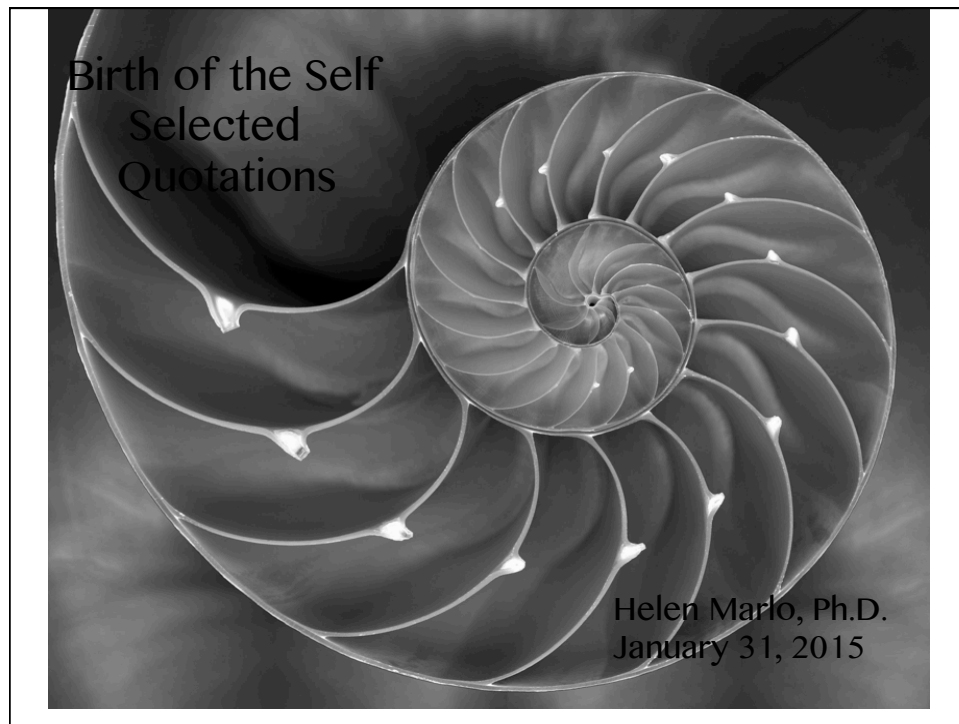




Theoretical Viewpoints: Historical Overview

Sigmund Freud

“...I learned to appreciate the importance of phantasies and unconscious thoughts about life in the womb. They contain an explanation of the remarkable dread...of being buried alive and...the deepest unconscious basis for the belief in survival after death” (Freud, 1909, p. 436).

“The situation of non-satisfaction in which the amounts of stimulation rise to an unpleasurable height without it being possible...to be mastered psychically or discharged must for the infant be analogous to the experience of being born--...a repetition of the situation of dangerit is unnecessary to suppose that the child carries anything more with it...” (Freud, 1926, p. 67).

2

“The first experience of anxiety...is birth, and, objectively speaking birth is separation from the mother...it would be very satisfactory if anxiety, as a symbol of separation, were...repeated on every...occasion...a separation took place...we are prevented from making use of this..by the fact that birth is not experienced subjectively as a separation from the mother...the fetus, being a completely narcissistic creature, is totally unaware of her existence” (Freud, 1926, p. 59).

“The process of birth is the first situation of danger, and the economic upheaval which it produces becomes the prototype of the reaction of anxiety” (Freud, 1926, p. 83).

3

“There is much more continuity between intra-uterine life and the earliest infancy than the impressive caesura of the act of birth would have us believe. What happens is that the child’s biological situation as a foetus is replaced for it by a psychical object-relation to its mother. But we must not forget that during its intra-uterine life the mother was not an object for the fetus... at that time there were no objects...It is obvious...there is no place for the abreaction of the birth-trauma” (Freud, 1926, p. 68).

“The essential thing about birth...is that it calls up ...a state of highly tense excitation...Let us call a state of this kind, before which the efforts of the pleasure principle break down, a ‘traumatic’ moment” (Freud, 1932, 782).

4

Otto Rank

“If one ventures to accept literally and seriously the origin of the anxiety-affect which Freud recognized as arising in the process of birth—and one is forced to do so by a number of experiences—then it is easy to realize how every infantile utterance of anxiety or fear is really a partial disposal of the birth anxiety...just as the anxiety of birth forms the basis of every anxiety or fear, so every pleasure has as its final aim the re-establishment of the intrauterine primal pleasure” (Rank, 1924, p. 17).

5

“It is proved, then, without doubt that the essential part of the work of analysis, the solving and freeing of the libido “neurotically” fixed on the analyst, is really neither more nor less than allowing the patient to repeat with better success in the analysis the separation from the mother. But this is by no means to be taken metaphorically in any way—not even in the psychological sense. For in the analytic situation the patient repeats, biologically, as it were, the period of pregnancy, and at the conclusion of the analysis—i.e. the re-separation from the substitute object—he repeats his own birth for the most part quite faithfully in all its details. The analysis finally turns out to be a belated accomplishment of the incompleting mastery of the birth trauma” (Rank, 1924, p. 5).

6

Carl Jung

“...mother, who was our first object, with whom we were truly and wholly one. She was our first experience of an outside and...an inside: from that interior world there emerged an image...a reflection of the external mother-image...” (Jung, 1956, CW 5, 500).

“The phenomenology of the ‘child’ s’ birth always points back to an original psychological state of non-recognition, i.e. of darkness or twilight, of non-differentiation between subject and object, of unconscious identity of man and the universe. This phase of non-differentiation...is both man and universe and yet neither, but an irrational third” (Jung, 1950, CW 9, 290).

7

“The road of regression leads back to childhood and into... the mother’ s body...moral condemnation seizes upon the regressive tendency and tries by every trick of devaluation to prevent this sacrilegious return to the mother...therapy must support the regression, and continue to do so until the “prenatal” stage is reached....Hence, the regression leads back only apparently to the mother, in reality she is the gateway into the unconscious, into the “realm of the mothers.”...For regression, if left undisturbed, does not stop short at the “mother” but goes beyond her to the prenatal realm of the “Eternal Feminine,” to the immemorial world of archetypal possibilities where...“slumbers the divine child,” patiently awaiting his conscious realization” (Jung, 1956, CW 5, para 506-508).

“The real point is that the regression goes back to the deeper layer of the nutritive function, which is anterior to sexuality, and there clothes itself in the experiences of infancy...the sexual language of regression changes on retreating still further back, into metaphors derived from the nutritive and digestive functions...The so-called Oedipus complex with its famous incest tendency changes at this level into a “Jonah-and-the-Whale” complex, which has a number of variants, for instance the witch who eats children, the wolf, the ogre, the dragon, and so on. Fear of incest turns into fear of being devoured by the mother. The regressing libido apparently desexualizes itself by retreating back step by step to the presexual stage of earliest infancy. Even there it does not make a halt but... continues right back to the intra-uterine, prenatal condition and, leaving the sphere of personal psychology altogether, irrupts into the collective psyche where Jonah saw the “mysteries”...in the whale’s belly” (Jung, 1956, CW 5, para 654).

“...regression to the mother is bound to revive the memory of...the mother as the nourishing source. Incest is not the only aspect...hunger...drives the child to its mother. Whoever...regresses into the...mother’s bosom, expects not only to be warmed and loved, but to be fed...it aims-without admitting it—at incest and nourishment” (Jung, 1956, CW 5, 519).

“Freud’s incest theory describes certain fantasies ...The... sexual theory is...discomfited by the fact that the last act of the drama consists in a return to the mother’s body...giving rise to an even more infantile theory....elaborated by Otto Rank...the regression goes back to the deeper layer of the nutritive function...anterior to sexuality...the sexual language of regression changes on retreating still further back, into metaphors derived from the nutritive and digestive functions of life” (Jung, 1956, CW 5, para 506-508).

10

“A person sinks into his childhood memories and vanishes from the existing world. He finds himself apparently in deepest darkness, but then has unexpected visions of a world beyond... If this layer is activated by the regressive libido, there is a possibility of life being renewed, and also of it being destroyed. Regression carried to its logical conclusion means a linking back with the world of natural instincts which... if...can be assimilated by the conscious mind it will bring about a reactivation and reorganization of its contents” (Jung, 1956, CW 5, para 631).

11

“The moment of a rise in consciousness, of the separation of subject and object, is indeed a birth...The blessed state of sleep before birth...is...rather like an old shadowy memory of that unsuspecting state of early childhood, when there is as yet no opposition to disturb the peaceful flow of slumbering life” (Jung, 1956, CW 5, 501).

“...the symbol of psychic pregnancy...goes back to the primordial image....The child that is to be born signifies the individuality, which...present, is not yet conscious” (Jung, 1971, CW6, 806).

ii 12

Additional Jungian Contributions

Michael Fordham

“... the primary or original self of the infant is radically disrupted by birth in which the psyche-soma is flooded by stimuli which give rise to prototypic anxiety. Following this, a steady state re-establishes itself and the first clear sequence of disturbance followed by resting or steady states has been completed. The sequence repeats again and again during maturation and the motive forces behind them are called deintegrative and integrative. At first, the sequences are rapid, but as psychic organisation proceeds, they become spread over longer periods till relative stability is attained for most of the time” (Fordham, 1944, *Children as Individuals*, p. 103).

13

JoAnn Culbert-Koehn

“I do not think that anyone’s personality is so uncomplicated that any one trauma or memory explains everything. What I have observed is that the events around one’s birth, or the days immediately following birth, leave a profound imprint and...re-experienced at... separation and transition...These earliest memories often have both physical and psychological correlates and frequently carry a kind of life-and-death urgency....” (Culbert-Koehn, 1997, p. 76).

35

“In writing about mismanaged birth and psychological catastrophe, I often use the phrase “physical or psychological birth” to encompass both the complex possibilities inherent in birth. The physical process of birth affects the psychological birth process, and the psychological process of either mother, father, or fetus may affect the physical birth. I wonder if the term “birth complex” (Sullivan, 1996) might be helpful in capturing this tangle of variables that surrounds this area of psyche common to us all, at the same time “archetypal” yet deeply personal and individual....In the case of the “birth complex” the common emotional tone is...often one of catastrophic anxiety... The catastrophic anxiety, embedded in the birth complex, may be somatized and communicated to the analyst via projective identification....It is my experience that this complex is imprinted in the psyche and deeply affects us at times of life transitions” (Culbert-Koehn, *Analysis of Hard and Soft: Tustin’s Contribution to a Jungian Study of Opposites*, 1997, p.122).

D.W. Winnicott

“I am not claiming that treatments can be done on birth material alone. The analyst must be prepared to expect whatever type of material turns up, including birth material. The analyst must indeed expect environmental factors of all kinds:....the type of environment that belongs to the intra-uterine experience...the type of environment that belongs to the birth experience; ...the mother’s capacity for devotion...the capacity of the parental team for taking joint responsibility ...the capacity of the social setting for allowing maternal devotion and parental cooperation; and for continuing these functions... no consideration of the birth trauma can have value unless a sense of proportion can be maintained...the personal birth experience is significant, and is held as memory material...in psychotic states those very things are remembered that are unavailable...in more normal states. You will notice...I have used the word ‘birth experience’ instead of ‘birth trauma...’ (Winnicott, 1949, p. 177).

16

“Birth memories appeared with fantastic embellishments...from all stages of development...the effect seemed...real in its terrific intensity ...disbelieving the details described as memories I found myself prepared to believe in the accompanying affect” (Winnicott, 1949, p. 179).

“Possibly birth experience can be so smooth as to have relatively little significance...Contrariwise, birth experience... that is abnormal...above a certain limit becomes birth trauma, and is then immensely significant....interpretation in terms of birth trauma will not...produce...permanent relief ...since the birth trauma is real it is a pity to be blind to it...” (Winnicott, 1949, p. 180).

“When birth trauma is significant every detail of impingement and reaction is...etched on the patient’s memory” (Winnicott, 1949, p. 183).

17

“It would be useful to give three categories of birth experience. The first is a normal...healthy, birth experience which is a valuable positive experience of limited significance; it provides a pattern of a natural way of life. This sense of a way of life can be strengthened by...subsequent normal experiences...the birth experience becomes one of a series of factors favorable to the development of confidence...In the second category comes the common rather traumatic birth experience which get mixed in with various traumatic environmental factors...I refer...to the extreme of traumatic birth experience, which provides a third category” (Winnicott, 1949, p 180-181).

18

“There is a very clear relation here between what the baby experiences and what the mother experiences...There comes a state in the labor in which, in health, a mother has to be able to resign herself to a process almost exactly comparable to the infant's experience at the same time” (Winnicott, 1949, p.184).

“This relationship between the mother and the infant starts before the infant is born and is continued in some cases through the birth process and after. As I see it, the trauma of birth is the break in the continuity of the infant's going on being, and when this break is significant the details of the way in which the impingements are sensed, and also of the infant's reaction to them, become in turn significant factors adverse to ego development. In some cases, this adverse factor is so great that the individual has no chance (apart from rebirth in the course of analysis) of making a natural progress in emotional development, even if subsequent external factors are extremely good” (Winnicott, 1949, pp.188-189).

19

“Since anxiety is a universal phenomenon it cannot be directly correlated with...birth, namely a traumatic birth...birth trauma determines the pattern of subsequent persecutions; in this way birth trauma determines by indirect method the way in which anxiety manifests itself in certain cases” (Winnicott, 1949, p. 190).

“...in a percentage of paranoid cases there is this additional fact that birth was traumatic, and placed a pattern on the infant of expected interference with basic 'being.' ...I find a link between birth trauma and the psychosomatic disorders...” (Winnicott, 1949, pp. 190-191).

“...the to and fro from extra-uterine to intra-uterine existence and back involves experiences that belong to that individual's birth... distinguished from the usually more important and more common movement in fantasy in and out of the mother's body and in and out of the patient's inner world” (Winnicott, 1949, p. 191).

20

“One of the difficulties of our psycho-analytic technique is to know...how old a patient is...In some...the patient is...his own age, and one can reach all that one needs of the childhood states by...memories and fantasies expressed in an adult way...I think there will be no useful interpretation of birth trauma; or birth material will appear in dreams, which can be interpreted at all levels. An analysis...may...go deeper if necessary, and the patient does not have to be very ill to be...an infant during an analytic session....there is a great deal...to understand without asking for an immediate description of what is happening in words. I am referring to something which is more infantile than...a child playing with toys. According to the...analyst and...diagnosis of the patient there will be variations in the wisdom or unwisdom of working...on these terms. If birth experiences are coming into the analytic situation there will certainly be a great deal of other evidence that the patient is in an extremely infantile state” (Winnicott, 1949, p. 182).

21

Phyllis Greenacre

“It is striking how little attention has been paid to the effect of this process [birth] on the development of the organism itself.....Perhaps birth is inevitably too close to death in our feelings; perhaps the struggle of birth is at once too terrifying and too inspiring for us to regard it readily with scientific dispassion. Perhaps men have too much exclusion anxiety and women too much direct anxiety” (Greenacre, 1952, pp. 14-15).

“The question then arises whether ordinary uncomplicated birth, even with its considerable degree of trauma to the infant, is not of some advantage, whether in some way this particular workout, rough as it is, serves as a good introduction to life, a bridge between the greater protected dependence of intrauterine life and the incipient increasing extramural dependence” (Greenacre, 1952, p. 6).

22

“I conceive of a situation in which the antenatal, natal and neonatal experiences have very slight or no true (differentiated) psychological content at the time of their occurrence, but do nonetheless leave some individual and unique memory traces which amalgamate with later experiences and may thereby increase later psychological pressures” (Greenacre, 1952, p. 8).

“In my experience the type of head sensation may often be correlated quite definitely with the form of birth experience of the individual and appears under any conditions of very severe anxiety, but especially in later life situations in which the subject of birth is being stirred in the unconscious of the patient” (Greenacre, 1952, p. 24).

“in a relatively good pregnancy the fetus appears to live a life of comparative ease, relaxation, and passivity” (Greenacre, p.9).

23

Erich Fromm

“But man’s birth ontogenetically and phylogenetically is essentially a negative act...he is the most helpless of all animals... being thrown out of the original oneness with nature, that we cannot return to where we came from, implies that the process of birth is by no means an easy one” (Fromm, 1955, p. 24, 27).

“...at any new stage of birth, we are afraid again. We are never free from two conflicting tendencies: one to emerge from the womb, from the animal form of existence into a more human existence, from bondage to freedom; another to return to the womb to nature, to certainty and security” (Fromm, 1955, p. 26).

“The whole life of the individual is nothing but the process of giving birth to himself, indeed, we should be fully born when we die—although it is the tragic fate of most individuals to die before they are born” (Fromm, 1955, p. 25).

Wilfred Bion

“The fact that there is no demonstrable communication between mother and fetus as clear as that between mother and baby is not an adequate reason for asserting that there isn’t one (Bion, 1979, p. 137).”

“It occurred to me that the fetus might hear noises, see sight, smell odors in a watery fluid such as the amniotic fluid and meconium. The significance of this did not become apparent at once, but I felt that past experiences with patients would have been less obscure if I had dared to imagine that the emotions displayed might be pre-natal. They were often expressed in a manner that differed from commonly accepted modes of expression” (Bion, 1979, p. 125).

25

“But the personality does not seem to develop as it would if it were a piece of elastic being stretched out. It is as if it were something which developed many different skins as an onion does. This point adds importance to the factor of the caesura, the need to penetrate what is recognized as a dramatic event like birth, or a possibility of success, or a breakdown. The patient has a breakup or breakdown, rather than a ‘breakthrough.’ (Bion, 1977, p. 47).

26

“The ability of the analysand to take advantage of the possibility of success which has opened out is a symptom of the penetration from the situation which Freud describes as intra-uterine, to the situation which is conscious and post-caesural. I do not suggest that the event is related to the dramatic episode of birth itself, but rather that that dramatic situation, if borne in mind, is easier to use as a model to understand far less dramatic occasions which occur over and over again when the patient is challenged to move from one state of mind to another....Since we can do nothing about the dramatic or obvious external event, it provides an interpretation, later to become a free association, for the not-at-all-obvious event.” (Bion, 1977, p. 47-48).

27

Frances Tustin

“Individuals whose early infantile elements were normal were relatively unconscious of them at the time they occurred and seem unlikely to have conscious memories of them later. A traumatic psychological birth is also covered over, and the individual only becomes affected...if it disturbs his behavior...to seek psychiatric help. Other individuals with special talents may work over their psychological birth, whether traumatic or otherwise, through...art, literature, music, or religious rituals” (Tustin, 1981, *“Do I Dare Disturb the Universe: A Memorial to Wilfred R. Bion,”* p. 183).

“Psychological study of such states is difficult, for they were pre-verbal and pre-conceptual. Communication has to be by... metaphor and analogy...” “Psychological Catastrophe” and “Psychological Birth” have seemed...to be apt metaphors...and “premature and mismanaged psychological birth” have seemed to me to be others” (Tustin, 1981).

“If the physical birth has been a difficult one, then the psychological birth may be difficult, but this is not inevitable. It will depend on the constitutional endowment of the infant, the events of early infancy and the quality of maternal sheltering...traversing the birth canal is not only a preparation for life itself, but is also a rehearsal for the “valley of the shadow of death.” The prenatal attitudes during birth, the sort of sheltering he receives or, as the result of constitutional factors, he is able to use, will affect whether he will...develop basic trust” (Tustin, 1981, *“Do I Dare Disturb the Universe: A Memorial to Wilfred R. Bion,”* p. 185).

“Within the sane and healthy sheltering, but not entangling, of the post-natal womb, psychological integrations take place, just as bodily integrations took place with the physical womb of the mother’s body” (Tustin, 1981, in *“Do I Dare Disturb the Universe: A Memorial to Wilfred R. Bion,”* p. 185).

James Grotstein

Three central propositions of the “castaway-cursed-unborn-infant:”

Proposition 1: ‘I wish I had never been born!’ (‘and I pretend that I haven’t been!’)

Proposition 2: ‘I want to have a chance to relive what I missed when I was little.’

Proposition 3: An obsession to ‘return to infancy’ or even ‘the womb’ (Grotstein, 2010).

Related Contemporary Research

Women who received strong social support from their families during pregnancy did not manifest sharp increases in a stress hormone, protecting them from postpartum depression. This was not true for women with poor social support from their families. (Hahn-Holbrook, 2013.)

The more maternity leave a woman takes after childbirth, up to six months, the better protected she is from experiencing postpartum depression (Dagher, R.K., 2013).

Fetuses exposed to high levels of cortisol, did not show the usual negative developmental effects if the mother provided sensitive and nurturing care postpartum. Infants who were securely attached did not suffer from the impact of this stress hormone. Infants exposed to high levels of stress, and who had insecure attachments with their mothers, were impacted negatively (O'Connor, 2010).

31

Related Contemporary Research

The “thalamo-amygdal circuits may be the structural container for registering and storing memory traces, in infancy and in utero, prior to the development of cognition” (LeDoux, 1989).

The brain’s growth spurt spans from the last trimester of pregnancy to the second year. Early psychological, relational trauma, including prenatal and perinatal complications, is related to altered brain development (Schore, 2003).

Psychosocial, including prenatal factors, impact epigenetics—gene expression--and hypothalamic-pituitary-axis (HPA) reactivity as observed in infants (Oberlander, et. al., 2008).

Rates of PTSD are higher in pregnant women than non-pregnant women: a nationwide study of 1,373 postpartum women found 9% met criteria for PTSD while 18% had significantly elevated symptoms (Beck, 2011).

32

Increased pregnancy fears and anxiety, not general stress, was related to pre-term births possibly mediated by elevated levels of corticotropin-releasing hormone that affects labor (Dunkel-Schetter & Mancuso, 2010).

Fear of childbirth in low risk women, with no history of depression, significantly predicted postpartum depression (Räsänen S, Lehto SM, Nielsen HS, et al., 2014).

Children whose mothers were self-reflective about their early histories when three months pregnant demonstrated secure attachment at eighteen months. (Fonagy, et. al, 1993).

Mothers with significant adversity and deprivation—yet who showed high reflectiveness ratings, regarding their histories, during pregnancy, had secure children, while only 1 out of 17 deprived mothers, with low reflectiveness ratings, had secure children (Fonagy, et. al, 1991a). 33

Mythological Contributions

“The first indelible imprints are those of the moment of birth itself. The congestion of blood and sense of suffocation experienced by the infant before its lungs commence to operate give rise to a brief seizure of terror, the physical effects of which (caught breath, circulatory congestion, dizziness, or even blackout) tend to recur, more or less strongly, whenever there is an abrupt moment of fright. So that the birth trauma, as an archetype of transformation, floods with considerable emotional effect the brief moment of loss of security and threat of death that accompanies any crisis of radical change. In the imagery of mythology and religion this birth (or more often rebirth) theme is extremely prominent; in fact, every threshold passage - not only this from the darkness of the womb to the light of the sun,

but also those from childhood to adult life and from the light of the world to whatever mystery of darkness may lie beyond the portal of death - is comparable to a birth and has been ritually represented ... through an imagery of re-entry into the womb" (Campbell, 1969, *The Masks of God: Primitive Mythology*, pp. 61-62).

"The state of the child in the womb is one of bliss, actionless bliss, and this state may be compared to the beatitude visualized for paradise. In the womb, the child is unaware of the alternation of night and day, or of any of the images of temporality. It should not be surprising, therefore, if the metaphors used to represent eternity suggest, to those trained in the symbolism of the infantile unconscious, retreat to the womb" (Campbell, J., 1969, *The Masks of God: Primitive Mythology*, p. 65).

"Birth-giving was the only true mark of divinity in primitive belief so the first Gods of any supremacy had to claim also the ability to give birth. Lacking vaginas, many gods gave birth through their mouths (i.e., Satapatha Brahmana said that the God Projapati learned to give birth to creatures from his mouth). Hellenic Greeks pretended their new Father (Zeus) gave birth to the older Goddess Athena from his head but before he could do so, he had to swallow her real mother, Metis (Wisdom) who was pregnant with her at the time" (Walker, B., 1996, p. 106).

Birth and Rebirth

“The idea of a second birth is found at all times and in all places. In...medicine it was a magical means of healing; in many religions it is the central mystical experience; it is the key idea in medieval, occult philosophy, and, last but not least, it is an infantile fantasy occurring in numberless children, large and small, who believe that their parents are not their real parents but merely foster-parents to whom they were handed over” (Jung, 1959, CW 9, para 94).

“Rebirth is not a process that we can in any way observe...We have to do here with a purely psychic reality...Rebirth is an affirmation that must be counted among the primordial affirmations of mankind...a concurrence of affirmations concerning rebirth can be found among the most widely differing peoples” (Jung, 1959, CW9, 206-207).

“This word has a special flavour; its whole atmosphere suggests...renewal...by magical means. Rebirth may be a renewal without any change of being, inasmuch as the personality which is renewed is not changed in its essential nature, but only its functions, or parts of the personality, are subjected to healing, strengthening, or improvement... Another aspect...is essential transformation, ie., total rebirth of the individual...a change of his essential nature...a transmutation. As examples we may mention the transformation of...a corporeal into a spiritual being, and of a human into a divine being” (Jung, 1959, CW9, 203-204).

“...baptism represents a rebirth...Man is not merely born in the commonplace sense, but is born again in a mysterious manner, and so partakes of divinity. Anyone who is reborn... becomes a hero, a semi-divine being” (Jung, 1956, CW5, 494).

“...the basis of the “incestuous” desire is..the strange idea of becoming a child again, of returning to the parental shelter, and of entering into the mother in order to be reborn through her...It is not incestuous cohabitation that is desired, but rebirth. The effect of the incest-taboo and...canalization is to stimulate creative imagination which...opens up...self-realization of libido. In this way libido becomes imperceptibly spiritualized... thus creates spiritual life” (Jung, 1959, CW9, 332).

“All individuals are really trying to find a new birth...In the majority of cases the birth trauma is therefore mildly important and determines a great deal of the general urge towards rebirth. In some cases, this adverse factor is so great that the individual has no chance (apart from rebirth in the course of analysis) of making a natural progress in emotional development, even if subsequent external factors are extremely good” (Winnicott, p. 188-189).

“...the rebirth fantasy seems to be a universal fantasy in the human mind, connected with the experience of both destruction and creation. In the psychoanalytic process the rebirth fantasy is connected with initial hopes for a better life, but is also a vehicle for creating the analytic pair and for separating from the ‘totalitarian object’ (Sebek, 2002).