# Prenatal and Perinatal Foundations of Moral Development

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**Full Text:** Headnote ABSTRACT: Drawing upon an impressive body of writing and published research in the area of prenatal and perinatal psychology, the author here presents her own thoughts about the critical importance of the prenatal and perinatal period as foundational for the later moral development and behavior of the person. She argues that any design for moral education must take this early period into account. Mutual connection or affectional bonding between people, when honored during the time of prenatal life, birth, breastfeeding and early infancy, acts as a template influencing how later experiences are felt, perceived and integrated. The origins of love as well as of alienation lie in prenatal and perinatal interactions with mother, caretakers and culture. INTRODUCTION An individual person's moral development and behavior begin with, and are influenced by, prenatal and perinatal experiences. Any design or model for moral education must acknowledge the formative influence of these prenatal and perinatal experiences on later moral development. If we want a child to grow into an adult capable of moral behavior that contributes to the good of self and society, early formative experiences that facilitate such behavior are desirable. How do we foster such formation? Nature has evolved a biological design for human development that is dependent on mutual connection and affectional bonding between people. When honored, this biological design leads a person from conception to maturity through death with a sense of belonging to a group. A person cannot become fully human, capable of functioning in a group, without this sense of belonging. Within the group, the individual can be guided toward moral conduct. PREGNANCY, BIRTH AND BREASTFEEDING The bonding experiences of prenatal life, birth, breastfeeding and early infancy are particularly formative, and act as a tincture or template influencing how later experiences are felt, perceived, and integrated. These essential aspects of prenatal and perinatal life promote affectional bonding and mutual connection, and form the development of trust and confidence in the new, sentient being. This requires a welcomed pregnancy and a healthy prenatal life, because the mother-child bond begins here. Pregnancy The baby in utero shares space with its mother and thus is affected by every aspect of her life and her wider world. The attitude of the mother toward her pregnancy is a major aspect of the womb environment absorbed by the baby. If the mother welcomes the conception and is happy, her body chemistry benefits the baby. If the mother is tentative, fearful, rejecting, or hostile to her new condition, the baby's health will be compromised to some degree. A pregnant mother and baby are physically and emotionally connected. This symbiotic relationship will continue for a tune outside the womb until the child differentiates self from mother (Mahler, 1975), but the emotional connections begin here. Womb experiences are integral to an individual's history. If, for example, a baby becomes accustomed to a womb world shared with a twin, life has peer companionship from the beginning with both the comfort of a playmate and the stress of crowding. If one twin dies, which happens frequently, there is early loss and grieving. If the surviving twin hears the story of the loss from earliest days, the words of narrative can be matched and integrated with his or her memory of the felt experience. The reality of loss will always be a part of this child's life story, but need not be overwhelming by being left unnamed. What has power, and is later acted out by an individual, is experience which has not been brought to awareness and integrated. Language and storytelling help a child integrate experience. Many women experience initial ambivalence at the confirmation of a pregnancy if it has been unplanned, but there seems to be strong evidence that an unwanted pregnancy can affect the child. In The Mind of your Newborn Baby (Chamberlain, 1998), David Chamberlain summarizes a study of 8,000 privileged married women who received early prenatal care under a comprehensive health care program. They were divided into two groups, those

whose pregnancies were wanted or unwanted. The babies of unwanted pregnancies had two and a half times the risk of death in the first twenty-eight days of life compared with the babies from wanted pregnancies. This study was done by Bustan and Coker (1994). With the advent of the use of ultrasound, it has been possible to observe babies' reactions to changes in the womb environment. Practitioners have noted that babies stop swallowing for a time following their mothers' use of alcohol, show distress following use of cocaine and stop fetal breathing within the hour following the mother's cigarette smoking. If mom is a chronic alcoholic, the baby may need to ingest the alcohol for the duration of the pregnancy for survival, but could be born with fetal alcohol syndrome. Or, the baby might initiate premature leave taking of an unhealthy environment, either before or after viability outside the womb is possible. Premature birth could lead to other life complications and challenges. Premature infants experience many needs that should be met with tenderness and compassion. Mothers at times need help in overcoming feelings of disappointment and guilt in giving birth to a premature baby, even when there has not been any chemical abuse during the pregnancy. If unsupported, such mothers can remain less emotionally available to their infants who need their comfort and care to thrive and grow strong and confident (Madsen,1994). With support and care, such mothers can establish a warm relationship with their fragile infants even in the face of adversity. Thus, the prenatal experience of the baby has meaning and sometimes lifelong implications. If a mother suffers abuse during the pregnancy, the event is part of the baby's neural record. The baby feels the shock and associated feelings. One of the most severe traumas that a prenate can experience is an attempted and failed abortion. Adults who embody this history wrestle with profound distress and need support and therapy to avoid self destructive behavior and make a commitment to live. Prenatal interaction with the mother is not merely passive. The baby in utero enjoys direct conversation and will respond with kicks and movement. Beatrix Manrique, a Venezuelan psychologist, conducted an extensive research study on prenatal bonding. In her study mothers and fathers were involved in talking to their babies in the womb. The six-year follow up study showed that the children fared better in almost every way from the attention given to them while in the womb. One of the unexpected outcomes of the project was that the participating fathers, who for the most part were unmarried and were expected to abandon the mothers, tended to remain with the mothers and assume responsibility for parenting their children (Manrique, 1995). Babies will recognize their parents' voices after birth and prefer them to strangers (Verny &Kelly, 1981). Their relationship with their parents is nine months old by the time of birth. Birth As recent studies show, the primary role in initiating the birth process belongs to the child. An ecological birth promotes bonding because it respects and supports the child's agency in initiating labor and engaging in a stressful but safe passage into a new and welcoming environment. Birth is the first major transition of the human person, from the environmental matrix of the womb to a new matrix in the arms of the mother, at her breast, in the context the mother's world. The baby's associations with this first transition experience might be that transitions are long and painful, short and intense, ending in a warm welcome or ending with a permanent separation from the birth mother, drug free or under the influence of narcotics, alert or sedated. These aspects of birth may become aspects of all future life transitions, replicated in various ways with subsequent transitional events. The point I want to make is that they are not neutral and without consequence. They are encoded in the baby's neural memory bank. On the physiological level, interactions in the perinatal period influence healthy functioning of the immune system, hormone production, and neuro-cardiac patterns in the baby (Prescott, 1996). Interactions are key to the baby's emotional life. For example, in our technological birth settings, it is often very difficult for a birthing mother to enter into that part of herself which knows how to collaborate with her child as s/he exits the womb. The task requires concentration and sometimes solitude (Odent, 1992). The hospital setting, well set up for every emergency, can sometimes work against this process. Frequently replicated studies have shown that if a mother receives continuous emotional support during labor and delivery, her labor will tend to be shorter, that medical interventions, including drugs, will be fewer, and the probability of a C-section will be lower (Klaus &Klaus, 1993). Such benefits are enjoyed by the baby whose efforts require a lower output of stress hormones

and produce quicker results. The newborn is better able to put into practice his or her innate skills. Immediately following birth, if the mother holds her infant skin to skin, heart to heart, there is a rapid decrease in the baby's stress hormone levels. Conversely, if the baby is separated from the mother, high stress hormone levels may remain for as long as six months (Pearce, 1977). If drug free and alert, the newborn is able to crawl to the breast and begin both suckling and face to face communication as it gazes at its mother (Klaus &Klaus, 1998). If allowed to root and suckle at the breast, the baby will experience the pleasant effects of seratonin and oxytocin. The pleasure of belonging is thus strengthened. Competent interactive patterns in the sentient neonate are central to the emergence of an adult capable of altruism, civic responsibility and service, and these patterns can be engaged immediately. Aristotle wrote that we are what we repeatedly do. A baby's repeated success at securing his own life necessities reinforces the sense of competent functioning within human relationships. Every experience matters, and becomes encoded in the matter and functioning of the baby's body. Breastfeeding Breastfeeding is biologically designed to aid the baby in developing an affectional bond with the mother. If this bond is strong and secure, the baby will use it as a secure base from which to move out and develop other social interactions. Breastfeeding infants, by discovering and practicing successful strategies in obtaining nourishment, develop powerful neurological, immunological and endocrinology patterns that give them competence in satisfying physical and emotional needs. Breastfeeding infants tend to have fewer upper respiratory infections and so enjoy better health hi general (Newman, 1995). When the baby suckles, nerve endings in both baby's mouth and mother's nipple are stimulated. These impulses send signals to the spinal chords and then to the hypothalamus in the brains of both mother and baby, where oxytocin is released and drips to the pituitary gland, moving into the bloodstream of both mother and baby. The oxytocin causes a letdown of milk in the mother, and causes contractions and clamping of the uterus which protects the new mother against hemorrhaging. The baby, then, both manufactures oxytocin and ingests it from the mother's milk. The brain also releases endorphins, the body's natural opiates, which contribute to the pleasurable experience of both mother and baby. Both experience euphoria and slight sleepiness and their pain threshold rises. This process helps the mother and baby to fall in love with one another (Uvnäs-Moberg, 1989). Thus breastfeeding assists the baby in becoming pleasure tolerant and capable of engaging in intimate human love relationships with ease. If these and other aspects of prenatal and perinatal interaction are respected, positive consequences for the healthy moral development of the individual follow. INTERACTION OF INFANTS WITH ADULT CARETAKERS Adult caretakers of babies are vital resources for infants who are developing foundations for lifelong patterns of interaction with others and society as a whole. A neonate's earliest interactions with mother, caretakers, and community have an impact on later biological, intellectual, intrapersonal, interpersonal, and social development. This is precisely because these interactions occur so early in the baby's life, during the time when the brain/nervous system, being in such a rapid state of growth, is creating links which influence future pathways and patterns in the neurological, immune and endocrine systems. The work of Candace Pert, a neuro scientist, shows that we no longer can pretend that there is no molecular connection between emotions and body chemistry. The molecules of emotion (peptides, proteins and receptors) are measurable and site specific (Pert, 1997). The baby manufactures an array of peptides, and what is desirable is that the adults responsible for a baby provide optimal conditions for the production of pleasure hormones. We want our babies to be pleasure prone. We want happy babies in order to most easily bring forth happy adults. The child, from the beginning of life, is his own agent within the context of his relationship with mother in finding a source for food. After birth, a newborn is capable of creeping all the way from the mother's feet to the breast and finding the breast to suckle. Marshall and Phyllis Klaus have discovered in their observations that the baby even licks his hands and marks the breast, claiming it with his own saliva (Klaus &Klaus, 1998). When hungry, the baby signals, first through body language and later by crying, to alert the mother of his need. If a baby is consistently ignored when hungry and is fed only at the rigid determination of the caretaker and on her schedule, the baby may give up a sense of his own agency in procuring food. Very

early child rearing practices such as feeding discipline or sleeping discipline either acknowledge this agency of the child or determine that the child's agency is to be crushed and made to conform to a norm established by the parent. No matter what system is established, its impact on later moral development is certain. There are fundamentalist child rearing practices that use this knowledge to break the child's "will" as they put it, and socialize the child into compliance, preparing the child for absolute obedience to an external lawmaker, and not to their own inner guide. This world view is in sharp contrast to one that requires the vital functioning of adults able to use their own voices in a participatory society, dependent on dialogue and consensus decision-making. Each time a child signals to a caretaker that it is hungry and the caretaker responds with affirmation and feeding, the child's agency is strengthened. If kept alive and affirmed, the child's sense of power and agency will mature. Children will learn to recognize others' needs as legitimate because their own are validated. They will learn cooperation and mutual respect and help to build a society where individual needs are met in the context of the common good. Using Transaction Analysis language and models, there is a Primary Obligatory Symbiosis (Phillips, 1975) at the beginning of life when a baby, with only the Child Ego State, must "borrow" both Parent Ego State and Adult Ego State from a parent (Stewart &Joines, 1987). If the parent is mature, and not using the baby to meet her own primary needs, the baby can develop within this necessary symbiotic relationship and move gradually toward the individuation process. Conversely, the child's development can become skewed at an early age if it becomes the parent's caretaker. These early interpersonal dynamics, once formed, influence later moral activity of the individual. For example, a child may abandon a healthy pattern of signaling her own needs, deferring to the emotional needs of an immature parent, thus diminishing the child's perception of her own needs and setting the stage for codependency and addiction patterns later in life. All members of a family are called on to make adjustments when a newborn or adopted child enters the scene. Adults and children must invent functional communication, all working toward the common good of the whole family. The baby is an active participant in this realignment process. Skills developed in the family are then brought by the child to an ever-widening number of communities and put into practice as his or her world expands. The child grows in physical, emotional, intellectual and social tolerance of new and challenging situations. The parents, through language and modeling, mediate the child's extended experience with neighborhood, extended family, school, and so on. There needs to be a safe place to which the child can return when overwhelmed or when in need of sharing and celebration of new growth. Healthy grounding for meeting these later challenging situations in life are best established in the earliest relationships of infancy.

CONCLUSION We want a child's brain/neurological system, endocrine system and immune system to gradually develop both a tolerance of and pleasurable enjoyment of interaction with other people. We want this interaction to serve the child's personal development and his or her sense of membership in the family and social group. Thus equipped with an embodied self-confidence, the child will meet self-needs, demonstrate empathy for others, participate as a functional member of society and, with personal power intact, be of service in a democratic society. Adequate attention to this critical prenatal and perinatal period is not a guarantee against future deviation. Trauma can happen at any time, and it can be so severe as to shatter the trust of a person and cause subsequent behavior to be skewed and damaging to the individual and/or society. Such a trauma appears to have happened to Theodore Kaczyinski, the Unabomber. At the age of nine months, he was hospitalized for a drug reaction. For one week he was tied to his bed and was touched by no one. His mother reported that when he came home he was listless and never the same again ("Kaczynski's mental state," 1997). Life is fragile, and a baby's life can be abruptly disrupted by death of a primary caretaker, by adoption, by illness, or by abuse. But a gentle and loving beginning can provide the baby with a basic orientation, a focal point, a reference point on which to base future strategies to further his or her own development and to heal from life's adversities. Religious institutions, which act as important moral guidance centers in our society for many, and which often develop highly sophisticated codes of moral conduct, must acknowledge this early period as significant, and must weigh its importance in their deliberations and teachings. Personnel who run

daycare centers, preschools, elementary and secondary schools as well as colleges and universities need to acknowledge prenatal and perinatal influences so as to demonstrate compassion toward young children and students who are grappling with prenatal and perinatal trauma and pain for which they have not yet been offered any healing process. Institutions must consider the validity of including information about an individual's earliest period of life as an important portion of their whole story. When we teach ethics, we must include substantive information about these influential months of life. Where the child's agency is crushed and coerced by authoritarian rule, there is a loss to society of the energy and contribution that the individual might have made. At worst, there may develop a character with suppressed and unconscious rage that later is inflicted on society itself by murder, rape, or overpowering political rule. We have such examples in Adolf Hitler, severely abused in childhood, and in Sadham Hussein, an abortion attempt survivor. If the biological design for development is thwarted, and a person fails to seek and receive what is necessary in order to trust and enjoy mutual connection to a human group, the individual may eventually inflict harm on self or society. A child without feelings is a child without a conscience (Magid &McKelvey, 1987). We need to view moral development on a continuum, from conception through death. Since the origins of love as well as of alienation and violence lie in prenatal and perinatal life, everything possible must be done on behalf of the prenate and neonate to ensure that he or she grows into a healthy, feeling child. Any comprehensive design for moral education must recognize the critical importance of this early foundation. References REFERENCES Bustan, M. N. &Coker, A. L. (1994). Maternal attitude toward pregnancy and the risk of neonatal death. American Journal of Public Health, 84(3), 411-414. Chamberlain, D. (1998). The mind of your newborn baby. Berkeley: North Atlantic Books. Kaczynski's mental state is focus as the Unahomber trial begins. (1997, November 12). Star Tribune, p. 6a. Klaus, M. H., Kennell, J. H. &Klaus, P. H. (1995). Bonding: Building the foundations of secure attachment and independence. Reading, MA: Addison-Wesley. Klaus, M. H. &Klaus, P. H. (1993). Mothering the mother. Reading, MA: Addison-Wesley. Klaus, M. H. &Klaus, P. H. (1998). Your amazing newborn. Reading, MA: Perseus Books. Madsen, L. (1994). Rebounding from childbirth: Toward emotional recovery. Westport, CT: Bergin &Garvey. Magid, K. &McKelvey, C. A. (1987). High risk: Children without a conscience. Toronto: Bantam. Mahler, M., Pine, F. &Bergman, A. (1975). The psychological birth of the human infant: Symbiosis and individuatian. New York: Basic Books. Manrique, B. (1995). Love effaces violence: panel on breaking the cycle of violence. Preand Perinatal Psychology Journal, 10(2), 83-87. Newman, J. (1995, December). How breast milk protects newborns: some of the molecules and cells in human milk actively help infants stave off infection. Scientific American, pp. 76-79. Odent, M. (1992). The nature of birth and breastfeeding. Westport, CT: Bergin &Garvey. Pearce, J. C. (1977). Magical child: Rediscovering nature's plan for our children. New York: E. P. Dutton. Pert, C. (1997). Molecules of emotion: Why you feel the way you feel. New York: Scribner. Phillips, R. D. (1975). Structural symbiotic systems: Correlations with ego states, behavior and physiology. Unpublished manuscript, Chapel Hill, NC. Prescott, J. W. (1996). The origins of human love and violence. Pre- and Perinatal Psychology Journal, 10(3), 143-188. Stewart, I. &Joines, V. (1987). T. A. today: A new introduction to transactional analysis. Nottingham and Chapel Hill: Lifespace Publishing. Uvnäs-Moberg, K. (1989, July). The gastrointestinal tract in growth and reproduction. Scientific American, pp. 78-83. Verny, T. R. &Kelly, J. (1981). The secret life of the unborn child. New York: Dell. AuthorAffiliation Millicent Adams Dosh, MA AuthorAffiliation Millicent Adams Dosh, MA is a Montessori educator and post-partum doula. This Article was presented at the First Conference on the Ethics of Parenting held by the Center for Applied Ethics, Pace University, New York City, February 1999. Correspondence may be directed to email: doshx001@tc.umn.edu or 4124 Harriet Avenue South Minneapolis, Minnesota 55409 (Phone) 612-827-1818.

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