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Title: Mother-Fetus Bonding Analysis for a Safer, Happier Start in Life

Authors: 1. Dr Hadházi Éva, 2. Kelecsényi Dóra

Affiliation: 1. (Dr Hadházi Éva:), University Associate Professor, Institute of Psychology, Department of Developmental Psychology, Károli Gáspár University of the Reformed Church in Hungary, H-1037 Budapest, Bécsi str. 324. ORCID: [0000-0003-0167-5483](https://orcid.org/0000-0003-0167-5483), correspondent author: hadhazi.eva@kre.hu | 2. (Kelecsényi Dóra:), member of the Hungarian Society of Prenatal and Perinatal Psychology and Medicine (HSPPPM). ORCID: [0000-0002-7765-6652](https://orcid.org/0000-0002-7765-6652)

A health promoter method article

Abstract

Establishing a strong foundation for a child's healthy development and emotional security begins with parental support and recognition of the fetus's existence from the outset. The Mother-Fetus Bonding Analysis method, developed by Dr. Jenő Raffai and Dr. György Hidas in Hungary, offers a proactive approach to shaping the quality of life for unborn children during the intrauterine period.

This article provides a concise overview of this preventive method, focusing on its potential to navigate normative crisis induced by pregnancy, alleviate anxiety in expectant mothers, and address perinatal and transgenerational traumas. Through Bonding Analysis, we observe an augmentation of maternal feelings of love and joy towards the fetus, concurrently strengthening maternal competence. Our experience highlights the method's efficacy in promoting positive maternal-fetal bonding and lays the groundwork for further research and application in the field of prenatal care.

Keywords:

Mother-Fetus Bonding Analysis, preventive method, intrauterine period

Introduction

The journey to motherhood signifies a profound transformation for a woman, propelling her into uncharted realms of self-awareness. This metamorphosis, marked by the emergence of a future mother, presents a unique and unfamiliar terrain.¹ The Mother-Fetus Bonding Analysis stands as a guiding tool through this unexplored landscape, contributing to the enrichment of the mother's inherent feminine abilities, fostering heightened self-awareness, and cultivating a sense of security throughout the childbirth process² p.449-460.

What is Mother- Fetus Bonding Analysis (MFBA)?

Mother-Fetus Bonding Analysis (MFBA) emerges as a pioneering preventive methodology designed to optimize the relationship between mother and baby. Conceived and developed by Dr. György Hidas, a psychiatrist, and Dr. Jenő Raffai, a psychologist, both with a profound background in psychoanalysis, MFBA delves into the intricate realms of the mother's emotional life and its profound impact on the developing fetus. Hidas³ argued: *"The unconscious mind retains imprints of the influences arising from the mother's emotional experiences and events related to her life."* Dr. Hidas contends that the unconscious mind serves as a repository for the imprints of the mother's emotional experiences, shaping the fetus's early encounters within the maternal womb, which he aptly describes as the "first ecological environment" of the unborn child⁴. Dr. Raffai, echoing a similar sentiment, emphasizes the primacy of emotions in shaping one's perception of the world, attributing unique significance to emotions right from conception: *"The world exists by its earliest through feelings"* ^{5 p.87} .

At its core, MFBA aspires to forge an emotional-cognitive bonding space that transcends conventional understanding, fostering a shared emotional experience between the mother and the fetus. This symbiotic space facilitates an adjustable, differentiated, and harmonious relationship between the two entities.

The method's developers assert that MFBA serves as a proactive measure, offering a platform for the meticulous processing of emotional issues and latent anxieties entrenched in the realms of childbearing, childbirth, and parenthood. Their experiences indicate that this approach contributes to a reduction in the likelihood of obstetric complications by affording the necessary time and space for the exploration and resolution of emotional concerns. ^{6 p.343-47.}

Guiding the Journey: The Role of Mother-Fetus Bonding Analysts

In the realm of Mother-Fetus Bonding Analysis (MFBA), the analysts play a pivotal role as facilitators, aiding expectant mothers in establishing a profound communication channel with their unborn babies. This process, intricately woven into the fabric of the mother's identity, is a transformative journey that demands empathy and non-judgmental acceptance from the analyst, akin to providing a nurturing "container" for the mother's emotions. ^{7 p.56-105., 2 p.449-460.}

As the method's architects contended, the analyst becomes a crucial guide, enabling the mother to comprehend and mirror the emotions of the developing baby. Through this empathetic understanding, the fetus gains an avenue to share his/her feelings, liberating him/herself from the confines of negativity. The act of acknowledging and stepping into the world of the other person's experience becomes a potent force in strengthening and deepening the connection between the mother and the fetus ^{8 p.118-126.} This shared experience serves as a unique platform for both mother and fetus, fostering a bond that transcends the physical realms: "Recognizing and acknowledging someone else's lived experiences is akin to entering that world, sharing in it, and thereby reinforcing its significance." ^{8 p.121.}

It is imperative to underscore that MFBA operates within the domain of mental health and psychoeducation, aligning itself with the principles of health promotion. However, it is not intended as a substitute for medical, psychiatric, or psychotherapeutic interventions. Despite its therapeutic nuances, the authors explicitly refrain from categorizing it as therapy. Rather, it stands as a distinct psychological and educational approach rooted in psychoanalytic theoretical

foundations, specifically crafted to enhance the intricate relationship between mother and fetus during pregnancy⁹ p.193-199.

Meta-analyses in related domains have suggested the potential positive impact of psychoeducational interventions on maternal and paternal fetal attachment¹⁰, offering promising avenues for reducing postpartum depression and enhancing overall relationship satisfaction.¹¹

Although the effectiveness of MFBA lacks objective measurement at present, anecdotal evidence from practical experiences, maternal narratives, and analyst reports collectively paint a compelling picture of its beneficial effects. In the sections that follow, we delve into a research study that employs both quantitative and qualitative elements to measure the multifaceted impact of MFBA in various domains.

The origin of the Mother- Fetus Bonding Analysis (MFBA)

The roots of Mother-Fetus Bonding Analysis (MFBA) trace back to the collaborative efforts of Dr. Jenő Raffai, a psychologist, and Dr. György Hidas, a psychiatrist, during the 1990s. At that time, Raffai was engaged in child psychiatry and was undergoing analytical therapy and supervision with Hidas. It was during the treatment of a schizophrenic boy that a pivotal moment unfolded. In one session, the patient, delving into his body sensations, expressed a fetal-like condition within the therapist's body, leading to a notable improvement in his condition.¹² p.39-42.

Drawing from psychoanalytical therapeutic experience and a profound understanding of psychoanalytic literature, Hidas was convinced that many mental illnesses could be rooted in intrauterine trauma. Raffai echoed this sentiment, acknowledging the impact of basic intrauterine sensations on mental well-being. Recognizing that analyzing these sensations could transform them into mental representations, they saw the potential for prevention as a solution.¹³ p.407. Raffai also sustained “basic intrauterine sensations which – if not transformed into personifications and thoughts – cause a person to become psychotic or psychosomatically severely ill. He realized that “by analysing the body sensations, we come to the sphere of physical representations and control and change them via personification into mental representations.”¹⁴ p.164.

Their shared realization led to the development of the MFBA method. Grounded in the principles that negative intrauterine experiences could have detrimental effects, they posited that positive intrauterine experiences could contribute to health promotion. The method focuses on guiding pregnant women to influence intrauterine experiences positively, steering the fetus towards a more favorable developmental trajectory. As Raffai described "The mother-child bonding analysis is founded on two pillars. Firstly, it delves into the intra- and extrauterine representations of the pregnant mother, particularly focusing on her mother-representative and its internalization by the child. Secondly, it draws from the psychoanalytic revelation that the representations expressed through bodily sensations can undergo transformation through personification, thoughts, and memories."¹³ p.412

Navigating the Unknown Terrain: MFBA in Practice

The MFBA method, recommended from the 20th week of pregnancy,^{6, 14} involves weekly sessions until week 38-40. The process commences with an initial interview, delving into

pregnancy-related history, medical aspects, experiences with the fetus, relationship dynamics, and genogram. Subsequent sessions, conducted online during the pandemic, consist of a short conversation about the past week, followed by the mother-baby session—a guided relaxation where experiences are shared or reflected upon in silence. The sessions conclude with discussions about the relaxation experience and any technical queries.

Pregnant mothers, grappling not only with physiological changes but also with feelings of guilt, are supported through challenges such as overwhelming work, uncertainty about parenting, or the timing of the pregnancy. The method recognizes the potential guilt and negative thoughts that may arise and provides a platform for mothers to address and navigate these emotions. A few examples are listed here: I'm a bad mother because *"my work is so overwhelming, there are days when I don't even realize that I'm pregnant."*, *"I don't know what to do with a girl/a boy."*, *"They didn't come at the right time."* etc.

A critical aspect highlighted by MFBA is the vicious circle that can emerge (Fig.1 starting with anxiety leading to an inability to connect with the fetus. This, in turn, triggers feelings of guilt, creating a cycle of anxiety and guilt. The visual representation of this cycle underscores the interconnected nature of emotions during pregnancy¹⁵.

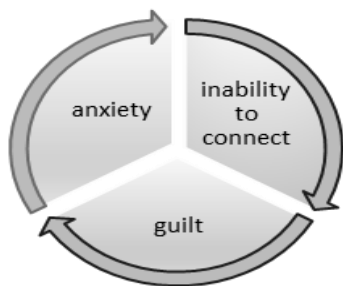


Figure 1.: How feeling of guilt, anxiety and the inability to connect with fetus cause a “vicious circle.”¹⁵

This article aims to highlight these (possible negative) feelings and their significance and show how the bonding analysis could help to become aware of and process these feelings. Below we briefly present the concept of the bonding analysis method step-by-step and thus outline the working principle of the method.

Step-by-Step Guide to MFBA

Creating an Intimate Space: In the serene posture of lying down, guided by imagination, a relaxed state is induced. This creates an intimate space where the pregnant woman can establish a connection with her uterus and fetus. In this tranquil setting, the unconscious mind and the fetus can project onto a "dream screen". ^{16 p. 419-434.}

Activating Unconscious and Perinatal Experiences: This phase activates unconscious and perinatal experiences of the mother. The Bonding Analyst provides a supportive environment for the pregnant woman to share her feelings and experiences. The atmosphere of trust encourages the unfolding of ambivalent and negative emotions and fantasies. Reflection on these experiences contributes to personality development, enhances maternal sensitivity to fetal signs, and fosters a sense of maternal competence. This process, in turn, improves access to internal resources.

Analyst's Perspective: Insights from a Questionnaire Study by Hadházi

Measuring the subjective changes experienced by expectant mothers and families due to MFBA is a challenging endeavor. Hadházi conducted an online investigation^{17, 18 p.128-130.} from June 2016 to February 2017 to explore the analyst's perspective on the MFBA process. The study aimed to answer key questions:

- 1. Characteristics of MFBA as a Psychoeducational Method:** Hungarian and German specialists shared their experiences, outlining the characteristics of MFBA as a psychoeducational method.
- 2. Characteristics of Pregnant Mothers and Babies Involved:** Analysts provided insights into the characteristics of pregnant mothers and babies participating in MFBA.

The research study used a combined methodology with both quantitative and qualitative elements. The self-report questionnaires - containing both Likert type and open-ended questions - were filed electronically by 23 (9 Hungarians, 14 Germans (Figure 2.¹⁷) analysts, also in Hungarian, English and German. The data encompassed the work experiences of these analysts with 1105 pregnant mothers^{17, 18 p.128-130.} Data analysis contains statistical analysis: ROP stat^{19 p.87-98, 20} (descriptive statistics, reliability analysis) and content analysis for open-ended questions (categorization and percent comparison) provided a comprehensive understanding of the MFBA process from the analyst's standpoint.

This investigation offers a nuanced perspective on the psychoeducational dimensions of MFBA, unveiling its impact through the lens of those directly engaged in the process. (Figure 2.¹⁷)

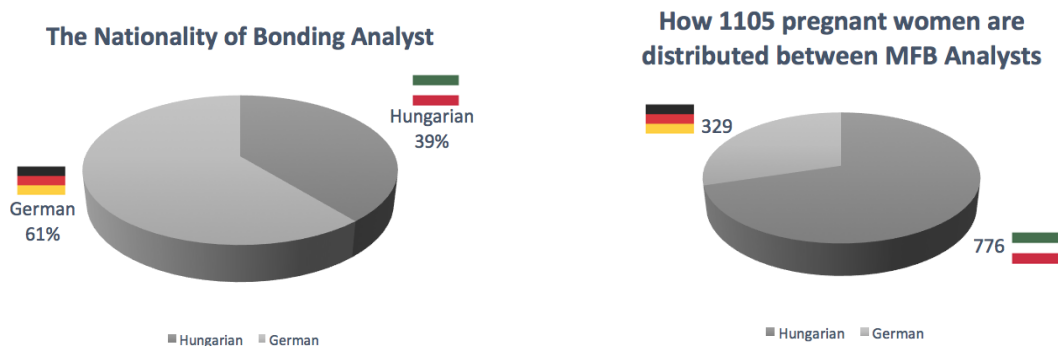


Figure 2.: The distribution rates of the analysts and pregnant mothers' nationality¹⁷

Disclosing Motivations and Assessing Efficiency: A Deep Dive into MFBA

With the issues and themes examined in the research, we can describe various characteristics of the MFBA method, including (1) the framework, (2) the motivations of mothers involved in the process, (3) the effectiveness of the process, considering (a) maternal feedback on what helps, (b) the analyst's experience regarding effectiveness, and (c) maternal feedback about the baby's characterizations, (4) applied techniques, (5) challenges and difficulties in working with MFBA, (6) applicability and situations when it may not be recommended, (7) a comparison with other

methods, and (8) ideas on how we can improve our work. The revealed particularities provide a more accurate understanding of MFBA, enriching our knowledge for use in professional training.^{17,18 p.128-130}. In this article, we primarily focus on two topics: mothers' motivation (1) and MFBA efficiency (2).

1. Mothers' Motivation in MFBA: A Cross-Cultural Exploration

The examination of MFBA motivations among Hungarian and German pregnant women, as perceived by analysts, reveals striking similarities. Analysts were prompted to gauge the frequency of various motivations when mothers initiate the MFBA process. The motivations were articulated through 45 items, including prompts like, "She seeks a stronger bond with her fetus." Analysts responded on a 7-grade Likert scale, offering insights into the prevalence of each motivation in their encounters with expectant mothers. The motivation scale was further categorized into 10 subscales, providing a nuanced understanding of the diverse motives driving mothers to engage in MFBA (refer to Table 1).

The answers of Hungarian and German pregnant women, according to analysts, show similarities. The question was: 'Please write how frequently you encounter the following motivations when mothers enter the MFBA process. Why do they want the MFBA?' Here, 45 items were differentiated, such as: 'She would like a better relationship with her fetus.' On a 7-grade Likert scale, the analyst should answer: 0 = I never encountered, 1 = I encountered a few times, 2 = I encountered in 25% of the cases, 3 = I encountered in 50% of the cases, 4 = I encountered in 75% of the cases, 5 = I encountered in 90% of the cases, 6 = Practically, I encountered always. The motivation scale involves 10 subscales (see Table 1).

Motivation scale	Cronbach – alpha 0.911	Hungarian average	SD	German average	SD
1. Difficulties in accepting the fetus - refusal of the fetus	0,64	4,111	2,369	5,571	3,056
2. Anxiety related to fetus	0,64	5,556	2,186	5,071	2,731
3. Relationship with the fetus	0,34	10,11	1,691	9	3,038
4. Motivations directed to self, and maternal competencies	0,65	9,889	3,887	8,143	3,439
5. Overriding former pregnancies, childbirth and postnatal experiences	0,79	3,778	1,481	5,5	3,674
6. Health problems related to conception and pregnancy	0,67	3,333	1,871	3,286	2,614
7. Her pre- and perinatal experiences	0,82	4	1,871	4,857	3,439
8. Heavy life situation	0,77	2,444	1,810	3,643	2,170
9. Relationship problems with partner	0,87	2,333	1,936	3,214	2,887
10. Difficulties in family relationships	0,88	5,889	2,713	7,571	5,721

Table 1.: The motivation scale¹⁷

No significant difference was revealed between Hungarian and German analysts on the average scale. Below is the distribution of motivations in the two countries (Figure 3).

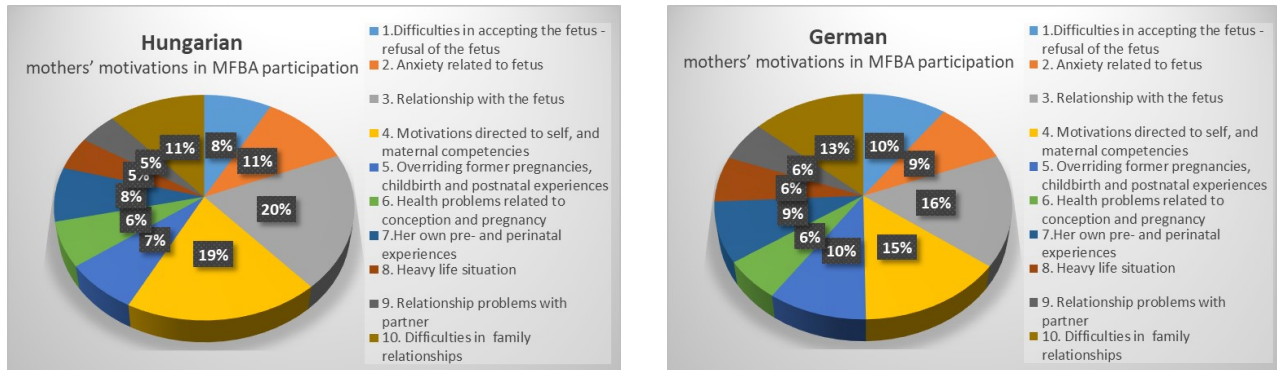


Figure 3.: The distribution of mothers' motivations in MFBA participation.¹⁷

Item-based comparison of MFBA's motivations (Figure 4.) in the 2 groups showed that a **significant difference** can be discovered in the motivation (18) "*Insufficient placental blood flow*" ($p = 0,048^*$) is the reason why German women ask for help more often.

The other question is just a tendency for the difference. Among the Hungarian respondents, the following 3 motivations were the most commonly mentioned: (1) "*She would like a better relationship with her fetus*" ($p = 0,061+$), (16) "*Cesarean section was recommended*" ($p = 0,090+$), (41) "*She has doubts about her maternal competencies*" ($p = 0,083+$). However, on average more German pregnant women attend an expert with the complaint: (28) "*She feels her life is difficult*" ($p = 0,099+$).

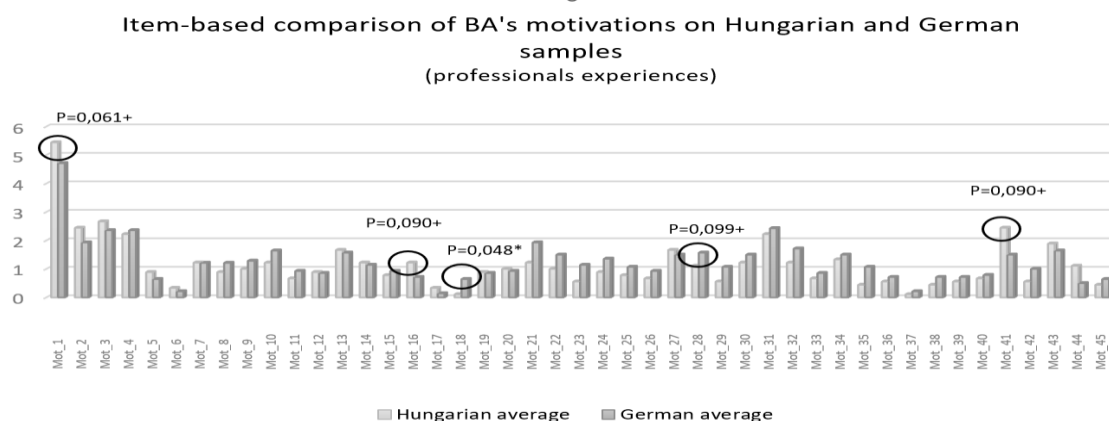


Figure 4.: Item-based comparison of BA's motivations on Hungarian and German samples (professionals experiences)¹⁷

This exploration offers a comprehensive cross-cultural understanding of the myriad motivations that propel mothers to embrace MFBA.

2. Assessing MFBA Efficiency: The spectrum of Perspectives

Efficiency is a pivotal dimension in evaluating the impact of MFBA. To reveal the most important benefits gained from the MFBA method based on the feedback provided by mothers to the analyst, participants were asked to share their experience by answering open-ended questions like: “What kind of feedback do pregnant women give you about the procedure of BA? ‘How did BA help them? `List the most frequent feedback (at least 5 factors)!” After analysing the answers, the areas (shown below, Figure 5.) were outlined.

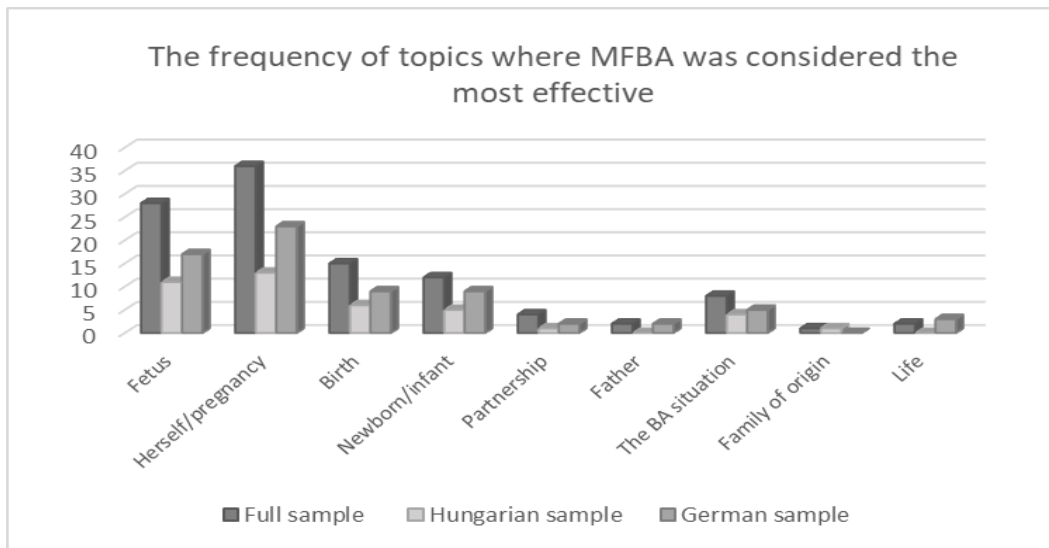


Figure 5.: The most important benefits gained from the MFBA method based on the feedback provided by mothers to the analyst¹⁷

a. Mothers' experiences with their fetuses during MFBA

The most frequently mentioned items by both samples were: *the stronger attachment, the ability to know if they are ok, what it is like, and to understand its signals.*

In the following figures, the size of the words shows the frequency, the more people gave that answer, the bigger it appears in the word cloud (see Figure 6.).



Figure 6.: MFBA effectiveness regarding the fetus according to maternal feedback.¹⁷

In summary, the mothers reported stronger attachment with the fetus, great love, felt they understood them more, knew they were ok, felt their character, were able to accept them more and spent quality time together. To illustrate that, we would like to quote two mothers from their experiences: *“I feel like he’s such a quieter, observant type.” (P.G.) ‘I feel like he will be a very active, inquisitive, optimistic baby.’ (P.M.)*

b. Mothers' experiences about themselves and their pregnancy in MFBA

Here the most frequently mentioned items by both samples were: anxiety reduction. The mothers mentioned most commonly, besides the anxiety reduction, maternal competence, that they felt they were balanced and trusted their bodies more. They felt their personality was enriched. They reported they were more aware of their pregnancy, and were more confident, and trauma processing was mentioned (see Figure 7.).

A related quote from a mother with her second pregnancy, who was for the first time on MFBA process: *‘I got here, and I really trust... I feel powerful enough to handle the situations if not perfectly. (S.J.)*



Figure 7.: Maternal feedback MFBA effectiveness regarding the mother herself and her pregnancy.¹⁷

c. Babies Characterizations by Mothers

24 types of characterizations were identified. The characterization of MFBA babies by mothers, shared with Hungarian and German analysts, are pretty similar, but the frequency differs. Here only items remarked by approximately 30% of the experts were considered.

Hungarian mothers reported that their babies are attentive, balanced, mature, easy, interested, and present (min. 33,3 %, 3 experts gave the item as feed-back).



Figure 8.: Hungarian mothers' characterization of their MFBA babies.¹⁷

German mothers reported that their babies are attentive, and balanced, not crying, happy, smart, easy, trusted, and interested (min. 28,6%, 4 experts gave the item as feed-back).



Figure 9.: German mothers' characterization of their MFBA babies.¹⁷

The above-quoted mother's thoughts about her second child: *'He smiles a lot with his very clever sweet face, with his beautiful eyes so gentle he can listen to me that I will melt away'* (SZ.T.)

d. Evaluating BA's effectiveness based on the experience of professionals

Efficiency factors most commonly considered by professionals were the following: fetal attachment, anxiety reduction, maternal abilities, giving birth preparation, processing parental losses, parental relationship, and self-confidence.

Broken down by countries, German professionals reported that attachment and self-confidence were the most critical factors. According to Hungarian professionals, anxiety reduction and giving birth preparation were the most essential.



Figure 10.: Efficiency factors of MFBA most commonly considered by professionals in all samples.¹⁷



Figure 11.: The efficiency factors named by German professionals.¹⁷



Figure 12.: Efficiency factors most considered by Hungarian professionals.¹⁷

Discussion

Summarizing Cross-Cultural Experiences: The study, delving into the Mother-Fetus Bonding Analysis (MFBA), illuminates shared characteristics based on the experiences of both Hungarian and German experts. The results suggest a consensus among mothers and professionals alike, viewing MFBA as a transformative method. It emerges as a catalyst for deepening the maternal-fetal relationship, enhancing the mother's personality traits (femininity, self-confidence), fostering maternal competencies, aiding trauma processing for both mothers and grandmothers, and contributing to the integration of maternal and paternal roles, harmonizing partnerships.

Understanding Applicability and Limits

While extolling the virtues of MFBA, it is crucial to acknowledge its boundaries. The method is not recommended for mothers grappling with psychiatric illnesses or clinical disorders such as schizophrenia, psychosis, obsessive-compulsive disorder, or severe personality disorders. Individuals with these diagnoses may have a precarious grasp on reality, making it challenging to distinguish between reality and induced content during a relaxed state, potentially evoking psychosis. In such cases, consulting a psychiatrist is imperative to ensure the safety of the pregnant woman during relaxation.²¹ Both Hungarian and German experts voiced concordant perspectives on the limitations of MFBA, emphasizing the pivotal role of analyst qualifications in determining applicability.

Enriching Parenthood through Insight

In summary, this exploration sought to offer a nuanced understanding of MFBA, contributing to the essential knowledge needed to guide mothers and couples towards balanced parenthood. As posited by Raffai, the reflective nature of the mother on her actions becomes a conduit for the baby's learning. As Raffai says^{22 p 23-31}. *“With the help of the mother's reflection on her own actions, the baby learns to regulate, specify and refine its movements and affective states. With the help of mirroring, it separates him/herself from its mother and experiences its otherness compared to its mother. Attunement to each other results in a finer perception of mutual signals and finer empathetic responses.”*^{22 p. 26}. This dynamic process aids the infant in regulating, specifying, and refining movements and affective states. The mirroring effect facilitates the separation of the baby from its mother, fostering a sense of otherness. This attunement, finely tuned through mutual signals and empathetic responses, paves the way for a more secure foundation for parenting.

Concluding Notes: A Symphony of Connectivity

The symbiotic relationship between the mother and fetus, cultivated through MFBA, transcends cultural boundaries. The study underscores not only the universal aspects of the method but also the necessity of understanding its boundaries and respecting the nuances of individual circumstances. As we unravel the depths of maternal-fetal bonds, we acknowledge the delicate dance between application and limitation, recognizing that, in the right context and with qualified guidance, MFBA can be a powerful tool for nurturing profound connections and enriching the journey to parenthood.

Our aim was to provide a more accurate picture of the method, which allows us to enrich the knowledge essential to accompanying mothers, and couples to reach a more balanced parenthood: *“Parenthood is a way to overcome ourselves.”*²³

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