



## Prenatal themes in children's drawings

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Y – Z Atop Denk 2025, 5(5), 2.

*Abstract:* The fantasies and images of Tom, my seven-year-old patient at the beginning of his depth psychology-based psychotherapy, are at the centre of this empirical case study on prenatal influences, which is carried out using text hermeneutic and image hermeneutic methods. The main focus is on the effects of prenatal experiences and early fantasies on Tom's drawings and his object relationships. The psychotherapeutic aspects show the relevant conditions under which the pictures were created and make it possible to understand them. As my theoretical assumptions have certainly influenced the content of Tom's pictures, his pictures from the time before the therapy can be scrutinised. It can be shown that prenatal fantasies and memories were already penetrating the boy's consciousness at that time. This provides empirical evidence that these prenatal fantasies originate from the earliest form of the fetus's object relationship with its placenta.

*Keywords:* prenatal psychology, child drawings, child psychotherapy, object relations, placenta

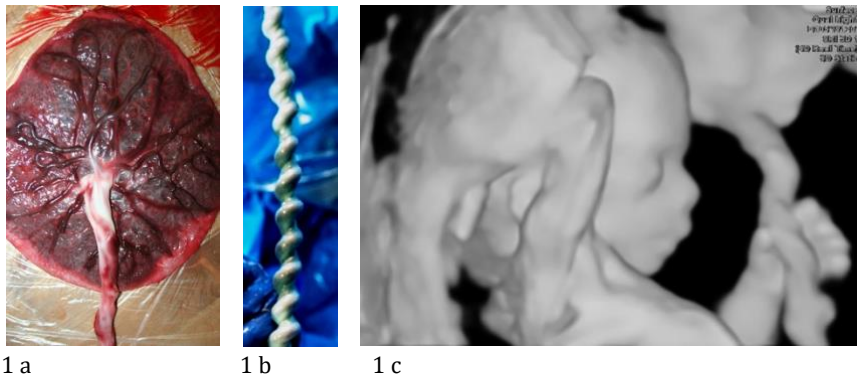
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### 1. Prenatal Psychology

The various authors of psychology, psychoanalysis and depth psychology would answer the question of prenatal experience in very different ways. I take with Rank, Dolto, deMause and others that there is a prenatal

experience (Rank 1924; Fodor 1949; Winnicott 1949; Dolto 1973, 1988; deMause 1989; Piontelli 1992; Janus 1993; Frenken 2016, 2024).



*Figure 1 a: Placenta.* Photo: Bettina von Stolzenburg.

*Figure 1 b: Umbilical cord.* Photo: Nicole Monet.  
<https://www.monetnicole.com/stories//the-beautiful-incredible-umbilical-cord>.  
Pers. permit 25.08.2021.

*Figure 1 c: Fetus, 15th week of pregnancy.* Ultrasound image. Photo: Israel Shapiro, specialist in gynaecology and obstetrics, specialising in ultrasound diagnostics. Personal permission 2015.

*Figures 1 a - 1 c: As cited in Frenken (2024), p. 5.*

The fetus experiences the branched placenta as its first object. It is connected to it via its umbilical cord, touches it and forms its first, emotionally tinted object relationship with it.

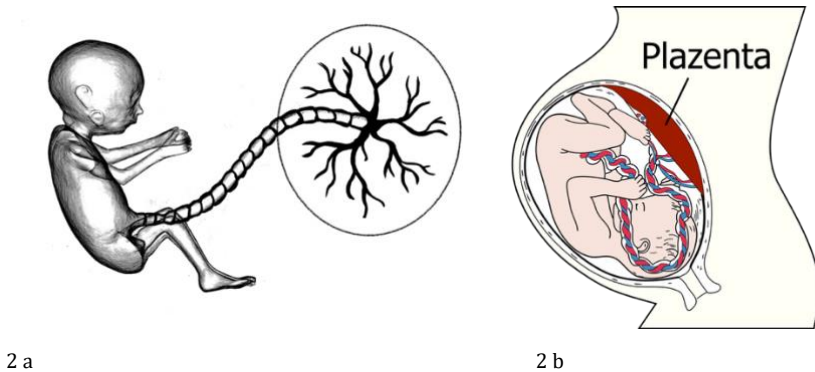


Figure 2 a: Schematic drawings of fetus and placenta. Copyright: CC0 (public domain). Medical Xpress:<https://medicalxpress.com/news/2019-03-placenta-dual-role-pregnancy-fetal.html>. [29.05.2025] Colour inverted and drawing added by author.

Figure 2 b: Schematic drawings of fetus and placenta. [https://commons.wikimedia.org/wiki/File:Placenta\\_de.svg](https://commons.wikimedia.org/wiki/File:Placenta_de.svg) [29.05.2025]

Figure 2 a & b: As cited in Frenken 2024, p. 6.

The heterogeneous empirical evidence of prenatal psychology contains experimental findings, but also assumptions about the structure of the unconscious (discussion in Frenken 2016, p. 13-73; 2024, p. 17-29). From the 23rd week, *rapid-eye-movements* (REM phases) and various sleep patterns are registered. (Prechtel 1987, p. 146; Piontelli 1992, p. 32). Classical conditioning of the fetus is possible from the 32nd week of pregnancy, operant conditioning from the 28th week of pregnancy (Hepper 1996, p. 17; Goldkrand and Litvack 1991, p. 25; Dirix et al. 2009, p. 1251 ff.; Leader et al. 1982, p. 211). Studies of this kind allow conclusions to be drawn about the memory, behaviour and learning ability of the fetus. The fetus already learns highly complex acoustic patterns that are part of language acquisition (Moon and Fifer 2000, p. 836; Moon et al. 2013). It recognises its mother's voice and thus its mother tongue, whose prosodic pattern it learns. The crying of Chinese and German newborns can therefore be empirically differentiated (Wermke et al. 2017). A fetal sensation of pain exists (Giannakouloupoulos et al. 1994, p. 77 ff.), which can be expressed mimically from the 32nd week of pregnancy (Reissland et al. 2013). The neuropsychological analysis of motor patterns shows that the fetus can distinguish between its own body, the

uterine wall and a prenatal twin Ralph Frenken (Castiello et al. 2010). In twin pregnancies, genuine social interactions already occur *in utero*.

Environmental factors, including maternal stress, influence the development of neurones and synapses. Maternal depression during pregnancy, for example, leads to increased premature births, reduced birth weight, altered hormone status and influence the EEG of newborns (Field et al. 2006, p. 447). Experimental animal studies generally show impairments in brain development due to prenatal stress (Charil et al. 2010, p. 60-63).

The brain of the newborn has about as many neurons as the brain of an adult (Linderkamp et al. 2009, p. 91; Sheridan et al. 2010, p. 32) and is "*wired to be social*" (Castiello et al. 2010), i.e. ready and physiologically equipped to interact socially: the mother now replaces the lost primordial object placenta through communication and interaction.

Prenatal perception of the placenta and umbilical cord is apparently not based on sight, but on touch. The placenta is a temporary organ and is a tissue structure permeated by blood vessels that cannot be seen even when light is shone through it. The initial memory image of the placenta can only be tactile. Fetuses observed *in utero* with ultrasound show individual behavioural patterns towards their placenta such as snuggling or licking (Piontelli 1992, p. 43, 93 ff., 117). The motor activity provides a tactile experience of the placenta, whereby a tactile memory image is apparently created. When the fetus touches itself, it receives *double* tactile feedback (Stern 1993, p. 118). If, on the other hand, it touches its placenta, the umbilical cord or the abdominal wall, only a single sensation is produced. This is probably the basis for the first object experience. Ego and non-ego emerge (Castiello et al. 2010). In this way, the placenta and umbilical cord are stored together as the first object in the fetal unconscious.

Very early and therefore pre-linguistic memories form an *implicit* memory. It cannot be recalled linguistically in the same way as later memories. The prenatal content of this memory network can therefore only reach the conscious mind indirectly. For example, they can colour the current situation in terms of experience.

Empirical studies of how tactile perception and memory traces are transferred into the visual are, as far as I know, still lacking. However, it is necessary to explain how a certain form (shape) can determine consciousness. The placenta is experienced exclusively tactilely by the fetus.

This raises the question of how a visual object in the form of the placenta can acquire (or already have) a meaning. There must therefore be a transfer of prenatal themes in children's drawings between the tactile and visual systems so that prenatal perceptual experience can penetrate consciousness after birth. It is known from infant research that the ability for so-called amodal perception is present from birth (Stern 1993, p. 74 ff.; Wilkening and Krist 1995, p. 502 ff.). In the experimental investigation of this phenomenon, the baby sucks on a nubby dummy, for example, which it cannot see. Later, the baby is shown pictures of a nubby and an un-nubby dummy. It looks at the nubby dummy for much longer. Different sensory modalities are thus mentally linked from the very beginning (Dornes 1993, p. 43); this is the central prerequisite for reactivating the memorised tactile image of the placenta and umbilical cord in postnatal visual perceptions. Placenta and umbilical cord together are probably experienced as a single object ("placenta- umbilical *gestalt*" according to deMause 1989, p. 250). The shape of the placenta or of the placenta and umbilical cord is actualized and fantasised again, particularly in the shape of trees, spiders and octopuses. The umbilical cord is the basis for the symbolization of cord-like structures such as ropes, chains or snakes (deMause 1989, p. 257 ff.).

Freud understood the fetus as a primary narcissistic being (Freud 1926, p. 161 ff.). Only with the upheavals of birth would the lifelong, often mortifying experiences of unpleasure and the experiences of pleasure begin. But mental life presumably begins earlier. The uterus is therefore not a pure paradise. The fetus already experiences pleasure and displeasure, pain, fear and aggression prenatally. According to deMause's original view, the human placenta reaches its physiological limits, particularly towards the end of pregnancy, and therefore does not always supply the fetus with sufficient oxygen and blood. Hypoxia would therefore inevitably develop, causing states that the mature fetus experiences, suffers from and internalises (deMause 1989, p. 246; Martin et al. 2010, p. 315 f.; Reister 2013, p. 173). The fetal experience of the primordial object placenta fluctuates between a state of supply and a state of deficiency. The fetus therefore internalises a split version of this primal object, which deMause described as a "nurturing placenta" and a "poisoning placenta". (deMause 1989, p. 250 ff.; reconstruction and critical appraisal in Frenken 2016, p. 35-41). Right down to the details, these views of early experience and the formation of the

unconscious are similar to the assumptions of Melanie Klein, who saw the "good" and "bad breast" as the original partial objects (Klein 1994, p. 55ff.). The special feature of deMause's approach is the shift of the underlying object internalisation to the prenatal period. DeMause uses the term "fetal drama" to describe the fetus' experience of changing emotional attitudes and action tendencies towards its archaic-ambivalent object (deMause 1989, p. 251). The child is born with these earliest object experiences, and it projects precisely these experiences qua memories and fantasies onto its social environment. Good experiences essentially contain reactualisations of the nurturing placenta; aversive and traumatic experiences contain the poisoning placenta.

The transfer of the early occupation of the placenta to postnatal objects could be the origin of animal phobias associated with spiders, snakes and octopuses. Abraham saw in the symbol of the spider the "evil" mother-imago and in the spinning thread the symbolic phallus (Abraham 1922, p. 249). Ralph B. Little described fantasies of a spider phobic who feared a deadly flow of blood between himself and the mother-imago (Little 1966, p. 589).

## 2. Children's drawings in psychotherapy

Melanie Klein's ten-year-old patient Richard suffered from various fears and associated fantasies of the then current Second World War with monsters under water (Klein, 1985, p. 110).



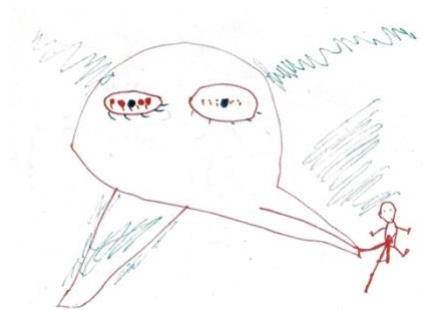
3 a



3 b

*Figure 3 a:* Drawing by Richard (10 years old), patient of Melanie Klein: *Underwater war fantasies with red octopus*. In: Klein, Melanie (1985): *Early Stages of the Oedipus Complex*. Frankfurt/M.: Fischer, fig. 6, p. 110, quoted from Frenken (2024): Fig. 12 a, p. 37.

*Figure 3 b:* Drawing by Richard (10 years old), patient of Melanie Klein: *Round starfish*. In: Klein, Melanie (1975 [1961]): *The case of Richard: The complete protocol of a child analysis*. Munich: Kindler, fig. 9, pp. 112, 114. As cited in Frenken (2024): Fig. 12 b, p. 37.



*Figure 3 c:* Drawing of Betty (6 years), patient of Anneliese Ude-Pestel: *A big ghost bites the child's blood*. In: Ude-Pestel, Anneliese (1975): *Betty: Protocol of a therapy*. Munich: dtv, Fig. 6, p. 11, quoted from Frenken (2024): Fig. 17 c, p. 46.

The resemblance of Richard's drawing to the placenta is significant (Fig. 3 a). Richard called the underwater monster (Fig. 3 b), which appeared more than 20 times in the 73 reproduced images with hardly any changes, "*starfish*" ("Seestern", Klein 1975, pp. 112, 114).

Anneliese Ude-Pestel's six-year-old patient Betty went to her psychoanalytic child psychotherapy because of mood instability, outbursts of anger, self-harm, sibling rivalry with her little brother and various social abnormalities. She drew prenatal content in several pictures (Ude-Pestel 1975, p. 11). The large bird-like ghost with a red border in Figure 3 c is probably in a watery medium, as indicated by the blue lines around the ghost. Two red lines emanate from the navel of the fetal being, one of which is "bitten" by the ghost, a symbol of the unconscious aversive placenta. The completely prenatal image illustrates Betty's impaired object relationships.

### 3. Reflections on painting together in child psychotherapy

In my depth psychology-based psychotherapy, the children can engage in painting, drawing and modelling, among other things. I often join in with this activity. I describe my own artistic products in therapy as "impulses". They usually follow the child's drawing. Such images and the underlying therapeutic action are related to the fact that not only linguistic interventions and levels play a role in child psychotherapy. The art historian Barbara Wittman shows Ralph Frenken that Freud initially understood the development of the unconscious not only as a consequence of phonological stimulation, but also initially took pre-linguistic aspects into account, but later increasingly understood psychoanalytic therapy as a *talking cure* (Wittmann 2009, p. 109 ff.) In fact, child psychotherapy can to a large extent be a *drawing cure*, a symbolisation cure, as Wittmann writes about Melanie Klein's approach (Wittmann 2009, p. 140).

From a therapeutic point of view, I see my parallel artistic work as justifiable, in the same way that you can throw a ball back, play games and join in with music. Drawing and painting together clearly showed Tom that I appreciated this activity. There were no thematic restrictions for him, only the painting method itself, which can lead to splashes of colour, was



sometimes slightly restricted. This simultaneous activity creates a shared space that also allows non-verbal transference and counter-transference interactions.

Theoretically, joint painting is orientated towards Winnicott's squiggle game. Winnicott illustrated in detail and with numerous drawings from his cases how he dealt with this (Winnicott 1973 [1971], 1991 [1958], p. 143-156; 1989, p. 27 ff.). Winnicott drew a quick *squiggle* on the paper and his child patient drew whatever spontaneously occurred to him or her. Then the roles were reversed. In addition to the diagnostic function, the joint drawing activity also served therapeutic purposes. For example, the relationship with the child patient also becomes clear and Winnicott speculated about therapeutic effects when he recognised a kind of "ego-strengthening" based on the drawings (Winnicott 1973, p. 15). In this way, he had practised playing together, in which patient and therapist interacted actively and playfully and both drew. The initial line became a new, interpreted visual entity.

Unlike Winnicott, Tom and I drew on our own sheets of paper, although I describe an exception below where Tom drew into my drawing. What is certain is that Tom was directly influenced by my drawing. How far this influence went is difficult to estimate. It is important for me to emphasise that the prenatal content can also be found in pictures that were painted before my therapeutic intervention. In this respect, I think that my influence was rather mild, even though it facilitated the awareness and externalisation of fantasies. I see this joint painting as an aspect of the "*junktim(s) between healing and research*" (Freud 1927, p. 293), whereby however Here, as elsewhere, the focus was initially on healing.

One can speculate about the extent to which the mutual artistic influence and the execution of his paintings, drawings and modelling clay figures have had a therapeutic and integrating effect on Tom himself. For Prenatal themes in children's drawings example, the pictures result in a certain structuring, facilitate the thematisation and awareness of taboo topics and are incorporated into communication that has linguistic and non-linguistic components. I was able to take up the subject matter of the other person both symbolically and emotionally and incorporate it into my images or my verbal utterances. I usually made sure that Tom produced the symbolic image content first, to which I then reacted. I see these processes

as quite analogous to linguistic interactions. Painting certainly had a very important meaning for Tom, as he said himself. He was occasionally annoyed by what he considered to be unsuccessful aspects.

All in all, child psychotherapy involves action that achieves change on various levels. Psychotherapy with talking, playing and colouring, parental work and even influencing the wider environment (for example through telephone calls to the school or family helpers) are all relevant. Of course, it is difficult to separate the effects of these individual aspects. However, I assume that joint artistic activities can also have a therapeutic effect. My own drawing activity made it easier for Tom to stay with it longer and more intensively, as he immediately recognised my appreciation of drawing. My open note-taking serves to increase the accuracy of the transcript. If it were to have recognisably negative consequences for a patient, I would stop this activity. The precise investigation of these aspects is currently a desideratum and an important task for future research.

#### 4. Tom's psychotherapy

The following is about four pictures from the psychotherapy of my child patient Tom and one of his pictures from the time before the therapy. The content of the pictures is the focus of this study. Tom was in my treatment for 101 sessions; he drew in 35 therapy sessions. In addition to prenatal themes, Tom's anally tinted fantasies of empowerment or omnipotence were of great importance, for example, which centred on his relationships with his parents and little brother, friendships, school and achievements, humour, aggression, anal excretion, orality and prenatal topics. He expressed himself in various games, language and actions.

##### 4.1. Biographical anamnesis

His parents introduced me to Tom when he was 7 years old. He didn't want to go to school, refused work assignments and was a massive disruption to lessons as the class clown. He climbed on tables and argued with the other children. He also displayed very conspicuous social behaviour in the family, especially towards his baby brother, who was six years younger. Tom often

reverted to toddler behaviour when in contact with him. He showed extreme refusals, gave snotty answers, was in a bad mood and threw tantrums. These problems began shortly after his younger brother was born, according to his parents. Before that, Tom was a reserved child who always co-operated and behaved completely normally. Since then, there have been frequent conflicts with his father, who reacted more strictly. Tom also showed auto-aggressive impulses, fears for the future and angry suicidal exclamations. He generally wanted to control games. Tom was sometimes "in a world of his own" and could not be interrupted when talking.

Placental insufficiency (reduced blood flow) was treated with medication. The mother developed high blood pressure during pregnancy. The birth was induced as there were abnormal heart sounds. Tom was drowsy after the birth. The mother reported a pronounced post-partum depression lasting about a year. Tom was a wanted child, was breastfed for 14 months. First steps at 13 months; first words in the second year, dry and clean at 4 years. Tom went to the crèche from the age of 1.03 and to kindergarten from the age of 3.06 without any problems. He was very easy to look after, without any defiant phases, which he is now catching up on. At the start of therapy, Tom was in the second primary school class. He came across to me as friendly, intelligent and physically developed for his age, initially rational and cool, but also mischievous and humorous. He expressed himself in a differentiated way and was often dismissive, especially when he was being controlled by others. Tom attended my depth psychology-based psychotherapy once a week for 2.5 years and produced around 80 pictures. There were already about 90 pictures from the time before the therapy, which the mother kindly handed over to me shortly before the 25th hour.

#### 4.2. Tom's pictures during psychotherapy

Tom showed a mixture of a turned-on attitude and highly aggressive fantasies. I often had to play an 'evil' object, which he then fought against. He was often armed with guns in the game and wanted to rob and kill me. In one fantasy sequence, he was a snake and I was a rhinoceros. The snake bit and stung the plastic rhino firmly and aggressively. A classic psychosexual and phallic interpretation is obvious here. From a prenatal psychological point of view, Tom was also holding an umbilical cord in his hands with Prenatal

themes in children's drawings which he wanted to kill the fantasised, evil placenta with snake venom. I told him several times how angry the snake was, including how angry he was. In aggressive games afterwards, Tom often let flati go. He laughed and tried to hit me by waving the bad air in my direction. He often had to go to the toilet after aggression. In the transference, Tom wanted to fight, hurt and poison me with his flati (*Allmacht der Exkreme* (*Omnipotence of excrements*)), Klein, 1973, p. 251 ff.).

In the 8th hour, Tom fantasised under emotional pressure that he was an alien, had killed a human and had shed his skin. This alien flew through space, but after a crash he landed on earth and became a baby. It went inside the mother and "*walked on her spine. She was amazed.*". And he laughed. Sometimes this baby (previously Alien) was in the mother, but sometimes he was also in the father. The alien itself came from the loo and had no parents. He was also once the "speedies" (probably the sperm) from the father: "*He's coming out of there.*". The alien also found a baby in the womb. He killed it.

In relation to the transference-counter transference event, I was literally flooded with phantasms and felt exposed to the scenario. My reaction was one of *containing* and silence rather than interpretation. This fantasy revealed Tom's exuberant sibling rivalry. In addition to his desire to kill his brother, he also fantasised aggressive attacks on his mother's body. Aliens as preoccupied self-representations reappeared later in therapy and were created in pictures and plasticine figures. Although Tom dealt with the conception and creation of his brother, in my opinion he also reactivated fantasies from his own prenatal period. The fantasised alien baby (self-image) found another baby (brother-image) and killed it. In reality, his baby brother had robbed him of his prominent position and, according to the fantasy, replaced him with his mother. Like many first-borns, Tom experienced overwhelming feelings of jealousy. In this hour as well as later, Tom displayed anal fantasies and impulses: flati, toilet visits and frequent cannonades of anal words, terms and insults.

In the 15th lesson, Tom first showed me his bum by pulling his legs up on the seat in front of me and trying to pee all over me. Excited, he verbalised his anger towards me, but he never actually directed a motor attack against me. He chose these theatrical stagings to see if I would be outraged. There was practically no such reaction on my part.

That day, he purposefully chose to play by painting at the table. This was the setting for an important impulse painting that emerged from this situation. Tom painted several pictures during the lesson; the second picture was a tree picture:



4 a



4 b

*Figure 4 a:* Tom (7 years old): Red tree. A4. Landscape format. Watercolours. In: Frenken (2024): Fig. 29 a, p. 75.

*Figure 4 b:* Frenken, Ralph: Impulse picture, released by *Red tree* (fig. 4 a.), A4. Watercolours. 15th hour. In: Frenken (2024): Fig. 29 b, p. 75.

After Tom had started to paint his red tree (Fig. 4 a), I began this impulse painting (Fig. 4 b). In this impulse painting I went into the prenatal symbolism of the red tree and painted a simplified and anatomically incorrect version of the prenatal situation. In it I depicted the tree-like, branched structure of the placenta. I saw Tom's previous prenatal fantasies as distressing and difficult for him to control. He had shown several prenatal themes verbally and artistically, including a threatening picture painted on his birthday (sic) (Frenken 2024, p. 60 f.), but above all he had expressed the alien-killing fantasy. In the lesson, he had painted excrement (urine, faeces and vomit) as his first picture and linked it to clearly aggressive themes. I also interpreted his second picture with the red tree in this context of experiences close to the body. The tree - especially a red one - is the classic symbol for the placenta. When he now picked up on a prenatal theme again, I wanted to show him a harmless version of what was happening and also make it clear to him that I am very familiar with these early themes and their close connection between prenatal-placental early experiences and tree-like images and symbols. My impulse image should therefore visually show the

organs and issues involved in the prenatal events, enable labelling and defuse them emotionally. From a therapeutic point of view, I find the intervention important, but from a scientific point of view, it was precisely this image that contaminated all Tom's other visual expressions. However, psychotherapists always 'contaminate' the psyche of their patients to a certain extent through their interventions.

Tom painted a tree with a red crown and red leaves on the side. There are two blue clouds at the top. A replica of Piet Mondrian's *Red Tree* hangs visibly in my treatment room. As already mentioned, I began to paint the prenatal scene after Tom had started painting: first a red container with an exit at the top, a human being inside, supplemented by a blue fetus with placenta. Many of the anatomical details were incorrect. I just wanted to give Tom some information about the prenatal events. There was no verbal classification in any session, especially about aversive conditions *in utero* such as lack of oxygen, pressure, distress or pain. When later asked to invent a story about his picture, Tom fantasised (a) about a tree made of TNT, (b) of the birth of a baby out of the tree and (c) of a "Poop sausage" that comes out of the toilet and chases him and his dad and shoots them with a laser. All three fantasies, expressed verbally, contain parts that can be interpreted in terms of prenatal psychology. Explosions possibly symbolise birth. The baby theme is self-explanatory and the turd monster merges anal and prenatal aspects: originating from underground water pipes, it triggers fear and persecution. Tom's fantasy also exhibits Oedipal impulses.

In the 22nd lesson, Tom had brought his paint box with him and painted a "flying fish", perhaps for five minutes.



Figure 5: Tom (7 years old): *Flying fish*. Signature covered at bottom left. A4. Landscape format. Watercolours. In: Frenken (2024): Fig. 33, p. 84.

He did not like the picture at all (Fig. 5). It shows a circumscribed blue-green fish with three "A"s and an exclamation mark in front of it. Below it are two upright figure eights and a horizontal one. Below the fish is a kind of spoon in translucent blue with three yellow shapes on it. You can see green lines, presumably water plants. In the end, Tom was so dissatisfied that he slowly crossed out the fish with brown colour, outlined the streak and Ralph Frenken emptied the brush downwards in a spiral. You can recognize two standing figure eights; he called the horizontal figure eight the "infinity sign". He signed the picture and immediately began his second painting.

The underwater scene has two focal points: the blue "spoon" at the bottom and the fish at the top, connected via the centre yellow line to form an intimate area between the torso and the tail. This is exactly where a child must suspect sexual organs. I interpret this yellow line as an umbilical cord connecting the spoon-like structure with the fish - a placenta symbol.

The fish is enclosed by a shell. This is where the ambivalence between being protected and being trapped arises. The "A A A !" as an exclamation of a strong feeling (negative as fear/pain or positive as pleasure/surprise). The word "fish" even contains the onomatopoeic word "Ich" (German)" in the form of "F-Isch". The fetal fish symbolises the self.



Figure 6: Tom (7 years old): *Flying fish*. Detail: graphic release of the blue shape connected to the fish by a yellow line. In: Frenken (2024): Fig. 35, p. 86.

This placenta symbol (Fig. 6) is connected by another yellow cord to one of the eights and also to the infinity symbol. The AAA-screaming fish and the infinity symbol thus form a unit via the placenta symbol, paraphrased as: "*I suffer, and this condition exists forever*".

From a prenatal psychological point of view, the underwater scene symbolises the maternal environment of the amniotic fluid in the uterus: the suffering fetus (fish) connected via the umbilical cord (middle yellow line) with the placenta (blue structure) in the uterus (overall picture). In this sense, the seemingly chaotic image represents a composition with clear meaningful structures.



Figure 7: Frenken, Ralph: *Animal skeleton*. Impulse picture. A4. Landscape format. Watercolour. 22nd hour. In: Ders. (2024): Fig. 34, p. 84.



I began my impulse picture (Fig. 7) while I was looking at Tom's painting "Flying Fish", which I continued to paint until the end of Tom's second painting ("Organ of Destruction") in this lesson. I worked for a long time on the colourful, low-contour background.

At the end of Tom's second painting, he talked about a death threat. I responded by painting the animal skeleton. Tom was thus able to visualise that his themes were familiar to me. Instead, I wanted to visually reflect the force of the fantasised content. Tom certainly perceived the impulse picture, but without any visible reaction. He painted the second picture more intensively, more calmly, with more concentration and for considerably longer.

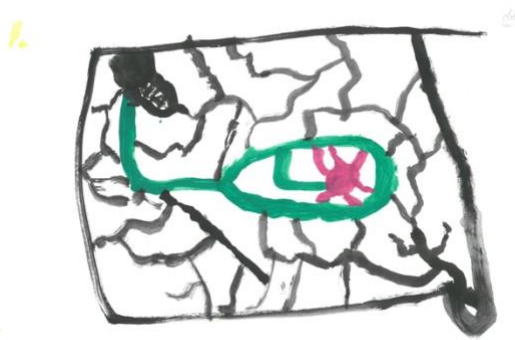


Figure 8: Tom (7 years old): *Destructive organ*. Picture 2. final state. A4. Landscape format. Watercolours. 22nd hour. In: Frenken (2024): Fig. 37, p. 90.

First Tom painted the green ellipse with the string, in it a kind of burgundy Ralph Frenken blossom with a nipped stem (Fig. 8). Around the green-red structure are black connecting lines, a network of intertwined plants, a system of paths or blood vessels. The box-shaped outer wall frames the whole.

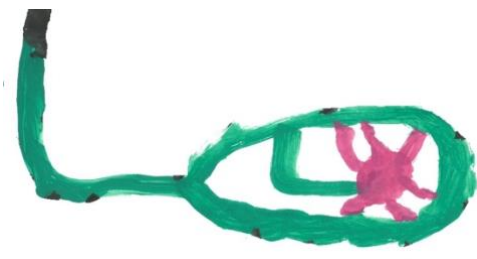
I asked Tom what he had painted: *"It's an organ that gets bigger and bigger the older you get. That's why you die."* My paraphrase of Tom's following, slightly confused statements is: *"You die in any case. If the organ of destruction grows, but also if it doesn't grow. Only you die faster if the organ of destruction is not nourished."* He continued: *"You have that."* (Pointing at me.) *"The green is just the shell. Not an animal. That thing can get out of there"*

and touch the digestive system. Then you die." (Pause.) "The dangerous thing is the purple thing in the centre. It can crush your veins. The blood no longer flows properly in the veins.". Tom showed where digestion takes place and where the "green thing" is connected. It was over a thousand degrees in there. Tom described confusing food and cooling circuits. I could hardly follow the language, which made me feel flooded and overwhelmed. Tom provided intense and emotional descriptions of dangerous and vulnerable processes. While he was painting, there was no fidgeting, no questioning of my questions or comments and no motoric restlessness.

The parents later told me that Tom owns the book *Die Kackwurstfabrik* (*The poo sausage factory*) (Baseler and van den Brink 2022), which shows pictures of box-shaped bodies for human digestion. The box in Figure 8 depicted a human body, with a mouth (top left) and anus (bottom right). Blood vessels supply the green ellipse and the red star. Again, I interpret that Tom was working out his placenta fantasies visually. As described above, DeMause claims that the internalised placenta is split into two versions: one aspect shows the nourishing quality, the other the "poisoning" quality in connection with a lack of oxygen supply. It is experienced and internalised as the cause of distress, pain and fear (deMause 1989, pp. 250-253). I have certainly never mentioned anything about the aversive qualities of this primary object. It is all the more astonishing that Tom fantasises, describes and apparently remembers such processes down to the last detail. His fantasies of dying could be an explanation for his fantasies of birth as dangerous. At birth, the prenatal world and the placenta die. Tom created two placenta symbols in one therapy session (Fig.9a and b):



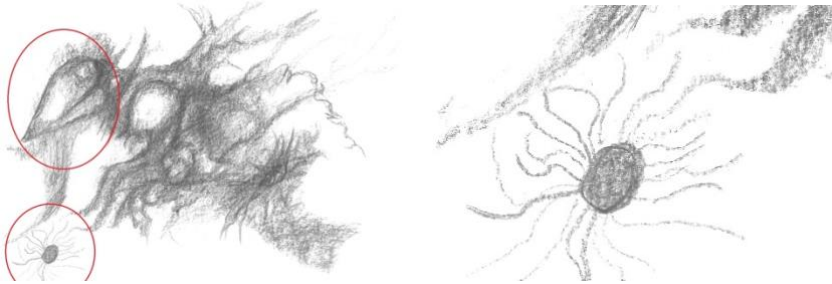
9a



9b

Figure 9 a & b: Tom (7 years old): *Two artistic formations, placenta symbols*. 22nd hour. In: Frenken (2024): Fig. 39 a & b, p. 96.

In the 42nd lesson, Tom drew into my impulse picture. I had drawn with a graphite pencil on a paper with a rough surface (frottage).



10 a

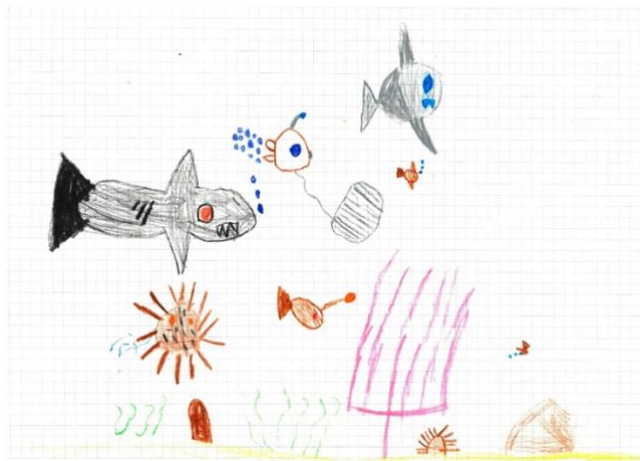
10 b

Figure 10 a & b: Tom (9 years old) & Frenken, Ralph: *Impulse image with Tom's drawn symbol*. Impulse picture and section of Tom's drawn symbol. A4. 42nd session. In: Frenken (2024): Fig. 54 a and c, p. 137.

Tom wanted to know what my picture represented (Fig. 10 a). He saw an elephant defecating. I left his anal theme rather uninterpreted, as *containment* seemed more relevant to me. Tom painted a picture himself, but at some point said quietly and mysteriously: "*Now I'll join in.*". He stood up carefully and wordlessly, drew a sun-like shape in pencil under my drawing (Fig. 10 b). A unique process. Further up, he emphasised some contours. Quietly and unspectacularly, everything seemed calm and turned towards me. It is "*an immortal animal that can kill anything. (...) An animal that is mine. I created it.*". My creation was an immortal robot that could kill anything. Tom did not destroy my image, but added to it constructively. Motorically non-impulsive and calm, he nevertheless fantasised aggressive themes such as "killing" and omnipotence fantasies such as "immortality". The compromise solution of anal impulses, grandiose fantasies and motorised drawing action is complex.

#### 4.3. Tom's pictures before psychotherapy

The only thing that can be said with certainty about Tom's pictures before therapy is that they were taken before Tom was in second grade (7 years old). I could not possibly have consciously or unconsciously influenced Ralph Frenken the time before the psychotherapy. Therefore, the inclusion of these early paintings allows an important assessment of the previously derived hypotheses about Tom's fantasy world. Tom had painted several pictures showing underwater scenes. They all relate to prenatal psychological themes. Only one painting from this period is discussed in this article.



*Figure 11: Tom (7 years old): Fish family. A4, chequered. Landscape format. Coloured pencils. In: Frenken (2024): Fig. 85, p. 207.*

I regard this picture (Fig. 11), which I have named "Fish Family", as Tom's central work from the time before the therapy (as cited in Frenken 2024, Fig. 85, p. 207).

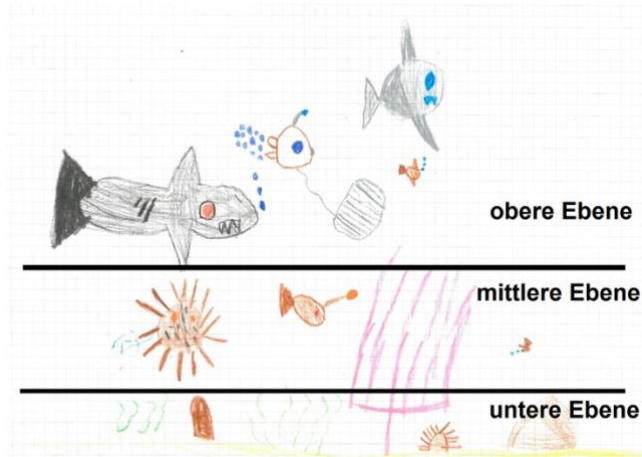
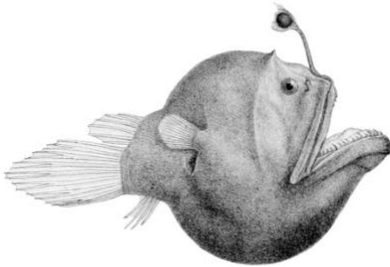


Figure 12: Tom (7 years old): *Fish family*. Subdivision into three picture levels. In: Frenken (2024): Fig. 86, p. 207.

For a more precise description of the image, a distinction is made between three levels (Fig. 12). *The lower level* of the picture shows a yellow baseline with aquatic plants, a kind of brown sausage and a sea urchin. A large brown circle with spines, possibly a starfish, floats above it in the *middle level*. To the right is a brown fish with a lantern. On the far right is a tiny brown fish. You can see from the air bubbles that it is swimming downwards. Between the two brown fish, a pink structure, a coral, rises up from the ground. Finally, there are four fish on *the upper level*: a shark on the left, followed on the right by the second fish with a lantern, a brown frog fish with a blue eye (Fig. 13 a). A grey, wavy line is drawn on the belly of the fish, which ends in a grey-bordered area with parallel grey lines. To the right is a larger fish in crayon grey, probably a moon fish (Fig. 13 b). The mouth shows two pointed blue teeth. To the right is a small fish, brown with an orange eye and three blue dots on the front (air bubbles).



13 a



13 b

*Figure 13 a:* Günther, Albert C .L .G. (1887): *Drawing of frogfish (Disceratias bispinosus)*. Copyright: CC0 (public domain). [https://commons.wikimedia.org/wiki/File:Diceratias\\_bispinosus1.jpg](https://commons.wikimedia.org/wiki/File:Diceratias_bispinosus1.jpg) [29.05.2025]. Quoted from: Frenken (2024): Fig. 87 a, p. 209.

*Figure 13 b:* Gervais, Henri-Paul (1877): *Drawing of moon fish (Mola mola)*. Copyright: CC0 (public domain). [https://commons.wikimedia.org/wiki/File:Mole\\_commune.jpg?uselang=fr](https://commons.wikimedia.org/wiki/File:Mole_commune.jpg?uselang=fr) [29.05.2025]. As cited in: Frenken (2024): Fig. 87 b, p. 209.

In the picture, Tom fantasises an underwater scenario in which the fishes on the upper level reflect the familial positions:

- \* Shark: Father-Imago
- \* Frogfish: Tom, self-image
- \* Moon fish :Mother-Imago
- \* Small fish: Brother-Imago

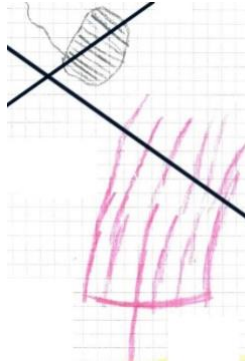
The shark in particular, but also the moon fish, appear aggressive due to the visible teeth. It could be shown here that the shark's aggression is aimed directly at the top frogfish. It would be depicted in fear because it is obviously swimming quickly away from the shark, as indicated by the air bubbles behind it. The line with a striped surface protrudes from the belly of the upper frogfish. I interpret this structure as a placenta symbol. The watery medium probably stands for the intrauterine situation. The two parent imagines form the social space, so to speak, which replaces the intrauterine space. The situation becomes all the more precarious when the shark

becomes aggressive towards the centre fish. The round shape of the frogfish appears immature and fetal. The two-person ensemble consisting of the moonfish and the small fish (mother and brother) appears peaceful.

The brown frogfish next to it seems to be swimming towards the bottom right. It is probably chasing the tiny fish further to the right, but is prevented from swimming directly to it by the pink coral. The coral is located between the frogfish and the tiny fleeing fish. When enlarged, you can see that the tiny fish has its tail fin at the top and is therefore swimming downwards. The tiny fish is probably trying to hide.

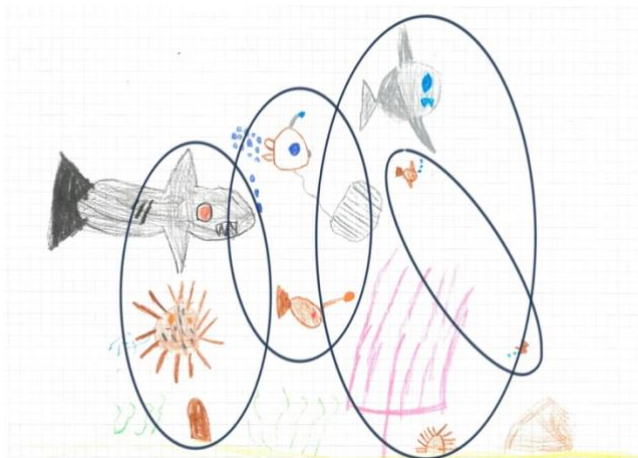
In this middle level, the doubling of a scene from the upper level is repeated and modified: Above, the frogfish simply swims after the small fish, with no visible aggressive aspects. Here, the brown frogfish chases the tiny fish. Tom's intra-family aggression against his brother above has been removed from the family. It now takes place "in the depths" of the water. It therefore probably shows the more frowned upon scene with the impulse to kill the brother.

On the lower level is the pink coral between the small frogfish and the tiny fish. Its function in the composition of the picture could be a kind of protection for the tiny fish. It causes the brown frogfish to either not be able to see the tiny fish at all or to be prevented from swimming directly to the tiny fish. It could also provide visual protection for the pursuing frogfish. The latter, in turn, then lies in wait for the tiny fish. The coral is large, appears angular and technoid, but not really aggressive. The pink colour wouldn't match either. Perhaps it has some kind of protective function for the tiny fish. The parallel lines can be seen again in the picture, directly above the grey shaded area interpreted as a placenta. This grey area and the pink Prenatal themes in children's drawings fork-shaped coral are very close to each other spatially and share design characteristics.



*Figure 14:* Tom (7 years old): *Fishfamily*. Detail (grey shaded area and pink coral as placenta symbols) with diagonals to mark the centre of the picture. In: Frenken (2024): Fig. 90, p. 218.

The crossing point in Fig. 14 marks the centre of the picture. Ultimately, I interpret the pink coral as a placenta symbol, just like the grey structure in front of the top frogfish. Tom used the coral symbol like a shape in several of his underwater pictures from the time before the therapy.



*Figure 15:* Tom (7 years old): *Fish family*. Imagines in the picture. In: Frenken (2024): Fig. 93, p. 222.



If one interprets the figures on the lower level and sees the brown sausage-shaped structure as a phallus symbol and the sea urchin as a vulva symbol, areas for the various imagines emerge (Fig. 15). The upper frogfish with placenta shows a fantasy of supply: independence is constructed from dependence on the mother by Tom fantasising a supplying (former) organ on the body. A paraphrase of such fantasies could be: "I don't need anyone. I can look after myself because I have something to replace my mother. I no longer need my mother, she now has another child to look after".

#### 4.4. Summary of the psycho-and family-dynamic aspects

I see the changes surrounding the birth of his brother as the main trigger for Tom's problems. The well-adjusted child became an aggressive boy, and the social skills he had already acquired were lost again. A psychological regression took place: The central symptoms were conspicuous social behaviour with negativism, depressive moods, general rule-breaking and rejection of everything that he considered to be external control.

The mother was experienced as treacherous, the father as more trustworthy, but also as boundary-setting and aggressive. The earlier narcissistic gratifications for suppressing one's own impulses and urges fell away. The object relationships with both parents became highly ambivalent and fragile. In his fantasy, Tom had been dethroned by his baby brother Lutz, not through the achievements or abilities of a baby, but through his existence. The consequences were a strong refusal to perform, which made the school work that was now required seem unattractive. Added to this were fantasies of anal empowerment and omnipotence.

Early over-conformity turned into refusal and sibling rivalry. I suspect that Tom was very much rewarded for conformist behaviour in his early years, while the expression of aversive feelings was frowned upon. He became a low-maintenance toddler. The repression of conflictual issues, rather than their non-existence, is made clear by the fact that they were not recognised in the course of their regressive revival through the impulses returned in full strength or even increased after the birth of his brother. Tom flooded the therapy with anal impulses for many hours. Increased grandiose fantasies are also recognisable. The oedipal conflicts were preceded by the pre-oedipal conflicts. Presumably, his interaction with his early mother was

strongly orientated towards a lack of conflict, which was reinforced by her postpartum depression. One of Tom's emotional attitudes as a baby could have been to go easy on his mother.

If we were to remain in the postnatal, i.e. the usual area of psychodynamics, the explanation we have worked out so far would suffice. However, I assume that these psychodynamics had a prenatal precursor, which contributed to why exactly these forms of fantasies and images arose. An ultrasound diagnosis also revealed a placental circulatory disorder. The mother was therefore prescribed 100 mg salicylic acid. It was then discovered that her blood pressure was too high, which is why this medication was discontinued. The mother also had corresponding fears. The birth was then induced because the fetus's heartbeat was abnormal. In Tom's case, there was a prenatal lack of blood supply through the placenta. I think it is conceivable that a fetus adapts to such an emergency situation in such a way that it controls and reduces its energy-sapping activities, because otherwise there is a risk of deficiency states and feelings such as distress and pain.

Within prenatal psychological assumptions, the fundamental object relationship consists of the confrontation with a highly ambivalent primal object, the placenta. As it is probably divided into a "good" and a "bad" version - i.e. in a nourishing or alternatively poisoned form - it determines the emotionally highly charged interactions, be they positively or negatively tinted. Whether early prenatal events should be seen as traumatic or rather as conflict-inducing is open to debate. I tend to understand the early actions of the fetus as being accompanied by deep emotional conflicts. In any case, it is a highly ambivalent object towards which the emotionally charged object relationships are directed.

It is possible that Tom was born with the emotional attitude that his own impulses and feelings must be controlled. The external control would then be based on the equally internalised experience of danger and fear. Corresponding fantasies are part of this state. Being good made Tom a low-maintenance child at first. And in return, Tom certainly received rewards. Prenatal and postnatal dynamics intertwined. The birth of his brother was a disaster for Tom because he was beset by massive conflicts in two structurally similar ways: Neither had his being a good boy prevented his brother from appearing, nor was Tom able to receive the earlier

gratifications. As a result, Tom apparently regressed to a very early position, displayed infantile behaviour that he thought he had overcome and fantasized about killing his brother. In the course of this regression, the ambivalent object relationship to his placenta reappeared, which caused his symptoms, fantasies and images.

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### *List of illustrations*

*Figure 1 a: Plazenta.* Foto: Bettina von Stolzenburg.

*Figure 1a: Placenta.* Photo: Bettina von Stolzenburg.

*Figure 1 b: Umbilical cord.* Photo: Nicole Monet.  
<https://www.monetnicole.com/stories//the-beautiful-incredible-umbilical-cord>.  
Pers. permit 25.08.2021.

*Figure 1 c: Fetus, 15th week of pregnancy.* Ultrasound image. Photo: Israel Shapiro, specialist in gynaecology and obstetrics, specialising in ultrasound diagnostics. Personal permission 2015.

*Figures 1 a-c:* As cited in Frenken(2024), p. 5.

*Figure 2 a:* Schematic drawings of fetus and placenta. Copyright: CC0 (public domain). Medical Xpress:<https://medicalxpress.com/news/2019-03-placenta-dual-role-pregnancy-fetal.html>. [29.05.2025] Colour inverted and drawing added by author.

*Figure 2 b:* Schematic drawings of fetus and placenta.  
[https://commons.wikimedia.org/wiki/File:Placenta\\_de.svg](https://commons.wikimedia.org/wiki/File:Placenta_de.svg) [29.05.2025]

*Figure 2 a & b:* As cited in Frenken 2024, p. 6.

*Figure 3 a:* Drawing by Richard (10 years old), patient of Melanie Klein: *Underwater war fantasies with red octopus*. In: Klein, Melanie (1985): *Early Stages of the Oedipus Complex*. Frankfurt/M.: Fischer, fig. 6, p. 110, quoted from Frenken (2024): Fig. 12 a, p. 37.

*Figure 3 b:* Drawing by Richard (10 years old), patient of Melanie Klein: *Round starfish*. In: Klein, Melanie (1975 [1961]): *The case of Richard: The complete protocol of a child analysis*. Munich: Kindler, fig. 9, pp. 112, 114. As cited in Frenken (2024): Fig. 12 b, p. 37.

*Figure 3 c:* Drawing of Betty (6 years), patient of Anneliese Ude-Pestel: *A big ghost bites the child's blood*. In: Ude-Pestel, Anneliese (1975): *Betty: Protocol of a therapy*. Munich: dtv, Fig. 6, p. 11, quoted from Frenken (2024): Fig. 17 c, p. 46.

*Figure 4 a:* Tom (8 years old): *Red tree*. A4. Landscape format. Watercolours. In: Frenken (2024): Fig. 29a, p. 75.

*Figure 4 b:* Frenken, Ralph: *Red tree*. Impulse picture for fig. 4a. A4. Watercolours. 15th hour. In: Ders. (2024): Fig. 29 b, p. 75.

*Figure 5:* Tom (8 years old): *Flying fish*. Signature covered at bottom left. A4. Landscape format. Watercolours .In: Frenken (2024): Fig. 33, p. 84.

*Figure 6:* Tom (8 years old): *Flying fish*. Detail: graphic release of the blue shape connected to the fish by a yellow line. In: Frenken (2024): Fig. 35, p. 86.

*Figure 7:* Frenken, Ralph: *Animal skeleton*. Impulse picture. A4. Landscape format. Prenatal themes in children's drawings Watercolour. 22nd hour. In: Frenken (2024): Fig. 34, p. 84.

*Figure 8:* Tom (8 years old): *Destructive organ*. Picture 2, final state. A4. Landscape format. Watercolours. 22nd hour. In: Frenken (2024): Fig. 37, p. 90.

*Figure 9 a & b:* Tom (8 years old): *Two artistic formations, placenta symbols*. 22nd hour. In: Frenken (2024): Fig. 39 a & b, p. 96.

*Figure 10 a & b:* Tom (9 years old) & Frenken, Ralph: *Impulse image with Tom's drawn symbol*. Impulse picture and section of Tom's drawn symbol. A4. 42nd session. In: Frenken (2024): Fig. 54 a & c, p. 137.

*Figure 11:* Tom (7 years old): *Fish family*. A4, chequered. Landscape format. Coloured pencils. In: Frenken (2024): Fig. 85, p. 207.

*Figure 12:* Tom (7 years old): *Fish family*. Subdivision into three picture planes. In: Frenken (2024): Fig. 86, p. 207.

*Figure 13 a:* Günther, Albert C. L .G. (1887): *Drawing of frogfish (Diceratias bispinosus)*. Copyright: CC0 (public domain). [https://commons.wikimedia.org/wiki/File:Diceratias\\_bispinosus1.jpg](https://commons.wikimedia.org/wiki/File:Diceratias_bispinosus1.jpg) [29.05.2025]. Quoted from: Frenken (2024): Fig. 87 a, p. 209.

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*Figure 14:* Tom (7years old): *Fish family*. Detail (grey shaded area and pink coral as placenta symbols) with diagonals to mark the centre of the picture. In: Frenken (2024): Fig. 90, p. 218.

*Figure 15:* Tom (7 years old): *Fish family*. Imagines in the picture. In: Frenken (2024): Fig. 93, p. 222.

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