

The Culture of Clear Differentiation Between Knowledge and Non-Knowledge in Prenatal Psychology

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Abstract: In order to validate external perceptions there are clear criteria in the natural sciences as to what is known and what is not known. In psychology we are dealing with internal perceptions, where the boundary between knowledge and non-knowledge cannot be so clearly defined due to the subjectivity of the observer. However, during the past hundred years, a culture of validation of internal perceptions has been developed in psychoanalysis and other psychotherapies by means of controlled self experience and supervision. As a result the quality and value of an internal perception can be quite unequivocally characterized thus allowing a differentiation to that which is not known. This culture of reflexive validation is particularly significant in the field of prenatal psychology which is concerned with the investigation of the offshoots of prenatal and perinatal experiences. Due to the recency of these observations it is particularly important to differentiate clearly between knowledge and non-knowledge.

Keywords: Prenatal psychology, methodology, internal perceptions

Introduction

As prenatal psychology is primarily concerned with the long-term effects of pre-verbal experiences, which are mainly communicated to others through perceptions, mental states, images, moods, active impulses, reactive ability, and emotions, and as the verbal ego is not in a position to identify them, special training of the internal perception is necessary in order to achieve this. This ability to perceive the sensations and emotions and identify pre-verbal experiences in one's own life is usually acquired by means of self experience, whereby the starting conditions are very different: some people possess an immediate, intuitive understanding of pre-verbal experiences, others require long training, while yet others cannot access these linkages of

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experience. An explanation consisting of several steps will outline how it is possible to differentiate between knowledge and non-knowledge in relation to internal perceptions and thus further a culture of scientific reflexion in prenatal psychology.

Outline of the Problem

A particular problem in psychological linkages arises from the fact that we are dealing here with subjective internal perceptions which cannot be directly objectified. In scientific research of external reality there are exact criteria as to when an observation can be regarded as being valid and proven, in contrast to those areas of reality and its linkages about which we know nothing. The strength of natural sciences lies in its ability to say accurately what is known and what is not known. As the boundary between knowledge and non-knowledge could be so accurately drawn, further research and exploration of the unknown was possible. In the field of the psychology of internal perception this boundary between knowledge and non-knowledge cannot be drawn as distinctly, due to the subjectivity and the differing range of internal perception. We, therefore, require here a method of validating internal perception. This basically consists of the controlled recursive alternation between a regressive state of pre-verbal experiences and a level of reflexive consciousness, thus gradually enabling verbal access to pre-verbal experiences or what could be called mentalizing. This usually takes place in a pair situation within the context of an accompanied self experience, whereby the experiences can be further clarified in the group, which provides a regulatory and corrective control. Training of the perception of pre-verbal content is possible within this context which effectively represents an extension of consciousness, insofar as the content of experiences which had been previously outwith consciousness is integrated into the reflexive consciousness. The medium of understanding is, therefore, the experiencing and reflecting person itself and not the external.

A culture for extending internal perception has been developed and differentiated by psychoanalysis and other psychotherapies during the past 100 years. Here the emphasis was more on content that had been verbally known but then suppressed and which could then be made accessible by means of repetition at the level of imagination in a therapeutic relationship and reflexion of this content. A linkage could then be regarded as proven when an internal evidential experience manifested that could be understood in terms of the historical

situation of suppression and so permitted the reintegration of the suppressed content into actual experience. In modern psychoanalysis and other psychotherapies, in particular body psychotherapy, the analysis of pre-verbal postnatal content from the first and second years of life plays a significant role. Here we are dealing with split elements of relationship which can be made accessible again by the repetition of the emotions and behaviour in the therapeutic relationship, also known as reenactment. This requires special receptivity to these levels of experience on the part of the therapist.

We are, therefore, dealing in prenatal psychology with the internal perception of the offshoots of prenatal and perinatal experiences, the reality of which had up to now been largely denied by the common opinion that there is no emotional experience before and during birth. This is why we are not just dealing with training perceptions but also with an extension of our awareness of identity. It may help to understand this by mentioning that this denial of early experience had until recent decades also been the case for the first year of life. Here, direct observation in modern infant research on the one hand and experience with so-called early disturbed patients in psychotherapy on the other resulted in a change in attitude and increase in awareness in society. With this development we can study the effect of collective limitations of perception on the one hand, as when people used to regard infants as beings of reflex, and on the other hand follow the incredible alterations in society's awareness – the non-sentient being comprised solely of reflexes has today become the competent infant.

As I am above all concerned with drawing a more clear-cut boundary between knowledge and non-knowledge in the psychological field of internal perceptions, I shall now take stock of what has been said so far.

Interim Summary

Psychological validity is considered to have been achieved when the patient understands the suppressed psychological linkages in that he has an evidential experience through which he can integrate the early overtaxing occurrence and the present situation that overtaxes his ability to process, as well as any possible symptoms, into an understanding of his own experience. In the most auspicious event this leads to the disappearance of the symptoms and an increase in the ego's processing capacity or rather an extension of consciousness. At a second level within the framework of individual or group supervision these insights can be communicated and reflected and can be

evaluated and validated within this parameter, also by means of evidential experience.

The boundary between knowledge and non-knowledge is, therefore, reflected and validated at the level of the therapeutic dyad and again counter checked at the level of supervision. The precision of the boundary between knowledge and non-knowledge in relationship to internal perceptions is endangered in various ways, in particular by projective distortion. This can originate from the patient in that he projects childhood experience and cannot, or will not, reflect this, or from the therapist when he reacts in the same way. This can lead to a mingling of the patient's and the therapist's projections. This results in evidence with no relation to the reality of the other person, which then vanishes as it were in the projection of his own experience. The self awareness of the therapist is supposed to prevent this, allowing him to see through these linkages and help regulate them. Distortion of perceptions and experiences can also occur at the level of supervision, especially when ideological restrictions limit perception. This is why ideologies or so-called school opinions also play a role in restricting the validity of psychological observations. School opinion blurs the boundary between knowledge and non-knowledge insofar as the unknown is obscured by a sort of bogus knowledge. Exemplary for this is the earlier opinion that the infant was a non-sentient being possessing reflexes. It would have been correct to say that we can say nothing, or almost nothing, about infant experience or simply know little or nothing. Such doctrines as were earlier accepted about infants hindered inquisitiveness and research. They protect people from accepting the reality of non-knowledge. However, it is only the ability to determine clearly what is known and what is not known that makes valid research possible.

The scientific weakness of psychological research arises essentially from the fact that there is often no clear difference between knowledge and non-knowledge but that one protects oneself from the challenge of admitting that everything is not known by founding ideologies of therapeutic schools and doctrines. This is why in the future considerable progress can be expected from the interdisciplinary opening of the different schools of thought.

A particularly striking example of such ideological seclusion is the splitting of the psycho-therapeutic field into behavioural therapy on the one hand, which repudiates the significance of cognition, and cognitive psychotherapy which repudiates the significance of practice and behaviour. Here it is immediately obvious to the unbiased observer that psychotherapeutic support includes both understanding as well

as practice. At a later point I will return to this example to formulate a conjecture about the reasons for this division.

Despite these difficulties, there is relative agreement today that internal emotions and perceptions exist from the time after birth and that they are of significance. However, the case is different for the internal perceptions from the consequences of prenatal and perinatal experiences. Stemming from the earlier common opinion that this is a biologically characterised form of existence, experiences before or during birth are for the most part disavowed or their significance is trivialized so that the question of what we know or do not know and how we can distinguish them from each other is not even asked. However, here there is the outsider research field of prenatal psychology which has contributed an abundance of observations which permit several assertions to be made.

The Findings of Prenatal Psychology

A synopsis of the results from the observation of prenatal behaviour, research into the consequences of prenatal and perinatal stress, brain research, and the observation of the reactivation of prenatal and perinatal experiences permits the conclusion that before birth the child is an experiencing and reacting being possessing its own subjectivity and whose environment is the uterus (Fedor-Freybergh & Vogel, 1988; Janus, 2001; Verny & Weintraub, 2002; Ridgeway & House, 2006). The basic elements of this environment are the metabolic exchanges through the umbilical cord and placenta with the great mother being which surrounds it and is very closely linked with it both emotionally and physically. This mother is, however, no dumb primate but a person who is quite able to speak and to build personal relationships as a result of her cultural imprinting so that the child of a Stone Age mother before the development of speech, for example, developed in a completely different prenatal environment to that of a child today. Or, in other words, the cultural imprinting through speech and relationships begins long before birth. And these prenatal and perinatal experiences are primal experiences in the sense that they are direct realities from which it is not possible to distance oneself. The prenatal relationship with the mother can be vivid and emotional or sparse, intensive, or vacant, threatening or confidence inspiring, and so on and so forth (Hollweg & Rätz, 1992). In this sense the prenatal period is a basic training in the various emotions and experiencing of relationships (Raffai, 1998). At its best it consists of a dialogue right from the beginning (Fedor-Freybergh, 1982).

This is also comparatively true of the first year of life because human infants are dependent on their parents in a very elementary way due to their “physiological prematurity.” In comparison with other higher mammals we are born 9 to 12 months too early (Gould, 1992) and are, therefore, totally dependent on the caring parents who have to feed and warm us as a substitute social uterus, as it were. Because the human infant is really still a foetal being it cannot cling to its mother but has to attach itself to her by means of mimic, gesture, vocal stimuli, and relationship (Morgan, 1995). It could be said that the infant finds itself with its mother and father in a mythic-magical relationship, which is, in fact, a continuation of the prenatal relationship. The external world is no longer the external world but a cosmos of relationship and nurture prepared for the infant, as conceived by the magic-mythical world views which live on in our formal religions as well as, if in a more abstract form, in our philosophies of life and social utopias. As the real world cannot live up to these mystical expectations, human history has fundamentally been a way of coming to terms with the disappointment of the infantile expectation that the world should actually be a uterine-like relating and caring world and then the never ending expenditure of energy and efforts in remodelling the real world into such a nurturing world. At first this happened mainly magically, then emotionally-mythically and at the same time increasingly technically. During this history of remodelling of the real world humans increasingly developed a feeling for their own capabilities for acting and gradually freed themselves from their infantile dependence, which rose from their projected world reference. A turning point in this process was the Enlightenment, which released potential for investigating the external world and simultaneously investigating the internal world, as was done in the literature and art of the 19th century. This process was continued in the 20th century as a process of self exploration, as made possible for everyone by means of depth psychology. This cultural process of the widening of our conscious horizons has, up to now, been little understood as a collective developmental process (Janus, 2009). The widening of our external horizons has been so fascinating that the significance of the widening of our internal horizon had not really been noticed. Prenatal psychology, with its findings on pre-verbal early development and the processing of primal experiences, could be a valuable resource here. According to the findings of research on infants, which resulted in the extending of biographical consciousness to the time of birth, prenatal psychology now allows a further extension of our biographical consciousness into the prenatal period.

This holds the possibility of a far reaching remodelling of our mentality towards the requirements of a humane, democratic civil society. The human aptitude for peace and conflict depends fundamentally on good experiences at the beginning of life.

My central point is that a balanced evaluation of the results of prenatal psychology is only possible if the collective psychological significance of the characteristics of our early development as sketched above is simultaneously reflected. This guards against various dangers which are connected to dealing with early pre-verbal experiences.

The Dangers of Dealing with Prenatal and Perinatal Experiences

Due to the very marked denial, that until recently existed, of the possible existence of prenatal and perinatal experiences the danger was that anyone who concerned himself with these experiences could be ostracised and become a kind of guru, in that he was regarded to be the guardian of an arcane realm. This was the fate, for example, of a significant pioneer in prenatal psychology, Francis Mott, who became a guru in an esoteric circle as a result of the total lack of response to his work. Lloyd DeMause even described this development as a kind of occupational disease of prenatal psychologists. Beginning with Rank and Gruber, a more or less marked social and professional isolation was the fate of most prenatal psychologists. This social isolation could also lead to the loosening of internal linkage to an enlightened mindset and the seeking of recourse in spiritual significance or pseudo religious orientation and so losing the basis of an enlightened, reflexive mindset.

Another danger arises from the fact that especially in the researching of prenatal and perinatal experiences non-knowledge becomes obvious during this and as this cannot be borne. Researchers may fall back on physical theories as if they were a form of truth when they are just hypotheses about observations and measurements. The truth is, however, exactly what physical theories are not, but they can appear to be so to naive minds due to the prestige of physics in our society. This could be, for example, quantum physics, the string theory, or also the doctrine of photons.

Yet another possibility of avoiding the stress of non-knowledge, particularly in the fields of therapeutics or midwifery, is to switch to alternative methods such as homeopathy or Bach flowers (aromatherapy) which promise a panacea. This is, as in the case of idolising physical theories, a regression to archaic mindset in pseudo modern clothing.

But disregarding the reality of early emotional experience also has damaging consequences. The aforementioned splitting of the psychotherapeutic field is, in my opinion, the result of this disregard, in that both schools of therapy structure themselves as if in a closed prenatal symbolic cosmos, which denies that we live in an open world. Both fields of therapy block in this way therapeutic potentials. Similarly damaging is the disregard of the reality of early emotional experience in obstetrics which adversely affects potential medical-psychological aids when dealing with pregnancy and birth.

In the meantime, however, common opinion has changed so much that prenatal and perinatal experiences are also recognised in principal as being of significance. This is why it is so important to be more clear cut in relation to that which we know, or think we know, and that which we do not know in order to prevent exactly the impression of the mystical “what you will” of the statements of prenatal psychology. For this reason the following is an attempt to outline the areas of knowledge and non-knowledge.

What We Know or Think We Know

Some points have already been mentioned. In psychotherapy, in the meantime, there have been innumerable individual case observations about the reactivation of prenatal and perinatal experiences in the therapeutic situation, which can be checked by examining the actual pregnancy and birth history. There are extensive empirical studies on the effects of prenatal stress. There are fewer studies, usually more individually orientated, on the effects of perinatal stress. The results of brain research can be summarised to the effect that the synaptic connections mirror the prenatal state (Verny & Weintraub 2002). A threatening prenatal environment promotes the development of the corresponding brain region whereas a prenatal environment affording safety promotes the development of another brain region.

Cultural psychological research can demonstrate at various levels that prenatal, perinatal, and postnatal experiences can significantly influence the emotional groundswell of a society. The results of psycho-history are worth particular mention here (DeMause 1982, 1996, 2002). Independent of these, there is also extensive research into the fact that, in the magical and mythical imagination of humans of every culture, prenatal and perinatal symbolising is of central importance (Janus, 2001, 2010b; Renggli 2001). Over and above this, it can be shown that the historical process is basically a process of revoking the early pre-verbal projection. (Janus 2009). This could also be called a

process of internalisation in the sense that early humans experienced their emotionality projectively whereas we experience it as a reflexive internal experience.

On the whole, the fundamental developmental significance of the prenatal period and the first year of life originates from the observations of prenatal psychology, from which, conversely, the hard to overrate significance of targeted prevention during this period arises. The consequence is that we have to prepare youngsters quite differently for the psychosocial dimension of their later lives so that they later possess the competence as parents that a child needs from the beginning for it to thrive in its development. (Janus 2010a).

What We do Not Know

The present knowledge is sketchy and systematically limited. In particular there are too few differentiated, systematic, and empirical studies on the effects of prenatal and perinatal stress and strain. This applies in particular to the emotional effects of the obstetric interventions that are nowadays widely practised. This also applies particularly to the effects of stress in the first trimester of pregnancy. Nowadays we know a lot about the emotional dimension of prenatal development in the second and third trimesters of pregnancy. Statements about the emotional significance of the first trimester of pregnancy are for the most part speculative and drawn from individual cases. However, it is just here that significant influences are to be conjectured due to the sensitivity of developmental processes.

The cultural psychological insight on the fundamental significance of early development has up to now also been very sketchy (Janus & Evertz 2008). There is a lack of individual research and clarification of the many intermediary stages of the interaction between early relationship and cultural structures. A decisive obstacle here is the disciplinary divisions of the fields of science, each of which sets absolutes in order to avoid exposing itself to the distress of non-knowledge.

What Should be Demanded

The urgency of promoting parental competence has already been mentioned. Equally urgent would be the institutional anchoring of research into prenatal psychology at the university level, as is at present uniquely practised at the St. Elisabeth University in Bratislava on the initiative of Peter Fedor-Freybergh. Till now the

individual studies have been totally scattered and little integrated. Absolutely essential, as already mentioned, is the integration at the university level. It is only then that the so desperately required planning in health and social politics can follow, which possesses the potential to decisively promote social health, the ability to discuss and initiative.

Also of great significance is greater methodological consciousness in prenatal psychology to which my remarks should contribute. We have the concept of different methodological levels, as developed by Rupert Linder and myself, which states that when researching the linkages in the field of prenatal psychology five levels always have to be considered – the empirical level, the level of qualitative observation, the level of self awareness and observation in the psychotherapeutic situation, the level of knowledge of midwifery and obstetrics and the cultural psychological level (Linder, 2009, p. 56). A further methodological aspect is in the concept of complexity worked out by Lucio Zichella (2009) which is suitable for creating a methodological framework for future research.

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