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**Abstract:** None available.

**Full Text:** MADAM CHAIR, LADIES AND GENTLEMEN I would like to start by expressing my most sincere appreciation to the many organizers of this wonderful meeting for selecting this exquisite location and for the rich and varied academic and social program which they have prepared for us. It is due to the tireless efforts of Polly McMahon, general chair, Barbara Thomason, program chair, Ann Love, local arrangements chair, Marcia Thompson, entertainment chair and Terry McMahon, membership chair and a man of boundless energy and good humor, as well as more than sixty other volunteers, that this Congress looks so great and feels so great already. Thank you Polly and everyone who contributed to this magnificent meeting. This morning I want to address one of the most serious issues facing mankind-ecology. As we are all well aware of, this earth is slowly but inexorably being violated and poisoned by it's inhabitants. How could it be otherwise? From the moment of conception babies in the womb are bombarded by chemical, physical and hormonal toxins. It is not surprising that when these children grow up they turn their pent up anger against mother earth. Unless we learn to reduce and eventually eliminate junk and garbage of every sort from being dumped into the amniotic universe our struggle to preserve our lands, forests, rivers, oceans and air will be doomed to failure. Every time a child is conceived a tiny flame is kindled. Every time a baby in the womb or after birth is traumatized that light is diminished and the whole world grows darker. If we love life, if we love this earth we cannot allow the forces of darkness and destruction to gain more ground. I see it as one of the fundamental objectives of this Association to expand the concept of ecology to include the protection and preservation of the sanctity and innocence of the amniotic universe. There can be no world ecology without womb ecology. I want to start my examination of the various ways in which we pollute the womb by looking at a few examples of institutional practices which are highly toxic to pregnant mothers and their babies. On a recent trip to Brazil I was told that in the "best" private hospitals the C-section rate was 90%, the 10% normal births were accidental due to the fact that the doctor was not present. Obstetricians do everything they can to prevent natural childbirth. Their major strategy is to perform a C-section well before the due date. As a result 90% of the children are born at least one week premature. I don't have to tell this audience about the detrimental effects on babies of prematurity or of having their natural rhythms interfered with. You are well aware of the harmful effects of unnecessary major surgery on the pregnant mother, the effects of anaesthetics or analgesics on the mother and baby and the interference with post natal bonding that almost always accompanies a C-section. Now, let's shift the sight of our telescope 10,000 miles to the East, to the Soviet Union. Though I have not visited the USSR the picture transmitted to me by friends and colleagues is that birth there is a joyless and lonely event. There are 30 maternity hospitals in Moscow which contain an average of 225 beds. They are laid out like industrial plants. The hospitals are generally described as cold and dreary. Nurses and doctors are not particularly caring or efficient. A cultural attitude that has not changed in centuries keeps mothers and newborns isolated in hospitals with no visitors. Even fathers are excluded until several days after the delivery. The idea of a father assisting at the delivery is almost unheard of even in metropolitan centers such as Moscow. The practices I have referred to are, of course, not limited to Brazil and Russia, respectively. We can find them everywhere though perhaps in less extreme forms. Closer to home: Pregnant women are urged to take great care to ensure their unborn child's health. Yet doctors and employers have given little attention to the possibility that threats to the health of men could affect their unborn children, too. Survey's find; \* Overall, men are more likely than women to be exposed to such toxic agents as benzene, x-rays and art and textile chemicals. \* Men whose jobs expose them to electromagnetic fields-such as

electricians, power company line men, utility employees and welders-may be twice as likely to father babies who develop a particular nervous system tumor called neuroblastoma. \* Men exposed to ionizing radiation in their jobs at a Sellafield, England, nuclear power plant the year before they fathered babies had children who were six times more likely than others to develop leukemia or a cancer called non-Hodgkins' lymphoma. \* Men who smoke cigarettes before their children are born are 40% more likely than non smokers to have children who develop leukemia, and 60% more likely to father children who get lymphomas or brain cancer.(1) As important as these external poisons are my major interest lies in the exploration of the effects of internal emotional poisons on the unborn child. Consider for a moment the Greek myth of Oedipus. Oedipus was the son of Laius, King of Thebes and Jocasta. Laius was informed by the oracle, as soon as he married Jocasta that he must perish by the hands of his son and, to prevent the fulfillment of the oracle, he resolved never to approach Jocasta. His solemn resolution was violated in a fit of intoxication. The Queen became pregnant, and Laius, still desirous of averting the evil, ordered his wife to destroy the child at birth. The mother had not the courage to kill the child. So she gave the newborn to a domestic, to expose him on the mountain. The servant was moved to pity, but to obey the command of Jocasta, he bored the feet of the child, and suspended him with a twig by the heels to a tree on Mount Cithaeron, where he was soon found by one of the shepherds of Polybus, King of Corinth whose wife having no children, educated him as his own child. You know the rest of the story.(2a &2b) The interpretation attributed to Freud concentrates on Oedipus' wish for intercourse with his mother and for killing his father. In the actual myth, Oedipus tried strenuously to avoid these fates. Freud makes no mention of Laius' fear of having a son, even before Jocasta was pregnant. But most importantly, he does not make it plain that these parents attempted to kill, wound, expose, and limit the freedom and the inheritance of their child.(3) If Freud had allowed himself to pay more attention to the events leading to Oedipus' birth then perhaps the Oedipus Complex to-day would denote a person who suffered rejection and abandonment by both parents pre- and post-natally, and who as an adult exhibits severe sexual abnormalities and murderous rage. Another thing that the Oedipus myth can teach us is that every unborn child creates a threat for his or her parents. How they will respond to that threat will depend on their maturity and their circumstances. It should be one of the aims of pre-natal educators, counsellors and other experts dealing with pregnant parents to discuss the emotional aspects of pregnancy. To neglect the psychological issues embedded in pregnancy, is to seriously neglect the best interests of the pregnant mother, her mate and her unborn child. I think this is just a small example of the need for psychologists and psychiatrists to divest themselves of many long-held views about infancy and childhood in favour of new views based on research in Preand Peri- Natal Psychology. One serious fallacy of modern developmental Psychology is the belief that a blissful union exists between mother and baby in utero. Carl Jung, the famous Swiss psychoanalyst and contemporary of Freud believed that the child's difficulties were directly related to the unconscious life of the parents. He held the view that we could not understand the psychology of the child as an individual alone but only in relation to the family. I think this proposition applies equally to post-natal and pre-natal life. I would like to offer some clinical examples supporting the proposition that interuterine life is not always blissful and that the baby's psychological development before birth is related to the unconscious of his or her parents. This pregnant woman was raised by a mother who didn't want to be a mother. The subject stated that her mother was always "youth conscious" and she never told people she had a daughter. When her daughter became pregnant she refused to talk about it because she didn't want to be a grandmother. All of the subject's life her mother told her "I doubt if you'll ever get pregnant." The subject rarely had her menstrual period and was told by her doctor she probably wouldn't be able to get pregnant. Three days after her expected due date the baby had not arrived. The subject informed this researcher that she wanted the baby to be late by four weeks so she could receive more money for her maternity leave. Fifteen days after the expected due date the doctor tried to induce labour, giving her pitocin for six hours. Nothing happened. Twelve days later in the hospital, pitocin was given intravenously for 14 hours. She began dilating but had no feelings of contractions. She dilated to 1 centimeter. The next day she was given more pitocin, dilated to 2 centimeters,

but still she felt no sense of contractions. At this point the nurse broke her water and inserted an internal fetal monitor. The fetal heart rate was falling and there was meconium in the amniotic fluid. She felt three "very painful contractions." Because of the meconium and the signs of fetal distress the doctor ordered a Caesarean delivery. The subject had the option of being awake or totally anesthetized. She chose to be anesthetized. The baby was born in severe fetal distress. Meconium was released and entered the baby's lungs and her blood vessels became very constricted causing a cardiac arrest. The baby was rushed to another hospital which had a Neonatal Intensive Care Unit. The mother stayed in the hospital for four days. She saw her new daughter the fifth day, but was not able to hold her. The following day the baby had another cardiac arrest. The next morning she died. The mother held her baby for the first time after the baby had died. The main theme of her belief system was that she would never have children. This would also entail not experiencing pregnancy, labour or delivery. The subject did not ever touch, hold or nurse her daughter when she was alive. The baby's existence was never validated just as the subject's mother had never validated her existence.(4) In Greek mythology Juno, the wife of Jupiter, queen of the gods cursed the progeny of Venus. Thus generation after generation of children including Laius and Oedipus and his children died tragically until the family lineage was wiped out. We are often similarly cursed, not necessarily by the gods but by some distant or not so distant ancestor. Subject 12, as Kimberly Ann Wulfert refers to her, is a case in point. Her child never really had a chance. My next example is taken from the ongoing research on the extension of infant observation to prenatal life with the aid of ultrasound as reported by Dr. Alessandra Piontelli from Milan, Italy. Mrs. B. a woman in her mid thirties, was very anxious when she came for the first observation. This was her third pregnancy and the second one had ended in stillbirth due to abruptio placentae. She was accompanied by her husband and all her attention was directed towards the placenta, its insertion, its shape etc. and she kept repeating the same questions about it throughout the observation, seeming very interested in and aware of her sixteen week old child. Her husband, a man also in his mid thirties, sat by her side and, though rather silently, seemed to foster her fears. No reassurance seemed enough to placate her obsessive questioning and her anxiety that something could happen at any time. The anxiety and the endless repetitive questioning remained constant features throughout the pregnancy. On the second observation Mrs. B came accompanied by her 7-year old daughter and both now seemed obsessed also by another question: sex. Though one could already tell rather clearly that it was a boy, the question was repeated over and over again: What was its sex? Was it a boy or a girl? Was that the penis? etc. Very little attention and space was given otherwise to the child. On the other hand, Gianni, the name given to the baby later, seemed to do little or nothing at all. He remained immobile, crouched in a corner of the womb, with his hands and his arms so tightly folded and crossed as also to almost cover his face. His immobility, seemed born out of tension, if not terror. With his arms raised above his head sheltering his eyes and face, he looked very much like a figure out of a painting by Munch. Though Mrs. B reported movements during the day, in all other following observations not the tiniest movement was seen and if anything, in spite of his expanding volume, Gianni looked even more tightly crouched. Even the narrow space of the womb seemed to be too big a space for him. It was always impossible to see his face, screened as it was by his arms and his hands. When the term approached he hadn't yet turned and was still tightly crouched in a corner of the womb in the transverse position. Since the child gave no sign of wanting to turn round and Mrs. B's blood pressure continued to rise, a caesarean was decided upon. The obstetrician later told me that the child was so crumpled in a corner of the womb that she had considerable difficulty in pulling him out. She said "he would never have been born" Once she pulled him out the obstetrician was also struck by his immobility and by his fixed and sad look. "He looked old . . . 100 years old . . . it was somehow frightening to see the immobility of his face . . ." During the next two months Gianni continued to be practically immobile. Whenever I saw him, his arms were kept at his sides, his head was bent backwards, his eyes were closed and he seemed immersed in a deep sleep. When his mother put him at her breast, he sucked slowly, frowning, with his eyes tightly closed and his arms at his sides, but he also clung to the breast for hours on end. While feeding him, his mother never looked at him and spoke

relentlessly with me. Now that the placenta was a problem of the past, her attention and curiosity shifted to other areas connected with genitality and sex. When Gianni was 6 months old his mother decided to go back to work. After that she said 'I feel as if I am breathing again . . . he seems better too ...' and funnily enough while she was saying this Gianni let out two heavy sighs which sounded like relief. Though his gaze continued to be rather fixed and vacant, Gianni sometimes looked at me and smiled. He also accompanied his mother's endless enquiries about gynecology and sex with long constant sounds which reminded me in their tone of the endless talking of his mother. His main contact with his mother was still the breast and Mrs. B continued breast-feeding him till he was ten months. At the age of one year Gianni looked rather backward in his development. Though he could certainly sit and apparently crawl, he preferred to sit in a corner always holding the same toy and almost never moved about. So far I have heard from him only sounds and no words. His mother now that she had stopped breast-feeding him was beginning to treat him as a "sex-object" and often teases him for his obvious sexual incapacity. I have frequently seen her holding Gianni between her legs while saying laughingly 'but why can't you stand more erect.' I think the case study clearly shows how this unborn child is assailed by his mother's anxiety and how from the beginning he tries to escape from it by moving into the furthest reaches of her womb. Of course, there is no escaping her obsessive ruminations, he is a helpless victim. He is never cared for lovingly either before or after birth. And I shudder to think what will happen to him psychosexually in the coming years. Though, unlike the child of Subject 12 this child is at least alive, his chances of growing into a normal adult are not very good. A growing number of parents are sending positive messages to the unborn child. I would like to offer example of nurturing parenthood taken again from Dr. Piontelli's fascinating ultrasound studies. I met Mrs. D., a woman in her late twenties, a few days before the first ultrasonographic session. She participated throughout the observation with keen interest and with intelligent remarks. The little boy (Luke) seemed much more active than the girl. He kept turning and kicking and changing position and stretching his legs against the uterine wall. As his mother remarked, 'Oh my God! . . . look at him . . . he is so small and he is already fed up with being in there . . . ' He conveyed the same impression to me. From time to time he would interrupt his motor activities and seemed to turn his attention towards his sister. He reached out with his hands and through the dividing membrane he touched her face gently, and when she responded by turning her face towards him, he engaged with her for a while in a gentle, stroking, cheek-to-cheek motion. From then on they were nicknamed by us 'the kind twins'. His sister, Alicia, seemed much more passive than he. Most of the time she seemed asleep, or else moved her head and her hands slowly almost imperceptibly, but each time responded to her brother's gentle stimulation and once he went back to his turning stretching etc. she seemed to plunge back in to her state of passivity and/or sleep. Mr. D. was also present from the second observation. Rather shy and reserved, he was very gentle and loving. He was interested in the children and made several intelligent and sensitive remarks. When I went to visit her in hospital after her delivery, Mrs. D. seemed very pleased to see me and told me about the delivery saying, 'He came out first . . . then she came out too . . . their difference of weight is very noticeable . . . he is all skinny and bony and looks like a small bird . . . and their character, you know . . . just like we had seen inside . . . he is very lively and alert . . . you remember how he used to move and play all the time . . . she is completely different . . . she is very calm . . . ' At one year of age they could walk and were beginning to talk and took a great delight in playing with each other. By that time their favorite game had become hiding behind a curtain and using it a bit like a dividing membrane. Luke would put forward his hand through the curtain and Alicia would reach out with her head and their mutual stroking began, accompanied by gurgles and smiles.(6) While many medical authorities still mistakenly believe that babies at birth are blank slates, empty vessels waiting to be filled, Piontelli's research is strongly suggestive of the fact that babies right from the start, from conception on, show signs of individual personality traits. Furthermore the earliest behavior patterns seem to persist into the first year of life, demonstrating continuum of personality development such as Gianni's extreme withdrawal and immobility or Luke's attachment and interest in playing with his sister. Finally, all the examples clearly illustrate the effect that the parents' emotional state has on their

children both, pre- and post-natally. My remarks are not to be interpreted as parent-bashing or blaming mothers for all the problems of their children. Most dysfunctional parenting is clearly unintentional driven by unconscious forces which the person is totally unaware of. We have endless generational daisy chains of dysfunctional parents begetting dysfunctional children who become dysfunctional parents ad infinitum unless the chain is broken. That's where we need to come in both, as experts on an individual basis and as change agents for our society. We must help future parents to process and discard some of the pain, shame, guilt and anger they were saddled with in their early years. We must also do everything we can to restore respect and status to the role of mother and father and the extended family in our culture. These values must eventually be translated by the state into legislation that will protect pregnant mothers from harm and give both parents after the birth of their child paid post-natal leaves. Only if such concrete steps are taken by our society will parents feel that the time they spend with their unborn and newborn babies is an important part of their lives and not something you do after you have done everything else. In the final analysis we as a society need to change our priorities and become less materialistic and more paternal, in the best sense of the word. I have a feeling that our next speaker Marion Woodman will have more to say on this subject. Each one of us must do whatever we can to discourage pregnant mothers and their mates from polluting the amniotic universe of their babies. We have to raise the consciousness of would-be parents to the incontrovertible law of nature: As you do unto your own unborn child so he or she will do unto the world. We must also teach pregnant parents to value the essential humanity of their unborn children and to become aware of the great harm they can do to their nascent personalities by disregarding their needs for love and communication. Permit me to close on a personal note. I have served as your President for eight years. I saw this organization grow from an idea to its present reality. I look back on five extraordinary international congresses (including this one) the publication of a quarterly journal, a newsletter, the first text in English on Pre- and Peri- natal Psychology and most importantly, on having made friends with many of you who are here today and others, who could not join us but are here in spirit. It has been a profoundly rewarding experience for me. No man can ask for more or hybris will get him for sure. I do not ask for more. Therefore, I have decided to continue to sit on the Board of Directors but not to stand for nomination as President of the Association. It is time for me to explore new horizons and to pass the torch to a new torch bearer. I am very happy to announce that David Chamberlain with whom I have worked closely all these years and who enjoys my full support and trust has agreed to stand for president. I know that he will provide the kind of leadership to this Association that will earn him your loyalty and respect. Thank you again for having joined with me in the fight for a better world through the efforts of this Association. God bless you all.

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