

Toward a Scientific Approach to Prenatal Psychology: From Twilight to Dialog1

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Publication info: Journal of Prenatal & Perinatal Psychology & Health 14. 3/4 (Spring 2000): 201-212.

[ProQuest document link](#)

Abstract: None available.

Full Text: Headnote ABSTRACT: The history of child psychology developed around the question of how far, and in what way children are different from adults and different from children in later stages of life. This presented problems for prenatal psychology. The author follows the evolution of thought about prenatal life from Sigmund Freud, Sandor Ferenczi, Otto Rank and Gustav Hans Graber, the founder and first president of the International Studysociety in Prenatal Psychology (ISPP). The author describes the important early steps taken to establish a multidisciplinary scientific dialog on prenatal psychology, to reach out to University students, and to educate the public. In conclusion, he reflects on three principles which guided the Society in the past and will guide them in the future. INTRODUCTION At the end of our century all mass-media will report the dramatic changes in our knowledge about world and space during the last 100 years. Perhaps some will remember that the inner life of mankind became more discernible with the rise of psychoanalysis. Will they also appreciate the new comprehension of our own psychic development from intrauterine life which this century has brought? I think they will not. But why? Let us look back to the first half of the 20th century. At that time nearly all scientists thought psychic life began after birth. I can remember a statement by psychiatrist and philosopher Karl Jaspers (1946) to this effect: Psychoanalysts have explored life before conscious remembrance as a foundation for all later life. Without substance, and therefore illusory, are such considerations in respect to embryonic time. We neither have mental life as an embryo nor remember it. Even for pioneers like Anna Freud (1947) discussions of embryonic consciousness seemed to be "completely crazy". Until the 1970s few textbooks of developmental psychology even described the prenatal period of life, and those that did focused on physical development alone. There is a long latency period for new fields of research such as ours. A connection with everyday life must be established before prenatal evidence is seriously considered. As an example, in 1842 a mathematician published a theoretical paper in which the light from a moving star was compared with the acoustical phenomenon of a moving source of sound. At this tune and for decades to come, no one realized that this insight would allow us to look into space and plan a trip to the moon. Even after this trip took place, few people hi Salzburg knew that this man, Christian Doppler, had been born in our city. This changed later, of course, when the Doppler effect became important for radar control of airplanes, measurement of speed by police, and ultimately for measurements of fetal behaviors in the womb. Today we can point to evidence for early memory, observe fetal behavior in the womb, and can judge the importance this has for later Ufe. We see also the integration of various sciences in approaching prenatal life-a fascinating development. We are moving step by step from twilight to clarity for professionals, journalists, and the general public. In a recent book, *First Feelings*, Katharina Zimmer (1998) wrote, "Scientists from various disciplines are convinced that there are prenatal experiences that influence later life; not only experts in prenatal psychology but also pediatricians, developmental neurologists, and child psychiatrists." During the first decades of the 20th century, child-psychology considered how far and in what way children are different from adults, or different from children at later developmental stages. Models of full-grown people influenced our views about children. For Sigmund Freud (and therefore for psychoanalysis) clinical evidence came from the behavior and experience of adults. His grand idea was that mental problems were based on the early stages of development. A century ago (1897) he wrote to his friend Wilhelm Fleiss, "Now all moves for me more to the first period of life to three years." Only three weeks later he wrote, "The time up to one and a half years becomes more and more significant." But this earlier time was never given systematic attention by Freud. Later he acknowledged, "I learned very late to

appreciate the meaning of fantasies and unconscious thoughts of life in the womb." For the founder of psychoanalysis the first steps of development came during the "awesome life before birth," but this was a period which did not lend itself to systematic analysis. In the first paper on this subject (1913), Developmental stages of the sense of reality, Freud's Hungarian friend Sandor Ferenczi wrote: Observing the behavior of the newborn gives one the impression it is not enthusiastic about the harsh disruption of the perfect peace and happiness it had in the womb. It is, perhaps, longing to return to the womb. In Ferenczi's view, sleep in later life was "nothing else than the periodic repeated regression to the stage of hallucinatory omnipotence of the situation in the womb." This concept was to have consequences for later therapeutic efforts. Eleven years later, Otto Rank in some papers and in his book, *The Trauma of Birth* (1924), presented a similar concept. GUSTAV HANS GRABER Between 1920 and 1924, Gustav Hans Graber, a young teacher in Switzerland studied psychology and made his first training-analysis with Ernst Schneider, his beloved teacher. On the basis of Freud's concepts he developed his own ideas on psychic economy and was convinced that children have prenatal experiences. They were conscious of birth, he believed, and the total change at birth caused ambivalent feelings which had enormous importance for future life. He wrote in 1924: We can assume, in the intrauterine state, the difference between object and subject does not exist. Uterine life, characterized by absence of wants, is disturbed by the tremendous experience of pain during birth. The child is conscious of this crass difference in human experience and the difference forms his psychic life. Graber pointed this out in his thesis at the University of Bern-one of the first psychoanalytic theses in any University. Graber emphasized the central role of prenatal psychology, not just the birth but the entire prenatal period. "All our scientific and psychotherapeutic endeavors with men remain fragments," he wrote, "if we do not come to an understanding of prenatal life and have the courage to integrate it into the biography and pathology of the personality." Although he acknowledged that his views were hypothetical, there is no doubt he had in mind an active, sensitive child in the early environment of the womb. Later on, this conviction became basic to the organization of the International Studysociety in Prenatal Psychology (ISPP). Looking back, it is interesting that Graber's thesis was printed immediately by the Psychoanalytic Press in Vienna with the title, *Die Ambivalenz des Kindes* (Ambivalence of the child). This was in 1924, the same year of Otto Rank's, *The Trauma at Birth*. While Rank's book was discussed, Graber's book produced little reaction. This may have been for two reasons. The young Swiss teacher was a nobody in the psychoanalytic movement, while Rank was well known and in the center of the organization. Graber's book focused on traits of personality and their development, together with philosophical considerations. These two approaches which developed in the third decade of our century, had quite different fates. Rank's ideas caused major conflicts within the psychoanalytic movement, while Graber's ideas fell into oblivion. Ironically, both books met the same fate in 1938 when the Nazis occupied the International Psychoanalytic Press in Vienna, and these books like the other psychoanalytic books were destroyed. This wartime experience had dramatic consequences for both Otto Rank and Hans Graber. Once, at the end of the 1960s Graber said to me with considerable resignation, "For about three decades in prenatal psychology, I have had a study group of one." During nearly four decades other authors (for example Winnicott) also could not establish an international dialog on prenatal psychology or could not at this time see the consistent relevance of intrauterine life. Consequently, research did not take place, and there was little application to psychotherapy, gynecology, pediatrics, or to legislation. During this time, there was a trend toward small families, more working mothers, and to a reorientation of daily life around technology. This led to a loss of instinctive child care by mothers and to ignorance of traditional ways of caretaking by doctors and nurses. An excellent example of what this meant for a child growing up at that time is found in Paula M.S. Ingalls (1997), *Birth Traumas: Violence Begets Violence*. Describing her own analysis, she writes: I told them everything there was to tell, but they did not listen. They just went on with their beatings. The whole world was against me. It is not that they hated me, they just ignored me. I had nothing to say according to them. My cries were meaningless to them, my protests superfluous. . . . To them I did not exist. I was an object, a soulless bundle of nerves and reflexes. . . . Since that time I never asked

again, not anything from anybody. I either protested or stayed silent. In western societies two generations of children grew up in an atmosphere of not being accepted in their basic emotional needs in early life. Let me give a technical explanation. If you attempt to send a message, you can do it only if the carrier frequency corresponds with that of the receiver. As we know now, children lose their sensitivity if they don't get messages relevant to their level of development. This fact was not always clear to us, not even for psychotherapists working with clients who had had traumas early in life.

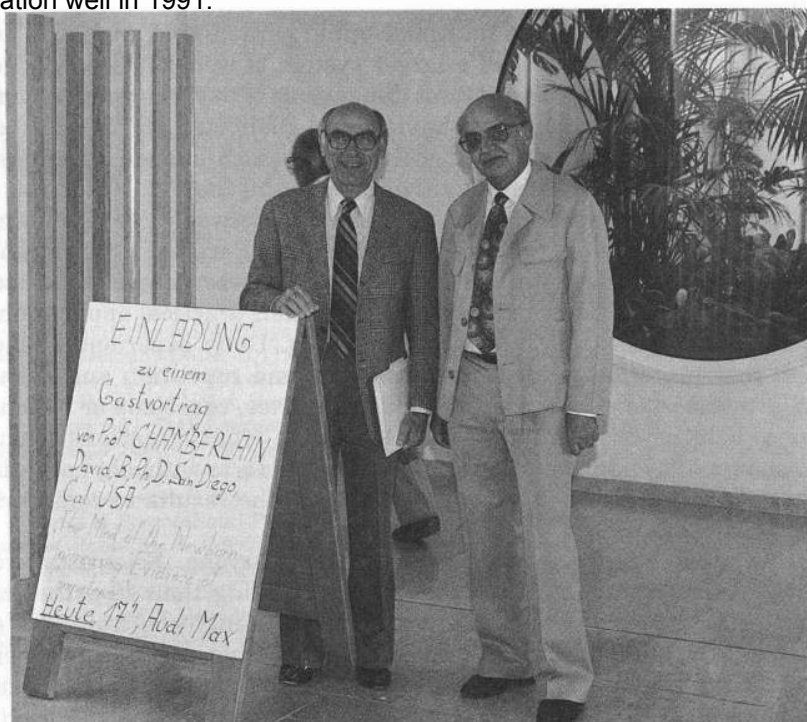


Hans Graber at the ISPP Conference in Vienna

It seems to me, the work of ISPP did a lot to change the situation and to show how these complex processes can be viewed. In the 1960s, Hans Graber came into contact with a young doctor of medicine, Friedrich Kruse. Graber had collected a lot of dreams from patients which could be interpreted as prenatal experiences or reenactments of birth. This contact was encouraging for both men. In 1969, Kruse published a book on the beginnings of human mental life. In 1970, the revised 3rd edition of Graber's *Die Ambivalenz des Kindes* (Ambivalence of the child) was published with a new title *Ursprung, Einheit und Zwiespalt der Seele* (Origin, unity and inner conflict of mind). After reading this book Werner Kemper renewed his contact with Graber and established connections with Rascovsky and Garma in Argentina. Some Austrian psychologists also became interested in these themes, so in a short time some new activities began. In July 1971 the International Studysociety in Prenatal Psychology (ISPP) was founded in Vienna. Friedrich Kruse, who did prodigious work in preparing for the meeting, was elected secretary and Hans Graber, President. CONTINUITY FROM CONCEPTION TO DEATH From the beginning of what is now the International Society for Prenatal and Perinatal Psychology and Medicine (ISPPM) the basic concept was the continuity of human life from conception to death not only physiological, but also in the psychic life. From earliest days there is an existence where needs are satisfied. The fetus has complex feelings, described by Lietaert Peerbolte (1976) as "oceanic" or "high." This state is disturbed by the total change at birth. Graber noted that physical birth may be the birth of "ego" but not the birth of psychic life. In the discussions of the first years, Graber made two important contributions

stimulated by new findings, one regarding differentiation in the prenatal psyche and the other his concept of a "primary resistance" in analyzing birth and prenatal situations therapeutically. This resistance is an important factor in psychoanalysis and may require resolution of the mutual transference of both patient and analyst. Even after Ferenczi's work had been published, few analysts dealt with these early periods of life. These early periods required a special form of communication and specific work with transference. It was not helpful to give interpretations appropriate to later developmental periods. This also interfered with public acceptance of prenatal psychology (See Schindler, 1983). To overcome this basic resistance to Graber's ideas some of us (especially Kruse, Hau and I) felt it was urgent to establish a multidisciplinary dialog. With the support of Hans Graber, Theodor F. Hou organized the First International Symposium of ISPP in Freiburg (1972). The first conference stimulated many mutual exchanges, a tradition upheld by all later conferences. Conferences in Paris (1973) and one near Munich (1975) further stimulated discussion of prenatal psychology. In September 1976 a conference of ISPP was organized in honor of Hans Graber in his home town of Bern, Switzerland. The theme was "Interpretation of perinatal and prenatal dreams in psychotherapy." At that time Hans Gruber retired as President and was named Honorary President and I became President of the organization. Dr. Graber remained active in the Society until he died on April 11, 1982 just short of his 90th birthday. A panel discussion in Salzburg, of psychologists and medical doctors, was broadcast by O.R.F., Austrian Radio, and began the spread of the ideas of prenatal psychology to a wider public. An invitation from the University of Salzburg began a process of bringing the ideas of ISPP to Universities. Congresses followed in Salzburg (1978), Basel (1979), and Dusseldorf (1983). Students in these places became interested in different aspects of prenatal and perinatal psychology. CORNERSTONES Historically, I see three cornerstones of the ISPPM which served us in the past and can guide us in the future: (1) The ecological basis for broad multi-disciplinary discussion; (2) an orientation to facts from research in psychosomatic development, psychoanalytic, psychotherapeutic, and preventive work; and (3) concern about the methods used to gain new knowledge in this field. The Ecological Basis For me personally, Graber's concept has been a secure starting point for further considerations, but in preparing my lectures, I realized that students had difficulty understanding Graber's language and way of thinking. So I began explaining him as a pioneer in ecological psychology (Schindler, 1982, 1983). His insight of birth as a total change of environment meant that it was basic to understanding the total life of a person. Because the uterus is the first environment of humans it makes sense to speak about an "ecology" of the perinatal situation. It is evident that all the problems we have in the outside world, e.g., pollution and noise, can be in the uterus too. Hans Graber compared the analysand lying on the couch in a darkened room with the situation of the fetus. He asked, "Isn't the psychoanalytic setting a regression to prenatal existence executed both symbolically and in reality by psychoanalyst and patient together?" He was referring to the closed room, dimmed lights, monotone speech, and the security provided in psychoanalytic sessions. We came to appreciate three levels: 1) The real situation in the womb and at birth; 2) the later representation of this situation not only in the mind of the patient but in the body as well; 3) the reconstruction in the analytic, therapeutic setting. It was assumed that psychotherapists would never treat a newborn but would be working with juveniles and adults who would present a "basic resistance". In fact, the potential counter-transference inherent in this relationship was usually overlooked. Orientation to Facts The question is how to determine the experiences of the fetus and newborn? Obviously, there are different ways to influence the young human being. Conscious experiences are only one part of a complex process. There is fetal dreaming. There is the inescapable relationship between mother and child. The uterus does not exist without the mother. The first environment is a very sensitive organ of a real woman. Typically, children get information from many different channels. From the very beginning, the fetus and newborn exist in the context of the personality and life span of their parents. Some graduate theses addressed these problems (Beckord, 1963, Rottmann, 1974, and Sonnewend, 1977). Today premature birth is an important and challenging reality. Prenatal psychology can do a lot in preventing these difficulties as well as finding the best condition to establish emotional contact (Markovich, 1995, Ernest Freud, 1980) and to facilitate

pedagogical goals (Hollenweger, 1995). Enormous medical progress now enables very small preterm children to survive, which also opens new possibilities for empirical research. These premature children live in an artificial uterus while physical development is nearly the same as it is in the womb. To them, what does sound mean, or touch, and warmth? METHODS Let me end with some attention to methodological questions. For our endeavor technological advances have been a great help, like direct observations via ultrasound and precise measurements of vital signs and behavioral states of the baby before and after birth. No less important was the fact that researchers began to change their attitude and approach toward infants. They observed babies responding to auditory stimuli (Salk, 1960, Tomatis, 1987), skin contact (Veldmann, 1991), and to visual stimuli. Ideas for an emerging paradigm were contributed by behavioral embryology (Gottlieb, 1976), neurophysiology (Milani, 1986) and developmental embryology (Gupta and Datta, 1988). These advances have overcome early limitations and enriched the dialog of prenatal psychology with other disciplines. David Chamberlain summarized the situation well in 1991:



Dr. Chamberlain and Dr. Schindler at a Conference in Germany

The flood of new information makes old theories quickly obsolete. Most of what we thought we knew about the fetus twenty five years ago must now be reassessed. Generally, empirical discoveries favor the idea that the fetus is a sensitive, active being who has preferences and can learn from experiences. We can also add that the fetus is able to respond individually to his native language. I am convinced all this new knowledge will be widely accepted now at the end of the 20th century and constructive dialog with other fields will increase. However, some difficulties must be surmounted. Too often, scientists accept only their own methods and have difficulty working within a multidisciplinary framework. As early as 1927, Karl Buhler advocated a larger system of scientific knowledge capable of integrating the different dimensions of psychology: personal experiences, observations of behavior, and their cultural manifestations. Such an integration is essential for research in such a complex area as the psychology of prenatal and perinatal life. There is an important mutual relationship between how we learn from every day life experience and the scientific way of verification. Both ways are legitimate but it would be an over simplification to ignore how we come to new insights and to their practical application. Practice and theory are mutually dependent. Daily experiences lead to an interpretation guided by consistency and repetition and eventually to theories of everyday life. Such theories, conscious or unconscious,

help us to formulate and reformulate what situations mean (Schindler, 1987). In a similar way, a scientist starts with a hypothesis about experience, collects evidence, and uses the results to construct a better hypothesis. Thus, daily experience is formative for everyone. Scientists are drawing upon theories of everyday life in building their hypotheses, and this is the point where we have to start changing attitudes. We must work toward better integration of theory and practice, broader scientific knowledge, and the development of practical applications of this knowledge to the care of babies. The ultimate goal of interdisciplinary dialogue is to increase communication between babies and their parents and between babies and their professional caretakers to assure the next generation is truly ready for social life.

Footnote 1 This paper was originally presented at the 12th International Congress of the ISPPM meeting at Queen Mary and Westfield College, University of London and was published in the International Journal of Prenatal and Perinatal Psychology and Medicine, December 1998. It is reprinted here with permission. Dr. Schindler, who holds the title University Professor at the University of Salzburg, was an active participant in the history which he reflects upon in this overview. He was a founding member of the Society in 1971 and later served as President. Correspondence to S. Schindler, Nonntaler Hauptstrasse 37 D, A-5020 Salzburg, Austria. Dr. David Chamberlain, President Emeritus of APPPAH, served as Action Editor for this article.

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Publication title: Journal of Prenatal&Perinatal Psychology&Health

Volume: 14

Issue: 3/4

Pages: 201-212

Number of pages: 12

Publication year: 2000

Publication date: Spring 2000

Year: 2000

Publisher: Association for Pre&Perinatal Psychology and Health

Place of publication: Forestville

Country of publication: United States

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

ISSN: 10978003

Source type: Scholarly Journals

Language of publication: English

Document type: General Information

ProQuest document ID: 198783455

Document URL: <http://search.proquest.com/docview/198783455?accountid=36557>

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Last updated: 2010-06-06

Database: ProQuest Public Health

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