

## Restaging Fetal Traumas in War and Social Violence

**Author:** deMause, Lloyd

**Publication info:** Pre- and Peri-natal Psychology Journal 10. 4 (Summer 1996): 229-260.

[ProQuest document link](#)

**Abstract:** None available.

**Full Text:** "A just war for the true interests of the state advances its development within a few years by tens of years, stimulates all healthy elements and represses insidious poison." -Adolf Lasson For the past two decades, I have collected historical material from sources such as magazine covers and political cartoons on images of war. One of the most unexpected of these was that war was shown as a dangerous, bloodthirsty woman.<sup>1</sup> Despite the fact that women neither play much part in deciding on wars nor in fighting them, war has so often been depicted as a dangerous woman (illustration 1) that a visitor to our planet might wrongly conclude that women were our most bellicose sex. From Athena to Freyja, from Marianne to Britannia, terrifying women have been depicted as war goddesses,<sup>2</sup> devouring, raping and ripping apart her children. The image is so familiar we no longer think to question why women are so often shown as presiding over war rather than being thought of mainly as its victims, as they are in reality. Even in later antiquity, when the actual god of war was a male, as in ancient Greece, Rome, Egypt, Germany and MesoAmerica, his incestuous, murderous mother usually hovered above the battlefield, demanding more blood to feed her voracious appetite.<sup>3</sup> And even though it was almost always men who fought the battles (Amazon warriors were actually rare),<sup>4</sup> women in early societies were expected to come along to battles to watch from the sidelines, rather like at a sports match today, shrieking their own battle-cries, heckling and insulting those warriors who held back, and demanding a plentiful show of blood on the battlefield.<sup>5</sup> That this image of the bloodthirsty mother presiding over wars is still current in our unconscious can be seen from the willingness with which everyone adopted Saddam Hussein's portrayal of the Persian Gulf War as "The Mother of All Wars," and cartoons during the war showed images of women hovering over the battlefield and ordering soldiers into battle.

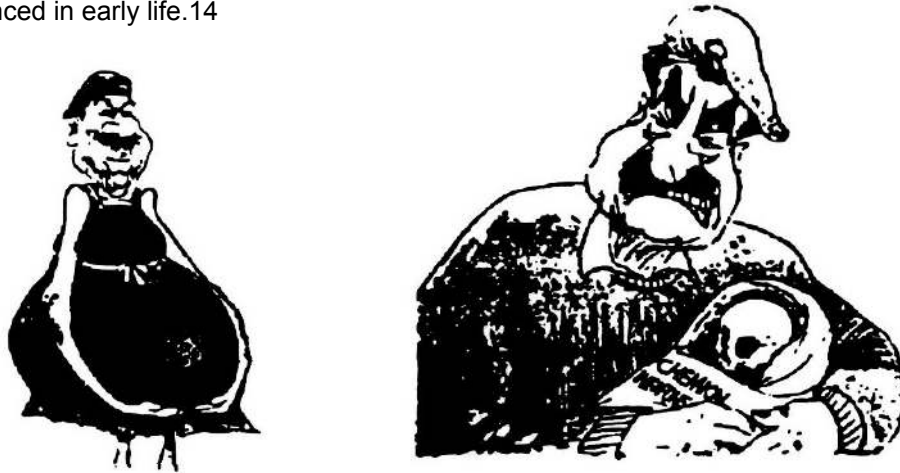
### The Mother of All Wars



**Fig. 1.** Although women are rarely involved in fighting wars, war is often imagined to be a seductive, vengeful phallic mother.

Furthermore, fantasy analysis of political cartoons and magazine covers prior to wars shows a proliferation of images of dangerous, bloodthirsty women.<sup>6</sup> The first modern war, that of the French Revolution, set the pattern, being preceded by a deluge of pamphlets and newspapers picturing Marie Antoinette-actually a rather sweet-natured woman-as a sexually voracious, incestuous, lesbian, murderous "bloodsucker of the French."<sup>7</sup> The French Revolution, terror and revolutionary wars were accompanied at every step by increasingly violent Marie Antoinette group-fantasies, the violence often centering on grotesque images of her imagined sexual perversities, while the king was pictured as merely an impotent tool in her hands. Finally, the Tribunal, whipped up by the press, declared her a "ravaging beast" and chopped off her head, after she had been called a "tigress thirsty for the blood of the French," a "ferocious panther who devoured the French, the female monster whose pores sweated the purest blood of the sans-culottes," a "vampire who sucks the blood of the French," and a "monster who needed to slake her thirst on the blood of the French."<sup>8</sup> I have found that media images of monstrous bloodthirsty women have regularly preceded every war in modern times. Even the most popular movies prior to wars reflect this dangerous woman fantasy. The biggest movie preceding W.W.II was Wizard of Oz, which is about a wicked witch and how to form a small army to kill her. All About Eve before Korea and Cleopatra before Vietnam had similar dangerous women as leads, and the recent Persian Gulf War was preceded by a whole string of dangerous women movies, from Fatal Attraction to Thelma and Louise,<sup>9</sup> including even a popular TV series entitled Dangerous Women. When war breaks out, all these terrifying women disappear from the media, and the dangerous woman image is projected into the enemy, so that the war is experienced as a battle with a mother-figure. For example, when the United States attacked Libya, the New York Post said that American intelligence had discovered that Moammar Khadafy was actually a "transvestite dressed in women's clothes and high heels"<sup>10</sup> and touched up a photo to show how he "might look...dressed in drag;" similarly, in the Persian Gulf War, Saddam Hussein was depicted in cartoons as a dangerous pregnant

mommy with a nuclear bomb in his womb or as the mother of a death-baby (Illustration 2). Hallucinating dangerous feminine characteristics in one's enemies in fact goes all the way back to antiquity, when the earliest battles were imagined to have been fought against female monsters, often the mother of the hero, whatever her name-Tiamat, Ishtar, Inanna, Isis, or Kali.<sup>11</sup> Typical is the Aztec mother-goddess Huitzilopochtli, who had "mouths all over her body" that cried out to be fed the blood of soldiers. Early Indo-European warriors had to pass through initiatory rituals in order to attain full status in which they dressed up and attacked a monstrous dummy female Poisonous Serpent.<sup>13</sup> The warrior-hero is always a mother-killer, inflicting revenge for the traumas experienced in early life.<sup>14</sup>



**Fig. 2. The enemy as a dangerous mommy.**

The psychohistorical question then becomes: what could possibly be the infantile origin of fantasies of a poisonous blood-sucking beast? Why did Americans before the Revolutionary War feel "poisoned by Mother England"? Why did Hitler fear "blood-sucking Jews and foreigners" and why did Aztec soldiers go to war to feed their blood to a mother-goddess? Why did Americans for so long fear their "national life-blood is poisoned" by Communists? Why do so many now feel the government or welfare recipients are "sucking their blood?" Images of a blood-sucking female beast are ubiquitous in history. Surely our blood was never really poisoned or sucked out of us by a mother-figure in our past. Or was it? WAR, BIRTH AND THE POISONOUS PLACENTA As I have described in considerable detail in my Foundations of Psychohistory,<sup>15</sup> when I first began collecting the emotional imagery surrounding the outbreak of war I was puzzled by recurring claims by aggressors that they were forced to go to war against their wishes because "a net had suddenly been thrown over their head" or a "ring of iron was closing about us more tightly every moment" or they had been "seized by the throat and strangled." I piled up hundreds of these images of nations being choked, strangled and "unable to draw a breath," "smothered, walled-in," reacting to an atmosphere "pregnant with events" with a "tight, tense, trapped feeling" in the air, "unable to relieve the inexorable pressure," followed by feelings of being "picked up bodily" in "an inexorable slide" towards war, starting with a "rupture of diplomatic relations" and "descending into the abyss," being "unable to see the light at the end of the tunnel," as the nation takes its "final plunge over the brink" and even that events were "aborted" if ended too soon. Given the concreteness of the birth imagery, I had to conclude that war was a rebirth fantasy of enormous power shared by nations undergoing deep regression to shared fetal traumas. War has long been connected to birth: "War develops in the womb of State politics; its principles are hidden there as the particular characteristics of the individual are hidden in the embryo" (Clausewitz) or "Germany is never so happy as when she is pregnant with a war" (proverb).<sup>16</sup> All wars seemed to be felt as a life-and-death struggle for "breathing space" and Lebensraum, as though nations were reliving the growing lack of space and oxygen common to all fetuses prior to and during birth, and people became paranoid prior to wars and felt they had to resort to violence in order to get out of a choking womb and birth

canal. As Bethmann-Hollweg told the Reichstag in announcing war in 1914, "He who is menaced as we are and is fighting for his highest possession can only consider how he is to hack his way through."<sup>17</sup> And as Hitler repeated over and over again, only a violent "rebirth" could "purge the world of the Jewish poison" and avoid being "asphyxiated and destroyed."<sup>18</sup> Now, the notion that war might be a battle against engulfment by a sexually voracious and poisonous mother is difficult enough to believe. That it in addition includes fantasies that you are hacking your way out of the engulfment of your own birth is infinitely harder to accept. But what followed then in my psychohistorical research into imagery prior to wars was a discovery that came a final step closer to the unbelievable, showing a depth of regression prior to wars greater than anything ever contemplated in the psychoanalytic literature. Yet it was a discovery that for the first time seemed to explain the origin of the poison blood imagery. What I found was that the cartoons, past and present, of the enemy in war were dominated by an image that was even more widespread than that of the dangerous mommy: it was that of a sea-beast, often with many heads or many arms, a dragon or a hydra or a serpent or an octopus that threatened to poison the lifeblood of the nation (Illustration 3). Most early cultures portrayed this beast as a dragon who was associated with watery caves or lakes. This serpentine, poisonous monster I soon began calling the Poisonous Placenta, since it looked like what the actual placenta must have sometimes felt like to the growing fetus, particularly when it is under stress and fails in its primary task of cleansing its blood of fetal wastes and of replenishing its oxygen supply. When the blood coming from the placenta is bright red and full of nutrients and oxygen, the fetus feels it is being fed by a Nurturant Placenta, but when the mother smokes or is badly frightened or otherwise stressed, the placenta does not remove the waste from fetal blood and it is polluted and depleted of oxygen, so the fetus experiences an asphyxiating Poisonous Placenta-prototype for all later hate relationships, including the murderous mother, the castrating father or the dangerous enemy. The fetus, like Oedipus, feels it is actually battling with the dangerous monster (Sphinx means "strangler") in order to restore connections with the Nurturant Placenta. This "fetal drama" is repeated in death-and-rebirth restagings of traumatic battles in all wars and other social violence.



**Fig. 3.** The enemy is often imagined to be a many-tentacled sea serpent, which resembles the first object of our emotions—the placenta.



### The Fetal Drama Birth and the Poisonous Placenta



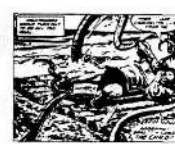
4. The fetus, abandoned...



5. ...starts his birth between head-crushing bones



6. The amniotic waters break and the whirlpool of birth begins.



7. The Poisonous Placenta...



8. ...wants the fetus. The Hero must choke the Poisonous Placenta...



9. ...to save the fetus from asphyxiation. But he might drown himself.

**Figs. 4-9.**

This fetal drama of the cosmic battle with the Poisonous Placenta is depicted in a comic-book character, Conan the Barbarian (Illustrations 4-12), although I could just as easily have used pictures and texts from ancient myths of battles with seabeasts such as Tiamat, Rahab, Behemoth, Humbaba, Apophis, Hydra, Gorgon or Typhon.<sup>19</sup> In this version, a baby is first shown abandoned, beginning his watery birth passage between head-crushing bones, going down the whirlpool of birth after the amniotic waters break, being choked by the Poisonous Placenta, a black sea-monster that tries to asphyxiate it. The hero (an imaginary powerful version of the fetus) battles with the Poisonous Placenta, frees the fetus, and reaches the safety of land. The final panel shows that the goal, however, is not birth, the arrival on land, but the reuniting with the placenta. That it is the Nurturant not the Poisonous Placenta that holds the baby in its embrace is depicted by having it shown as a white, not black monster.



10. The battle with the Poisonous Placenta frees the fetus.



11. The fetus, at home in the water, is safely born on land.



12. But the Placenta reunites with the laughing child in its warm embrace.

**Figs. 10-12.**

Obviously the solution to the questions of the source of "poison blood" imagery and of the fetal origin of war and social violence is going to have to wait until we investigate more closely the images of dangerous wombs, Poisonous Placentas and asphyxiating births which is to say, until we understand more about the psychology and neurobiology of fetal life. THE ORIGINS OF FETAL PSYCHOLOGY After Freud initially proposed that mental life began after birth, he later admitted that he had come to believe he was wrong, and said that "the act of birth is the first experience of anxiety."<sup>20</sup> Although most other psychoanalysts believed mental life began only with infancy, there were a number of exceptions, beginning with Otto Rank's *The Trauma of Birth* in 1923,<sup>21</sup> which began the investigation of birth anxiety derivatives in adult life and culture. After Rank, David Winnicott wrote in the early 1940s a paper on "Birth Memories, Birth Trauma, and Anxiety,"<sup>22</sup> which, however, was little noticed, since, as he said, "It is rare to find doctors who believe that the experience of birth is important to the baby, that it could have any significance in the emotional development of the individual, and that memory traces of the experience could persist and give rise to trouble even in the adult."<sup>23</sup> While still a pediatrician, Winnicott saw first hand that newborn babies varied enormously and that prolonged labor could be traumatic to the fetus, resulting in extreme anxiety-so much so that he thought "some babies are born paranoid, by which I mean in a state of expecting persecution...<sup>24</sup> He was even able to conclude that "at full term, there is already a human being in the womb, one that is capable of having experiences and of accumulating body memories and even of organizing defensive measures to deal with traumata..." He sometimes would allow his child patients to work through birth anxiety directly, having one child sit in his lap and "get inside my coat and turn upside down and slide down to the ground between my legs; this he repeated over and over again....After this experience I was prepared to believe that memory traces of birth can persist."<sup>25</sup> He also encouraged some adult patients to relive the breathing changes, constrictions of the body, head pressures, convulsive movements and fears of annihilation experienced during their births.<sup>26</sup> After Winnicott, psychotherapists such as Fodor, Mott,

Raskovsky, Janov, Grof, Verny, Fedor-Freybergh, Janus and others published major work in investigating how their patients dramatically relived birth trauma in therapy and removed major blocks in their emotional lives.<sup>27</sup> These traumatic birth feelings-of being trapped, of crushing head pressures and cardiac distress, of being sucked into a whirlpool or swallowed by terrifying monsters, of explosive volcanoes and death-rebirth struggles-appear regularly in the 60 percent of our dreams that contain overt pre- and perinatal images,<sup>28</sup> although most therapists continue to overlook their connections with actual birth experiences. Perhaps one of the most important results of this clinical research by therapists sensitive to perinatal trauma-particularly that of the psychoanalyst Linda Share-is how regularly it produces an overwhelming fear of all progress in life. It is as though the fetus concludes, "Going forward in life led to disaster; I must remain 'unborn' all my life to avoid a repetition of this horrible start." Fetuses that experience injuries in the womb, premature births, birth complications, and medical conditions as newborn regularly live the rest of their lives in fear of all growth.<sup>29</sup> For instance, Share points out, one baby who was born with a congenital atresia of the esophagus, so that she choked on feedings, was seen to have multiple fears of dying all during a 30-year follow-up study into her life.<sup>30</sup> Another, who often dreamed of lying in a refrigerator, asked his parents about the image, and they told him that as a newborn the window of his room had mistakenly been left open on an extremely cold winter night, and they "had thawed him out of his urine, feces and vomitus;"<sup>31</sup> interpretation led to a turning point in the treatment and in the patient's life. A patient of Share's was born with an intestinal obstruction that prevented digestion, so she vomited up all her milk. Although the condition was repaired at one month, for the rest of her life she was concerned with disaster fantasies every time growth was imminent. As Share put it, "Each new opportunity for advancement stood for a metaphorical 'birth.' To be born in any kind of way meant to have to reexperience the disaster of her infancy: starvation, pain, surgery, and near-death. These, then, were the disasters she fantasized, the panic attacks each time she headed for something new and creative."<sup>32</sup> As with all early trauma, any progress threatened repetition of disaster.

RESEARCH INTO FETAL MEMORY Much has changed in our knowledge of the fetus during the decades since these early pioneering excursions into perinatal psychology. Neurobiologists have made startling advances in the understanding of how the brain develops in the womb, experimental psychologists have discovered a great deal about fetal learning, pediatricians have linked all kinds of later problems to fetal distress, and one psychoanalyst has even begun to compare thousands of hours of ultrasound observations of individual fetuses with their emotional problems during infancy. There are now thousands of books and articles on the subject, as well as two international associations of pre- and perinatal psychology.<sup>33</sup> I will here only be able to summarize some of the main trends of this extensive research. Neurobiologists used to think that because the fetus had incomplete myelination of neurons it couldn't have a memory.<sup>34</sup> This theory has for some time been disproved, since impulses can be carried quite efficiently in the thinly myelinated nerves of fetuses, only at a somewhat slower velocity, which is totally offset by the shorter distances traveled,<sup>35</sup> thus allowing for both fetal memory and organized activity of the brain in the womb. In fact, we now know our nerves continue to myelinate all our lives, which doesn't prevent us from learning during our earliest years. Indeed, far from being an unfeeling being, the fetus has been found to be exquisitely sensitive to its surroundings, and its early experiences have been found to be recorded in a separate early neural network-a dissociated emotional memory system centering in the amygdala, quite distinct from the declarative memory system centering in the hippocampus that becomes functional only in later childhood.<sup>36</sup> These early emotional memories are, as psychoanalysts have long believed, unavailable to conscious, declarative memory recall, so early fears and even defenses against them are often only recaptured through body memories and by analyzing the consequences of the traumas.<sup>37</sup> By the end of the first trimester, the fetus's nervous system is so well developed that it responds to the stroking of its palm by a light hair by grasping, of its lips by sucking, and of its eyelids by squinting.<sup>38</sup> will jump if touched by the amniocentesis needle and turn away from the light when a doctor introduces a brightly lit fetoscope.<sup>39</sup> By the second trimester, the fetus is not only seeing and hearing, it is actively tasting, feeling, exploring and learning from its

environment, now floating peacefully, now kicking vigorously, turning somersaults, urinating, grabbing its umbilicus when frightened, stroking and even sucking its placenta, conducting little boxing matches with its companion if it is a twin and responding to being touched or spoken to through the mother's abdomen.<sup>40</sup> Each fetus develops its own pattern of activity, so that ultrasound technicians learn to recognize each fetus as a distinct personality.<sup>41</sup> If a boy, the fetus even has regular erections of his penis, coinciding with REM sleep phases; there is even evidence that baby girls have sexual arousal during REM sleep.<sup>42</sup> FETAL TRAUMAS In addition to what we know about the disastrous effects of prenatal exposure to drugs and alcohol,<sup>43</sup> we now have considerable evidence on how maternal emotions are transmitted to the fetus. lieberman found that when a pregnant mother was offered a cigarette after having been deprived of smoking for 24 hours there was a significant acceleration in fetal heartbeat even before the cigarette was ht,<sup>44</sup> while others have shown the fetus sensitive to a wide range of maternal emotions in addition to any drugs or other physical traumas she endures.<sup>45</sup> When the mother feels anxiety, her increased heartbeat, frightened speech, and alterations in neurotransmitter levels are instantly communicated to the fetus, and her tachycardia is followed within seconds by the fetus's tachycardia; when she feels fear, within 50 seconds the fetus can be made hypoxic (low oxygen). Pregnant monkeys stressed by simulated threatening attack had such impaired blood circulation to their uteruses that their fetuses were severely asphyxiated.<sup>46</sup> Alterations in adrenaline, plasma epinephrine and norepinephrine levels, higher levels of hydroxycorticosteroids, hyperventilation and many other products of maternal anxiety are also known to directly affect the human fetus. Numerous other studies document sensory, hormonal and biochemical mechanisms by which the fetus is in communication with the mother's feelings and with the outside world.<sup>47</sup> While positive maternal emotions have been experimentally shown to increase later growth, alertness, calmness and intelligence-the fetus even benefits from the mother singing to it in the womb-and prenatal infant stimulation, particularly by being bathed in pleasant music, improves fetal development compared to control groups,<sup>48</sup> maternal distress and chemical toxins produce low birth weights, increased infant mortality, respiratory infections, asthma and cognitive development.<sup>49</sup> Ultrasound studies record fetal distress clearly, as it thrashes about and kicks in pain during hypoxia and other conditions. One mother whose husband had just threatened her verbally with violence came into the doctor's office with the fetus thrashing and kicking so violently as to be painful to her, with an elevated heart rate that continued for hours.<sup>50</sup> The same wild thrashing has been seen in mothers whose spouses have died suddenly. Maternal fright can cause the actual death of the fetus, and death of the husband and other severe emotional distress within the family during the mother's pregnancy is associated with fetal damage in large samples in several countries.<sup>51</sup> Marital discord between spouses has been correlated "with almost 100 per cent certainty...with child morbidity in the form of ill-health, neurological dysfunction, developmental lags and behavior disturbance."<sup>52</sup> Maternal emotional stress, hostility toward the fetus and fetal distress have been statistically correlated in various studies with more premature births, lower birth weights, more neonate neurotransmitter imbalances, more clinging infant patterns, more childhood psychopathology, more physical illness, higher rates of schizophrenia, lower IQ in early childhood, greater school failure, higher delinquency and greater propensity as an adult to use drugs, commit violent crimes and commit suicide.<sup>53</sup> The increase in social violence due to pre- and perinatal conditions has recently been dramatically confirmed by a major Danish study showing that boys of mothers who do not want to have them (and 25 percent of pregnant mothers admit they do not want their babies)<sup>54</sup> who also experience birth complications are four times as likely as teenagers to commit violent crimes than control groups.<sup>55</sup> An astonishing figure. THE NEUROBIOLOGY OF FETAL TRAUMA There are good neurobiological reasons for this correlation between fetal trauma and social violence. Since fetal traumas occur while neurons are still being formed, while cell adhesion molecules are still determining the brain's initial mapping processes and while synaptic connections are still undergoing major developmental changes, memories of fetal traumas cannot be handled as later in life, and so remain stored in our dissociated early emotional neural networks, centering in the amygdala, retaining their emotional power well into adulthood.<sup>56</sup> In addition, fetal stress produces an



overactivation of the pituitary-adrenal cortical and sympathetic-adrenal medullary systems with consequent increases of adrenocorticotrophic hormone (ACTH), cortisol, pituitary growth hormone, catecholamine and glucagon levels, and has been correlated with damage to the fetal hippocampus, the center of conscious memory and self feelings.<sup>57</sup> Infants traumatized in utero and during birth are those Winnicott referred to as "born paranoid," and can remain hypersensitive to stress, overfearful, withdrawn and angry all their lives. Fetal traumas result in intense overstimulation of neurotransmitters, producing hypersensitivity and other imbalances in such important neurotransmitters as the catecholamines, particularly in low serotonin levels, which has been widely demonstrated to lead to persistent hyperarousal and compulsive reenactment in violent social behavior.<sup>58</sup> Because of damage to early neuronal, neurotransmitter and hormonal development, reenactment in later life can be an even more potent source of violent behavior in the case of fetal trauma than it has been found to be in the case of childhood or war trauma.<sup>59</sup> The same neurobiological factors have been found to be responsible for the increase in violence against self. Suicide patterns are so strongly linked to birth that epidemiologists have found higher suicide rates in areas that a few decades earlier had had higher birth injuries.<sup>60</sup> Other studies have shown that even the types of suicides were correlated with the kinds of perinatal traumas, asphyxia during birth leading to more suicides through strangulation, hanging and drowning, mechanical trauma during birth correlated with mechanical suicide elements, drugs given during birth being correlated to suicide by drugs, and so on-so that, for instance, the rise in adolescent drug addiction and suicide recently is now believed to be at least partially due to the more active use of drugs by obstetricians during birth in recent decades.<sup>61</sup> Far from being the safe, cozy haven to which we all supposedly want to return, the womb is in fact often a dangerous and often painful abode,<sup>62</sup> where "more lives are lost during the nine gestational months than in the ensuing 50 years of postnatal life."<sup>63</sup> Few fetuses, for instance, escape experiencing painful drops in oxygen levels when the mother is emotionally upset, smokes, drinks alcohol or takes many other drugs. As the placenta stops growing during the final months of pregnancy, it regresses in efficiency, becoming tough and fibrous, as its cells and blood vessels degenerate and it becomes full of blood clots and calcifications, making the fetus even more susceptible to hypoxia as it grows larger and making the late-term fetus "extremely hypoxic by adult standards."<sup>64</sup> Furthermore, the weight of the fetus pressing down into the pelvis compresses blood vessels supplying the placenta, producing additional placental failure.<sup>65</sup> Practice contractions near birth give the fetus periodic "squeezes," decreasing oxygen level even further,<sup>66</sup> while birth itself is so hypoxic that "hypoxia of a certain degree and duration is a normal phenomenon in every delivery," not just in more severe cases.<sup>67</sup> The effects on the fetus of this extreme hypoxia are dramatic: normal fetal breathing stops, fetal heart rate accelerates, then decelerates, and the fetus thrashes about frantically in a life-and-death struggle to liberate itself from its terrifying condition.<sup>68</sup> The fetal drama of the suffering fetus vs. the Poisonous Placenta, having begun with all the moments of fetal distress in earlier months, reaches its climax in birth itself.

**THE REALITY OF FETAL MEMORY** That the fetal memory system is sufficiently mature not only to learn in the womb but also to remember prenatal and birth experiences is confirmed by a growing body of experimental, observational and clinical data. Neonates can remember lullabies learned prenatally<sup>69</sup> and can pick out at birth their mothers' voices from among other female voices and respond differently (with increasing sucking on a pacifier) to familiar melodies they had heard in utero.<sup>70</sup> Sallenbach played simple melodies to the fetus in utero, based on four notes, and found it was able not only to move to the beat but continued to mark the beat when the notes were discontinued.<sup>71</sup> As evidence of even more complex memories, as most of you are aware, DeCasper had 16 pregnant women read *The Cat in the Hat* to their fetuses twice a day for the last six weeks of their pregnancy.<sup>72</sup> When the babies were born, he hooked up their pacifiers to a mechanism that allowed them to chose one of two tape recordings by sucking slowly or quickly, choosing either the tape in which their mothers read the familiar *Cat in the Hat* poem or a second tape where she read another poem with a different meter. The babies sucked so as to switch over to the tape of their favorite poem, indicating their mastery of the task of remembering complex speech patterns heard only in utero. Chamberlain sums up his extensive work on

birth memories, which he found reliable in comparing them with the memories of the mother and hospital records: "They demonstrate the same clear awareness of violence, danger, and breach of trust which any of us adults might show in a similar situation...Even three-yearolds sometimes have explicit and accurate birth recall.<sup>73</sup> Recent insights into fetal learning have led to some impressive research on fetal enrichment that demonstrates that pre- and peri-natal stimulation produces advances in motoric abilities and intelligence that last for years. Experimental groups of pregnant women and their fetuses who participated in pre- and perinatal stimulation enrichment were investigated in parallel with carefully selected control groups not involved in any prenatal program. The postnatal evaluation of both groups on standard developmental tests shows highly significant enhancement from fetal sensory stimulation in motoric performance, visual skills, emotional expression and early speech.<sup>74</sup> Even more impressive, when these prenatally induced enrichment effects are consolidated by immediate post-natal enrichment experiences-called "cumulative phases" by Blum, who says they are comparable to the last stages in puzzles when elements can be positioned easily because preparatory work has been done-they produce improvements over the control group in Stanford Binet IQ tests at age three ranging from 38 percent for language and 47 percent for memory to 51 percent for social intelligence and 82 percent for reasoning, a fetal-infantile Head Start program of astonishing efficiency.

THE FINDINGS OF ULTRASOUND RESEARCH Perhaps the most impressive observational work on the personality of the fetus is being done by the Italian psychoanalyst, Alessandra Piontelli, by combining thousands of hours of ultrasound observations and clinical psychoanalytic work with young children. Her research into pre- and perinatal memories began after she encountered an eighteen-month-old child who was reported by sensitive parents as being incessantly restless and unable to sleep. Piontelli recounts the case: I noted that he seemed to move about restlessly almost as if obsessed by a search for something in every possible corner of the limited space of my consulting room, looking for something which he never seemed able to find. His parents commented on this, saying that he acted like that all the time, day and night. Occasionally Jacob also tried to shake several of the objects inside my room, as if trying to bring them back to life. His parents then told me that any milestone in his development (such as sitting up, crawling, walking, or uttering his first words) all seemed to be accompanied by intense anxiety and pain as if he were afraid, as they put it, 'to leave something behind him.' When I said very simply to him that he seemed to be looking for something that he had lost and could not find anywhere, Jacob stopped and looked at me very intently. I then commented on his trying to shake all the objects to life as if he were afraid that their stillness meant death. His parents almost burst into tears and told me that Jacob was, in fact, a twin, but that his co-twin, Tino, as they had already decided to call him, had died two weeks before birth. Jacob, therefore, had spent almost two weeks in utero with his dead and consequently unresponsive co-twin.<sup>75</sup> Verbalization of his fears that each step forward in his development might be accompanied by the death of a loved one for whom he felt himself to be responsible "brought about an incredible change in his behavior" says Piontelli. Similarly, the late Leah LaGoy, an American psychotherapist, documented seventeen children who were her patients who had lost a twin in utero and who "consistently create enactments of fearing for their own life [which] can and often does weaken the parent-child bonding process" because they believe their mother might try to get rid of them too.<sup>76</sup> Piontelli, like many other child therapists, began to be struck by the frequency and concreteness of children's "fantasies" about their life before birth. Unlike most therapists, who, however, ignore their accurate observations because their training taught them the mind only begins after birth, she carefully recorded them and tried to confirm their reality, first by consultation with the family and then by her own extensive ultrasound observations of fetal life. The correlations and continuities between fetal experiences and childhood personality "were often so dramatic," she says, "that I was amazed that I had not been more aware of them at the time."<sup>77</sup> One set of twins often stroked each others' heads in the womb through the dividing membrane; at the age of one, they could often be seen playing their favorite game of using a curtain as a kind of membrane through which they stroked each other's heads.<sup>78</sup> Another set of twins-whose mother considered abortion because of her fear they might be jealous of each other-punched each other all the time in the womb

and continued to do so after birth. One fetus, who often buried his face in the placenta as if it were a pillow, as a child insisted that his mother get him a pencil case shaped like a pillow that he used similarly. Still other children played out various obstetrical distress problems in later life in dramatic detail, such as one child who had nearly died because her umbilical cord had been tightly knotted around her neck and who spent most of her early childhood wrapping ropes, strings and curtain cords around her head and neck, playing with them and licking them frenziedly.<sup>79</sup> The enormous importance of being able to use fetal insights such as these in the therapy of both children and adults for profound relief and personality change has been carefully documented by Piontelli and many other birth therapists.<sup>80</sup> Piontelli's pioneering use of ultrasound to observe actual fetal behavior has, in fact, for the first time confirmed my own earlier conclusions made from historical material about the relationship between the fetus and the placenta. Even birth therapists have objected to my theory that "the fetus begins its mental life in active relationship with its own placenta." Thomas Verny, author of the pioneering book *The secret Life of the Unborn Child*, said that although he agreed that "mental life begins in the womb with a fetal drama," he disagreed that the placenta has any role in this drama, saying, "Personally, in fifteen years of doing intensive, regressive type of psychotherapy I have never yet heard one of my patients refer in any way at all to his or her placenta."<sup>81</sup> David Chamberlain, author of *Babies Remember Birth*, agrees, saying, "I have heard complaints about all these things in hypnosis but never against a 'poisonous placenta.' The reaction is always against the mother herself."<sup>82</sup> Piontelli's ultrasound observations reveal a complex relationship between the fetus and its placental/umbilical "first object." Fetuses stroke and explore the placenta all the time, and grab the umbilicus for comfort when distressed. Their behavior toward the placenta and umbilicus correlates with later behavior patterns in their infancy, so that, for instance, when Piontelli watches one fetus use the placenta as a pillow in the womb, observing it "sucking the cord [and] resting on the placenta as if it were a big pillow...burying himself in the placenta...as if it were a pillow," she then notices it has difficulty sucking the mother's breast after birth, preferring to use it as a pillow instead: "He is not sucking...he is leaning against it...it's not a pillow you know!"<sup>83</sup> Psychotherapists regularly encounter placental images in their practice, but because they cannot conceive of fetal mental life in the womb they regularly ascribe the images to other sources. The most famous placental images are known as "the Isakower phenomenon," which often occurs when falling asleep. It consists of a sense that one is floating, with a "shadowy and undifferentiated, usually round [object] which gets nearer and larger."<sup>84</sup> This floating plus a single object are not, as therapists have assumed, the mother's breast; breasts come in twos and are rarely found floating. Isakower himself described the placental image accurately as a "disc," lying on top of him, an object a second person said was shaped like a "balloon." Placental images are also found by clinicians in deeply regressed psychotics, who often hallucinate blood-sucking monsters. Most of these monster-phobias in patients are placental, fearing blood-sucking spiders or vampires or octopuses or Medusas or sphinxes.<sup>85</sup> It simply makes no sense to call blood-sucking spiders "phallic mothers," as Freud and Abraham did,<sup>86</sup> particularly when they are accompanied by their umbilical dropline.<sup>87</sup> However disguised, whether as an oblong table of thick blood or as a blood-sucking dragon, the Poisonous Placenta, along with the Suffering Fetus, are the central images of the fetal drama, and the restaging of their violent encounter is the central task of all historical societies. This battle with the persecuting placental beast constitutes the origin of all war and social violence. It must be restaged periodically because of the neurobiological imperatives of fetal and childhood trauma. Ancient societies used to believe that because of growing pollution the universe periodically threatened to dissolve in primordial waters, and unless a war was fought between a hero-an avenging fetus-and an asphyxiating sea-monster, a war of ritual purification and rebirth through violence, the world would disappear.<sup>88</sup> We believe the same today, with most nations repeating the cleansing war ritual four times a century for as long as historical records have survived. THE NEUROBIOLOGY OF TRAUMATIC RESTAGING The neurobiological effects of trauma and the compulsion to restage early traumatic violence upon others and upon one's self are becoming fairly well understood through recent advances in neuroscience. Inescapable dangers and intolerable stresses subject the brain to massive

secretions and subsequent depletions of a variety of neurotransmitters, including norepinephrine, dopamine and serotonin, which lead to hypervigilance, explosive anger and excessive sensitivity to similar events in the future, which are experienced as dangerous as the earlier incident.<sup>89</sup> In addition, the hormones that flood the brain to mobilize it in the face of threats, especially cortisol, have been found to be toxic to cells in the hippocampal system, center of the neural network for consciousness, actually killing neurons and reducing the size of the hippocampus, making modification and retrieval of early traumas nearly impossible.<sup>90</sup> Thus, without the ability to modify early trauma through new experiences, the brain continues to interpret ordinary stressors as recurrences of traumatic events long after the original trauma has ceased. These paranoid results are particularly true of the earliest traumas of fetal and infantile life, because the hippocampus is quite immature until the third or fourth year of life, so that the trauma is encoded in a separate "emotional memory" system controlled by an amygdalan network, creating fearful associations that are amnesic for memories of the event yet remain powerful in affect.<sup>91</sup> Infants, for instance, who experience premature births or eating disorders at birth often fear all new experiences in later life—indeed, fear all new arousals though a new job or a new lover represented the same threat to life as birth once did.<sup>92</sup> The continuing low serotonin levels produced by trauma, in particular, decrease normal aggressive inhibitions (serotonin being the main soothing neurotransmitter) to such an extent that low serotonin has been determined to be central to social violence of both humans and other primates. Monkeys who have early separation traumas have low serotonin levels, and are "nasty, hostile, crazy," and often kill their peers for no reason,<sup>93</sup> while traumatized children with low serotonin have more disruptive behavior<sup>94</sup> and compulsively restage their traumas in their play and with peers, both in order to maintain some control over its timing—anything to avoid re-experiencing their helplessness—and also because they can thereby identify with the aggressor.<sup>95</sup> Others repeat the original trauma by self-injury; for instance, girls often react to rape by becoming a prostitute, so that they feel somewhat in control and so that the perpetrator is made "to pay" for the sex this time.

**HISTORY AS A HOMEOSTATIC MECHANISM** This continual restaging of early trauma, predicated upon damaged neural networks, is thus a homeostatic mechanism, accomplished in the social sphere by nations through wars, economic domination and other social violence. I have elsewhere even provided extensive evidence that each of us constructs a separate neural network for these early traumas and their defenses, a persecutor? alter, a dissociated personality system similar to the alters of multiple personalities, that stores, defends against and elaborates these early fetal and infantile traumas as we grow up. The fetal basis of the organization of these traumas into an alter personality is obvious as we become "socialized," although we all collude not to notice it. Our children's playgrounds are full of fetal objects, from swings that repeat amniotic rocking to birth tunnels and slides. As infants we cling to Teddy Bears, placental beasts named after Teddy Roosevelt. As children we organize fetal games, hitting, kicking and throwing around placental membranes (one, the football, even egg-shaped, that we rebirth through our legs), reenacting our own birth when we pass them through upright legs or vaginal hoops and at the same time practicing the mental mechanisms necessary to hurt others who we pretend are our "enemies" without feeling conscious guilt. We likewise relive our birth when we celebrate Christmas as a rebirth ritual, complete with a placental tree and a Santa Claus—a chubby blood-red fetus going down his birth chimney attached to his placental bag—and when we engage in such odd thrills as bungee-jumping at the end of a long umbilicus or throwing ourselves into mosh pits at rock concerts.<sup>96</sup> All religions contain at their center the suffering fetus and its placenta, whether it is the dismembered, suffering Osiris or the bleeding Christ on his placental cross or the dead Elvis, at whose grave a mass veneration takes place beneath a giant placental heart and a soundtrack of him singing the song "Hurt."<sup>97</sup>

**THE PHANTOM PLACENTA AS LEADER** In fact, I believe we so deeply experience the loss of our umbilicus/placenta (your umbilicus, after all, was a pulsing fifth limb that used to grow out of your middle that was actually larger than your leg) that we walk around all the time feeling we have still a "phantom placenta"—the same phenomenon as the "phantom limb" experienced by amputees<sup>98</sup>—and we are constantly looking for a leader or a flag or a god to serve as its substitute. In fact, in ancient times, nations

saved the actual placenta of their leader and put it on a pole which they carried into battle; it was actually the first flag in history. In Baganda, they still put the king's actual placenta on a throne and pray to it and receive messages from it through their priests." We do the same when we look to the sky for UFOs-perfect placental disks-that might have messages for us.<sup>100</sup> The yearning for a phantom placenta as a leader and a Poisonous Placenta as an enemy with whom we can fight a war is actually the aim of all social organization, prior to any utility the organization may have. War is the final chapter of the continuous restagings of early traumas that we practice in all our social activities, from the 18,000 murders the average child sees on TV to the games we play in which we practice the mental mechanisms necessary to turn others into "enemies," a truth reflected in the saying that "British wars are won on the Rugby fields." Cleansing war rituals are staged, then, as four-act dramas: 1. We begin to re-experience our early traumas when we feel too much individuation-wars are usually fought after a period of peace, prosperity and social progress, which are produced by the minority who have had better childrearing but experienced by the majority whose childrearing is so traumatic that all progress and individuation is seen as threatening. 2. We find a leader who can be our phantom placenta into whom we can pump our frightening feelings, our "bad blood"-you can see this concretely when Nazis stiffly put up their arms like a full umbilicus and put their bad feelings, their blood, into Hitler for cleansing, and he catches it with an open palm, and you can see it in the swastika, the ancient symbol of the placenta, on their blood-red flag. 3. We restage our early helplessness, humiliation and paranoia with another nation who wishes to act out their violence-minor incidents are experienced as so enormously humiliating that even a holocaust might be worth their revenge-as President Kennedy said during the nearly nuclear Cuban Missile Crisis, "If Krushchev wants to rub my nose in the dirt, it's all over"<sup>101</sup> (Kennedy's mother rubbed his nose in dirt to punish him.) 4. We go to war by merging with our persecutors and restaging our terrors through inflicting our early traumas upon others-wars are not, as often said, an "outlet for human aggression" in fact, nations usually feel more calm and determined than aggressive as they go to war, just as wife-beating husbands become calm and righteous as they externalize their inner violent fantasies and take them out against their spouses;<sup>102</sup> so, too, nations experience a manic strength as they merge with their early persecutors and fight to destroy the monstrous enemy who is injecting "insidious poison" into their national bloodstream. THE WAR AGAINST CHILDREN Even more effective than sacrificing our youth in wars is the institutionalized war against children we conduct as social policy. In fact, my statistical studies show social policy and engineered recessions routinely kill far more children as sacrificial victims than all our wars put together.<sup>103</sup> As in foreign wars-which are external sacrifices-legislative wars against children-internal sacrifices-are regularly conducted after periods of peace and prosperity, such as in America today, with no available external enemy so reductions in welfare and education and health care for children are the goal of the 90s. Since it is moving forward-all prosperity, individuation and freedom-that brings about the restaging of trauma, it makes psychohistorical sense that America today, the most prosperous and freest nation in history, has more children living in poverty than any other industrialized nation. In New York City, 39 percent of the children are on welfare; in Chicago, 46 percent, in Detroit, 67 percent.<sup>104</sup> Sen. Moynihan predicts current cuts in Aid to Families with Dependent Children will put millions of these children on the street. A decade ago, we decided to dump millions of our mentally ill into the streets, and now we take no notice as we walk by them every morning, digging in garbage cans for food. We will soon be walking by and not noticing that millions of our nation's children have joined them, while denying that we have put them there to suffer for us.<sup>105</sup> That the group-fantasies behind the current cuts in welfare for children are identical to those I have been discussing in this paper can be easily seen in the words of those in Congress who say welfare payments to children are "bleeding us dry" and "sucking the blood out of our country;" as Presidential candidate Sen. Phil Gramm, said the other day, "If we continue to pay mothers who have illegitimate children, the country will soon be have more illegitimate than legitimate children," all dependent upon him, a scenario that is his own projection of the needy, unloved baby-Phil in his persecutory alter, demanding "MORE!" Bad, sinful babies surely deserve to be punished as scapegoats for our guilty prosperity; in fact, during

every period of prosperity and peace in our history (such as in the 1850s and the 1890s) there has been a movement by the wealthy to stop welfare for "the undeserving poor." Each time, as now, "moral decay" and "a breakdown in family values"-code words for fear of freedom-are discovered anew, conditions that can only be changed by "ending family dependency"-code words for hurting children, symbols of our own dependency needs.

**ENDING CHILD ABUSE** Although all that I have told you today has been quite depressing, an awareness of the very early origins of violence has its optimistic side. If traumas are the cause of war and social violence, then radically reducing these traumas can be reasonably expected to reduce the violence and social domination. If, rather than continuing the millenia-old historical cycle of traumatized adults inflicting terrors upon their children, we try kindness instead, helping mothers and children rather than punishing them, we will soon be able to end our need to reenact our traumatic memories on the social stage. Let me tell you how this radical reduction of violence is quite possible of accomplishment in society today. You will recall the evidence I cited earlier that when babies are unwanted and have birth complications they will, when they are teenagers, have four times the rates of violent crimes. If this ratio holds for most results of early trauma, then reducing all early trauma to a small fraction of what it is today can be expected to save approximately 75 percent of the cost of social violence. I estimate the yearly cost of social violence, external and internal sacrifices combined, to be over \$1 trillion per annum, adding up the cost of most of the military, the interest on the debt (which is all for recent wars), most of the criminal justice system, the loss of life and property in crime, and so on. The savings, then, amount to \$750 billion per annum. The only question is: How is it possible to eliminate perinatal trauma and child abuse, and what would it cost to do this?

**COMMUNITY PARENTING CENTERS** The answer to this crucial question is no longer theoretical. A decade ago, a psychohistorian, Robert McFarland, M.D., reasoned that if my psychogenic theory of history is right, he should be able to improve both the health and the wealth of his community in Boulder, Colorado by reaching out to every new mother before her baby was born and help her and her husband to welcome and then parent their child, a task society usually believes does not require any help from the community. An entire issue of our Journal of Psychohistory, entitled "Ending Child Abuse," was devoted to the results of McFarland's experiment-which has since been duplicated elsewhere-describing such activities of his center as outreach to new mothers, prenatal services, parenting discussion groups, baby massage sessions, single mother help, fathering courses, puppet shows, how to discipline without hitting, psychotherapy referrals, and so on. All these were provided on a shoestring budget, mainly with volunteer help, using local resources. By providing this prenatal and early childhood help in a Community Parenting Center, child abuse-as measured by physical and sexual abuse reports, hospital records of injuries, and followup studies-has been virtually eliminated in the area serviced by his center.<sup>106</sup> Since no new mother wants to reject or abuse her baby (the formula for baby battering being, "I had the baby to give me the love I never got; but instead she cried, she sounded like my mother yelling at me; so I hit her"), McFarland and his associates found that providing each new mother with help and hope allowed normal affection to replace the abuse that comes from fear, isolation and despair. The cost? Since McFarland stresses local community resources and volunteer labor, very little. Even when he expands the centers to include needed day care facilities, he expects a local sales tax of onetenth of one percent to be sufficient to run the whole enterprise, a small "children's tax" that would represent the community's commitment to invest in their children's future. A similar sales tax in every community in the nation would produce .1 percent times \$5 trillion in yearly sales in America or \$5 billion a year in tax revenue, the cost of two of the B2 bombers the military is now building that they admit are not needed. The savings, then, 15 to 20 years from now, if we should decide to save our children from traumas, would be \$750 billion per year saved less \$5 billion invested, or \$745 billion net savings, enough to end poverty in America forever. (This does not even consider the additional \$1 trillion or more we currently spend on hard-core drugs, gambling and dozens of other wholly neurotic activities.) We regularly decide to invest hundreds of billions of dollars in technologies like the information superhighway hoping for future benefits, under the notion that material investments always produce prosperity. But Adam Smith was not radical enough when he said the

wealth of nations lay in its investment in technology-the real wealth of nations is its children, and investing in their mental health must precede investments in material technologies, or else the resulting prosperity will continue to be destroyed in wars and social destructiveness. Our task, therefore, is clear and our resources sufficient to change our violent society. All it takes is our will to act. Dare we choose to delay any longer?

References REFERENCE NOTES 1. Lloyd deMause, "The Gulf War as a Mental Disorder." *The Journal of Psychohistory* 19 (1991): 1-23. 2. Miriam Robbins Dexter, *Whence the Goddesses: A Source Book*. New York: Pergamon Press, 1990; Paul Friedrich, *The Meaning of Aphrodite*. Chicago: University of Chicago Press, 1978. 3. James A. Aho, *Religious Mythology and the Art of War: Comparative Religious Symbolisms of Military Violence*. Westport, Conn.: Greenwood Press, 1981; Wolfgang Lederer, *The Fear of Women*. New York: Grune & Stratton, 1968, p. 58. 4. Use Kirk, "Images of Amazons: Marriage and Matriarchy." In Sharon Macdonald, Pat Holden and Shirley Ardener, Eds., *Images of Women in Peace and War*. Houndmills: Macmillan Education, 1987, pp. 27-39 5. Burr Cartwright Brundage, *The Fifth Sun: Aztec Gods, Aztec World*. Austin: University of Texas Press, 1979, p. 201; Margaret Ehrenberg, *Women in Prehistory*. London: British Museum Publications, 1989, p. 163. 6. Lloyd deMause, *Reagan's America*. New York: Creative Roots, 1984; Lloyd deMause, "The Gulf War as a Mental Disorder." 7. Joan Haslep, *Marie Antoinette*. New York: Weidenfeld & Nicolson, 1987. Lynn Hunt, "The Many Bodies of Marie Antoinette: Political Pornography and the Problem of the Feminine in the French Revolution" and Vivian Cameron, "Political Exposures: Sexuality and Caricature in the French Revolution." In Lynn Hunt, Ed., *Eroticism and the Body Politic*. Baltimore: Johns Hopkins University Press, 1991, pp. 109-130; Simon Schama, *Citizens: A Chronicle of the French Revolution*. New York: Alfred A. Knopf, 1989, pp. 203-227; Terry Castle, "Marrie Antoinette Obsession." *Representations* 38 (1992): 1-38; Madelyn Gutwirth, *The Twilight of the Goddesses*. New Brunswick: Rutgers University Press, 1992, pp. 136-200. 8. Lynn Hunt, "The Many Bodies of Marie Antoinette," pp. 122-3; Simon Schama, *Citizens*, p. 796. 9. Richard Grenier, "Killer Bimbos." *Commentary*, September 1991; "Kiss Kiss Slash Slash." *Newsweek*, March 23, 1992. 10. *New York Post*, June 16, 1986, p. 4. 11. James A. Aho, *Religious Mythology and the Art of War: Comparative Religious Symbolisms of Military Violence*. Westport, Conn.: Greenwood Press, 1981, pp. 21-23. 12. John Bierhorst, Ed. *The Hungry Woman: Myths and legends of the Aztecs*. New York: William Morrow, 1984, p. 10. 13. Brace Lincoln, *Death, War, and Sacrifice: Studies in Ideology and Practice*. Chicago: University of Chicago Press, 1991, p. 13. 14. Sidney Halpern, "The Mother-killer." *The Psychoanalytic Review* 52(1965): 73. 15. Lloyd deMause, *Foundations of Psyehohistory*, pp. 90-102, 244-332. 16. Nancy Huston, "The Matrix of War: Mothers and Heroes." In Susan Rubin Suleiman, *The Female Body in Western Culture: Contemporary Perspectives*. Cambridge: Harvard University Press, 1986, p. 133. 17. Ralph H. Lutz, *Fall of the German Empire 1914-1918: Documents of the German Revolution*. Vol. I. Stanford: Stanford University Press, 193-2, p. 13. 18. Jeremy Noakes and Geoffrey Pridham, Eds. *Documents on Nazism, 1919-1945*. London: Jonathan Cape, 1974, p. 37; Robert Wistrich, *Hitler's Apocalypse: Jews and the Nazi Legacy*. New York: St. Martin's Press, 1985, p. 134. 19. For further examples or the fetal drama, see Lloyd deMause, *Foundations of Psyehohistory*, pp. 261-282. 20. Sigmund Freud, "The Interpretation of Dreams," *Standard Edition*, Vol. 5. London: The Hogarth Press, 1959, p. 400. 21. Otto Rank, *The Trauma of Birth*. New York: Richard Brunner, 1952; Otoo Rank, *The Myth of the Birth of the Hero and Other Writings*. New York: Random House, 1932. 22. In *Collected Papers: Through Paediatrics to Psycho-analysis*. New York: Basic Books, 1958, pp. 174-193. 23. *Ibid*, p. 175. 24. David W. Winnicott, *Human Nature*. London: Free Association Books, 1988, p. 149. 25. *Collected Papers*, pp. 177-8. 26. *Ibid*, pp. 249-250 27. Nandor Fodor, *The Search for the Beloved: A Clinical Investigation of the Trauma of Birth and Prenatal Condition*. New Hyde Park, N.Y: University Books, 1949; Francis J. Mott; *The Universal Design of Creation*. Edenbridge: Mark Beech, 1964; Arnaldo Rascovsky, *El Psiquismo Fetal*. Buenos Aires: Editorial Paidos, 1977; Stanislav Grof, *Realms of the Human Unconscious: Observations from LSD Research*. New York: Viking Press, 1975; Stanislav Grof, *Beyond the Brain: Birth, Death and Transcendence in Psychotherapy*. Albany: State University of New York, 1985; Arthur Janov, *The Primal Scream: Primal Therapy-The Cure for*

Neurosis. New York: G. P. Putnam's Sons, 1970; Thomas R. Verny and John Kelley, *The Secret Life of the Unborn Child*. New York: Summit Books, 1981; Thomas R. Verny, Ed., *Pre- and Perinatal Psychology: An Introduction*. New York: Human Sciences Press, 1987; Peter Fedor-Freybergh and M. L. Vanessa Vogel, Eds., *Prenatal and Perinatal Psychology and Medicine: Encounter With the Unborn*. Camforth: the Parthenon Publishing Group, 1988; Ludwig Janus, *Wie die Seele entsteht: unser psychisches Leben vor und nach der Geburt*. Hamburg: Huffman und Campe, 1991. 28. Calvin S. Hall, "Prenatal and Birth Experiences in Dreams." *Psychoanalytic Study of the Child* 1(1967): 157-74. 29. K Mark Sossin, "Pre- and Postnatal Repercussions of Handicapping Conditions Upon the Narcissistic Line of Development." *Pre- and Perinatal Psychology Journal* 7 (1993): 197. 30. G. Engel et al, "Monica: Infant-feeding Behavior of a Mother Gastric Fistula-fed as an Infant: A Thirty-Year Longitudinal Study of Enduring Effects." In E. Anthony and G. Pollack; Eds. *Parental Influences in Health and Disease*. Boston: Little, Brown, 1985, pp. 30-89. 31. William Niederland, "The Role of the Ego in the Recovery of Early Memories." *Psychoanalytic Quarterly* 34(1965): 568. 32. Lynda Share, *If Someone Speaks, It Gets Lighter: Dreams and the Reconstruction of Infant Trauma*. Hillsdale, N.J.: The Analytic Press, 1994, p. 191-196. 33. *The International Journal of Prenatal and Perinatal Psychology and Medicine and Pre- and Perinatal Psychology Journal*. For excellent recent bibliographies, see M. Maiwald and L. Janus, "Development, Behavior and Psychic Experience in the Prenatal Period and the Consequences for Life History: A Bibliographic Survey." *International Journal of Prenatal and Perinatal Psychology and Medicine* 5 (1993): 451-485 and M. Maiwald, "Development, Behavior and Psychic Experience in the Prenatal Period and the Consequences for Life History: A Bibliographic Survey." *Int. J. Prenatal and Perinatal Psych, and Med.* 6 (1994): Suppl. 1-48. More extensive bibliography of pioneering fetal psychologists can be found in Lloyd deMause, *Foundations of Psychohistory, "The Fetal Origins of History,"* pp. 244-332. 34. Maggie Scarf, *Body, Mind, Behavior*. New York: Dell Publishing, 1976, pp. 23-40; Robert C. Goodlin, *Care of the Fetus*. New York: Masson Publishing, 1979, p. 192; Thomas R. Verny, *Pre- and Perinatal Psychology: An Introduction*. New York: Human Sciences Press, 1987, p. 25. 35. K. J. S. Anand and P. R. Hickey, "Pain and Its Effects in the Human Neonate and Fetus." *The New England Journal of Medicine*, 317 (1987): 1322. 36. Joseph E. LeDoux, "Emotion, Memory and the Brain." *Scientific American*, June 1994, pp. 50-57. 37. Bessel A. van der Kolk, "The Trauma Spectrum: The Interaction of Biological and Social Events in the Genesis of the Trauma Response." *Journal of Traumatic Stress* 1 (1988): 273-290; Antonio R. Damasio, *Descartes Error: Emotion, Reason, and the Human Brain*. New York: G. P. Putnam's Sons, 1994, pp. 173-183. 38. Robert M. Bradley and Charlotte M. Mistretta, "Fetal Sensory Receptors." *Physiological Reviews* 55 (1975): 358; Tryphena Humphrey, "Function of the Nervous System During Prenatal Life," in Uwe Stave; Ed. *Physiology of the Perinatal Period*. Vol. 2. New York: Appleton-Century-Crofts, 1970, pp. 754-89. 39. Robert Goodlin, *Care of the Fetus*, p. 1. 40. A. W. Liley, "The Foetus as Personality." *Australian and New Zealand Journal of Psychiatry* 6 (1972): 99-105; Alessandra Piontelli, *From Fetus to Child: An Observational and Psychoanalytic Study*. London: Tavistock/Routledge, 1992; A. Ianniruberto and E. Tajani, "Ultrasonographic Study of Fetal Movements." *Seminars in Perinatology* 5 (1981): 175-181; T. B. Brazelton and B. G. Cramer, *The Earliest Relationship*. New York: Addison-Wesley Publishing Co., 1990. 41. W. E. Rayburn, "Monitoring Fetal Body Movement." *Clinical Obstetrics and Gynecology* 3 (1987): 889-911. 42. P. H. Wolff, *The Causes, Control and Organization of Behavior in the Neonate*. (Psychological Issues Monographs No. 17). New York: International Universities Press, 1966, p. 22-23; Arthur Efron, "The Sexual Body: An Interdisciplinary Perspective." *The Journal of Mind and Behavior*. 6 (1985): 118-121. 43. Jeanette M Soby, *Prenatal Exposure to Drugs I Alcohol: Characteristics and Educational Implications of Fetal Alcohol Syndrome and Cocaine / Polydrug Effects*. Springfield, IL: Charles C. Thomas, 1994. 44. M. Lieberman, "Early Development of Stress and Later Behavior." *Science* 1141 (1963): 824. 45. Bibliographic references can be found in Christopher Norwood, *At Highest Risk: Environmental Hazards to Young and Unborn Children*. New York: McGraw-Hill, 1980 and *Child at Risk: A Report of the Standing Senate Committee on Health, Welfare and Science*. Quebec: Canadian Government Publishing Center, 1980. 46. R. E. Myers, "Production of Fetal



Asphyxia by Maternal Psychological Stress." *Pavlovian Journal of Biological Science* 12(1977): 51-62. 47. T. F. Anders and C. H. Zeanah. "Early Infant Development From a Biological Point of View." In J. D. Call, E. Galenson and R. L. Tyson, Eds., *Frontiers of Infant Psychiatry*, Vol. II. New York: Basic Books, 1984; J. A. Connolly and J. H. Cullen, "Maternal Stress and the Origins of Health Status." *Ibid*, Vol. I, 1983; B. R. H. van den Bergh, "The Influence of Maternal Emotions During Pregnancy on Fetal and Neonatal Behavior." *Pre- and Perinatal Psychology Journal* 5 (1990): 119-130; Thomas Blum, Ed. *Prenatal Perception, learning and Bonding*. Berlin: Leonardo Publishers, 1993. 48. Chairat Panthuraamphorn, "Prenatal Infant Stimulation Program," in Blum, Ed., *Prenatal Perception*, pp. 187-220. 49. Thomas R. Verny, "Womb Ecology/World Ecology." Talk delivered at 2nd World Congress for Prenatal Education, Athens, Greece, May 14, 1994. 50. Lester Sontag, "Implications of Fetal Behavior and Environment for Adult Personalities." *Annals of the New York Academy of Sciences* 134 (1965): 782-6. 51. Robert Goodlin, *Care of the Fetus*, p. 10; Dennis H. Stott, testimony, in Senate of Canada: Standing Senate Committee on Health, Welfare and Science. Third Session, Thirtieth Parliament, 1977, "Childhood Experiences of Criminal Behavior," Issue No. 1, Second Proceeding, Nov. 24, 1977. 52. *Child At Risk: A Report of the Standing Senate Committee on Health, Welfare and Science*. Hull: Canadian Government Publishing Center, 1980, p. 16. 53. Lorraine Roth Herrenkohl, "The Anxiety-Prone Personality: Effects of Prenatal Stress on the Infant." In Roy J. Mathew, Ed. *The Biology of Anxiety*. New York: Brunner/Mazel, 1982, pp. 51-86; A. J. Ward, "Prenatal stress and childhood psychopathology." *Child Psychiatry and Human Development* 22 (1991): 97-110; Lars Billing, et al, "The Influence of Environmental Factors on Behavioral Problems in 8-Year-Old Children Exposed to Amphetamine During Fetal Life." *Child Abuse & Neglect* 18 (1994): 3-9; Sarnoff A. Mednick et al, Eds., *Fetal Neural Development and Adult Schizophrenia*. New York: Cambridge University Press, 1991; David B. Chamberlain, "Prenatal Intelligence." In Thomas Blum, Ed. *Prenatal Perception, Learning and Bonding*. Berlin: Leonardo Publishers, 1993, pp. 14-21; A. J. Ward, "Prenatal Stress and Childhood Psychopathology." *Child Psychiatry and Human Development* 22 (1991): 97-110; Adrian Raine, *The Psychopathology of Crime: Criminal Behavior as a Clinical Disorder*. San Diego: Academic Press, 1993. 54. Elaine Morgan, *The Descent of the Child: Human Evolution from a New Perspective*. New York: Oxford University Press, 1995, p. 78. 55. Adrian Raine, Patricia Brennan, Sarnoff A. Mednick, "Birth Complications Combined With Early Maternal Rejection at Age 1 Year Predispose to Violent Crime at Age 18 Years." *Archives of General Psychiatry* 51(1994): 984-988; Henry P. David, Zilenek Dybrich, Zilenek Matejcek and Vratislav Schuller, *Born Unwanted: Developmental Effects of Denied Abortion*. New York: Springer, Publications, 1988. 56. Gerald M. Edelman, *The Remembered Present: A Biological Theory of Consciousness*. New York: Basic Books, 1989, p. 44; Joseph E. LeDoux, "Emotion, Memory and the Brain." *Scientific American*, June 1994, pp. 50-57. 57. Lyle S. Joffe, et al, "Biobehavioral Antecedents in the Development of Infant-Mother Attachment." In Martin Reite and Tiffany Field, Eds., *The Psychobiology of Attachment and Separation*. New York: Academic Press, 1985, p. 334. 58. Bessel A. van der Kolk, and Jose Saporta, "The Biological Response to Psychic Trauma: Mechanisms and Treatment of Intrusion and Numbing." *Anxiety Research* 4(1991): 199-212. 59. Jan Volavka, *Neurobiology of Violence*. Washington, D.C.: American Psychiatric Press, 1995; M. J. P. Kruesi, "Cruelty to Animals and CSF 5-HIAA." *Psychiatry Research* 28 (1989): 115-116; Bessel A. van der Kolk, "Trauma Spectrum: The Interaction of Biological and Social Events in the Genesis of the Trauma Response." *Journal of Traumatic Stress* 1 (1988): 273-290. 60. Bertil Jacobson, "Perinatal Origin of Eventual Self-Destructive Behavior." *Pre and Peri-Natal Psychology* 2 (1988): 227-241. 61. *Ibid*, p. 240; Jude Roedding, "Birth Trauma and Suicide: A Study of the Relationship Between Near-Death Experiences at Birth and Later Suicidal Behavior." *Pre- and Peri-Natal Psychology Journal* 6 (1991): 145-169; L. Salk et al, "Relationship of maternal and perinatal conditions to eventual adolescent suicide." *Lancet* 1 (1985): 624-627; Thomas R. Verny, "The Scientific Basis of Pre- and Peri-Natal Psychology: Part 1." *Pre- and Peri-Natal Psychology* 3 (1989): 166. 62. Ernest M. Gruenberg, "On the Psychosomatics of the Not-So-Perfect-Fetal Parasite." In Stephen A. Richardson and Alan F. Guttmacher, Eds. *Childbearing: Its Social and Psychological Aspects*. New York: Williams & Wilkins,

1967, p. 54. 63. Roger E. Stevenson, *The Fetus and Newly Born Infant: Influences of the Prenatal Environment*. 2nd Ed. St. Louis: C. V. Mosby, 1977, p. 3. 64. Heinz Bartels. *Prenatal Respiration*. New York: John Wiley and Sons, p. 47. 65. A. Briend, "Fetal Malnutrition: The Price of Upright Posture?" *British Medical Journal* 2(1979): 317-319. 66. Joseph Barcroft, *Researches in Pre-Natal Life*. Vol. 1. Springfield, ĐÉ.: Charles Thomas, 1947, p. 209. 67. Lubor Jilek et al., "Characteristic Metabolic and Functional Responses to Oxygen Deficiency in the Central Nervous System." In Uwe Stave, Ed. *Physiology of the Perinatal Period*, p. 1043. 68. Peter Boylan and Peth J. Lewis, "Fetal Breathing in Labor." *Obstetrics and Gynecology* 56 (1980): 35-8; Peter Lewis, Peter Boylan, "Fetal Breathing: A Review." *American Journal of Obstetrics and Gynecology* 134 (1979): 270-5; Uwe Stave, Ed. *Physiology of the Perinatal Period*. Vol. 2. New York: Appleton-Century-Crofts, 1970, 987-992; Carl Wood, Adrian Walker and Robert Yardley, "Acceleration of the Fetal Heart Rate." *American Journal of Obstetrics and Gynecology* 134 (1979) 523-7. 69. R. A. Polverini-Rey, *Intrauterine Musical Learning: The Soothing Effect on Newborns of a Lullaby Learned Prenatally*. Doctoral Thesis, Los Angeles: California School of Professional Psychology, 1992. 70. Anthony J. DeCasper & W. P. Fifer, "Of Human Bonding: Newborns Prefer Their Mother's Voices." *Science* 208 (1980): 1174-1176; P. G. Hepper and S. Shahidullah, "Newborn and Fetal Response to Maternal Voice." *Journal of Preproduction and Infant Psychology* 11 (1993): 147-153; Thomas R. Verny, "The Scientific Basis of Pre- and Peri-Natal Psychology: Part 1." *Pre- and Peri-Natal Psychology* 3 (1989): 162-4; William P. Fifer, "Neonatal Preference for Mother's Voice." In Norman A. Krasnegor, et al, Eds., *Perinatal Development: A Psychobiological Perspective*. New York: Academic Press, 1987, pp. 111-115; Robert C. Goodlin, *Cry of the Fetus*. New York: Masson Publishing, 1979, p. 11. 71. William B. Sallenbach, "The Intelligent Prenate: Paradigms in Prenatal Learning and Bonding." In Thomas Blum, Ed., *Prenatal Perception, Learning and Bonding*. Berlin: Leonardo Publishers, 1993, p. 73. 72. Anthony DeCasper, "Studying Learning in the Womb." *Science*, 225 (1984): pp. 384; "Human Fetuses Perceive Maternal Speech." *Behavior Today*. Feb. 4, 1985, pp. 1-7. 73. David B. Chamberlain, "Prenatal Intelligence." In Thomas Blum, Ed., *Prénatal Perception*, pp. 20-21; David Chamberlain, *Babies Remember Birth*. Los Angeles: Jeremy P. Tarcher, 1988. 74. A full bibliography is contained in Thomas Blum, "Early Proto-Developmental Enrichment Stimulations and Possible Changes in the Functional Morphology of the Brain." In Thomas Blum and David Yew, Eds. *Human Prenatal Brain Development*. Berlin: Leonardo Publishers, 1993. 75. Alessandra Piontelli, *From Fetus to Child: An Observational and Psychoanalytic Study*. London: Tavistock/Routledge, 1992, p. 18. 76. Leah LaGoy, "The Loss of a Twin In Utero's Affect on Pre-Natal and Post-Natal Bonding." *International Journal of Prenatal and Perinatal Psychology and Medicines* 5 (1993): 439-444. 77. Piontelli, *From Fetus to Child*, p. 15. 78. *Ibid*, p. 146. 79. Alessandra Piontelli, "Pre-Natal Life and Birth as Reflected in the Analysis of a 2-Year-Old Psychotic Girl." *International Review of Psycho-Analysis*. 15 (1988): 73-81. 80. Stanislav Grof, *Beyond the Brain: Birth, Death and Transcendence in Psychotherapy*. Albany, N.Y.: State University of New York, 1985; Arthur Janov, *The Feeling Child*. New York: Simon and Schuster, 1973; Lynda Share, *If Someone Speaks, It Gets Lighter: Dreams and the Reconstruction of Infant Trauma*. Hillsdale, N.J.: The Analytic Press, 1994; E. V. Subbotsky, *Foundations of the Mind: Children's Understanding of Reality*. Cambridge, Mass.: Harvard University Press, 1993; Thomas R. Verny, Ed. *Pre- and Peri-natal Psychology: An Introduction*. New York: Human Sciences Press, 1987; David Chamberlain, *Babies Remember Birth*. Los Angeles: Jeremy P. Tarcher, 1988; Thomas Blum, Ed. *Prenatal Perception Learning and Bonding*. Berlin: Leonardo Publishers, 1993; Michael Maiwald and Ludwig Janus, "Development, Behavior and Psychic Experience in the Prenatal Period and the Consequences for Life History-A Bibliographic Survey" *International Journal of Prenatal and Perinatal Psychology and Medicine* 5 (1993): 451-485. 81. Thomas R Verny, "Sometimes a Cigar Is Just a Cigar." *The Journal of Psychohistory* 10 (1982): 214. 82. David B. Chamberlain, "Commentary on Lloyd deMause's 'Fetal Origins of History.'" *The Journal of Psychohistory* 10 (1982): 224. 83. Allessandra Piontelli, *From Fetus to Child*, pp. 114, 120. 84. Geraldine Fink, "Analysis of the Isakower Phenomenon." *Journal of the American Psychoanalytic Association* 15 (1967):282. 85. Ralph B. Little, "Spider Phobias." *Psychoanalytic Quarterly* 36 (1967): 51-60. 86. Leonard,

Shengold, "The effects of overstimulation: Rat People." *International Journal of Psycho-Analysis* 48 (1967):409.

87. Ralph B. Little, "Umbilical Cord Symbolism of the Spider's Dropline." *Psychoanalytic Quarterly* 35 (1966): 587-590.

88. Mircea Eliade, *The Myth of the Eternal Return; or, Cosmos and History*. Princeton: Princeton University Press, 1954; Mircea Eliade, *Rites and Symbols of Initiation: The Mysteries of Birth and Rebirth*. New York: Harper & Row, 1958; Norman Cohn, *Cosmos, Chaos and the World to Come*. New Haven: Yale University Press, 1993; Joseph L. Henderson and Maud Oakes, *The Wisdom of the Serpent: Myths of Death, Rebirth, and Resurrection*. Princeton: Princeton University Press, 1963.

89. John P. Wilson, *Trauma, Transformation and Healing: An Integrative Approach to Theory, Research, and Post-Traumatic Therapy*. New York: Brunner/Mazel, 1989, pp. 27-33; Bessel A. van der Kolk and Jose Saporta, "The Biological Response to Psychic Trauma: Mechanisms and Treatment of Intrusion and Numbing." *Anxiety Research* 4 (1991): 199-212; M. Michèle Murburg, Ed. *Catecholamine Function in Posttraumatic Stress Disorder: Emerging Concepts*. Washington, D.C.: American Psychiatric Press, 1994.

90. *The New York Times*, August 1, 1995, p. C3.

91. Joseph E. LeDoux, "Emotion, Memory and the Brain." *Scientific American*, June, 1994, pp. 50-57.

Van der Kolk and Saporta, *The Biological Response to Psychic Trauma*, p. 204.

92. Linda Share, *If Someone Speaks, It Gets Lighter: Dreams and the Reconstruction of Infant Trauma*. New York: The Analytic Press, 1994.

93. Bessel A. van der Kolk, "The Trauma Spectrum: The Interaction of Biological and Social Events in the Genesis of the Trauma Response." *Journal of Traumatic Stress* 1 (1988): 276; G. W. Kraemer, et al. "Hypersensitivity to d-amphetamine several years after early social deprivation in rhesus monkeys." *Psychopharmacology* 82(1984): 266-271.

94. Gregory L. Hanna, et al, "Whole Blood Serotonin and Disruptive Behaviors in Juvenile Obsessive-Compulsive Disorder." *Journal of the American Academy of Child and Adolescent Psychiatry* 34 (1995): 28-35.

95. A. W. Burgess et al., "Abused to Abuser: Antecedents of Socially Deviant Behavior." *American Journal of Psychiatry* 144 (1987): 1431-1436.

96. Alvin H. Lawson, "Placental Guitars, Umbilical Mikes, and the Maternal Rock-Beat: Birth Fantasies and Rock Music Videos." *The Journal of Psychohistory* 21 (1994): 335-354.

97. Ron Rosenbaum, "Among the Believers." *New York Times Magazine*, September 24, 1995, p. 50.

98. Amputees feel pain in the missing limb, a pain which disappears only when the physician provides a "mirror box" that allows the amputee to "see" his phantom limb restored; see *U.S. News & World Report*, October 2, 1995, p. 78. It is thus reasonable to assume that people join groups to restore their phantom placentas.

99. Lloyd deMause, *Foundations of Psychohistory*. New York: Creative Roots, 1982, p. 289; John Roscoe, *The Baganda: An Account of Their Native Customs and Beliefs*. New York: Frank Cass & Co, 1965 (1911).

100. Alvin H. Lawson, "Perinatal Imagery in UFO Abduction Reports." *The Journal of Psychohistory* 12 (1984): 211-239.

101. Lloyd deMause, *Foundations of Psychohistory*. New York: Creative Roots, 1982, pp. 190, 218.

102. *The New York Times*, June 22, 1994, p. C11.

103. Lloyd deMause, *Reagan's America*. New York: Creative Roots, 1984, p. 66.

104. Lars-Erik Nelson, "Welfare Plan Will Dump Children on the Streets." *Liberal Opinion Week*, September 18, 1995, p. 3.

105. *Ibid.*

106. *The Journal of Psychohistory* Vol. 21, No. 1, Summer, 1993.

Author Affiliation This article is an edited version of the keynote address at the 7th International Congress of the Association for Pre- and Perinatal Psychology and Health in San Francisco, California on September 29, 1995. Lloyd deMause is Director of The Institute for Psychohistory, 140 Riverside Drive, NY, NY 10024, Editor of *The Journal of Psychohistory*, founding President of the International Psychohistorical Association, and author of *Foundations of Psychohistory* and *Reagan's America*.

**Publication title:** Pre- and Peri-natal Psychology Journal

**Volume:** 10

**Issue:** 4

**Pages:** 229-260

**Number of pages:** 32

**Publication year:** 1996

**Publication date:** Summer 1996

**Year:** 1996

**Publisher:** Association for Pre&Perinatal Psychology and Health

**Place of publication:** New York

**Country of publication:** United States

**Journal subject:** Medical Sciences--Obstetrics And Gynecology, Psychology, Birth Control

**ISSN:** 08833095

**Source type:** Scholarly Journals

**Language of publication:** English

**Document type:** General Information

**ProQuest document ID:** 198780196

**Document URL:** <http://search.proquest.com/docview/198780196?accountid=36557>

**Copyright:** Copyright Association for Pre&Perinatal Psychology and Health Summer 1996

**Last updated:** 2010-06-06

**Database:** ProQuest Public Health

---

**Contact ProQuest**

Copyright © 2012 ProQuest LLC. All rights reserved. - **Terms and Conditions**