

## Presidential Address-IV International Congress on Pre- and Peri-Natal Psychology, Amherst, Massachusetts, August 3-6, 1989

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**Abstract:** None available.

**Full Text:** INTRODUCTION Madam Chairperson, Ladies, and Gentlemen: Let me begin by first expressing my deep and sincere appreciation to the key people who made this Congress possible: Dr. Rima Laibow, who as general chairperson has worked endless hours crafting a superb scientific meeting; Dr. Bernard Koser who has so capably steered this Congress through financial mine fields; Laura Uplinger and Dr. David Chamberlain for their constant advice and support and Marcia Penner and Bonny Bainbridge-Cohen for generating enthusiasm for the Congress in the Amherst area and creating a large group of volunteers who are so essential to the functioning of any Congress. I also want to take this opportunity to recognize and honour our speakers and workshop leaders. Each and every one of you is a pioneer and an inspiration to the rest of us. I want to thank you for having the courage of your convictions, for daring to be experimental and innovative; I want to thank you for joining our quest. And lastly, I want to acknowledge and pay tribute to all of you who have come together here because you want to work towards a better world, because you realize that human nature will not change until we begin to pay attention to life from conception on. FINDING OUR VOICE You have all learned by now that this is not an association for the faint of heart. There are millions of people in the world who are blind to the abuse of children and adults, who are blind to the environmental destruction of this planet and who are blind to the threat of nuclear annihilation. They lack any insight; they walk about in a state of unconsciousness. They are people whose psyches have become frozen from too much pain. They are either content or resigned to their lives. There is a great gulf between us and them. We are wanderers, dreamers and searchers. We have not given up hope, we believe in the perfectibility of human nature and we believe that this can be achieved in humane and psychologically sound ways today. Our focus is the study of the fundamental mysteries of the mind: when does life begin, how much and in what ways is an unborn child influenced by his or her environment, are a person's basic character traits formed before, during or after birth? Just like Melville's *MOBY DICK* can be read simply as an account of a whaling expedition, or on a deeper allegorical level, so the subject of pre- and peri-natal psychology also lends itself to deeper explorations. The subtext deals with such questions as: what is the nature of reality? How do we arrive at knowledge? What is healing? This becomes clear when you study the writings and talk to some of the founders of preand peri-natal psychology such as Otto Rank, Nandor Fodor, Francis Mott, lietaert Peerbolte, Stanislav Grof, David Chamberlain, Michel Odent and others. As a result of their work they all underwent a major paradigm shift moving from a strictly mechanistic-scientific world view to a much more spiritual-humanistic world view. Let me give you some examples to illustrate these points. This is from a paper written by Averil Earnshaw, an Australian child psychiatrist describing her experiences in a London, England childrens' ward: (Journal of Child Psychology Vol. 7, No. 2; 1981) Baby X was lying in his container, watched by his special nurse; he was a wrinkled little fellow weighing just over two pounds, and he had many connections. An intravenous drip tube ran into his umbilical cord, one tube disappeared into each nostril, (one to his stomach and one to his duodenum), and he had an in-dwelling rectal lead measuring his temperature. Because he was a lively, wriggly fellow, and tended to brush at his tubes, and to displace them, his hands had been "gloved" and tied loosely down. As we watched him, his mouth opened and began to "seek," I thought. His head moved from side to side a little, mouthing and gasping. He pulled with his arms against the ties, and his mouthing turned to grimacing. His breathing was becoming faster and faster and he seemed more and more distressed, till suddenly it stopped. He exhaled all his carbon dioxide, which is

the body's main chemical stimulus to respiration. As he became gradually blue and floppy, his nurse became pale and frantic-holding a tiny oxygen mask over his face. We both thought he might not breathe again-but he did-and recovered his colour. By this time nurse was pale and sweating and we were both feeling shaken. As nurse and I shared our anxiety, and our relief, I commented on my impression that the baby got so upset when he wanted something in his mouth, and that I had seen similar episodes before. Soon the baby began to stir again, to wriggle and then to mouth blindly, and to breathe fast again. I slipped the tip of my little finger in his mouth and he latched on tightly and began to suck strongly-now breathing quite regularly. One blue eye looked at us, then the other, and nurse cried out "he's never opened his eyes before!" After a minute or so, he closed his eyes and his gums loosened on my finger and I then removed it. "If he asks again," I said to nurse, "you give him your finger-he's really strong." When the cycle began again, nurse did offer her finger; she was uncertain, but felt it might be the lesser of two evils-the risk of a "non-sterile" finger, as she said, or the risk of another episode of cyanosis and collapse. The baby sucked strongly, and once again opened his eyes to gaze at her as he sucked. "But they can't suck!" She told me, "the book says so." The following is a brief example from R.D. Laing's autobiography *Wisdom, Madness and Folly* (New York: McGraw-Hill, 1985): In a recent seminar that I gave to a group of psychoanalysts, my audience became progressively aghast when I said that I might accept a cigarette from a patient without making an interpretation. I might even offer a patient a cigarette. I might even give him or her a light. 'And what if a patient asked you for a glass of water?' one of them asked, almost breathlessly. 'I would give him or her a glass of water and sit down in my chair again.' 'Would you not make an interpretation?' 'Very probably not.' A lady exclaimed, 'I'm totally lost.' My last example appeared in *MEDICAL NEWS*, March 3, 1986: In a remarkable study that was both "double blind" and "randomized," cardiologist Randy Byrd, MD, arranged for prayer groups to pray for half of the 393 patients in a San Francisco coronary care unit. Those prayed for and those not prayed for were comparable in terms of age and severity of medical condition. The pray-ers-Protestants, Catholics, and Jews who lived in parts of California, Oregon, and the East Coast-were given the names of the patients, their diagnoses, and their condition. They were asked to pray every day in any way they chose, and to include a prayer for "beneficial healing and quick recovery." Patients in the study groups each had five to seven people praying for them, either gathered in prayer groups or, most often, individually.<sup>1</sup> The outcomes indicated that the recipients of prayer improved more and had fewer complications than did the control group. Only three required antibiotics, compared with 16 of those in the control group; six experienced pulmonary edema (waterlogging of the lungs), compared with 18 controls; and none required intubation, compared with 12 controls. What are we to make of this? Are you going to shrug it off as nonsense, will you consider it for a few months and then forget about it? Will you accept it in its totality? As you think about these questions you are struggling with complex issues such as what information do you trust? Do you trust your own experience, your intuition, experts, textbooks? How do you discover and then break out of self-imposed limiting belief systems? When I went to medical school I was taught: \* once a C-section always a C-section. \* malnutrition spares the brain. \* the placental barrier protects a baby from toxins. \* thalidomide is a safe drug for pregnant women, etc. All of these obstetrical homilies have been shown to be totally erroneous. But there are others which still persist; e.g., the fetus and the neonate feel no pain and even if they did, they would forget it. How is it that neonatal anaesthesiologists believe that premature and newborn babies cannot feel pain? How are they able to look at writhing, screaming infants and not be touched by their agony? The following is from a letter by Helen Harrison which appeared in the June 1986 issue of *Birth*: Ten years ago our prematurely born son, Edward, was shunted for hydrocephalus while paralyzed with curare. Although he could not move, cry, or react in any way, he could see, hear, and feel as large incisions were cut in his scalp, neck, and abdomen; as a hole was drilled in his skull; as a tube was inserted into the center of his brain, then pushed down under the skin of his neck, chest, and abdomen and implanted deep in his abdominal cavity. It is a source of great anguish to me that my husband and I signed a form allowing such an operation to take place, but we were told Edward might die or become brain damaged without the operation and that anesthesia might kill him.

"Besides," the doctors assured us, "these babies don't really feel pain." I suspected then, and now know, that this is just not true. To this day, our severely retarded son will allow no one to touch his head, neck or abdomen. Even heavily tranquilized, he reacts to the medical procedures or the mere sight of the hospital with violent trembling, profuse sweating, screaming, struggling, and vomiting. I can't help feeling that on some level he still remembers the hideous pain inflicted on him during his unanesthetized surgery and throughout the course of his neonatal intensive care. At the 1985 national conference of Parents of Premature and HighRisk Infants, I joined a group of mothers and fathers who were discussing their children's painful NICU care: major surgery, chest tube insertions, cutdowns (all performed without painkillers) gangrene and amputations from infiltrated IVs; bones broken during chest physiotherapy; skin pulled off with adhesive tape; burns from the monitors; 24-hour-a-day bombardment with bright light and loud noise; and numerous iatrogenic afflictions from improperly evaluated therapies. "If this were going on in any other setting," one mother exclaimed, "it would be called torture!" Another added that if these procedures were carried out on kittens and puppies instead of human babies, antivivisectionists would close down the nurseries. It gives me great personal satisfaction that at this meeting we are holding major symposia on pain in the perinate and the effect of sensory bombardment on neonates in NICUs; I think it is high time that we let the world know that this association and this nation is committed to the eradication of child abuse in all its forms whether it be sexual, physical, mental or medical. Of course, these symposia are only 2 of a total of 10 symposia, 2 debates, 2 keynote addresses, 19 pre and post congress workshops, about 130 individual presentations and 1 presidential address that will challenge your intellect and test your stamina. It is a daunting task to choose from among such a cornucopia of treasures. Most participants will attack this problem in one of two ways. The "planners" will spend endless hours with their program brochures figuring out the most efficient way to hear the greatest number of presentations. They will reconnoitre the lecture rooms in advance so they know the shortest route from Hall A to Hall B and they will devise a time-table for themselves so that every minute of every day is fully used. The "samplers" are much more right-brained. They will decide in the last moment. Often they will be influenced by their friends, or by having met the speaker beforehand. If the presentation does not grab their attention in the first five minutes they leave and move on. If they find that dull they move on again. Some samplers manage to attend 10-12 lectures in a morning. You can recognise them in the hallways by their dazed expressions. So before you get carried away by your enthusiasm for learning, ask yourself why you are here and how you can best achieve your goals. Personally, I am here to learn more about pre- and peri-natal psychology and to further the growth of PPPANA. I am also here to renew old friendships and to strike up new ones. Finally, I am here to have some good times. So, my advice to you is very simple: Don't worry about missing a presentation. You can always buy it on tape. What you cannot purchase is personal contact with your fellow participants and speakers. Which is why I believe that eating together, milling about in the hallways and joining in the social functions of the Congress are at least as important as sitting in lecture rooms and taking copious notes. In this respect, I would like to call your attention to our bus trip to Tanglewood tomorrow night. I can tell you from personal experience that listening to the Boston Symphony while lying on the grass under the stars surrounded by friends will be one of the highlights of your stay here. Remember, you are here to learn but also to have fun. I would like you to leave this Congress excited, not exhausted. I hope to see you on Sunday afternoon glowing with new strength and vitality, ready to implement the principles of PPPANA in your own communities. RESISTANCE TO PPPANA Unfortunately, this may prove difficult in some cases. Resistance to pre- and peri-natal psychology is widespread and tenacious. It takes many forms. I shall discuss briefly four identifiable groups from which you may expect criticism: The Feminist Foes In November 1987 I wrote a letter to Michele Landsberg, wife of Stephen Lewis, then Canada's Ambassador to the United Nations. I asked her to support PPPANA's plan to hold an international conference under United Nations' auspices sometime in the future and to name that year "The Year of the Pregnant Parent." I gave her a history of our organisation and described its aims. Here are two paragraphs from her four paragraph response: For me, this issue is intimately and indissolubly linked to the

welfare of mothers. Reading your material, I was disturbed by the blurring out of the mother as a person, e.g. "The Rights of Pregnant Parents" (ever seen a pregnant father? would women and children be the world's poorest citizens if men could get pregnant?) Furthermore, I cannot support any organization that is "non-political" on abortion. On an issue of such profound and intimate centrality to women's autonomy, there's no middle ground. To be non-political is not enough. Also, yet another organization in which predominantly male scientists are carrying on about "life beginning at conception" and arranging conferences, grants, power structures and publicity for themselves, in the course of which they will pronounce about the rights and wrongs of reproductive technologies which prey on women, seems to me misguided. Feminists have learned the hard way to distrust doctors and scientists who continually seek to take over and control (through gynecology, obstetrics, reproductive technology, psychiatry) women's lives. The most common objection from women that I have heard with reference to THE SECRET LIFE OF THE UNBORN CHILD has been "now we have something more to feel guilty about. Here is another man telling us what we have done wrong." Related to this is the widespread view amongst some women that pregnancy limits their God-given freedom to do with their bodies as they like even if that includes the ingestion or inhalation of toxic substances clearly demonstrated to be harmful to their babies.

Right Wing Reactionaries These individuals despise anyone and any philosophy that advocates the treatment of people including babies with feeling and respect. They portray us as "flakey California types" who are quite divorced from the real world, a world which only they know. The following is from an article by Joanne Jacobs in the Santa Barbara News-Press, 1987: Nowadays, you can ruin your child's life before he's even born," my prenanant sister told me, after reading a book called The secret Life of the Unborn Child. She was skeptical. "I always thought you had to wait till the kid was born." The kid is born now. Alan has lots of spiky black hair, and the big cheeks and receding chin of the classic baby. According to the unborn child psychology movement, Alan is ruined. He's damaged goods, doomed to low self-esteem and a future of violence, criminality, perversion and Republicanism. This is nonsense, but it's dangerous nonsense. As Alan was being born on July 10, the Third International Congress of Pre- and Perinatal Psychology was meeting in San Francisco to discuss birthing better babies. By their criteria. Alan is a loser already. The new-age unborn child psychologists believe that everything a woman thinks, says, feels and hopes-from the moment of conception to the moment of birth-influences the unborn child. They believe there is a perfect way to be pregnant, to give birth and to "bond" after birth, and that if parents do it right, they will create an ideal child, and if they do it wrong, they'll get Boy George. The Gods of Science Scientists suffer from the same disabilities as all of us do, except more so. Our minds tend to cling to the familiar and to defend against the unfamiliar. Naturally, the more you have invested in the status quo the more you will resist questioning your established ideas and values. The leaders of the scientific community have spent many years of sweat and tears to achieve their present positions of prestige and financial security. Any notion or research finding which could prove their life-long beliefs wrong is incredibly threatening to them. Furthermore, scientists, academics and health professionals like the rest of us, live with varying degrees of residual pre- and peri-natal traumas. Any talk about babies being sensate and sensible beings triggers their unconscious pain. And they defend against this with denial and hostility. Sometimes their attacks will take the high road sometimes the low road. Whichever road they travel their criticism usually focuses on our lack of one or more of the following: proper scientific training, proper academic standing, or proper scientific objectivity. We are just not very proper by their standards. This proclivity to treat the proponents of unorthodox ideas as if they were misguided, retarded and naive is aggravated by the tendency of the media to equate scientific credibility with academic appointments. These defenders of the public good always feel it their duty to balance story about pre- and peri-natal psychology with a quote from a local authority. Sometimes this person may be a pediatrician friend of the journalist, or perhaps the head of obstetrics of the Upper Amhurst General Hospital, or on the psychology faculty of the Lower Amhurst University. These people, who have probably never even heard of our work, become instant experts as they caution the gullible public against being deceived by "unsubstantiated claims"-a favourite expression of our

detractors. Let me give you examples of this latter approach. In Hippocrates, July/August 1987, William Poole wrote an extensive article on Rene Van de Carr's Prenatal University. In the middle of an otherwise excellent article comes the requisite rebuttal, to wit: Michael Meyerhoff, associate director of the Center for Parent Education in Newton, Massachusetts, is another skeptic. "People like to talk to a baby before it's born. It's a natural thing to do. We also talk to dogs and vending machines. But it's irresponsible for a professional to encourage talking to fetuses in this way. Did the reporter ever bother to ask Michael Meyerhoff whether he was familiar with the latest research in the field of pre- and peri-natal psychology? Does Michael Meyerhoff subscribe to the Pre- and PerU Natal Psychology Journal? What gives him the right to denounce and ridicule a person whom he has never met and whose work he has not studied. Just one more example to illustrate the patronising tone so popular with many local heroes: About a year ago I gave a talk in a small town in British Columbia. About 200 people showed up including two family physicians. Following my presentation they both wrote critical letters to the editor of the town's newspaper. Here is a tiny excerpt from one of these letters: A recent copy of a medical journal set out some standards for acceptance of an article. Certain factors are evident and common-sense: 1) Are the facts adequately referenced? 2) Are opinions substantiated? 3) If there is original research is the method clearly described, are results correct, discussion adequate and conclusions justified? 4) If there are general conclusions of fact involved can the research be reduplicated by other scientific workers? As it appears that Dr. Verny depends a great deal on anecdotal comments and on loose, vague generalizations, then it would appear that we are dealing with another of history's interesting but faddish temporary phenomena, akin perhaps to phrenology or mesmerism. Wolves in Sheep's Clothing In a sense, these people are the most difficult to deal with because they pretend to have adopted new attitudes when, in fact, it is the same old medical model dressed up to look like all the things pregnant women have been asking for. I think the following excerpt from an article in the New York Times, November 13, 1988, will more than adequately illustrate my point: "Natural childbirth is alive and well," said Dr. Maurice L. Druzin, director of obstetrics at New York Hospital-Cornell Medical Center, "but it has become a marriage of biology and technology." Although there are no reliable statistics on the use of painkillers and monitoring devices in delivery, doctors and other experts around the country agree that the definition of natural childbirth is changing to include any birth in which the mother is awake and delivers vaginally. Well, enough of that. I would like to but I do not have the time to answer these criticisms now. Perhaps, at our next Congress we can hold a symposium or a workshop on this subject. Right now all I can do is to alert you to some of the re-entry problems you may face when you return home next week. INSTITUTING SOCIAL CHANGES We need to remember that we are explorers of a new frontier. We are the trustees of a dream and a vision. We are engaged in a struggle for social change. Therefore, passivity is a luxury in which we in PPPANA cannot afford to indulge. We cannot sit back and hope that the TRUTH which to us is so self-evident will be obvious to Dr., Mr., or Ms. Public. It is incumbent upon us to bring the data, the theories, and the concepts of pre-and peri-natal psychology to their homes, offices, schools, hospitals and a million other places. We can do so institutionally and personally. As an association we convene meetings such as these, publish a journal and newsletter, and hold joint conferences with other organizations; for example, this January we arranged a very successful conference in Newport Beach, California together with the Institute for the Advancement of Human Behaviour. We also have many speakers in our Association who ceaselessly and fearlessly carry our message to the farthest corners of the world. I do not think that we have been as successful on the personal, grass roots level as we have on the organisational level. Our local chapters, with a few exceptions, too often become bogged down in interpersonal and ideological disputes. Very few of you correspond with the head office to give us feedback or ideas for promoting PPPANA, very few of you think of PPPANA between Congresses. It would be immensely helpful to our association if you started to talk to your friends and colleagues about joining PPPANA, introduced our journal to your local university or hospital library, started a regional chapter, organized fund raisers or invite a PPPANA speaker to your professional association meeting (e.g., the Humanistic Psychology Association,

NAPSAC, National Associations of Neonatal Nurses, etc.) Believe me, I know well that engaging in subversive activities such as supporting PPPANA takes time, energy, money, and sometimes it even earns you disapproval from professional colleagues. But do you have a choice? If you are deeply concerned with the state of our hurting and endangered planet then you must act with fierceness of heart and courage of spirit. I ask you to be radical in your humanism and passionate in the pursuit of the goals that we set here in the coming days. As Robert Kennedy once said 'It's better to light a candle in the dark than to curse the darkness.' For God's sake, let us light a few candles, let us light a whole bunch of candles so that we can begin to illuminate this country and beyond. And, let us not wait until all the double blind studies are in, until the political climate is right, until the economy is right, until tomorrow or next year when you will have more time. Let us resolve, individually and collectively, that the time is right, the place is right-that the time is now and the place is here. Thank you for allowing me to serve you as your President and to share my work and my dreams with you. Footnote 1The patients or their treating physicians were not told of this experiment. AuthorAffiliation Thomas R. Verny, M.D., D.Psych., F.R.C.P. (C) AuthorAffiliation Thomas R. Verny, M.D., is president of PPPANA and is the founding editor of the PPPJ. Address correspondence to 36 Madison Avenue, Toronto, Ontario, Canada M5R 2S1.

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