Perinatal Memories as a Diagnostic Psychotherapeutic Tool

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Publication info: Pre- and Peri-natal Psychology Journal 1. 4 (Summer 1987): 303-317.
ProQuest document link

Abstract: None available.

Full Text: If I were somehow artificially limited in where 1 could go in a person's consciousness to resolve a specific problem, then I would work within prenatal and birth experiences. Morris Netherton, Ph.D.1 Introduction In the Netherton Method of Past Life and Perinatal Therapy, we trace negative emotional and behavioral patterns in the here and now to the root source within the unconscious mind. These patterns are defined by very specific unconscious belief systems. It is by changing these belief systems on the unconscious level and fully integrating those changes into the client's conscious awareness that we are able to create emotional and behavioral change. (Netherton 1978:22-42; Raymond 1985:1-6). In order to change these belief systems, we must be able to identify the central issue underlying an emotional complex. Prenatal and birth experiences provide an excellent diagnostic tool for assessing the central psychodynamic themes in a person's life (Raymond, 1985), as the perinatal psyche seems to be a microcosm of all the developmental experiences from past lives and from this life (Netherton, 1978:116122, 145-164; Grof, 1985:97). From our work with perinatal experiences it is clear that the mother's emotions during the gestational period are strongly influential in the creation of the central personality themes and emotional patterns of her developing child. These same themes are patterns that will persist within each individual's personality structure over many years, some to be resolved within the normal developmental context of daily life experiences, while others may remain as dominant characteristics throughout an entire lifespan (Netherton 1978:116; see also Verny 1981:13-14, 88-90; Chamberlain 1982:224). Literature Review A review of the perinatal psychology literature reveals that many researchers have addressed the influence of a mother's emotions upon the developing prenate. Other researchers seemed to confine their concept of perinatal trauma to the physical trauma experienced by the prenate during birth, incorrectly viewing the intrauterine existence as a peaceful state of bliss. There are a variety of explanations for the influence of mothers' emotions upon the unborn child. Some are psychobiologically oriented; these researchers focus upon the endocrinological interactions between the prenate and mother.2 Other researchers offer explanations that are much more congruent with our observations of prenatal consciousness. Verny speaks of "sympathetic communication" (1981:88-90), and Chamberlain (1982: 224) refers to adult memories of prenatal experiences as ". . . psychic: clairvoyant in accurately describing disturbing events outside of the womb, including secret activities never told to them later; or telepathic in knowing the essence of what mother is thinking or saying about them. These mysterious communications are hard to explain, but cause suffering which persists and calls for resolution in therapy in adulthood." Verny (1981:192) posits two pathways through which prenatal imprinting occurs. A central nervous system/autonomic nervous system pathway that depends upon a certain level of physiologic development of the prenate (about six months gestation), and "organismic memory," which are maternal emotions engrammed into individual cells from conception. He notes that the balance tips toward the biologic pathway as the fetus matures. Our results in the Netherton Method suggest that sympathetic communication remains a strong component of the memories engrammed in the child even to several months after birth, most especially during the bonding process.3 Chamberlain and Verny are closest to our particular view of prenatal imprinting of maternal emotions, and Chamberlain's experiential work is most congruent with the Netherton Method in terms of showing the relationship of emotional patterns in later adult life with the emotional patterns of the mother during gestation. However, Chamberlain's work with these patterns is confined to current life experiences. In the Netherton Method, we find the same emotional patterns apparently stemming from previous incarnations

(Netherton 1978: 37-39,146). In this aspect, we find more congruency with the perinatal work of Groff (1985:97). Possible reincarnation experiences through hypnosis have been noted in the literature by other researchers as well (Dane and Whitaker, 1952; Schenk 1954; Stevenson, 1974: 358; see also Mehl, 1981:305-310), though not in connection to perinatal consciousness. From everything I have read in the perinatal literature, a point that seems to me to be different in the Netherton Method, when compared to other perinatal researchers and therapists, is the specificity with which we address the impact of maternal emotions upon the prenate psyche in the context of day to day therapy. This is a fundamental aspect of the Netherton Method. Every client who comes into our practices addresses these issues experientially (Raymond 1985a). In the Association for the Alignment of Past Life Experience (AAPLE), we have consistently found a congruency of maternal perinatal emotions with later generalized unconscious perceptions in thousands of hours of casework with hundreds of individuals. Because of this, I have come to rely upon the divulgences of the unconscious mind during perinatal and birth sessions as highly diagnostic of that individual's generalized unconscious behavioral patterns and emotional responses in daily life.4 Emotionally Resonant Experiences If a particular psychodynamic theme stands out from a perinatal session, it is fairly certain you will find the same theme in past life experiences, and you will find the same theme in childhood, and you will find the same theme active for that client in the immediate present. Every individual will have a number of emotional themes that weave in and out of each other, forming the fabric of that person's consciousness. These themes will be highly congruent in healthy, wellintegrated personalities. In others, the emotional complexes can be very contradictory, creating emotional double-binds and polarities of thought and behavior (Netherton 1978:55; Raymond 1985). Understanding the nature of these emotional complexes is essential to understanding and working with the flow of the nonlinear, holographic nature of the unconscious mind. These emotional complexes form tracks through the consciousness that can be followed easily to the deepest experiential realities. Even though my use of the metaphor "tracks" implies linearity, there is no chronological sequence. There is only an emotional resonance that extends through chronologically separate experiences in this lifetime and through many lifetimes to very primal inner realities (see Mehl 1981:307). Grof (1975:46-94; 1985:97) refers to these emotionally resonant complexes as COEX systems, which is his acronym for "systems of condensed experience." He says that, "Most biographical COEX systems are dynamically connected with specific facets of the birth process. Perinatal themes and their elements, then, have specific associations with related experiential material in the transpersonal domain. It is not uncommon for a dynamic constellation to comprise material from several biographical periods, from biological birth, and from certain areas of the transpersonal realm, such as memories of the past incarnation, animal identification, and mythological sequences."5 In Grof's extensive work with perinatal consciousness, he has defined four levels of perinatal existence correlated to the physical experiences of the prenate during gestation and birth. He calls these levels Basic Perinatal Matrices (BPM) I, II, III, and IV (ibid, 1975: 100-153; 1980:26-30; 1985:101-127). As extensively as Groff has elaborated upon the perinatal consciousness, he has also, incorrectly, I think, perceived the intrauterine experience as one of oceanic bliss (BPM I), provided that the integrity of the uterus is physically uninterrupted (see also Wilbur, 1980:7-11). I agree that emotions need to be correlated to specific physical experiences, but feelings of physical comfort do not necessarily correlate with positive emotional imprints.6 For example, it is clear that although a mother lying in bed in a state of hopelessness and depression may provide a physically stable and comfortable uterine environment, her depression is imprinted upon the prenate, and this depression will serve as a strong component of COEX systems in the later adult. In this very common scenario, the physical reality may be oceanic, described by clients in terms such as a a »warm, numb bliss" but the unconscious programming is definitely to the detriment of a sense of well-being. Maternal depression during gestation creates a strong predisposition to depression in the later adult (Netherton 1978:146; Verny 1981:50). The warm, numb bliss serves as a blanket to the experience of psychic pain. On one level this is a useful survival mechanism, but later in life, it prevents the normal resolution of underlying emotions such as fear and anger or helplessness and

hopelessness.7 My use of COEX systems incorporates maternal perinatal emotions as an indispensable component for the diagnosis and change of unconscious belief systems that create intrapsychic disharmony. In the Netherton Method, we believe that everything the mother experiences, both consciously and unconsciously, is recorded within the unconscious mind of the prenate (Netherton, 1978:146; Givens, 1983, Raymond, 1985, 1985a). This is not to say that every stray thought or emotion impacts the psyche of the prenate; it is more related to the intensity of the emotion, and its dominance as part of an overall pattern (Verny, 1981:13). As revealed in therapy, the emotion has a correlated body feeling and sets of specific words that are frequently the specific words used by the mother during her experience (Raymond, 1987a,b). The Reality of Perinatal Memories The fact that perinatal memories are real is so well established (Sontag, 1941; Cheek, 1974; Grof, 1975 &1985; Netherton, 1978; Verny, 1981; Chamberlain, 1983; Janov, 1983; many others) that I cannot bring myself to continue arguing the obvious. The validity of prenatal memories has been progressively documented within many disciplines since Sontag.8 However, the very legitimate question that arises in a discussion of maternal emotions as a component of perinatal memory is whether the memories of maternal emotions are real. What if the client is experiencing an unconsciously generated metaphor that is merely a projection of current personality themes into an imagined story that mimics possible perinatal memories, rather than being actual recollections of intrauterine experiences.9 There was a time when I would satisfy myself with the idea of metaphor as an acceptable explanation for perinatal memories of maternal emotions. I reasoned that as long as my clients were able to make the kinds of changes that they seemed to be making, then it really didn't matter whether or not we were accessing genuine memories or projected experiences. And as long as the metaphor was generated purely from the consciousness of the client without content suggestions from me, than it was still reasonable to accept these metaphors as meaningful and diagnostic.10 However, my personal experiences in therapy, and a mounting body of empirical knowledge from the clinical practices of association members, leads me to the conclusion that we are actually dealing with the specific pre- and peri-natal imprinting of mothers' emotions. There have simply been too many instances of clients verifying data derived from peri-natal and birth sessions. This data consisted of both factual information and mothers' emotional circumstances during pregnancy. Most importantly, the imprinting of maternal emotions is not limited to perceptions of emotional tones, nor is it limited to unconscious archetypes emotionally resonant to peri-natal experiences. The imprint is of specific words attached to specific emotions and specific physical sensations.11 You hear these words revealed in normal conversation as the client dscribes his life, and you hear them as a component of the cyclically evolved emotional complexes during deep experiential sessions. It is this specificity of language, emotion, and somatization that lends the peri-natal session it's simplicity and elegance as a diagnostic tool. It is also this specificity that allows the knowledgeable therapist a tremendous amount of versatility in locating and clearing specific unconscious traumas and belief systems.12 Another reason I have come to believe that maternal emotions are directly imprinted upon fetal consciousness is the frequency with which I have witnessed totally spontaneous regressions by the client in response to what he identified as his mother's emotions. In many of these experiences, the client did not know that I was a therapist who addressed peri-natal and birth occurrences. These spontaneous regressions to peri-natal events usually occurred in the context of a first interview with a client who was emotionally distraught. If there is deep and emotive distress during the initial interview, I usually begin working immediately within an experiential state rather than conducting the usual two hour initial interview. If I work with a new client this way, I always begin with the most openended suggestion possible. My initial statement would be, "Your unconscious mind knows exactly the source of the emotions you are feeling right now, and we are going to connect directly with that earlier source experience. Just tell me the very first words that come from your feeling of. . .", (whatever emotion the client identifies as most powerful). Many times, literally within one minute, the client becomes highly abreactive with grief or depression or whatever, and it is the client who makes the conscious connection to mother's emotions. The most dramatic cases I have seen in this regard involved individuals that had mothers who were psychotic during pregnancy. It

was a powerful intellectual convincer for me to bring a woman through an experience that revealed her mother to be hallucinatory and schizophrenic during the pregnancy and birth. The mother had a psychiatric admission during the pregnancy, and this was reexperienced by the client during therapy. These sessions were abreactive in the most extreme sense of the word, yet the client had no conscious knowledge of her mother's mental illness because her mother died during her early childhood. She was later able to verify this factual information with an aunt. This client had been hospitalized in the past for violent psychosis, and had received electroshock therapy numerous times. The ECT's had extinguished her previous rage reactions but she still had a tendency for her moods to swing into the darkness of her mother's peri-natal paranoid belief systems. It was essential for this woman to separate her mother's feelings, imprinted during pregnancy and infancy, from her consciousness. In the Netherton Method, we view the separation of maternal pre-natal emotions as an essential step in the individuation process. In day to day therapy we do not rely on spontaneous regressions to maternal peri-natal emotions. I will ask the client to locate a particular emotion coming from mother during pregnancy. My choice is always based upon clear dynamics already revealed by the client in therapy. Some would consider this overly suggestive, and for research purposes, this would be true. But in therapy, it strikes me as overly rigid not to present an avenue that the client is free to follow or ignore. I have found clients to be very ready to disagree with me if I have tried to tell them to feel something that wasn't true for them. I also feel that years of social programming that we do not remember our experiences from birth far outweighs the one line request I make to access mother's feelings during pregnancy. And again, in day to day practice these experiences come so easily, and at times with such enormous intensity, that it is difficult to discount their reality. Frequently, reports of specific emotional complexes are attributed to the prenate which are actually the emotions of the mother, but experienced by the prenate as self. The main relevance of this is in therapy where one has worked on the same problem repeatedly, but without achieving real change. We see that the maternal emotions seem to lock into COEX systems despite long therapy on those same systems. Once the client is allowed to individuate himself from his mother's emotions, the corollary emotional tracks from past lives and childhood experiences are more easily resolved. Witnessing the therapeutic effectiveness of this individuation from negative maternal imprints is another strong convincer as to the reality of the unconscious memories. My views on maternal imprinting should in no way be construed to diminish the reality that, at around six months gestation, the prenate is a conscious being, aware of fairly complex shades of emotion and totally reactive and interactive to its physical and emotional environment. Verny (1981) has well established the prenate as capable of emotion and learning. I am saying, however, that the intrauterine-mother-prenate gestalt seems to be experienced by the prenate as Self (Netherton, 1978:146), that the prenate does not have the ability to separate his emotions from the mother's (Netherton, 1978:39; Wilbur, 1980:7-11), and that the role of maternal emotions is an essential consideration in the matrix of prenatal consciousness (Netherton 1978; Givens 1983; Raymond 1985). Again, without diminishment of pre-natal consciousness, it is impossible for me to believe that the prenate is capable of the tremendously complex emotions that are revealed when the awareness of the client is allowed to separate mother's emotions from his own. As a reincarnationist, I do not see the prenate as tabula rasa even from the moment of conception because the prenate has unconscious memories from past lives.13 On account of my worldview, I am more predisposed (than nonreincarnationists) to attribute memories of perinatal emotions to the individual prenate consciousness. However, this is a philosophical convenience I do not exercise. It does not make sense to me that all emotions revealed from peri-natal consciousness are those of the prenate. The answer to this problem lies in the relationship of the mind to the brain. Is mind a derivative of brain, or can mind exist independently of brain?14,15 And what, then, is the relationship of the prenate mind to the maternal mind? In the Netherton Method, we obviously view mind as pre-existent to brain. We see the brain as analogous to an FM receiver. The receiver transcribes electromagnetic waves to our auditory senses. The brain allows mind to interact with a physical body (Penfield 1975:44-82; Grof 1985:22).16,17 Those who do not include reincarnation as part of their paradigm of peri-natal consciousness do not have the philosophical convenience of the

existence of an individualized consciousness that joins the zygote at conception. Therefore, they have to draw the line somewhere as to when the tabula is no longer rasa. Most say consciousness begins around six months in gestation, others feel that it begins at conception. It seems much more likely that the mother's conscious and unconscious emotions are superimposed upon the fetal sensory and emotional intrauterine experiences. These are recorded within the unconscious of the fetus and interpreted as Self, as there is no conscious discriminatory function within the fetus to recognize thoughts and emotions as other than self. Conclusion In the Netherton Method, we see the unconscious mind of the prenate as a matrix that contains: a. past life memories of an individual consciousness, b. mythological archetypes from the collective unconscious, c. the individual emotional reactions of the prenate to his mother's emotions and to the physical circumstances of his gestation, labor and birth, d. during times of depotentiation of the maternal conscious mind, such as obstetric anesthesia, the stronger emotions of the medical personnel, as well as the physical experiences of the mother,18 and, e. when the mother is alert, aware and active, all of her physical and emotional experiences, both conscious and unconscious. Within this context, I have found that accessing peri-natal experiences with new clients is a simple and effective diagnostic tool that helps me to explore more quickly the deeper unconscious source of their problems. Although no controlled study of these has yet been undertaken our clinical experiences have been so consistent that I feel comfortable in disseminating this information to a wider audience for critical discussion.19 References Reference Notes 1. Netherton commonly uses this expression in his lectures. He has said this on numerous occasions for many years. 2. Thomas Verny's (1981) work represents the most concise and accessible overview of the perinatal literature that I have found. Another good overview is provided in the controversial article by de Mause (1982). A brief review of the psychoanalytic literature is in Khamsi (1985). The Syllabus of Abstracts of the 2nd International Congress on Pre- and Peri-natal Psychology gives a broad overview of the current perinatal researchers from many disciplines. 3. In therapy we find that imprinting of intense emotional patterns of the child's caretakers can occur for several months after birth. This is especially true if the child is exposed to physical or emotional abuse. In this regard, we think of gestation as extending for several months after delivery. A current anthropological theory states that as the brain of humans became larger in relation to the female bipedal pelvis, the birth process evolved so that it occurred earlier in gestation to allow the cranium passage through the birth canal. This change occurred somewhere between Australopithecus afarensis and Homo erectus, possibly as long as 1.6 million years ago. From an anthropological standpoint, the human infant is altricial, a reference to the human infants' relative developmental immaturity and total dependence at birth. The "fetal" growth spurt occurs after birth, and gestation continues for twelve months postnatally (see Montagu 1985; Shipman 1986). From a psychological standpoint, even though conscious awareness began at around six months gestation, the process of developing a separate identity from the most immediate caretaker seems to continue for several months postpartum. Imprinting of maternal emotions seems to gradually subside in direct proportion to the development of the infant's conscious mind during this postnatal gestation. 4. There are approximately 60 certified practitioners of the Netherton Method of Past Life and Peri-natal Therapy in this country. Several are in West Germany, a few in Brazil, and a few in Canada. When I say "we," I am most specifically referring to the CORE associates in Los Angeles. Morris Netherton's clinical hours in past life and perinatal therapy extend over 18 years, and he has maintained 50 therapy hour weeks for most of those years. My personal practice is divided between two hour sessions of weekly individual therapy, and Intensive therapy. During Intensive therapy, I work with one client for five consecutive days for four hours per day. An average of 5 hours will be spent in history taking and conscious assimilation of experiences. The other 15 hours is deep experiential work. Of that 15 hours, I spend an average of 4-6 hours in perinatal experiences. I have conducted four intensives where essentially all of the deep experiential work was in the pre- and peri-natal period because of maternal psychosis. At this writing, I have conducted 48 Intensives, and hae seen approximately 100 clients in weekly therapy. 5. Grof's use of COEX systems is essentially identical to the understanding of emotionally resonant themes that we work with in the Netherton Method. However, our

respective applications of the concept are very different. In Grof's holotropic therapy, the tendency is to work from individual unconscious realities through peri-natal experiences to transpersonal experiences, including past incarnations, collective unconscious experiences and to mythological archetypal experiences. The therapist does not direct the content of the session, other than through the use of bodywork during consciously directed breathing. In the Netherton Method, we feel that the transpersonal and archetypal experiences an individual accesses in nonordinary states of consciousness are emotionally resonant to specific experiences, in past lives and in this life, that were part of the developmental evolution of the individual. Therefore, we believe that working with the original source experiences in past lives, peri-natal and childhood releases the individual from any connection with the larger negative collective and archetypal realities. There are certain times we will direct a client to stay with a particular COEX system because the unconscious may have a tendency to block part of the experience, especially repressed traumas such as physical or sexual abuse in childhood. The "blocks" I referred to are COEX systems in and of themselves, and we work through those to access the repressed unconscious material. 6. Grof equates hopelessness and existential despair with the second perinatal matrix, which he specifically relates to the onset of labor and the crushing mechanical forces generated by the contracting uterus against the undilated cervix. He mentions images of polluted waters associated with a disturbed intrauterine experience during the first perinatal matrix, which is the entire pre-natal period up to the onset of labor. It may be that these polluted waters are the symbolic equivalent of a physical "contamination" of the uterus by maternal hormones associated with depression. In any case, I have found existential hopelessness very frequently associated with the pre-natal experience prior to the onset of labor, and subjectively linked to the maternal emotions, rather than to the physical experience of the prenate. 7. This "warm, numb bliss" is one type of unconscious block that I was referring to in the previous note. And like all COEX systems, this tendency to not feel will be found in past life experiences (such as unconsciousness and death); perinatal experiences (such as obstetric anesthesia); and childhood (lying in bed in depression, or dissociating from feeling during actual physical abuse). 8. Evidence of perinatal memories comes from psychoanalysis, behavioral studies, psychobiology, hypnotic regression and transpersonal therapies. 9. Erickson and the derivative of his work, Neurolinguistic Programming, work with the unconscious almost exclusively with metaphor. They use metaphor for trance induction, and as a mode for unconscious change. (Bandler &Grinder, 1975, 1981; Erickson, Rossi &Rossi, 1976, 1981) For an excellent application of therapeutic metaphor and refraining to holistic prenatal care, see Peterson and Mehl (1984: 218-219). For a fascinating discussion of the generation of perceived realities through metaphor, see Jaynes (1976:48-66). 10. My attitudes about the issue of reality, metaphor or fantasy in experiential psychotherapy have been strongly influenced by my work with adults who were sexually abused children. Psychoanalysis confined stories of sexual abuse to the world of fantasy, and even in the current literature it is easy to find analysts writing of abuse fantasies from childhood without seeking some factual experiential derivative for those "fantasies," despite the fact that, statisticallly, there are hundreds of thousands of reported cases of child abuse each year. I find large numbers of clients who were physically abused, and who had dissociated those traumatic memories from the conscious mind. In cases such as these, it is not viable to take the position that it doesn't matter if you are dealing with metaphor or fact. If it is factual, the client needs to address it as fact to release themselves from the trauma. If it is a metaphor, you don't want the client to assume sexual abuse by a father if it didn't occur, even if it seems to bring some decrease in symptoms. I always strive to find the experiential basis for the memories of abuse, whether it is metaphor drawn from other experiences, or from actual cases of child abuse. This is precisely my attitude about memories of maternal emotions and experiences. 11. The idea that the preverbal consciousness of the prenate can record specific words that may be acted upon later may be difficult to accept at first. However, this is very strongly supported by our clinical work. (Netherton, 1978, Givens, 1983, Raymond, 1985) Also, see Watkins (1985). Regarding specific words recorded during general anesthesia, see Cheek (1960). 12. If you understand COEX systems and can work with a tool developed independently of each other by

Netherton and Watkins, which Watkins named Affect Bridging (Watkins, 1985), than it is relatively easy to move about the hologrammic consciousness, tracking with specific emotional themes. Many incidents contain the same theme, and you bridge nonsequentially from incident to incident. I structure my language to leave the unconscious free to determine which incident is most relevant to that theme. 13. Tabula Rasa is a term from John Locke referring to his view of the mind of the newborn child as a blank slate. Every prenatal researcher that has ever written a word has disputed tabula rasa at birth. I dispute tabula rasa at conception. 14. I worked for seven years as an intensive care nurse. During that time I was involved in a few hundred cardiac resuscitations, and I worked hypnotically with some of the survivors to help them process their Near-Death Experiences. Subjective experiences of extracorporeal consciousness have been documented very extensively (Blacher, 1979, Hine, 1978, Lukianowicz, 1958, Moody, 1975, Ring, 1981 &1985, Sabom, 1982, Stevenson, 1974). The International Association for NearDeath Studies, based in Storrs, Conn., studies consciousness at death in the same way the Pre- and Peri-natal Psychology Association of North America studies consciousness at birth. I've always wanted to see a joint conference between the principals of AAPLE, IANDS and PPPANA. 15. At the 2nd International Congress on Pre- and Peri-natal Psychology in San Diego, I tried to get Dr. Tom Verny, President of PPPANA and author of The secret Life of the Unborn Child to specify where he thought consciousness began in utero. Was it zygotic or blastocystic in origin? He very gracefully sidestepped my question, and I totally support him in this as I support the social purposes of PPPANA 100%, and it would dilute the purpose of that organization to address reincarnation because it would disenfranchise many very important members. However, PPPANA has many closet reincarnationists, and many keynote speakers openly addressed transpersonal and past life experiences, most notably Mary Davenport, M.D. (1985), who is an obstetrician and was the Program Chairperson for this congress, and Stanislav Grof (1985a), who led a workshop and addressed the plenary session of the congress. Dr. Grof is the founding president of the International Transpersonal Association. In this regard, my observations match those of de Mause (1982): researchers who begin working with perinatal consciousness find it difficult to draw firm boundaries on consciousness. There is a tendency toward transpersonal and past life experiences (which de Mause referred to as "the paranormal"). 16. Grof (1985) gives a similar analogy, utilizing television as the metaphor. Penfield (1975) uses the metaphor of "brain as computer, mind as programmer." In summarizing his more than 30 years of neurosurgical treatment of epilepsy upon awake and alert patients, Penfield's scientific and philosophical observations are that brain and mind are dual elements with separate but integrated functions (pp.110115), that the energy and function of mind cannot be accounted for by the neuronal transmissions of the brain (p.56), and that energy transactions from mind to mind are as yet unproven, but is still a workable hypothesis because the nature of mindenergy remains undefined (87-90). For a stimulating (and for me, infuriating) discussion of exactly the opposite viewpoint, i.e., mind and consciousness as derived from brain, see Jaynes (1976:1-47). 17. My view of the relationship of the mother's mind to the pre-natal mind derives from the concept of Mind as energy. I see transactions of mind between mother and prenate along the lines of Systems Theory concepts promulgated by thinkers such as Lovelock (1979), Capra (1982:290-298), and Mehl (1984:141-192). 18. This is an extremely important aspect of the Netherton Method which I have not described in this paper. During depotentiation of a mother's conscious function, the transaction of emotion seems to switch to the strongest conscious energy in the immediate environment. The client will often have a very clear sense of the emotions of medical personnel, including specific words and ideas. If these extraneous words and emotions resonate with the preexistent COEX systems of the prenate, they become part of that system and need to be individuated from the psyche in the same way the mother's emotions need to be individuated from the psyche. 19. We will soon be setting up a controlled study to test theories of the specificity of peri-natal programming. I would very much like to hear from any therapists who have an interest in participating in this project. I'd also like to hear of your perinatal experiences, whether your point of view was as a client or as a therapist. References Bandler, R. and Grinder, J. (1975). The structure of magic. Palo Alto, CA: Science and Behavior Books, Inc. Blacher, R.S. (1979). To

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Publication title: Pre- and Peri-natal Psychology Journal

Volume: 1

Issue: 4

Pages: 303-317

Number of pages: 15

Publication year: 1987

Publication date: Summer 1987

Year: 1987

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: 198677786

Document URL: http://search.proquest.com/docview/198677786?accountid=36557

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Last updated: 2010-06-06

Database: ProQuest Public Health

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