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Attachment needs and predictors of disruption in pregnancy and puerperium

Alessandra Graziottin, MD

Director, Center of Gynecology and Medical Sexology

H. San Raffaele Resnati, Milan, Italy

When are we intimately happy, confident, secure, energetic? When we do feel a deep sense of attachment to someone we love and who loves us, with a limpid sense of reciprocal satisfaction and enjoyment. Being physically healthy and emotionally satisfied in this key attachment need is the basis of the human wellbeing. The paradigm of this loving imprinting is the mother-child relationship.

A key question for us, physicians who care, is this: when does the loving experience of the attachment begins? And, as well important, what can turn love into hate, distance, emotional and/or physical abuse? What can make a child “emotionally intelligent”, skilled in the language of empathy and love, happy of being alive? And what will maintain him/her in a substantial emotional illiteracy, leading to an “emotionally frozen” child, sad, depressed, uncertain, anguished, withdrawn, or randomly aggressive and abusive? Is there anything in our professional attitude, behavior and diagnostic skill that can empower our ability to ease and potentiate the healthy attachment dynamics between mother and child, on one side, and diagnose and modify the disruptors that can threaten, impair or devastate the blossom of this cardinal need in pregnancy and post-partum? Or are we “iatrogenic disruptors” with the nocebo effect of our words, the neglect of the impressive emotional waves that move between mother and child, the unawareness of how the way we communicate about any potential problem about the child’ health can act as a bomb on this fragile loving emotion still in its dawn?

The sense of this lecture is exactly this: to share with physicians a focused attention on the development of the attachment need and on the potential disruptors, to improve our diagnostic sensitivity in this area and our caring attitude. John Bowlby was the first to describe the quality of the mother-child bonding attachment as a critical predictor of the emotional wellbeing of the offspring with his pioneering re-reading of attachment dynamics. In his work *Maternal Care and Mental Health* published in 1951, commissioned by the World Health Organization, he concluded that “the infant and young child should experience a warm, intimate, and continuous relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment”. He further refined his accurate understanding of the attachment need in his book “The secure base” (1988) that every physician, and specifically Obstetricians and Pediatricians, should read. We now know that the attachment need begins to develop well before birth, in the mother’s mind, in the “psychic womb” that is emotionally as important as the physical one.

On one side, are certainly relevant the conscious and unconscious motivation to conceive a child, his being the expression of an accidental conception or of a mistake, or his being a most desired child, in a loving, passionate relationship, or a child born after repeated attempts of assisted reproduction technology. The emotional investment is

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clearly very different. On the other, there is the tremendous potential of the new diagnostic tools that we can now offer in pregnancy. This is where the iatrogenic risk of disruptions peaks. Villocentesis, amniocentesis, three or four dimensional echographies open multiple windows on the secrets of the womb. And if a reassuring diagnosis may certainly ease the attachment dynamics between mother and child, the consequences of a negative diagnosis, or a dramatically communicated diagnosis, when a disease is confirmed or when a “soft marker” is diagnosed, can have devastating effects, particularly in the most vulnerable women (the youngest, the single or in troubled relationships, those who are more vulnerable to depression or anxiety, and/or who cannot rely on a supporting family and physician). Mirroring the myth of Eros and Psyche, opening the light on the shadow of a problematic reality may force love to run away. Or, at least, to be “frozen” while waiting for more reassuring news as it can be the case of the soft markers. Are we aware of that disruptive risk?

In positive, the awareness of the mother-child attachment dynamics, the attention to the quality of the communication – verbal and non verbal – with the woman and the couple while performing and communicating the results of our exams, the empathy towards the powerful emotions – positive and potentially negative – that our diagnostic tools can convey, an increased diagnostic skill in recognizing the disruptors, should enable every physician to increase the quality of his/her medical and psychological attitude. That is critically important, while assisting pregnant women in their mysterious and vulnerable trip between the dreams’ land where the perfect child fluctuates and the daily life, where the real child, with his/her limits, his cries, his tender attachment needs is born.