

PRIMAL PERSPECTIVE

[Responsive Review of: "The Secret Life of the Unborn Child", by Dr. T. Verny, published in the UK simultaneously in hardback and paperback by Sphere Books Ltd., 1982]

The last two decades have seen a vast amount of international research into the earliest stages of human life. To date the intensely significant insights which have emerged have been largely confined within the specialist community¹. Now, however, Dr. Verny has placed at our disposal a simply written, clear overview of the material in so far as it concerns the origins of consciousness and personality. Those who still seek to deny the effects of pre and perinatal experience on later behaviour will find their position extremely hard to sustain in the light of Dr. Verny's account. The book is essential reading for all concerned with this field.

This response paper is not a summary or an exposition of the book's contents. Instead it picks up some of the key paragraphs and raises issues which are implicit but not developed by Verny himself. The main argument is that the most common (or 'normal') experience of birth and its preceding months, lays down patterns of common adult response which constitute the ground of social behaviour, symbols and myths. It is this material reactivated in later life which energises group dynamics, institutional conflicts, national boundary formation and the intensely loaded emotionality of ideological and religious phenomena.

We begin by quoting at length from Verny's fascinating description of research into the significance of the reassuring sound of the mother's heart:

"Even something as seemingly mundane and neutral as her heartbeat has an effect. Without question, it is an essential part of his life-support system. The child does not know that, of course; he only knows that the reassuring rhythm of its beat is one of the major constellations in his universe. He falls asleep to it, wakes to it, moves to it, rests to it. Because the human mind, even the human mind in utero, is a symbol-making entity, the foetus gradually attaches a metaphorical meaning to it. Its steady thump-thump comes to symbolise tranquillity, security and love to him. In its presence, he usually flourishes.

"This was demonstrated a few years ago in a unique and ingenious study. It consisted merely of piping a tape of a human heartbeat into a nursery filled with newborn babies. The researchers assumed that if the maternal heartbeat had any emotional significance, the newborns in the nursery on the days it played would behave differently from the babies there on the days it did not. That is precisely what happened.

"Except it happened in a much more conclusive way than had been expected. The scientists, fairly certain some differences would show up when they designed the study, were stunned by the number and magnitude of the ones that occurred. In virtually every way, the heartbeat babies did better; in most cases much better. They

ate more, weighed more, slept more, breathed better, cried less and got sick less. Not because they received special treatment or had superior parents or better doctors, but simply because they were exposed to a tape recording of a heartbeat." [page 14 f.]

That particular experiment carries more implications than have been drawn from it up until now. It was treated as a test of memory and positive effect of the heartbeat, and as such it showed up very positive confirmation that the familiar intrauterine pattern of the pulsating heart has a major effect on the life of the post-natal child. It must therefore be a remembered sound.

However, what is not drawn in the usual inferences from that particular study is this: Children are born out of an environment in which the heartbeat is normal into one in which it is not normal. In the nursery, in the absence of the heartbeat and because they have lost that sound, they eat less, weigh less, sleep less, breath worse, cry more, and are more liable to be ill, simply because they are deprived of the comforting reassurance of the maternal heartbeat. I would therefore postulate that the neonate is in a condition of acute pining or separation anxiety. Birth here is indicated as the onset of alienation. Life is lived in a condition of womb-loss from the moment of birth. One of the fundamental drives of the neonate is therefore the recovery of womb-world, the search for the substitute and here maybe we detect one of the fundamental pre-verbal symbolic drives of world religion.

"... an unusual paper ... appeared late in 1944. Called 'War and the Maternal-Foetal Relationship', it grew out of the earlier observations its author, Dr. Lester W. Sontag, had made about the way certain severe maternal anxieties influenced foetal personality development. All these special stresses revolved around threats to the pregnant woman's husband, and it wasn't just that the women subjected to them bore more difficult babies. Their infants' problems seemed to Dr. Sontag to be physically based. Now that the war had transformed what in peacetime were occasional fears of danger into a daily reality for hundreds of thousands of pregnant women with soldier husbands, he was concerned about the well-being of the children these war mothers were carrying. He suspected those intense maternal anxieties might physically alter a child's emotional regulators in utero and, because of that, many of their babies would behave differently, perhaps more unstably, than infants born in better times." [p. 40]

Dr. Sontag prefigured more recent studies. The indication was that women who were exposed to sustained acute anxiety about their husbands, together with the acute environmental threat of a nation at war, laid down patterns of high adrenal and noradrenal levels which prescribed the unborn children with particularly oversensitive reactions to anxiety and stress and therefore with tendencies to more unstable behaviour patterns. Other studies have indicated that major stress within the family, particularly conflict between the mother and father during pregnancy also has a predisposing effect towards anxiety states and psychological and physical troubles in later life.

"... a team of Columbia University investigators, ... measured the effects of famine in utero. ... The Columbia team studied the physical records of Dutch women and their sons who had been subjected to famine. [In late 1944 the Germans placed a severe food embargo on certain sections of Holland, which produced widespread famine. The study was based on the draft-age records of the men whose mothers were pregnant with them during the famine.) Severe overweight problems turned out to be

common in the group; the degree of susceptibility depended largely on the developmental stage the men (then still unborn babies) were in when famine struck. Suffering severe hunger in the first four or five months of gestation seemed to have the greatest effect; obesity was unusually common among those men whose mothers had been malnourished then. The team concluded that nutritional deprivation in that period affects, the setting of the hypothalamic areas regulating food intake and growth." [p.43 f.]

This is a particularly important study because it seems to indicate that lack of resources in utero leads to a compensatory paranoia or a sense of whatever you get is not enough, in the post-natal field. The fixated or scripted intrauterine position is that of being persistently malnourished or hungry. Now surely this must relate to the statistical prevalence of malnutrition in the immediately pre-parturitional stage of full-term pregnancy. I am convinced that the roots of paranoid reactions lie in this field and more particularly, that the effects of common experience in this field generate the common social paranoid responses under stress.

Another study of parental bereavement during pregnancy and immediately postpartum showed a much higher incidence of schizophrenia and other psychiatric disorders in the group whose bereavement had occurred while still in utero.

"To the investigators, this finding seemed to go beyond psychological explanations. To them the before-birth group's unusual incidence of emotional disorders suggested a biological malfunction. Since the hypothalamus is the body's feeling centre, they concluded its integration had been adversely affected by the maternal distress." [p. 44]

I wonder, however, whether a purely biological explanation is adequate. We may also be looking at the development of fundamental defences against grief, mediated chemically through the hormonal cocktail passing the placental membrane, as well as presumably the maternal noises of crying and so forth. These would trigger intense emotional reactions to the point of hyper-stress, so laying down patterns of repression, splitting and very primitive anxiety defences at the pre-birth stage of development. How much of the interpretation depends on the assumptions of the investigators it is difficult to know. Were they themselves conscious of their own primal trace and its defence patterns? Had they worked through the material cathartically themselves or were they simply primally unconscious people looking objectively at the physiological aspects of trauma in the life of another?

Verny goes on to argue that normal stresses and anxieties are usually much less severe and accordingly so are the effects of these stresses on the child. He notes:

"These more subtle stresses may result in a child who will eat poorly, cry a lot, be difficult, and have loose stools. He is usually diagnosed as 'colicky'. I suspect such behaviour is related to minor stress-induced flaws in the child's hypothalamus and autonomic nervous system." [p. 45]

Verny may be overly biological and chemical in looking at what he calls 'flaws' within the neural development. These may also be described as reified displacements of anxiety defence constructs, elements of splitting, repression, a holding down of transmarginally

stressed experiences which take up considerable intra-psychic energy and continually represent the trauma to the conscious mind in displaced and reverberative ways.

Again, we need to look at his description of these 'flaws' in terms of deviant behaviour. What I would be interested in, of course, is the level of 'flawing', in normal births. In other words I am not only interested in the returning to the norm of babies who have had slightly deviant patterns of stressing but also in an increasing of the health of the norm towards something much better. This developmental stance has massive implications for understanding the common social reactions to stress, to famine, to anxiety, to loss, to insecurity, to rapid change, and to the kind of constructs and defences generated within social systems to deal with them.

"We now know more about the first months of life - physically, psychologically and neurologically - than Freud could even have guessed. Yet, inexplicably, very little of this knowledge has seeped into the current theories on ego, so it will probably be a decade or two before ego formation in utero becomes part of accepted psychiatric thinking. The mechanics of ego formation, however, have largely been worked out; all we have to do is learn to apply them to the prenatal period." [p. 50f.]

Why does Verny think it is 'inexplicable' that very little of this early material has seeped into the theories of ego formation? What we are dealing with here are the fundamental common elements of ego and unconscious defence formation, precisely those which form the collusional unresolved core of the social unconscious. These are the roots of the archetypes of the racial unconscious, in Jung's terms. They are the roots of the common instinctive patterns of ego formation in Freud's terms. Therefore the making of the connections in this field is very deeply and fundamentally disturbed, not simply in terms of making the connections between these deep origins of ego formation and individual behaviour, but even more deeply disturbed are the connections between intrauterine ego development and social systems behaviour. It is the repression of the social milieu which sustains the repression of the pre and perinatal experience, and therefore fractures the connections between intrauterine ego development and its application to later adult ego formation and social systems presentation.

"Dr Paul Bick, a West German physician and pioneer in the use of hypnotherapy, recently treated a man who ... complained of severe anxiety attacks accompanied by hot flushes. To uncover their source, Dr Bick put the patient into a trance. Slowly moving back across the months he had spent in the womb, the man recalled particular incidents, always describing them in a calm, level voice until he reached his seventh month. Then, suddenly his voice tightened and he began to panic. Clearly, he had arrived at the experience that had become the prototype for his problem. He felt terribly hot and afraid. What caused this? This patient's mother supplied the answer a few weeks later: During a long and anguished conversation, she confessed she had attempted to abort him in her seventh month of pregnancy by taking hot baths." [p. 54]

The importance of that particular incident is that in the seventh month of pregnancy a specific traumatic impingement lays down neurotic defences and responses which perseverate for the rest of the person's life. The significance for me of this kind of deviant or unusual element is that it indicates that transmarginal stressing does have this kind of long-term effect from

those early days. Now if the point of parturition is itself commonly and normally transmarginal, preceded by a period of malnutrition and accompanied by major separation anxiety then we are dealing with the unconsciousness of that which is normally neurotic and laid down by common shared, perinatal, transmarginal stress. It begets the plague reactions of homo sapiens in his multiple individual experiences and in his common corporate social behaviours. Significantly Tom Verny writes:

"On some level all emotional conflicts grow out of memories, whether the recollections are conscious ones or, as is more of ten the case, unconscious. Dr Bick's patient, for instance, did not remember the source of his anxiety attacks, but that did not make the terror that sprang from that source any less real - more than two decades later his behaviour was still being guided by a submerged but potent prenatal memory. All of us have lost memories that from their hiding place - the unconscious - can exert a powerful influence over our lives." [p. 54 f.]

This is an important development because Verny is indicating here that unconscious repression of traumatic memory can exist from this level. He is also juxtaposing the comment on Dr Bick's patient, that his behaviour was 'being guided by submerged but potent prenatal memory' with the phrase 'all of us have lost memories'. Now if all share common unconsciously repressed trauma of a commonly patterned kind, then one would argue that the common neuroses must inevitably be patterned by this material. It will be fascinating to see whether Verny draws the conclusions about social behaviour and common individual behaviour which are obvious, although hard to acknowledge. What he does note at this stage is:

"... even our most deeply buried memories have emotional resonances, which influence us in perplexing and of ten troubling ways." [p. 55]

"A large number of couples move into a new home during pregnancy. In one recent study, 79 percent of the women interviewed said they were planning to change their residences because of the new addition to the family. Of course, it is not moving as such that is the problem, but rather the disruptions and the anxiety that accompany moving that is the culprit. In a landmark report, Dr R.L. Cohen showed that the stress triggered by moving to a new area during pregnancy may delay bond formation between mother and child after birth. Fortunately, if the mother knows about such correlations, she can compensate for them by getting extra rest and emotional support as well as doing some 'explaining' to her baby." [p. 73 f.]

"For his mother, for his father, his birth may represent an unperishable memory, the fulfilment of a life-long dream, but for the child himself, it is something much more momentous - an event that imprints itself on his personality. How he is born - whether it is painful or easy, smooth or violent - largely determines who he becomes and how he will view the world around him. Whether he is five, ten, forty or seventy, a part of him always looks out at the world through the eyes of the newly born child he once was. That is why Freud called the pleasure and pain that accompany birth 'primal emotions'. None of us ever entirely escapes their pull." [p.85]

Buried in the centre of that paragraph is that incredible statement 'how he is born ... largely determines who he becomes and how he will view the world around him'. What Verny does

not do with that kind of insight is aggregate it to social response, rather than simply focus on the individual. Of course it affects the individual but the summation of individual behaviours then constitute the common social patterns. It is now beyond all doubt that the way we are born as a species largely determines the common social characteristics of homo sapiens.

Another important point from this particular quotation is the comment that at whatever age 'a part of him always looks out at the world through the eyes of the newly born child he once was'. This also needs taking back a stage to say that at whatever age one is, a part of one is still living as if in the intrauterine position, the leaving of which was so traumatic as to be denied.

In other words the part of the ego which corresponds to the split off intrauterine self, behind the amnesiac defences against recurrence of the birth trauma, continues to exert a major influence on the Weltanschauung, the world perceptions, the environmental relations, the major attitude towards the other for the rest of life. This point also must be aggregated beyond the individual to the social. It is therefore important to note and work on the corporate foetality of social attitudes and behaviours and here lies the core reason for the material which Lloyd deMause has so brilliantly depicted in his essay on 'The Fetal Origins of History'². What deMause fails to deal with is the reason why the foetal patterns remain so pervasive. The reason may well be repressed behind perinatal defences, in regressive flight from which the foetal pattern perseverates.

Although Tom Verny is describing the relationship between the unborn and the womb-world emotionally and physiologically, he could well be describing the kind of mystical reification which emerges in the theology of communion:

"By the end of his ninth month in utero, he has become deeply aware of his universe; its sensations, sounds, and sights are as much a part of him now as his arms and legs. This is not meant mystically. He is, in the most fundamental sense, at one with his world and it with him." [p. 85]

So the womb is that within which we live and move and have our being, goal of communion, to be one with Christ, I in Him, and He in me, as He in turn is in the Father, or one with the Father, receiving in this mystical symbiosis the food which is not incorporated through the mouth but banishes hunger in a timeless eternity and receiving drink, which again is not taken orally, but wells up through the belly into a spring of eternal life. When these experiences are summed and aggregated from the individual to the social system, to the major religious institutions and movements, we begin to understand that the laying bare and teasing out of the preverbal intrauterine memories and perinatal drama provides the symbol ground for the understanding of world religions and ideological constructs. As such they represent the commonly symbolised psychotic or neurotic defences of homo sapiens, containing fixated, frozen in corporate unconscious, the primal trauma of humankind, continuously displaced and in displacement repeatedly re-enacted in political and religious ritual. That such an understanding must now move from a perception of religious and political process to that of common social process is an inevitable step. When that is applied to the formation of group boundaries, nation boundaries, paranoid international conflict, industrial relations and so forth, as well as the internecine and inter-ideological boundaries which cause such massively dysfunctional disturbance of the symbiosis of the human species within the global

holding environment, then we begin to see how important this material is for the survival and well-being of the species within the limits of Island Earth.

Verny notes,

"Birth ... is the first prolonged emotional and physical shock the child undergoes, and he never quite forgets it. He experiences moments of incredible sensual pleasure - moments when every inch of his body is washed by warm maternal fluids and massaged by maternal muscles. These moments, however, alternate with others of great pain and fear. Even in the best of circumstances, birth reverberates through the child's body like a seismic shock of earthquake proportions.

"One moment he is floating blissfully in a pool of warm amniotic fluid, the next he is suddenly thrust into the birth canal and the beginning of a trying experience that may last many hours. For most of that time, maternal contractions will push and pinch at him. What the full force of a contraction feels like can only be guessed at, though some recent radiological studies show that as each contraction closes in on the child his arms and legs flail wildly in what looks very much like a painful reaction.

"Almost as unnerving is the end point of his birth. When the child finally nears the vaginal opening his still fragile skull may suddenly be seized by two steel forcep tongs and his six-, seven or eight-pound body pulled forward at a force equal to forty pounds of tension on his neck. Or he may find inserted in his scalp a tiny metal electrode lead from a foetal cardiac monitor. Even if he manages to avoid both these hazards, he will likely soon find himself in a cold, noisy, harshly lit room, surrounded by a group of strangers who clutch, probe and pull at him.

"Meanwhile his mind is recording every feeling, gesture and movement. Nothing escapes his attention now. Even the most minute details leave indelible memory tracks, though the child will rarely be able to recall these memories spontaneously later." [p. 86 f.]

I am reminded of the comment of a doctor at a recent meeting of the Medical and Scientific Network who was overheard to say, 'If we were conscious at birth it would be the most shattering event of our lives'. We are now in a position to say categorically that we are conscious at birth, and it is indeed the most commonly shattering event of our lives.

It is significant that Verny notes that 'even in the best of circumstances, birth reverberates through the child's body like a seismic shock of earthquake proportions'. However, following the pattern of D.W. Winnicott³, the subsequent pages then treat deviant effects of more than the best stress. The normal is apparently unremarkable. So he speaks of 'at bottom ... the lowest psychological risk category would be simple, uncomplicated vaginal births'. That is the bottom line of his concern. The effects of even that bottom line are massive in laying down fundamental learning and constituting the core, common unconscious defences used to manage stress, low resource, rapid change, and loss as highest common factor responses within social systems. The link between social behaviours and individual behaviours cannot be forged unless we allow for the significance of the common. While we only give significance to the deviant we are unable to make the connection between the depth analysis of the individual and that of the behaviour of social systems which aggregates the individual

behaviours, so rendering the deviant behaviours less and less significant and giving greatest significance to the most common, therefore the most normal and, in clinical terms up to now, the least significant. The study of social systems behaviour therefore requires the widening of the current criteria of significance in pre- and peri-natal psychology.

There are 'indicators that an uncomplicated vaginal birth does confer important emotional advantages' but there are also massive indicators that even such an uncomplicated and simple birth exposes the highly impressionable baby to acute stress, high levels of anxiety, separation, and loss, the condition of normal malnutrition and hypoxia. Maybe in comparison to more stressful births such uncomplicated simple passages do indeed confer important emotional advantages, but it must be stressed that even such simple, uncomplicated passages impose on the psyche of homo sapiens major disadvantages in terms of repressed primal trauma and its enactment in common social response.

"Pain is the second vital element, in all births. Intermingled with pleasure, it creates a sharp contrast for the infant. Nothing in his experience has prepared him for the pain and anxiety he endures as he is shoved down the birth canal. Despite the magical interludes of pleasure, he feels under active assault. The legacy of this journey - with its bewildering and harrowing contrasts - leaves a profound mark on all of us. Our most enduring cultural and religious symbols reflect that influence: Both the distinctions between Heaven and Hell and the expulsion of Adam and Eve from the Garden can be read as birth parables, and so can many of our most powerful myths. How we are born may even influence how we die. There is a remarkable similarity in the accounts of people who have been clinically dead for a brief period. Scientist-author Carl Sagan thinks this resemblance may actually be a reflection of the commonality of the birth experience." [p. 111]

At this point Verny puts his finger on the origin of splitting, this drawing apart of the contrast between pain and pleasure, Heaven and Hell. He also begins to make the connections between the individual experiences and their common expression in social myths and symbols, aggregated into religious structures. The connections, however, are made in passing and the implications are not really drawn out.

He goes on to talk of the roots of ambivalence as lying in the same matrix, that is the juxtaposition of pain and pleasure and notes the 'subconscious desire to re-experience the joy and tranquillity, the safe place we once possessed in the womb'. It is fascinating that the desire to regress to the safety of the intrauterine experience is associated by Verny with one pole of ambivalence, although the root of ambivalence is laid down in the pain and pleasure waves of the parturitional phase. The contradictions here may hide some of the unresolved primal defence material that has not yet been worked through. It is possible that the impingement as a total event causes a certain amount of time-reversal, or the attempt to go back into the safe past. This desire to return to the safety of intrauterine tranquillity is most marked in those who 'hit their heads on a brick wall' on the way out. In other words the sharper and more intense and prolonged the impingement in the birth canal, the more the desire to go back into the safety of previous experience, and the more intense is the splitting into good and bad fields and the denial of one or other of those fields which emerges within the defensive position.

The difference in modes of acting out that emerges between the male and the female is quite interesting. The male seems to displace the whole into the part and treats sexual intercourse itself as an attempt to re-penetrate, to get back behind and inside, and in that sense it is a flight from the primal impingement. For the female the desire to be inside is sustained as a whole body longing, rather than being displaced into a part. The relationship between the near death experience and re-activated primal trace is also noted by Verny at this place, which correlates very strongly with some of the comments made by Dr. Kenneth Ring, President of the International Association for Near Death Studies, at the Congress of the European Association for Humanistic Psychology in August, 1984.

"Anger is another birth legacy we all share. It is a widely accepted psychological principle that pain produces anger and, since even the best births involve pain, it is inevitable that all of us are left with a subconscious residue of primal anger. That is perfectly normal. A danger arises only when that residue is large and unexpressed. This may occur because of an unusually painful birth - but even a relatively normal delivery can produce fury in an infant if the pain confirms what he has already begun sensing in utero - that his mother is rejecting or ambivalent." [p. 113]

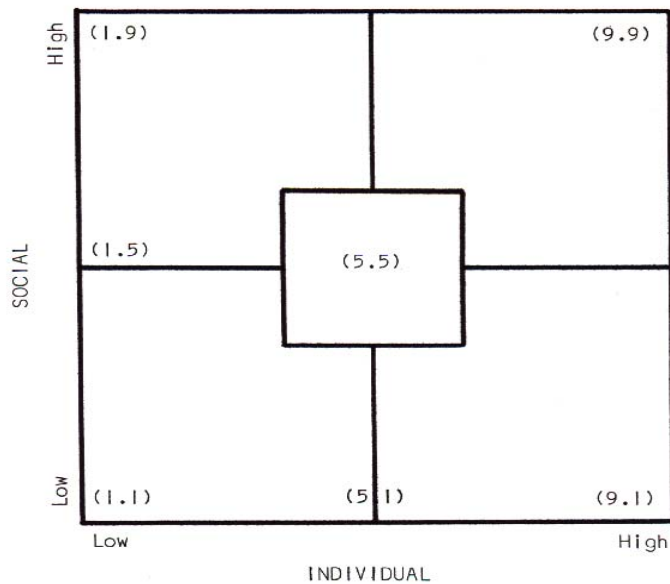
The commonality of the experience of pain and the inevitability of the total population being 'left with a subconscious residue of primal anger' is described as 'perfectly normal'⁴. For the paediatrician and the psychiatrist concerned with abnormal behaviour and the ability to return to norm those whose experiences have been abnormally distressing, such a comment is quite 'normal'.

We must, however, ask another order of question about the effect of such 'normal residual unconscious primal pain and repressed anger' on the behaviour patterns of the population as a whole. To write it off as insignificant because normal is precisely the error of D.W. Winnicott. When the normal responses of social systems become species threatening, we have to face questions about the significance of the normal. There is clear evidence that the normal is intensely neurotic and verging on the psychotic, particularly when those normal primal deposits are reactivated by later patterns of deprivation, stress, rapid change and loss. When such experiences are common to a large group or social system, then the total system resonates in primal abreaction. Its so-called political or religious acting out of common primal drama constitutes the psychotically dysfunctional behaviour of inter-group conflict, and ultimately global war⁵. We can no longer afford to ignore and describe as insignificant that which is 'normal'. The assumption that the normal is normative must also be called in question. If resolution of abnormal stressing can occur through abreactive therapy, then surely there can also be resolution of the normal levels of neurosis and psychosis. The only block is the common collusional repression that denies legitimacy to that process on the basis of maintaining the common defences against primal anxiety and raising to consciousness of normally intolerable emotional reaction. We face the very real possibilities of the amelioration of normal trauma and that raises massive implications for the possible modification of social reactions under stress, with its accompanying very primitive defence mechanisms, depersonalisation of the out-group and the suicidal annihilatory and paranoid behaviours which characterise such an event.

I am now quite certain that one of the missing links in Verny's material is that between the individual and the group. All of his work appears to be done with individuals, whether in psychiatry or paediatrics and this orientation yields little insight into group behaviour as

such, or into the wider social processes. If we construct a Johari diagram of the individual and the social and characterise the axes in terms of degree of insight into the effects of primal material upon subsequent behaviour, then VERNY scores fairly high on the individual parameter of the field, but low on the social parameter of the field. Both dimensions are necessary for a really integrated understanding of the effects of pre and perinatal experience on human behaviour (see diagram).

'JOHARI' DIAGRAM
 AWARENESS OF EFFECTS OF PRE AND PERI-NATAL MATERIAL
 ON INDIVIDUAL AND SOCIAL BEHAVIOUR



REFERENCE POINTS

- 1.1 Denial and repression of all insight into effects of pre and perinatal experience.
- 5.1 Partial awareness of effects of primal trace in individual behaviour.
- 9.1 Very high awareness and insight into effects of primal trace in individual behaviour.
- 1.5 Partial awareness of effects of primal material in social process.
- 1.9 Very high awareness and insight into effects of common primal trace in social behaviour.
- 5.5 Partial but ambivalently conflicted awareness of primal origins of both individual and social behaviour.
- 9.9 Very high and dynamically integrated awareness and insight into effects of pre and perinatal experience on both individual and social behaviour.

A Question of Memory

"According to traditional medical science, children prior to the age of two cannot remember anything because their large nerve tracts are not fully myelinated - that is, covered with a fatty sheath of connective tissue - and therefore cannot carry messages

through them. This has been proved incorrect. The absence of myelin slows down conduction of nerve impulses but it does not prevent them from passing.

"Today we know that from the sixth month of pregnancy onward and especially from the eighth month, memory templates are laid down that follow recognisable patterns. By then the child's brain and nervous system are developed sufficiently to make this possible, and the fact that memories retrieved from this period have a recognisable shape and form tends to confirm the notion that the brain is operating near normal adult levels by the third three months." [p. 168 f.]

The development and function of myelin has previously been assumed to be quite essential for the laying down of memories and some traditional medical opinion, ignorant of the research that has most recently been carried out, still denies the possibility of any such memory trace in the absence of mature myelinisation. This insight, therefore, cannot be too strongly stressed, though it would have been helpful if Verny had made reference to the hard research behind that kind of statement.

"Since sympathetic messages, like messages along the central and autonomic nervous systems (CNS-ANS) must also lead somewhere and be encoded somewhere, I hypothesise that they are laid down in individual cells; I call memory so derived 'organismic memory'. This would allow even a single cell such as an ovum or a sperm to carry 'memories', and would provide a physiological basis of explanation for the Jungian concept of the collective unconscious....

"It seems to me that the sympathetic modality predominates at the beginning of one's life and then gradually diminishes. At times of great stress, such as for example danger to a loved one or imminent death, it reappears. It may also manifest itself in altered states of consciousness induced by, for example, hallucinogenic drugs, hypnosis or psychotherapy. For the time being I think that only by accepting this bipolar model of memory, at least as a working hypothesis, can we explain not only the existence of prenatal and birth memories, but also the development of attitudinal predispositions and vulnerabilities in utero." [p. 176 f.]

Verny's hypothesis of the 'organismic memory' laid down presumably within the energy levels of the DNA structures within the cellular protoplasm, is being echoed from other fields, for instance in the work of David Bohm on fundamental physics and the Implicate Order⁶, reference to which was made in my correspondence with David Boadella⁷. Although at this stage the ideas are comparatively speculative, the current trends of research were outlined by Arnold Buchheimer in 1983⁸. There do seem to be two main possibilities. Firstly, that organic materials of this kind do lay down data traces which can then be recovered and raised to consciousness as the organism becomes more complex and develops data handling neural equipment.

The other and deeper possibility is that this process represents the becoming conscious of a part of the universe with a history going back to the 'big bang' and beyond. In this case there may be cosmic 'consciousness' of the physical entities, as well as evolutionary and multi-generational consciousness of the genetic material. These are sub-strata to the post-fertilisation consciousness of the intrauterine development and the massive learning of parturition and the perinatal drama. These multi-layers of information deposit then form the

bedrock for post-natal learning, which is comparatively peripheral. It is difficult at the moment to see what kind of research would be required to validate or falsify that kind of hypothesis, but its possibilities cannot a priori be ruled out.

The final chapter in Verny's book is entitled Society and the Unborn Child. My hopes were raised that at this point he would begin to deal with some of the social implications of pre- and peri-natal psychology. However the individual orientation of the obstetrician and psychiatrist still dominates the material. To be sure the new research raises issues concerning abortion, test-tube babies, perinatal counselling, perinatal care, the psychiatric care of expectant and post-natal mothers, the relationships of bonding in the difficult environment of the intensive care unit and so forth. At no point does Thomas Verny raise the implications of the retention of pre- and perinatal memory traces and their associated defences, repressions, symbolisations and projections for adult behaviour in the normal adult, let alone for the common social behaviour of large groups of people, organisations, institutions, social systems, nation states and the total world system. This is a disappointing omission and points to an agenda which must now become one of very high priority.

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Notes and References

1. For an overview of research up to 1983 see 'Consciousness at Birth: A Review of the Empirical Evidence' by David B. Chamberlain, Ph.D. Available from Chamberlain Communications, 5164 35th Street, San Diego, California 92116, USA. [Price \$7 excluding mailing costs]
2. Lloyd deMause, 'Foundations of Psycho-History', Psychohistory Press, 1982. See Chapter 7, 'The Fetal Origins of History', pp. 244-332.
3. Winnicott, 'Collected Papers: Through Paediatrics to Psycho-Analysis', Tavistock Publications, 1958. See Chapter 14, 'Birth Memories, Birth Trauma and Anxiety', pp. 174-193
See also David Wasdell, 'Birth Trauma?', Meridian Programme 1979 for a critical analysis of Winnicott's logic.
4. Steven Kull, 'Nuclear Arms and the Desires for World Destruction', Political Psychology, Vol.4, No.3, 1983, pp.563-591.
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