

THE EUROPEAN DISCOVERIES IN PRENATAL ETHNOLOGY AND ARCHEOLOGY OF THE MIND

Helga Blazy

H.-Pflaume-Str. 39, D–50933 Cologne, Germany

Reprinted: Neuroendocrinology Letters. 1999, 20(1–2): 83–90

First published: Int J Prenat Perinat Psychol Medicine. 1998(10): 429–437

Submitted: 2011-10-24

Published online: 2012-06-28

Key words: *stoma; ostomate; stoma nurse; care for ostomies; nursing*

“On ne connaît que les choses que l'on apprivoise, tu deviens responsable pour toujours de ce que tu as apprivoisé,” Fedor-Freybergh once quoted in an editorial Saint-Exupéry. I remember Gupta quoting an old Indian physician on responsibility of the parents: “The somatic and mental characteristics of the child are predetermined. Valor, health, constitution, and intellect develop in the intrauterine child due to the physiological and spiritual harmony of his parents.” The responsibility is not finished by medical observations or help to make the child become intelligent. I try to bring together some of the many ideas on prenatal life which grew during decenniums in Europe to blossom in sudden or quiet revelations and which are due to functions of the new being and the threefold or manifold way behind him and his parents.

Thanks to Derek Gupta we not only understand more of the endocrinological sciences but the ancient Indian thought on how to deal with procreation and pregnancy. When we read Gupta on “Fertilisation and prenatal development of body and mind: ancient Indian medical observations”, we may realize that besides the endocrinological sciences he also took care of the psychological side of intrauterine life and explained the roots of the history of understanding the unborn child. From

his two papers in question, we realize that what we feel to be new discoveries in the realm of intrauterine development and mother-child relationship are in fact European rediscoveries of what has been known in India long ago starting from about 1000 B.C. The early Indian medical and psychological knowledge had been transferred to Europe; Aristotle continued to spread the Indian science (*On the generation of animals*), and Hippocrates presented a new milestone in ancient embryology (*On semen and on the development of the child*). D. Gupta and B. Datta followed the historical evolution in another paper (1988) and gave a scheme of embryologists of the antiquity. The knowledge was transferred to the Romans – and from about the 6th century until the Renaissance and then again until nowadays had been forgotten for centuries. This insight is even more noticeable as the authors say:

There is no scarcity of informative materials regarding so-called primitive philosophies of life and their development coming down from the remote past. From this time onwards, through the great embryologists of ancient Egypt, India, Greece and Rome, to the current number of modern obstetric and gynecological journals, the line runs as straight as the Champs Elysées (1988: 509).

This paper was presented at the 12th Congress of the International Society of Prenatal and Perinatal Psychology and Medicine. Conscious Birth – The Experience of a Lifetime. London, Sept. 11–15, 1998.

Though much more elaborated and refined by new instruments of observation today, many of our findings actually are the refindings. Derek Gupta pointed at the old Indian knowledge coming near to modern genetics and modern enzyme action which we rediscovered some time ago.

Just to mention one point of the old Indian science: The somatic and mental characteristics of the child are predetermined. Valor, health, constitution, and intellect develop in the intrauterine child due to the physiological and spiritual harmony of his parents. We see that knowledge is not ours alone though we try so hard sometimes to announce it as a very new knowledge in our refindings. And we feel quite a different accent on responsibility in the Indian think-ing which we often miss today. It is not to rock the intrauterine child or to make him listen to music every day; this may even hinder a child from thinking his thoughts together with his parents. The parents first of all are responsible for their harmonious life as a couple to encourage their child in his development.

We find the same idea in many indigenous societies to take care that during pregnancy the parents are protected so as to feel close to each other and to their child.

I put 'prenatal ethnology' in the title because for a long time we treated prenatal life as if studying a foreign enigmatic people by steady observation of every somatic activity, however, without either understanding the language or any mental connections. I only remind you of technical experimental stimulations of various types which were done to the unborn and born child without connecting them and their results to the child's mental life. And 'archeology of the mind' I put in the title because for some years we are tracing back closer to the inner early history to recover the first traces of our feelings and thoughts which we seem to have forgotten like the ancient Indian knowledge. Actually medical and especially genetic science are to overwhelm the psychological insights powerfully and show themselves mightier and more convincingly than ever. It seems possible that the growing refindings on mental life will be buried again. Thus it is more important to keep them alive.

Ethnology and archeology are meant in a positive way, too, referring mainly to the

knowledge collected during the last ten years in *The International Journal of Prenatal and Perinatal Psychology and Medicine*. I concentrate on non-medical European findings on prenatal life published in the *Journal* – except for very few papers from elsewhere – to give an idea, too, of how rich and manifold the *Journal* is and how interesting it is to reread it sometimes. Certainly, thanks to the open-mindedness of the editor-in-chief, Peter Fedor-Freybergh, the interdisciplinary approach of the review has made this possible. Thanks to his coordination of the themes this approach has been carried out for ten years. His ideas on the primacy of function over structure may have led him also in editing the *Journal* and made it kind of a 'lost property office' for psychosomatic memories and functions against the genetic structural type of yes/no decisions for life. The *Journal* gives articles even on archeology and ethnology which are farthest away from what we call 'exact science' nowadays.

Archeology of the mind is in the psychological sense connected with the first psychoanalytic descriptions of intrauterine life by Freud (1900), Ferenczi (1913), Graber (1922) who in 1971 became the founder of ISPP, and Rank (1924). But I do not want to give detailed facts of the 'pre-history' of the association here, just one detail: All the researchers thought about intrauterine life as a completely benign and well-balanced state which ended by birth and from then onward the child and later on the adult wished to regain a 'lost paradise' when in states of regression.

As they did not and could not yet scientifically point out unbalanced intrauterine states, they regarded birth as the first major and even traumatic change.

I feel it too limited to suppose that the physical birth is so impressive as many people think. Medicine realized that the prenatal history is of great importance.

So the British psychoanalyst W. R. Bion stated long before there started a greater interest in prenatal life and development in Europe and worldwide. He pondered about more topics and continued to put questions which until today are unsolved by the scientific structural approach.

Is a fetus at full term a character and personality or not? When is that character

or personality born? And when does that character or personality forget, get rid of, dispense with all that it had picked up in the course of existence in a liquid medium?

There had been quite a revolutionary finding in Europe at that time of which probably Bion did not know: Veldman discovered haptonomy in 1945 as the science of affectivity and psychic-tactile contact. Pre/postnatal haptonomy allows the parents to build up affective and very concrete (haptic) ties with their child very early in the pregnancy.

Although the fetus possesses an extremely primitive nervous system early in its development, it nonetheless seeks contact and triggers movements discovered with a particular voice when it hears the same voice again. Even before the fifth month of gestation, it is clear that the fetus hears sounds and associates these sounds with movement, explained Dolto-Tolitch (1997) – as haptonomy has grown and expanded over 50 years – and showed the amazing abilities of new-born babies having had haptonomic bonding.

Another revolution on a quite different level was the ultrasonographic observations made by Piontelli in the 1980s on single babies and twins which showed that twins have a different intrauterine environment. At least her research might answer the questions put by Bion. It is quite fascinating how each of the children observed until the age of four tells about his very special intrauterine experiences. Meanwhile Piontelli has enlarged the study of children until the age of twelve and is preparing a new book on her findings. Possibly they turn out differently than the findings of the research team Attree and Adamson-Macedo from Wolverhampton (1998) on the assessments of early memories of youngsters born pre-term because of the very early and continued acquaintance Piontelli had with the mothers and the children.

A breathtaking revolution took place in Hungary with the description of the intrauterine mother representative to which from implantation onward the child is confronted with. Raffai in Hungary came to this result by making analyses with mothers and their intrauterine children, a concept worked out by Hidas and Raffai to help pregnant women who do not feel either themselves or their child in pregnancy; during analysis

they experience first their own body and later learn to understand the child's 'language' in the womb via body sensations. The decisive stage in the therapeutic development is the appearance of the intrauterine mother representative which contains the unconscious destructive narcissistic fantasies of self-reproduction forming the basis for all subsequent extrauterine object relations.

If not transformed into personifications and thoughts, the basic intrauterine sensations make a person become severely ill, either psychotically or psychosomatically. Raffai calls it the "drama of implantation;" the child's life is threatened by the attack of the mother's immune cells. Besides, Raffai added to his research the findings of Acevedo on hCG (human choriongonadotropin), an embryonic secretion to defend the motherly immune system which is not found in the cells of healthy adults but in a cancerous tumor:

When we ask what leads the ripe cell to the path of cancer in an embryonic regression, we can assume that this is done by the mother representative of immune origin which every human being has implanted inside after the struggle of the motherly immune system against the implanted egg. It is from cellular origin too and born from the war of cells. Its malign embryo, the cancerous tumor, is protected by the hCG like a child... These are problematic thoughts but instead of the holy myth of genesis we have to face the holy reality of genesis as in fact we can only intervene in reality (1996).

The case studies by Raffai show impressively that there is no need to invent strategies to enable an intrauterine baby to communicate or to become clever – it is interested in his mother and in the outside world – his father – since very early in his intrauterine life. It might even be misled by too many voices and too different heartbeats via music, if his parents give the responsibility for their child to record players or CDs to talk to him about their world and their life instead of them themselves and mixing their heartbeat with too much hard beat.

Eliacheff and Szejer in France made another revolutionary discovery: To talk to newborn babies and to very young children in distress about their problems and by doing that helps them and as well the mother or the family in distress to recover. Alas, until

now, the French discoveries in the Journal are only documented by book reviews. So I'll talk about this theme a bit more. Szejer regards the syndrome of *baby blues* intensely (postpartum depression) – or as she says: the important developmental step which appears 3–4 days after birth. At that time the language of the baby changes. Before it could only state a lack and cry. Now the baby realizes that it is his mother who helps him to feel well again. A new type of modulation is in his language which varies due to the functions of the mother. If at that time the mother is in a strong depressive state, the baby may retreat on a symptom. The classic *baby blues* has a slighter depression of the mother which seems to be a necessary approach to the baby to react humanly. The answer of the child is a signal for the start of oral communication. Szejer slightly points to the fourth day after procreation with its dramatic changes but does not connect the fourth day's events further.

The language of the psychosomatic symptoms in children and mothers after birth is to be understood directly without the question of a later myelination of nerves. When the analyst understands directly the actual need, the unconscious of the child understands the message and reacts to it. Thus the scientific neutral research has been overcome by the relational research in this realm. Hopefully we wish this concept will be applied to pre-term born children and their parents, too. Then the caretaking of pre-term babies by the kangaroo-method (Markovich) will have some support from quite another level.

Extended research done by Marie-Claire Busnel, a medical specialist in acoustic physiology in Paris, put the question of intrauterine hearing apart from mechanic stimulations and brought them into the realm of human relations. When the mother speaks to her intrauterine child, the heart frequency of the child becomes higher. Even when the mother thinks of her child it reacts the same way. Busnel thus understands the early capacity of hearing as an early start for human relations. As the sensitivity capacity of the intrauterine child is so high, she warns not to give him too much stimulation or non-mechanical stimulation as we do not know

yet what reactions long-term stimulation in pregnancy will turn out to be.

The French neurobiologist Jean-Pol Tassin worked on the prenatal memory and came to discuss analogous and cognitive thinking. He highlights two speeds in working on the information: A quick analogous working is done without our direct knowing in less than 300 milliseconds; a slow one, perceptible by conscious thought, the cognitive one, is possible only later. The myelization of the nerves has not yet finished, thus we cannot speak of cognitive thinking in the prenatal realm – only some time after birth. However, pre- and perinatal information is caught 'unconsciously,' analogously. Thus, memories of that time cannot be reproduced willingly and we speak of 'infantile amnesia' though the early memories are there but cannot be decoded.

The findings by Janus and Evertz on art and pre-natal life are quite striking as the findings by Fabricius on a different level before had been; all of them give way to return to the original images. I mention art here as another way to shed more light on the ontological functions of inner images and the human inborn continuum of image and color – and of hearing and of combining different inborn images on synesthesia which we find back in poetry and all types of artistic functions.

The fundamental mode of human perception is thus to be regarded as a synesthetic continuum of perception, a mode which develops before birth and from which the individual sensory areas are derived after birth without the early foundation ever being lost [...] The genes are understood not only in biochemical terms, but as a form of awareness in which the sum of experiences of reality of all our ancestors is condensed, reaching right back to the beginnings of evolution. A concept of consciousness such as this enables us to conceive the parallel nature of cosmic simultaneity and of linear developmental logic in the theory of culture and in therapy (Evertz 1998).

There are also the quiet revolutions on pre- and perinatal life which have been ongoing for thirty years or more. The *Villaggio della madre e del fanciullo*, founded and guided by Elda Scarzella Mazzocchi since 1945 after World War II, is one of these long-term revolutions which are hardly ever mentioned in an

international context, but they continue to be most important for the lives of many persons. We entered the realm of psychoanalysis with my talk and I would like to explain a little more about this realm in function, maybe rather unknown to you who might prefer the modern types of therapy with a quick solution to any inborn problem or prefer structural psycho-analysis. Inborn problems take their time and need individual responses and functions to be taken into account. Elda Scarzella Mazzocchi and her coworkers have given a home and psychological support to young pregnant girls since 1945, realizing their manifold problems with their families, their partners, their own development, and the outside world. The girls should come as early as possible when pregnant to try to get free from the feelings of guilt and become reconciled with their families so as to feel free to develop some responsibility for themselves and their children. Delivery is much easier for mother and child if feelings of guilt do not block the mother psychosomatically. After delivery the young mothers should live together with their children to acquire a deep bonding to each other and not to give the child away to an orphanage. It is the problem of guilt which might have troubled generations before and cannot simply be swept away by some structural advice but needs every function of mother and child and of the workers of the *Villagio*. We feel near to the old Indian thought of responsibility of the parents again, which is fulfilled via the function of the three together. In the *Villagio*, European ethnology and archeology of the mind are always present in helpful functions as they were thought to be from the beginning. What makes a child grow in harmony and peace is the love of his parents for each other or the discovery of love together with the child.

The research made by Meistermann via Focal Training since 1972 goes through all layers back to procreation even before a patient has had his first session. The training group comes together to think about a patient's basic lack even before he is accepted for the training:

The question of the basic lack leads back to the question of formation of the 'Eigenheit' (individual self) and the connection between Eigenheit and the encounter of mother and father during conception, an encounter of

opposite and opposition. It can mean fusion or destruction, in any case, at this time and at this point the parents create the field in which the new creation can build itself (Meistermann 1986).

These patients mostly reproduce the void of their procreation and their overcoming superficially by further being led by their internal saboteur and not by their 'Eigenheit.'

All events of the past, especially those intensive events as procreation and pregnancy, are imprinted into the bio-psychic developmental structure. Later on they often show themselves in psychosomatic reactions. During the period of utmost sensibility of the fetus in uterus, the first patterns of memory and of behavior are composed. They are not known consciously. However, during psychoanalysis [...] the patient can display, together with his analyst, a reconstruction of the experiences and emotions of the earliest lifetime, he can reanimate them and re-experience them with his analyst (Meistermann 1991).

Here, Meistermann and Wilhelm, Polish from origin, come together, and Raffai from Hungary joins them in his findings; threefold they point out aspects of the very difficult problems of procreation and of implantation which in fact are the most difficult stages in intrauterine life. Certainly, there may be problems later on or at birth, but if they originate from inner problems of early struggles or misunderstandings they show quite different roots and have to be treated differently after having given birth. If they turn out to be actual medical problems, let us first lean on Klimek's saying that every child has its own time for birth, mother and child will know why birth has to be in time or out of time so to say in the couple's own time (Klimek 1992).

For further reactions of the child and later on the adult, Wilhelm's concept might be quite helpful to understand that acting out is a type of reliving the own intrauterine conditions when semen and the egg did not meet appropriately to have a love relation with each other and to confirm each other while both lose their own surroundings they were used to. Wilhelm assumed a basic matrix since 1983 that constitutes our unconscious fantasy and is built by:

- a) *the imprints of all the experiences and vicissitudes undergone both by the sperm and the ovum since their respective origins up to the moment of their encounter: conception;*
- b) *by the relationship established between the two before, during and after their encounter: adoption;*
- c) *by the vicissitudes, turmoil and torment that the new couple undergoes – the concept – submitted as it is to a violent struggle for life just after its first “birth”, because of the destructive attacks coming from its new environment, giving rise to “feelings” – or sensations – of panic, threat of being destroyed, aborted, annihilated: rejection (Wilheim 1998).*

To mention also the factual ethnological level, there were papers in the *Journal* on American Indians, and on Arabic and Indian cultures. In various papers since 1991, I have presented some of the Indonesian and Malaysian ways to deal with conception, pregnancy, and birth which trace back to the old Indian knowledge. Like in India, in these societies the separation of soma and psyche never happened as in western civilizations. The level of archeology was represented in the *Journal* by Hermsen on the history and religion of ancient Egypt, whose findings without him knowing them confirmed Raffai's theories of the pregnant mother's fantasy, when he said:

The dead person endures as a star-god in the belly of the Great Mother and is cared for her there. These ancient Egypt conceptions of the beyond contradict the theories of Lloyd de Mause (1993: 361).

What I want to show you by bringing together some of the European research on intrauterine life documented in the *Journal* and elsewhere is that apart from a trauma of birth and an intrauterine threat of abortion, there can be many other difficulties starting with the early journeys of semen and the egg. Certainly it is a good thing to make the passage of birth easier for mother and child, to free them from anxieties. But at least I suppose we cannot change society by that and result in a society free from aggression. Generally I like to quote Ferenczi on that topic and I'll do it again:

What we call heredity is perhaps only the displacing upon posterity of the bulk of the traumatically unpleasurable experiences in

question, while the germ plasm, as the physical basis of heredity, represents the sum of the traumatic impressions transmitted from the past and handed on by the individual... In the course of the uninterrupted transmission from one generation to the next of the physical medium of the stimuli productive of trauma, the trauma itself is abreacted in each individual life, indeed in the process itself of living, to become gradually entirely exhausted, provided no fresh traumata or outright catastrophes are superimposed – a situation which would be synonymous with the extinction of the generation in question (1915/38).

The European theories on intrauterine life are not that easily transformed into action as function in itself needs always two ideas to become performed. Common ideas of structures are much easier to perform ideologically, as there is the one to say: Do this and it will turn out as a success of that. Certainly that makes the success of the American way to develop learning strategies for the unborn child as by playing a special music every day; learning means to build structures and the earlier the better. However, a conscious birth with mother and child working together harmoniously has predecessors in a harmonious threefold world of intrauterine life and, not to forget, in the ancestors' world. It does not matter that much if the child listened to music before birth or if the mother has a doula beside her during labor to make the child have a happy life or not. Human relations have been established long before and cannot be destroyed by that passage to birth if there were functions of understanding each other before birth. The intrauterine child knows all about the feelings of his mother. Again I quote the Indian sentence from the beginning which Gupta quoted from Susruta, the old Indian physician:

“Valor, health, constitution, and intellect arise from the physiological and spiritual harmony of the parents.”

We have not yet achieved this aim either in Europe or in America. We are likely to go around this demand and prefer to discuss genetic revolutions or artificial procreation or determination of sex before procreation as being easier. We seem to prefer structural aims instead of functional movements. Why?

REFERENCES

1. Bion WR (1987). *Clinical Seminars and Four Papers*. Fleetwood Press London.
2. Blazy H (1991–98). *Int J Prenat Perinat Psychol Medicine*.
3. Busnel M-C (1998). Foetus et nouveau-nés: Réactions à la voix maternelle. In Frydman R, Szejer M (eds.): *Le bébé dans tous ses états*. Editions Odile Jacob Paris, 135–153.
4. Dolto-Tolitch C (1998) Vie prénatale du côté, des bébés: L'expérience haptonomique. In Frydman R, Szejer M (eds.): *Le bébé dans tous ses états*. Editions Odile Jacob, Paris 99–134.
5. Evertz K (1998). Der Ursprung der Bilder – Pränatale Wahrnehmung, Ästhetik, Kunst und Kunsttherapie. *Int J Prenat Perinat Psychol Medicine*. 10: 365–392.
6. Fedor-Freyberg PG (1993). Editorial: Editing a Journal (Part II). *Int J Prenat Perinat Psychol Medicine*. 5: 259–263.
7. Ferenczi S (1938). *Thalassa; Theory of Genitality*. *Psychoanalytic Quarterly*.
8. Gupta D (1989). Fertilisation and prenatal development of body and mind: ancient Indian medical observations. *Int J Prenat Perinat Studies*. 2: 7–19.
9. Gupta D, Datta B (1988). The cultural and historical evolution of medical and psychological ideas concerning conception and embryo development. In Fedor-Freybergh PG, Vogel MLV (eds.): *Prenatal and Perinatal Psychology and Medicine*. Encounter with the Unborn. The Parthenon Publishing Group, Carnforth, 507–534.
10. Hermsen E (1993). Regressus ad Uterum: Die embryonale Jen-seitssymbolik Altägyptens und die prä- und perinatale Psychologie. *Int J Prenat Perinat Psychol Medicine*. 5: 361–382.
11. Klimek R (1992). *Psycho-Medicine*. In Klimek R (ed.): *Pre-/Perinatal Psycho-Medicine*. DWN DReAM Cracow 1992: 9–36.
12. Meistermann-Seeger E (1986). *Kurztherapie Fokaltraining*. Die Rückkehr zum Lieben. Verlag für Angewandte Wissenschaften München.
13. Meistermann-Seeger E (1991). *Wodurch kommt es zur Abtreibung? Diagnose einer psychobiologischen Krise*. Unveröff. Vortrag zur Int. ISPPM-Tagung Krakau.
14. Piontelli A (1992). *From Fetus to Child*. *New Library of Psychoanalysis* 15, London and New York.
15. Raffai J (1996). Der intrauterine Mutterrepräsentant. *Int J Prenat Perinat Psychol Medicine*. 8: 357–365.
16. Raffai J (1998). Mother-Child Binding-Analysis in the Prenatal Realm: The Strange Events of a Queer World. *Int J of Prenat Perinat Psychol Medicine*. 10: 163–173.
17. Scarzella-Mazocchi E (1993). Der Mutter zu Hilfe sein, damit sie mit ihrem Kind heranwächst. *Int J Prenat Perinat Psychol Medicine*. 5: 67–72.
18. Szejer M (1997). *Des mots pour naître. L'écoute psych-analytique en maternité*. Edition Gallimard Paris.
19. Tassin J-P (1998). Ontogenèse du fonctionnement psychique: De l'analogique au cognitif. In Frydman R, Szejer M (eds.): *Le bébé dans tous ses états*. Editions Odile Jacob, Paris 39–48.
20. Veldman F (1991). *Haptonomie*. Die Wissenschaft von den Grund-lagen der Affektivität. Centre Internationale de Recherche Céret.
21. Wilhelm J (1995). *Unterwegs zur Geburt*. Mattes, Heidelberg.
22. Wilhelm J (1998). Clinical Manifestations of Traumatic Imprints. *Int J Prenat Perinat Psychol Medicine*. 10: 153–162.

Contact:

Helga Blazy, H.-Pflaume-Str. 39, D-50933 Cologne, Germany

Fax: +49 221 4973625