving Leon, among many others writing about infant loss, urged us to understand anticipatory grief not as pathology but as normal adaptation: “Mother’s heightened anxiety over dreaded negative outcomes and her delay in allowing herself to become attached to her unborn and later newborn child...may be understood as an adaptive readiness to forestall another traumatizing loss through anticipatory grieving” (Leon, 1990, p. 75).

But what if such anticipatory grief is stalled, if not completely inhibited? Many first mothers are aware that acceptance back into their families of origin—if not into polite society—depends on their ability to “get past” the unwanted—or, at least, unintended—pregnancy, and to suppress their grief. While many experience symptoms of mourning for years, often upon each anniversary of the relinquishment (Rynearson, 1982), these symptoms often do not appear to others—or even to the first mother, herself—as mourning, but, rather, as physical symptoms, or as anger. The conscious link to the original loss may be severed.

The decision-making process leading to relinquishment is complicated by the pretense of being voluntary, when it may be, for many first mothers, anything but. Poverty, pressure from family, fear and social stigma may render the first mother helpless and without options. (Condon, 1986). There is no room for mourning when the first mother is imagined having made her own decision. That the decision is not truly voluntary, for many, is revealed in how few walk away from signing relinquishment papers feeling triumphant, refreshed and powerful. Instead, “Despite desperate efforts to hide their experience some compulsively repeat it while others find themselves thereafter infertile. Some seek out punitive situations and abusive marriages to match their feelings of unworthiness” (Schaefer, 1991, p. 294).

Further, there is investment by child welfare professionals in assuring that the relinquishment process goes smoothly—which is to say: it is not interrupted by messy feelings. Thus, was born the old tradition of discouraging the first mother from holding her baby after birth. The first mother may find herself

surrounded by grownups who seem terrified that she will change her mind if she sees or holds her baby, or even if she is “allowed” to feel her grief openly. We claim that we’re trying to protect the first mother from her own sadness, when what we really want is for her to not notice her grief, or to suppress it if it should be momentarily felt.

Simple denial works for many first mothers. As one birthmother—who poignantly refers to herself in her autobiography as “the other mother”, wrote: “I rarely ever cried again, except when alone. I was proud of my lack of tears. It showed strength of character. I wasn’t a weak, sniveling woman. I threw myself into school life. Dated. Took exams...” (Schaefer, 1991, p. 119). Edith—one of many young women interviewed by Ann Fessler for her book, *The Girls Who Went Away*, said, “People have asked me how I got through it, and I say, ‘I turned myself into a stone’” (Fessler, 2006, p. 103).

We want the whole thing to be over with, as efficiently as possible. Grief threatens to interrupt the process. Indecision threatens to interrupt the process. Nobody likes an interrupter. As one birth grandmother said to me: “We want this over with. Nobody wants to drag this out...”. Nonetheless, it remains true: It can’t be gotten over with so abruptly. As researcher Joyce Pavao puts it: “Adoption is not an event. Adoption is not a snapshot in time. It is a moving picture that goes on through this life and into the ones that follow” (Pavao, 1998, p. xi).

First mothers, then, are likely to be surrounded by others who will stand by them in their decision to relinquish, but unlikely to stand by them in their grief over the loss that very decision sets in motion. There will likely not be rituals for mourning the child, either before birth or in the years that follow. As one author puts it, “At the death of an infant, there is a funeral, and people are sympathetic and empathetic. All religions have rites of passage to mourn the loss of a child when it is through death and the mourning is a shared experience. But there are no rites that accompany the placement of a child” (Pavao, 1998, p. 12).

For some first mothers, then, all roads lead either to denial or to dissociation. Dissociation promises to “save” the mother from being overwhelmed by what is happening. She won’t have to feel it. The hope of her unconscious: that it will pass, and she will barely know any of it occurred.

Jeanette, a young birthmother, reports of her experience: “The entire time I was pregnant, I actually separated myself from this baby” (Fessler, 2006, p. 121). Perhaps it should not surprise us to learn of her response to actually seeing the baby from whom she had separated herself: “The nurse was standing in the doorway holding this baby and I screamed at her, ‘Get that baby out of here.’ That’s a hard, hard memory—that I rejected him. They never brought him back again” (Fessler, 2006, p. 121).

While such overtly rejecting responses to the newborn are rare, the feelings of separation from the inside baby are not. A first mother may suppress any impulse to speak to her unborn baby. She will not be experienced by her unborn as an empathic other, to whom the baby can turn, in utero. This means that the baby’s first relational experience will be marked by disconnection, which will not easily be forgotten in subsequent developmental and relational life.

A coherent narrative will be elusive for the child of a withdrawn or dissociating mother, and his sense of self will be splintered and disorganized. As preeminent attachment researchers Miriam and Howard Steele report, “...an adopted child with a disorganized history will enter an adoptive placement with disintegrated internal models of self and others, and a mind where fear and aggression often predominate” (Steele, et al, 2010, p. 38). On top of the dilemma of responding to maternal withdrawal or dissociation, Main and Hesse report that “...a mother’s frightened and frightening behavior, usually associated with her own unresolved loss or trauma, creates an irresolvable paradox for the child, in

which the parent is at once the source of and the solution to his distress” (Main and Hesse, 1990, p. 163).

I don’t know, of course, whether Marilyn’s first mother dissociated during her pregnancy. All I know is that, 50 years later, I met her daughter: a splintered, lost, affectless woman who had very little memory of her entire childhood, and who evidently had little attachment to her adoptive mom. As a prenat, she had protected herself from the dangers she perceived by creating “The Box”, and she held on to that way of being for a half-century. She scarcely knew how to feel anything. She walked this earth for 50 years, afraid at every turn. Once she uncovered what had happened to her, inside her mother, she used the story about her grandmother’s bravery to work out a new representational working model of self, and of self-with-the-world, and she began to live a new life.

What about the state of mind of the adoptive mother?

Based on her clinical presentation a half-century later, and the continued use of primitive defenses, I’ve no doubt that Marilyn would have been seen as a disorganized/disoriented infant, were she to have been part of one of the early Strange Situation experiments (Ainsworth, et al, 1978; Steele, H. and Steele, M., 2008). If so, that might have explained her tendency toward dissociation. But the question I have only recently felt equipped to wonder about—thanks to the amazing research of Steele and her colleagues (especially in Steele, M., et al, 2007)—has to do with another part of the equation: the impact of the adoptive parent’s state of mind about attachment.

There’s little doubt that trying to establish bonds with an emotionally withdrawn and inaccessible newborn is challenging for any adoptive parent. But there’s reason to believe that a secure/autonomous adoptive parent—whose state of mind about attachment leans in the direction of an independently coherent narrative and strong valuing of attachment (Steele, M., et al, 2007) might be less prone to personalize her new baby’s affectlessness, and less likely to interpret it as “rejection”. In other words, “Mothers who provide coherent, organized, reflective narratives in response to the Adult Attachment Interview bring some of these strategies to the discussion of their newly placed adoptive child and are less likely to be overwhelmed with feelings of anger or despair” (Steele, M., et al, 2007, p. 181).

So, what of Marilyn’s adoptive mother? Of course, we lack direct data about her state of mind regarding attachment. But the strange emptiness of Marilyn’s reports about her relationship with her adoptive mother—indeed, the absence of any stories whatsoever of their life together—would seem to imply something amiss, which causes us to wonder, 1.) how much Marilyn influenced her second mother’s mothering; and 2.) how differently things would have turned out had this mother been equipped with a healthy narrative about self and attachment in the face of a difficult-to-connect-with child.

This is not to blame Marilyn’s second mother for how things turned out, but only to raise the question that might have relevance for all adoptive pairings: How do the attachment narratives of adoptive mothers match up with the primitive attachment early experiences of their adopted children? We might imagine that Marilyn’s adoptive mother might have been better able to attach with a newborn who presented with an eagerness to connect to her than one who had already erected defenses against loss and trauma. And we might imagine that Marilyn might have been able to set aside her defensiveness and her tendency to withdraw to engage with a mom whose own attachment narrative allowed her to openly embrace and mentalize her little one. As Slade reports: “...mothers who were able to coherently describe their own childhood attachment experiences were more likely to be able to make sense of their children’s behavior” (Slade, et al, 2005, p. 293). Maybe Marilyn’s adoptive mother might have been able to imagine “the box” that defined her daughter’s mental life, long before

Marilyn could speak of it. We might have wished for both an intervention so gentle as to neither blame nor threaten, but whose aim was "...to change maternal representations of the child by helping her see the child's internal life as separate from her own" (Slade, et al, 2005, p. 296). It would have been a tall order and—if we agree that Marilyn's prenatal life was anything but innocuous—it might have been too late. Which raises the obvious question:

What might have been done to help Marilyn before adoption?

It's hardly a stretch to imagine that a pregnant woman who knows she is going to relinquish the child inside her might be hesitant to permit a close association with that unborn. The resulting affective states might have precluded her mentalizing the child inside her. As one body of research revealed: children of mothers with unresolved maternal losses tend to "...show extreme fearful responses, including freezing, hiding, and other primitive self-protective gestures" (Steele, M., et al, 2007, p. 164). The survival-focused organism that would soon be named Marilyn may well have detected the signs of her first mother's emotional detachment. Mom did not say to her unborn child: "Oh, dear heart. We're in quite a pickle, here. I know I'm not paying much attention to you, and I can imagine that makes you feel very alone. I'm planning to give you to someone else who can do a better job raising you. But I pledge to you that, in the meantime, I claim you as my baby. I'm going to be here, as your mother, until I have to let you go."

Even as a pre-nate, without such maternal recognition and testimony, Marilyn would have been prone to construct interpersonal schemata "...in which the self is portrayed as unlovable and the attachment figure as rejecting or hostile" (Liotti, 1992, p. 199)—a schemata often seen in children later rated as displaying an avoidant state of mind regarding attachment (Main, 1981b).

Does a state of disconnectedness and affective emptiness characterize intrauterine life with some first mothers who are intending to relinquish their babies at birth? Would we, in fact, almost be surprised when a first mother is somehow able to simultaneously move toward the baby while planning the move away from the baby—to say "hello" while also saying "goodbye"? A group of researchers in Finland examining the connection between maternal prenatal expectations and the later relationship with the baby concluded: "...the most important risk factors were the mother's inability to form positive expectations about relationships with the baby during the third trimester of pregnancy" (Rusanen, et al, 2021, p. 655).

If Marilyn "read" the sorrow or fearfulness of her first mother as a signal of distress and a danger to her, would she just lie there waiting for the shoe to drop? Or would she make frail efforts to organize herself?

While little has been written about the pre-nate's use of defenses, extraordinary research into the "science of mind" in the past two decades has, at least, allowed us to escape the constraints of our presumptions about the emptiness of the mental life of babies, including pre-nates. In one fell swoop, for example, Eric Kandel—the Nobel Prize-winning researcher who focused much of his consideration of mind and memory on his observations of a rather primitive snail—changed the silly error we had been making when we asked, "Do babies remember?" We now see that all organisms go about the essential tasks of gathering and retaining data on their environment. As Kandel put it, "Without the binding force of memory, experience would be splintered into as many fragments as there are moments in life" (Kandel, 2006, p. 10).

And that's not the end of it—that we observe what's around us and retain memory of it. We then set about attempting to organize it: "...The brain does not simply take the raw data that it receives through the senses and reproduce it faithfully. Instead, each sensory system first analyzes and deconstructs,

then restructures the raw, incoming information...The sensory systems are hypothesis generators.” (Kandel, 2006, p. 302).

There is both purpose and necessity for such mental work: to maximize (insofar as the organism can get the job done) the chances for survival. Oddly, such effort does not start anew with each experience. The organism learns, interprets, defends, plans, and greets each new experience as if it has already had the experience. It thinks it has been here before and tends to interpret the new data in light of the old—including erroneous impressions of the old. Nature would be foolish to have organized things any other way. Babies take into the next relational experience remnants of their last one, whether or not the last experience is truly applicable. Not only could Marilyn not ignore her first mother’s withdrawal, rejection and, perhaps, dissociation, but she was obligated to create defenses against the same thing happening with her second mother, the adoptive one. The box now makes so much sense.

And so we see the emergence of the Marilyn who appeared on her adoptive mother’s doorstep—and, many years later, on mine: “The infant’s disorganized/disoriented attachment behavior, it may be hypothesized, correspond[s] to the construction of an internal working model of self and the attachment figure (Bowlby, 1973, 1979, 1980) that is multiple and incoherent” (Liotti, 1992, p. 199).

The question now seems obvious and poignant: “How is a mother’s—both the first mother’s and the adoptive mother’s—state of mind in relation to attachment transmitted...to [her] child?” (Slade, et al, 2005, p. 283). The followup question (the one that is really the point of this paper) is equally apparent: Can we interrupt that state of mind? Can we influence it?

At the most practical and immediate level: Can we support the very connections between first mother and her baby that she may, in self-defense, wish to avoid? Can we help her move toward her baby, even in the face of her knowing she will soon be moving away from that same baby? Can we support her saying, “Hello”, while also offering our support for the grief that will be part and parcel of her saying, “Goodbye”? In the process, can we open the way to a new prenatal life for babies headed for adoption? Finally, can we open the way to a new postnatal life with the adoptive family—one marked by readiness for attachment, on both sides?

CONCLUSION

Marilynne Robinson wrote: “I realize there is nothing more astonishing than a human face...You feel your obligation to a child when you have seen it and held it. Any human face has a claim on you...But this is truest of the face of an infant” (Robinson, 2004, p. 66).

Perhaps that’s all we’re proposing: That every birthmother should encounter the face of her baby, and that every baby should be encountered and, therefore, have the opportunity to lay claim on another. Perhaps we can offer first mothers a chance to encounter the face of the baby inside her, while still inside her. Only then does she have an opportunity to stay awake—to herself and to her baby—and to make a true choice.

REFERENCES

1. Ainsworth M, Blehar M, Waters E, Wall S. Patterns of attachment: A psychological study of the Strange Situation. New Jersey: Erlbaum; 1978.
2. Benoit D, Parker K. Stability and transmission of attachment across three generations. Child Development. 1994;65:1444-1456.

3. Bibring G, Dwyer T, Huntington D, Valenstein A. A study of the psychological processes in pregnancy and of the earliest mother-child relationship. *Psychoanalytic Study of the Child*. 1961;6:9-24.
4. Carlson E, Sroufe L. Contribution of attachment theory to developmental psychopathology. In: Cicchetti D, Cohen D, editors. *Developmental psychopathology*. New York: Wiley; 1995. p. 581-617.
5. Condon J. Psychological disability in women who relinquish a baby for adoption. *Med J Aust*. 1986;(144):117-119.
6. Evertz K, Janus L, Linder R, editors. *Handbook of prenatal and perinatal psychology: integrating research and practice*. Cham, Switzerland: Springer; 2021.
7. Fessler A. *The girls who went away*. London: Penguin Books; 2006.
8. Fonagy P, Steele M, Steele H. Maternal representations of attachment during pregnancy predict the organization of infant-mother attachment at one year of age. *Child Development*. 1991;62:891-905.
9. Fonagy P, Steele M, Steele H, Leigh T, Kennedy R, Mattoon G, et al. Attachment, the reflective self, and borderline states: The predictive specificity of the Adult Attachment Interview and pathological emotional development. In: Goldberg S, Muir R, Kerr J, editors. *Attachment Theory: Social, Developmental and Clinical Perspectives*. Hillsdale, NJ: Analytic Press; 1995. p. 223-279.
10. Glaser G. *American baby: A mother, a child, and the shadow history of adoption*. New York: Viking; 2021.
11. Grienenberger J, Kelly K, Slade A. Maternal reflective functioning, mother-infant affective communication, and infant attachment: Exploring the link between mental states and observed caregiving behavior in the intergenerational transmission of attachment. *Attach Hum Dev*. 2005;7(3):299-311.
12. Hidas G. Sandor Ferenczi, the unwelcome child and the death instinct. *Int J Prenatal Psychol Med*. 1997;9(2):155-163.
13. Hidas G, Raffai J. *Umbilical cord of the soul: Psychoanalytically oriented requirement of the prenatal bond between mother and baby* (Nora Katschnig, Trans.). Gießen, Germany: Psychosozial GbR; 2006.
14. Kandel E. *In search of memory: The emergence of a new science of mind*. New York: W.W. Norton; 2006.
15. Leon I. *When a baby dies*. New Haven: Yale University Press; 1990.
16. Lindaman S, Booth P, Chambers C. Assessing parent-child interactions with the Marschak Interaction Method. In: Gitlin-Weiner K, Sandgrund A, Schaefer C, editors. *Play diagnosis and assessment*. John Wiley and Sons; 2000. p. 371-400.
17. Liotti G. Disorganized, disoriented attachment in the etiology of the dissociative disorders. *Dissociation*. 1992 Dec;5(4):196-204.
18. Main M, Hesse E. Parents' unresolved traumatic experiences are related to infant disorganized attachment status: Is frightened and/or frightening parental behavior the linking mechanism? In: Greenberg M, Cicchetti D, Cummings E, editors. *Attachment in the preschool years: Theory, research and intervention*. Chicago: University of Chicago Press; 1990. p. 161-182.
19. Main M. Avoidance in the service of attachment. In: Immelmann K, Barlow G, Petrinoitch L, Main M, editors. *Behavioral development: The Bielefeld interdisciplinary project*. Cambridge: Cambridge University Press; 1981. p. 651-693.
20. Main M, Cassidy J. Security in infancy, childhood, and adulthood: A move to the level of representation. In: Bretherton I, Waters E, editors. *Monographs from the Society for Research in Child Development*. 1981;50(1-2):66-104.
21. Maret S. *The prenatal person: Frank Lake's maternal-fetal distress syndrome*. Lanham, MD: University Press of America; 1997.
22. Pavao J. *The family of adoption*. Boston: Beacon Press; 1998.
23. Rafael L, Malkin G, Surrenda D. *Safe in the arms of love: Deepening the essential bond with your baby*. Wise Parenting Press; 2011.
24. Rusanen E, Vierikko E, Kojo T, Lahikainen A, Polkki P, Paavonen E. Prenatal expectations and other psycho-social factors as risk factors of postnatal bonding disturbance. *Infant Ment Health J*. 2021;42(5):655-671.
25. Robinson M. Gilead. London: Virago; 2004.

26. Rynearson E. Relinquishment and its maternal complications: A preliminary study. *Am J Psychiatry*. 1982;139:338-340.
27. Schaefer C. *The other mother: A woman's love for the child she gave up for adoption*. New York: Soho Press; 1991.
28. Schroth G. Prenatal bonding (BA): A method for encountering the unborn. *J Prenat Perinat Psychol Health*. 2010;25(1):3-15.
29. Slade A, Grienenberger J, Bernbach E, Levy D, Locker A. Maternal reflective functioning, attachment, and the transmission gap: A preliminary study. *Attach Hum Dev*. 2005;7(3):283-298.
30. Steele M, Henderson K, Hodges J, Kaniuk J, Hillman S, Steele H. In the best interests of the late-placed child: A report from the Attachment Representations and Adoption Outcome study. In: Mayes L, Fonagy P, Target M, editors. *Development Science and Psychoanalysis: Integration and Innovation*. London: Karnac Books; 2007. p. 161-193.
31. Steele H, Steele M. *Clinical applications of the adult attachment interview*. New York: The Guilford Press; 2008.
32. Steele M, Hodges J, Kaniuk J, Steele H. Mental representation and change: Developing attachment relationships in an adoption context. *Psychoanal Inquiry*. 2010;30:25-40.
33. Szejer M. *Talking to babies: Healing with words on a maternity ward*. Boston: Beacon Press; 2005.
34. Trout M. Can internal working models begin in prenatal life? In: Trout M. *Four decades in infant mental health: This hallowed ground*. Newcastle-upon-Tyne: Cambridge Scholars; 2021. p. 148-156.
35. Verny TR, Weintraub P. *Pre-parenting: Nurturing your child from conception*. New York, NY: Simon & Schuster; 2002.
36. Werner-Beland J. *Theoretical Concepts of Grieving*. In: *Grief response to long-term illness and disability*. Reston, VA: Reston Publishing Co.; 1980.