

Birth Memories, Psychotherapy, and Philosophy

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Abstract: Traumatic pre- and perinatal experiences pose difficulties for psychotherapy, e.g., repression, lack of linguistic representation in the unconscious and conscious mind, and later resistance toward truthfulness. Unconscious conflicts have a philosophical dimension which underlies the physical, emotional, and psychological symptoms.

In America, obstetrics, neonatology, and developmental psychology are based on materialistic notions and practices. Pre/neonates are measured by the insufficiency of neural constructs. In contrast, the neonate is fiercely individualistic. Hence, the pre/neonate is in collision with two philosophies: individualism and the brutal materialistic mind set of ‘might is right’.

Notwithstanding the absence of language and reason at birth, a primal philosophy develops alongside the neonate’s experiences. Traumatic birth experiences lead to unconscious notions, which will contradict the formulated philosophy in adulthood. Before a necessary meta psychological, i.e., philosophical resolution can be reached, traumatic memories must be recovered, encoded into language, scrutinized, and conceptualized. Truthfulness is resisted due to the premise: where there is an accusation, there is a confession to be made. In the name of survival, the neonate abdicated its autonomy and individualism by means of repression and internalization – acts only the self can commit. Emotionally, the conflict lies between repressed unearned guilt and rightful anger.

Zusammenfassung: *Geburtserinnerungen, Psychotherapie und Philosophie.* Traumatische vorgeburtliche und geburtliche Erfahrungen bedeuten für die Psychotherapie besondere Schwierigkeiten, z. B. globale Verdrängung, Fehlen von sprachlicher Repräsentation im Unbewußten und Bewußten und späterhin ein Widerstand gegenüber wirklicher Echtheit. Unbewußte Konflikte haben eine philosophische Dimension, die in den körperlichen, gefühlsmäßigen und psychologischen Symptomen enthalten ist.

In Amerika sind in der Geburtshilfe, Neonatologie und Entwicklungspsychologie materialistische Meinungen und Praktiken vorherrschend. Frühgeburten und Neugeborene werden unter dem Blickwinkel ihrer unzulänglichen nervlichen Organisation gesehen. Doch in Wirklichkeit ist das neugeborene Kind ein entschieden individuelles Wesen. Von daher steht der frühgeborene Säugling oder der Neugeborene im Spannungsfeld zwischen den „Philosophien“ einer Anerkennung des Individuums und einer brutalen materialistischen Setzung „Macht ist Recht“.

Auch ohne Sprache und reflexives Denken bei der Geburt entwickelt der Neugeborene entsprechend seinen Erfahrungen in seiner Entwicklung eine primäre „Philosophie“. Traumatische Geburtserfahrungen führen zu unbewußten Vorstellungen, die im Widerspruch zu den bewußten Einstellungen des Erwachsenen stehen können. Bevor eine wirkliche metapsychologische, also philosophische Veränderung in den Einstellungen erreicht werden kann, müssen die traumatischen Gedächtnisinhalte wiedererinnert werden und sprachlich ausgedrückt, geprüft und konzeptualisiert werden. Echte Wahrhaftigkeit beruht auf der Voraussetzung: Wo es eine Anklage gibt, muß auch ein Geständnis gemacht werden. Um zu überleben, hat der Neugeborene seine Autonomie und seine Individualität durch Verdrängung und Einengungen aufgegeben, was vom inneren Selbst ausgeht. Gefühlsmäßig besteht ein Konflikt zwischen verdrängter und unverdienter Schuld und gerechtfertigtem Ärger.

Introduction

We often have need of a profound philosophy to restore to our feelings their original state of innocence, to find our way out of the rubble of things alien to us, to begin to feel for ourselves and to speak ourselves, and I might almost say to exist ourselves.
(ca. 1767)

(G.C. Lichtenberg, a German Physicist and Philosopher)

If psychotherapy could only provide us with a profound philosophy today, it could spawn a renaissance in mental health. Within our cultural philosophy and, therefore, in our own philosophy toward life, there is so much rubble of things alien to us. With the supremacy of materialism, body worship, and instant gratification, we disavow ourselves while our children are denied the voice of reason, the love and pursuit of wisdom and virtue.

The word philosopher conjures up images of old, bearded sages and ivory tower hermits. We visualize sagging shelves laden with dusty, age-old tomes to pursue his love of wisdom and knowledge of things and their causes. But, man is a philosophical being by nature and owns a philosophy either consciously or unconsciously by virtue of all his faculties. In fact, man is a philosopher in the making from the day he is born if not before birth, (Hampshire 1962; Bowlby 1969). The sentient neonate does not float in a vacuum. Its very breath ties it firmly to internal and external realities which it seeks to know.

Materials, Methods, and Results

A viable fetus is a moral being by reason of the pain/pleasure mechanism which transmits its messages via the nervous system, sensations, emotions, response behaviors. An infant responds unconditionally to all that is good or wrong for it. As automatic value judgments, a neonate's emotions are a true index of its well and ill-being both to itself and a willing observer. Thus, a pre-nate is equipped with several learning tools of which its own behavior and its innate sense of curiosity are the most powerful. Reflexive and responsive behavior spark its curiosity which is the primary tool of discovery of internal and external realities. I have witnessed a pre-nate discovering how to communicate with its mother. Reflexive

kicks prompted the mother to stroke her belly, eliciting more kicks and stroking: a hand to foot ‘chat’. By the time this unborn child is about four years old, he has grown into a little practical philosopher engaged in never-ending dialectical inquiries. His intellectual curiosity is driven by the question “why” ad infinitum.

The infant’s reflexes, responses, and self-initiated activities, no matter how undeveloped, validate its sense of efficacy and lay the groundwork towards autonomy, a sense of being in control, of knowing to distinguish between success and failure: i.e., individuation. This affective and effective interplay has causal and ethical connotations. By learning what is good and bad for itself, the baby can develop toward a plateau where it can distinguish what is right and wrong for others. Taking it a step further, much later as a budding adult the person can take on the principles of justice and fairness, of social and political philosophy.

Through interactions upon birth, the newborn comes directly into contact with the cultural philosophy dominant in its new environment which begins to shape the system of values by which it is going to live. For instance, a benign and respectful environment will help it move to the side of a positive approach toward life or vice versa (Fedor-Freybergh 1995).

Philosophically, obstetrics, neonatology, and developmental psychology are predominantly materialistic in America. According to this philosophy, pre- and neonates are not sentient. Intelligence, learning, and memory are not possible until sufficient neural constructs and myelination are present after birth, (Restak 1986; Chamberlain 1992, 1995). To them, the neonate is largely a loveable bundle of neurons and reflexes, (Gruenberg 1957; Brazelton 1969; Greenspan and Greenspan 1985). In the debate about nature versus nurture, materialism is philosophically on the side of nature by their very measures. If the above mentioned disciplines were pro nurture, they would have to re-examine their premises and acknowledge that their medical practices can affect the baby emotionally, psychologically, and mentally. Thus, many neonates are born in a world of conflict. Their internal sensibilities are in counterpoint to the messages received from an all too often trauma engendering environment. In other words, the new born child is drawn into a philosophical conflict, if not contest.

The essence of trauma is being in collusion with forces beyond a person’s resources and capabilities to sustain physical injury and to process psychological and emotional pain. For neonates, trauma may cause neurological damage as well, (Restak 1986). Subjecting unsuspecting babies to “*harsh forceps, cold rooms, bright lights, clattering noises, injections, blood drawing, stinging and blurring eye medicine, being suspended by their feet, hasty cutting of umbilical cords, separating them from their mother, isolating them in nurseries, and to surgeries frequently without anesthesia,*” (Chamberlain 1995) leave firm imprints of having been helplessly hauled into a malevolent and

violent environment without rights and respect (Leboyer 1975; Fritsch 1995). The baby has had its first taste of the cultural philosophy of its milieu. Defenseless against these materialistic practices of pre- and perinatal care, many a pre- and neonate is confronted with the manipulative philosophy of **Might is Right**, invalidating its innate, albeit not yet articulated, knowledge of the value of the wholeness of self, or soul, and by implication the philosophy of individualism. It contradicts all they have learned so far. Worse, “*the soul, or mind, is that in us which*

prospers and thrives on justice and is injured, or sickened, by injustice,” (Raymond 1995). Implicitly, the neonate is taught the lesson of punishment without justice and, **often**, justification.

When its cries of protest, indignation, and anger go unheard, the infant has neither a vote nor recourse in our democratic society. It is left with one last resort alternative: to forget, i.e., to repress for life or until psychotherapy is able to unlock the doors of the unconscious behind which the memories of these experiences have been sealed.

Repression, vital for survival, is a costly recourse. It is wholesale and indiscriminate in its forgetfulness. It is also a self-imposed transgression against the soul or mind; therefore, a source of inexplicable guilt and conflict. *“Forgetfulness, i.e., amnesia, spells the moral turbulences known as akrasia: a disturbance of the mind only memory can heal,”* (Raymond 1995). At the root of akrasia lies the age-old question of the mind-body dichotomy: mind versus matter. Though Plato held that birth per se is the cause of forgetfulness, I can go no further than to suggest that the absence of verbal language and reason at birth are the causes, while pre- and perinatal traumas are the instruments of repression.

A traumatized infant left untreated is a tender soul in agony. Repression is nothing less than repression of the soul so the body can survive which results in the mind-body dichotomy. The organism is split; the body is set against the mind. A psychological matrix of a Dr. Jekyll and Mr. Hyde is set in place. Or more precisely, the left brain doesn't know the affairs of the right brain.

Furthermore, repression is an act of the individual or inner self. Guilt is the eye of the turbulence which overshadows the rage against the injustice of the necessity of repression in the name of survival. Dissociative amnesia is a temporary solution for no human being can live and thrive with the onus of this conflict of conflicts. As the repressed infant matures, this burden will be compounded. Its subconscious philosophy shaped by its earliest experiences will be in disharmony – if not in opposition – with its conscious ethics of thought and behavior upon adulthood.

An example can be cited from a recent article in *The New York Times* (December 7, 1995). “Michael Ross began a series of rapes and murders soon after graduating from Cornell University because, he said, he was mentally ill, powerless to stop his own crimes.” Tried and convicted, Ross is now seeking his own death penalty. “He does not want to die. He believes that the death penalty is wrong as such and, therefore, his acceptance of the death penalty is wrong.” He elects his death by the State of Connecticut in the name “of a higher justice,” thereby preventing further pain and grief to the families of his victims.

Clearly two distinct and opposing philosophies are at work in Mr. Ross' behaviors and thoughts. Whatever Mr. Ross' history and motivations, on a conscious level he knows right from wrong. To a degree, his sense of justice is in tact. In contrast, his unconscious drove him to sexual sadism on a grand scale in spite of himself.

Traumatic pre- and perinatal experiences pose two difficulties in particular for psychotherapy: repression, the lack of linguistic and conceptual representation in the conscious or unconscious mind (Fingarette 1969; Beck 1979; Verny 1995). Too, there are no visual memories. Instead, traumas occurring before birth, during early infancy, and pre-verbal days leave deep neural, physiological, emotional, behavioral, and mental impressions (Janus 1993).

Around 1790 B.C., Taita, an ancient Egyptian sage, wrote:

*“What can be given a name can be known.
What is nameless can only be felt.”*

Lacking a linguistic conceptual representation in the mind, those early nameless experiences can only be felt. They may render many of us powerless to stop emotionally- and sensory-driven thoughts, choices, and activities. All too often we confuse feelings with reason and rationalize our way through a dilemma. A common pathology in the annals of psychotherapy, for example, is the inability to say no in a variety of situations where reason ought to prevail. We make promises we can't, won't or simply forget to keep. The pragmatic, often materialistic, sophist in us is dominant. Such a pathology, as well as others, are correction resistant precisely because of a nameless, unconscious philosophy which basically consists of implied conclusions drawn on basis of experiences, notably the earliest ones. Such early-formed conclusions were not established by language and reason, but by sensations, emotions, feelings, and response behaviors. For example, an infant rejected by the mother upon birth, may turn apathetic – a behavior of rejection in itself with serious philosophical and psychological consequences. Or, due to the pain inherent in emotional abandonment, the infant may turn intolerant to physical contact by the mother which may lead the child to a love/hate relationship with its mother and later on with others by means of generalization and transference. Or, the infant may reject itself and feel worthless – a failure – because in spite of all its purposeful efforts, it was unable to reach the mother's love. One way or another, a rejected infant develops predispositions and behavioral patterns for life, i.e., an implied primal philosophy toward life, society, and itself. As such an infant develops and matures, its primal philosophy determines future choices, responses, reactions, and other behaviors reinforcing unconscious conclusions. This reinforcement of implied notions is liable to be compounded due to one particular hard fact of reality: a child conceived and born in a materialistic environment – a world in which pre- and neonates are thought of as insentient and emotionally still wanting – the attitude and quality of care toward the baby is not liable to change during post-partum care. Similarly, an unwanted child is likely to remain unwanted during its formative years. Or, an infant born to abusive parents is trapped for years in the same hostile environment. Thus, an infant's earliest impressions are prone to be reinforced over and over again, thereby solidifying its primal philosophy into a set of moral judgments which defy reason and correction. Such judgments remain therapeutically recalcitrant as long as repression remains unaddressed.

In the *Theaetetus* (Plato, ca. 395 B.C.), we learn from Socrates that “*knowledge is not in the sensation, but in the process of reasoning about them*” (186d); reason being the only tool of cognition and of gaining knowledge. It is the faculty that

identifies the facts of reality and integrates the material provided by the senses. With repression, however, we are dealing with old, nameless realities that have never been re-examined and integrated. Before reason can affect change in a conflict-ridden mind and negative behaviors, the client or patient must derepress his past traumatic experiences and translate his sensory and emotional awareness of those events into verbal language, percepts, and subsequently into concepts. The previously nameless has to be brought into the realm of conscious knowledge. Until then, reason is powerless in therapy. Having said that, reason is not powerless in acknowledging the problem of repression and of doing something about it. Once into the process of derepression, reason is the only means to identify and reintegrate the disclosed realities of the past. But before reason can be applied, language is necessary. Called by Derek Bickerton (1995) the "*primacy of syntax*," I came face to face with this principle in therapy. After two years, I thought I had successfully altered some intolerable defensive behaviors, only to discover that other defensive behaviors had taken their place. Behavior modification by force of will, or adaptation, did not work without reaching the causes for the defenses, (Stettbacher 1991; Beck 1979; Verny 1995). I reasoned that if I could get to the roots of a debilitating behavior, the behavior itself would become extraneous. True! After I got deeply into my pre- and perinatal experiences, conceptualized the conflicts, and realigned my philosophy, related defensive behaviors stopped automatically.

Thus the agenda of a philosophy oriented psychotherapy is three-fold: recovery of traumatic memories, conceptualizing their contents and meanings, and resolution of philosophical controversies between the unconscious and conscious self. Recovery of memories is crucial for underneath those memories there awaits the pure soul and true conscience – the whole self. Or as Lichtenberg wrote: below the rubble lie our feelings in their original state of innocence and the independent self.

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In the literature of psychotherapy and pre- and perinatal psychology, a mass of cases have been cited concerning the recovery of memories surrounding birth and from early childhood (Chamberlain 1980, 1988, 1990, 1992, 1995; Fredrickson 1992; Janov 1983; Miller 1983, 1990; Terr 1991, 1994; English 1995; Galati 1995; Kafkalides 1995; Sonne 1995; Verny 1995). Similarly, many forms of therapy have been used – from hypnosis to psychoanalysis – in the recovery of early memories. Chamberlain (1983), Janov (1983), and others, had to relinquish their doubts and disbeliefs in favor of the validity of pre- and perinatal memories. Though not a psychologist myself, I side with them for my own case supports their findings.

Before I address the question of language, I like to relate to you briefly my recovered pre- and peri-natal experiences in order to use examples of my philosophical history.

Around age 30, my life came to a complete standstill. I had no idea why I could not move beyond rote behavior, except for one clue: I could not remember the first 16 years of my life. Entering psychotherapy, I was diagnosed as a pathological repressor. This meant that I was unable to recall events, contents of conversations,

faces, and details of my environment as recent as two minutes ago. I believe a more current diagnosis would be: Dissociative-repressive amnesia (Terr 1994).

My mother wrote me I was a transverse fetus. From the sixth month, versional handling took place monthly. A week before delivery, an obstetric binder was used, which, one night, was strapped so tightly around my mother's abdomen, she could not breathe. Neither could I. I experienced my first sense of fear and death. When labor commenced, I was back in the transverse position. The contractions and pushing squeezed me into an ever smaller ball, causing my head and knees to be pushed toward and into each other. My spine at the small of my back was nearing its breaking point. This death threat was more severe due to lack of oxygen as the umbilical cord was caught in the crease of my belly. Eventually, I had to find my way into the canal. Halfway down, forceps were used. Except, my legs and thighs had not cleared the cervix yet. Paralyzed by fear, my knees pulled up reflexively and remained rigid. Judging by the marks that appeared on my face during therapy, after the forceps hands were used to complete my birth. Undoubtedly, the final delivery was a difficult and painful one for my mother as well.

In the reliving of all these experiences, one very important reaction stood out: Upon birth an enormous satisfied sigh of relief emerged. I had made it. Though utterly depleted, I was emotionally and psychologically intact. My sense of efficacy had been confirmed. I had one overriding need: sleep.

Next came what I call the Upside-down Trauma. No sooner was I held firmly by my feet upside down, I was slapped several times on my bottom. Utter depletion, sensory numbness, and lungs filled with fluid, had left me too lethargic to react. Upon the second slap, the pain from being beaten permeated my body and awareness. Instead of wailing as was demanded, I began to choke on the lung fluid. My nervous system was being overloaded. I could not process the mass of internal and external stimuli. There was neither time nor did I have the energy. I felt like an electrical fuse box ready to erupt. Also, I had been upside down too long. I was near senseless. With the third slap, a violent animalistic rage called up the last ounce of my reserves. Every nerve, fiber, and muscle in my body clenched to block the pain. One more slap followed. It pushed me over the edge. I exploded. I went berserk in blind outrage. Nerve impulses coursed at cross purposes through my body. Every internal organ lost control: vomit, lung fluid, bowel, urine gushed out of me. I kept falling and falling. In feeling, I fell to my death though in actuality I lost consciousness.

The fact that I lost consciousness went unnoticed in all probability. I am not sure. What I do remember and have relived is the process of coming to. At first there were brief snatches of wakefulness. The fatigue was all consuming. I ached all over and down to the cellular level. With each new waking my mind became increasingly alert and on guard. My body and mind were in conflict: my body needed rest; my mind could not afford to allow it. Survival kept it vigilant. Isolated and disoriented, I was left in shock. I tried very hard, but I was unable to dislodge that ball of pain and traumata which had settled in my belly. I discovered a new behavior: by lying very still I was able to wait for help. Necessity taught me patience. All my attention was vested in hope. With time, the inner tensions grew exponentially. When assistance did not come, I felt abandoned. Finally, desperation drove me to repress the pain and tensions by clenching every nerve, fiber, and muscle in my body.

Back in 1941 in Holland, from birth on babies were still fed every two hours. When it was time for my first feeding, I was picked up without ceremony and brought to my mother. After a few gulps of milk, I threw it all up. I could not stomach taking in anything on top of that ball of traumata. I needed to 'tell' and communicate, so the pent-up emotions could be expressed. Without release my life and development had come to a standstill. I could not move on. I was lulled into taking the nipple. When my cries of protest weren't answered, I became angry. I flailed my arms and lashed out wildly with my legs. Impatient with my antics, my mother clamped my right arm between her body and mine. She pinned down my left arm with her own. This evoked memories of events in the womb. I felt trapped and threatened. Once again, I exploded into a violent rage of kill or be killed. Back in the crib, I felt emotionally hungrier than ever.

With each successive feeding, my sense of hearing became more acute and discerning. Primordial fear taught me quickly. Recognition of the sound of footsteps began to play a role in my response behavior. Through wails, cries, and kicking legs, I communicated to my caretakers to leave me alone, never to touch me again. Their autocracy was almighty. I had no defense. My mother and I were continually engaged in a battle of wills which I lost perpetually. It broke my spirit. After a period of depression, I turned apathetic. I behaved like a rag doll without a will and a soul. Until then I had harbored no death wish. On the contrary, I came through trauma after trauma by means of one implacable instinct: survival. By now I did wish I had died. By means of apathy, I tried to emulate that state of being unconscious. My primary activity became the blocking of all awareness. I didn't want to feel, hear, see, know, or do anything. Ironically, the by the clock regulated feedings saved me. They roused me out of my apathy. The feedings stopped bothering me. With my ears primed to anticipate, the sound of footsteps became the signal to anaesthetize my senses. I was sufficiently numb to respond mechanically. I had repressed my past experiences, my true self and soul, and therefore, my wants, desires, and needs to such a degree that I was inured against emotional and psychological pain. My pre- and perinatal life became a closed chapter until years later therapy opened it again.

Since birth, I was plagued by constipation and diarrhea. At age two, my father – a neurosurgeon – took me to his clinic for observation and examinations for a six week period. The examinations consisted of manual vaginal and anal intrusion. Already shy and distrustful of adults, I was filled with fear and terror which my father and the assisting pediatrician ignored. Just before I was forced to submit, I kicked my father in the face in an explosion of rage with the intent to kill or be killed.

The conditions of World War II in early 1944 and the birth of the seventh child about four months earlier may account for my mother's absence during those six weeks. However, she did come to bring me home. When I was brought to her, she was in conversation with one of the nurses. She ignored me. I perceived it as a rejection. Before she could reprimand me to wait until I was spoken to, I backed away against the wall. That defensive and repressive impulse to clench every muscle and fiber in my body rose up quelling all emotions and protestations. Another chapter in my life was closed by instant repression.

Both events were too close a replay of the Upside-down and the Feeding traumas, specifically the physical force and maternal rejection. From that day on, my main attitude toward life became one of running through time and space in fear of my own shadow.

Another event took place during my kindergarten years. One day, I was working on a project. While in the middle of it, the clock interfered. I was ordered to stop and join some sort of group activity. I threw a tantrum. This time, however, I made a conscious decision: *I don't ever want to learn anything again because I can't do anything fast enough. I am not given the time to learn.* From that time on, an intellectual apathy set in.

There are many more significant events from my developing years up till age sixteen when my father after four attempts finally succeeded in committing suicide. After the first attempt, he was admitted into an asylum where he underwent electro-shock therapy. The procedure destroyed him. After his release, I was a first-hand witness to his torment. Hence, the dissociative-repressive amnesia that spanned the first 16 years of my life.

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The issue of verbal language in therapy is more complex than the requirement to name what was previously repressed, felt, and acted out. With your permission, I like to speak from experience and 25 years of intensive therapeutical work.

Several factors make verbalization and identification of the nature of an unconscious conflict problematic. In the first place, the primal philosophy undergoes alterations as the preverbal child goes through various developmental stages on to adulthood. An infant's behavior and responses are grounded in objective realities which are confirmed by its emotions. Unresolved infantile traumas cause the primacy of objectivity to make way for a deterministic subjectivity. Furthermore, when a particular preverbal judgment is confirmed often enough by new experiences, a gradual generalization takes place in thought and behavior. For example, as a rejected infant, I continued to remain aloof towards my mother. In time, resentment grew into hatred not just toward my mother, but all women. Eventually, I was unable to be in the same room with my mother, afraid I would turn violent. During and after birth, I was subjected to impossible demands. It prepared the way to see myself as a failure or the proverbial loser. Statements such as: *I can't do right* changed into the firm belief that *I can NEVER do right*. Gradually, my behavior changed to the point that I sought failure.

Context dropping is another form of generalization which lead to perceptual distortion. What is perceived is measured by the past rather than by the present. The senses and perceptions have lost their objectivity. When a person laughed, for instance, I perceived it as being laughed at because I believed subjectively that no one would ever take me seriously. Such a problem should not be difficult to correct. On the contrary! It was only a minor manifestation of a much deeper conflict. Thus, a link in a long chain of repressed memories and unidentified beliefs. The notion that people in general would not take me seriously had its origins in infancy when I was left in shock without treatment, i.e., I was denied help. In time, I learned to fear asking for help. The possibility of being denied had painful

experiential associations. The decline progressed to the point of my being afraid to ask at all and onward to not taking my own needs and self seriously. I term this the layer effect. Each stage buries the origins deeper into the unconscious under layer upon layer of philosophical and behavioral adaptations. Within each layer, primal premises lose their specificity. Specifics become generalization which, in turn, become abstract ideas in the unconscious mind.

Generalized thoughts and behaviors not only reinforce the unconscious philosophy, but create a conflict of their own. A person such as a Michael Ross is constantly driven to reaffirm his unconscious judgments. In my own experience, my reasoning at age eight was as follows: *If I can never do right, I must be bad. Therefore, I might as well be bad. That way, I am not only in agreement with my environment and the authorities in my life, but the internal pain has a cause. Else, the world and life are incomprehensible. The punishments for unacceptable behavior will finally be justified.* In other words, the punishment of being held upside down and slapped upon birth had caught up with me.

Attempts to 'objectify' the inexplicable is a psychological mechanism children and adults resort to. This process of internalization aims at creating order out of chaos in their world. The child is confused as its sense of right and wrong is in conflict with the ethics of its environment and culture. Unwittingly, it will adopt the values of its immediate environment as it perceives and experiences them. For example, children who are abused are at high risk of becoming abusers of their own children. As a result, we see the phenomenon of certain behaviors and values being transmitted from generation to generation.

Furthermore, internalization is instrumental in making unearned guilt legitimate. Philosophically, the concept of justice is at stake. Repression is by definition a transgression against the soul and her sense of justice. Internalization takes it a step further. In my environment, the boundaries between right and wrong, just and unjust had become so fluid, I felt I was living in moral quicksand. The guidelines for good behavior shifted haphazardly. At age eight, the only liveable conclusion I could come to was to fault myself. Society, including my parents, were right. After all, they had the might. By accepting all the blame and internalizing it, I perverted my own sense of justice. Worse, by turning the value of justice upside down, I had taken the road of least resistance, which undermined my already fragile sense of self-worth. Guilt continued to accumulate. As was the case with apathy, I sacrificed my integrity in the process. The mind/body dichotomy deepened. In practice, I began to lie, cheat, and steal to convert unearned into earned guilt. I became accident prone and turned into a dare devil inviting death. This time, my life lost its value in my primal philosophy. After my father took his life, my value system doubled back on itself. I stopped my immoral behavior and became a disciplinarian with an iron fist. I internalized the roles my parents, school, church, and legal authorities had played in my life. I conducted my life by sheer force of will until I was thirty years old when my life came to a standstill. In other words, I had adopted and internalized the philosophic premise that might is right in favor of independence. In essence, I had crossed a dangerous threshold. Willfulness by might is the acceptance of violence as a means of life and dependency as a state of being. At the root, the philosophy of 'might is right' denies all law but itself. It respects no one except those whose might and violence are greater. Internally,

the voice of my soul as judge and arbiter in moral affairs was outlawed. Thus, the principle of might is right was applied outward and inward.

Two other points have been illustrated. The first is the repetition of the pattern of my pre- and perinatal experiences during which the demands made upon me outweighed my resources. After birth, at ages two, eight, sixteen, and thirty my life was in crisis. Essentially, each time I ran out of energy and resources to continue to fight for self-hood. During each crisis, I felt that if I made one more step, I would fall into an abyss. At each stage, my psychology and philosophy changed for the worse to come full circle.

The second point is that the line between the primal and eventually formulated personal philosophy is rarely a straight one. The primal philosophy is no longer recognizable as it has been twisted into a Herculean knot.

My intellectual life was similarly affected by my pre- and perinatal experiences. Infantile apathy is an extreme behavior as it is a complete withdrawal from life, the self, and society. The implied message is: *In contrast to my fetal fitness, I am not fit for this life in this world.* At about age five this inherent belief became a conscious conclusion in regard to learning. Since, I developed many learning disabilities: dyslexia, inability to remember, loss of concentration, an ineptitude in grasping meanings, speech problems, and inferior social skills, notably communication. I traced these impediments to the Feeding trauma, in particular by not being given the chance to release the pent up emotions and traumata. A two-way block developed against taking in material and giving expression to thoughts and ideas. In compensation, I acquired great dexterity with my hands by trial and error without the benefit of reading, let alone understanding manuals.

Altogether, it was the royal road toward becoming a loner and a loser. Such was my destiny when born and raised under the aegis of the philosophies of materialism and 'might is right'.

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Thus, an infant's sensory awareness undergoes many revisions, turning into conscious and unconscious beliefs which are acted upon knowingly and unknowingly. The cause and effect relationship is severed and the gulf grows ever wider over time. Infantile sensibilities have been shaped into silent mental constructs and processes which bear no longer a relationship to their origins except as vague emotions and unidentifiable feelings. Yet the mental processes find expression through inexplicable impulses and by what is commonly known as acting out.

Let me present a dramatic example. How bad did I really consider myself to be? One of my behaviors was that I tended to catch unwelcome insects and set them free rather than kill them with two exceptions: horse flies and mosquitos. The truth was I had neither a particular affinity toward a cockroach, nor to a buzzing fly. But I was defensive about killing and death. It carried associations. I discovered that although I had never killed someone, I believed that deep down in my soul I was a killer. I had attempted to kill; repression is tantamount to soul murder; apathy is the resignation to a living death; rejection is a mental casting away; blind rage implies the intent to kill or be killed. In short, my history is filled

with death related events, behaviors, decisions, and actual experiences of near death with far-reaching practical and philosophical consequences.

What were some of the repercussions? On an intellectual level, I subscribed to the notion that 'might is right'. On the subject of religion, I rejected the faith of my upbringing because I could not accept the idea that Jesus died on the cross to offer mankind God's saving grace. Unconsciously, I had taken it personally in the following way: *It is monstrous that someone, or something, has to die so that I may be saved and live.* On a practical level, underneath my hatred toward my mother, I harbored the want to commit matricide. Unconsciously, I actually wanted to kill her. I barely survived this moral conflict. As a child, I knew all too well that I was too small to succeed. As an adult and in self-preservation, I virtually broke all contact until just before my mother's natural death.

The origins? Firstly, the feeding trauma which left, among others, an indelible awareness: it is either her or me. Secondly, the necessity of repression in infancy so I could survive physically. Thirdly, according to my mother my father committed suicide to save the family.

Another factor is the problem of truth. The mind or soul puts up a resistance to name and verbalize old traumatic experiences for the truth has many sides. The premise is: where there is an accusation, there is an admission, or confession, to be made. In derepression, the core of a repressed trauma invariably evolves around two opposing emotions: undifferentiated guilt and moral rage. The emotion of guilt does not distinguish between the earned and unearned. Only the conscious and conscience can make that distinction. The guilt is in opposition to rage or a moral indignation against the grave injustices perpetrated by "them," or the environment at large. Therefore, a traumatized infant is in an untenable position: it is filled with rage against its environment and guilt against itself. In the future, one of these two emotions will dominate or take turns as is the case with Michael Ross. In my case, rage was a boomerang. The Upside down trauma had taught me that rage results in the loss of consciousness, or death to an infant. The Feeding trauma led to repression. The main lesson being, that I was always worse off after a bout of rage. I silenced my voice of protest and had no choice but to suffer injustice. In the face of parental might, it was safer to accept the guilt. Except, anger is a legitimate moral injunction. In social discourse, when all else fails, anger serves as a just check to preserve boundaries. Having stilled my own voice of protest against injustices was the equivalent of accepting the status of less than a slave. Psychologically and philosophically, this represented a turning point. My soul, my mind, was valueless. I abandoned my very human condition: reason and, therefore, critical judgment. Emotionally, I felt nothing but indifference toward my self, society, and life as a whole. In practice, my standard response was: *I don't care!*

Similarly, the accusation against my father for invasion by manual examinations at age two was followed by the wrenching confession that my intent to kill him was fully meant. Internalization – an act only the self can commit – carried the same burden of undifferentiated guilt and a deep anger directed against myself.

Discussion

Well over 2000 years ago, Plato invented the dialogue as a new literary form: *the dramatization of the soul's interior conversation and controversy with herself*, (Ray-

mond 1995). In other words, a necessary mental reprocessing of inner conflicts for which language and reason are essential. This profound method of philosophical inquiry about the self was the means to mental health, wisdom, and an inviolate set of virtues, justice foremost among them.

However, before the injured soul is ready to bring misapprehensions, misperceptions, false beliefs, and its subjective tyranny into the realm of objectivity, she may go through many dialogues and rewrites of her history. When I dared to write about my birth experiences as a whole, I resorted to poetry. I maintained a mental distance as the naked truth was still too harsh. My mind would not grasp it, let alone deal with it. The next version – a first draft of a full-length book – was in narrative with a strong emotional charge and an accusatory tone. I had fallen prey to our cultural syndrome of crying victim. As the dialogue continued, other renderings followed until the truth was no longer harsh. When the weight of the emotional pain and the fear of my own anger was lifted and the Herculean knot of guilt was unraveled, truth became simply truth.

Verbalizing the exact mental constructs is the task of reprocessing. In essence, it is the stripping away of each linguistic layer from abstractions to generalizations and down to specifics. Underneath all the convoluted guilt and misdirected anger there was the simple truth: at each critical phase in my life my aim was survival, my motivation self-defense. Emotionally, the indifference made way for caring deeply about myself, others, and life as a whole. Perceptually, I saw my parents as people of their own time and light. Conceptually, the bottom line was nothing less than a conflict between opposing and mutually exclusive philosophies within myself and in my relations with society. Philosophically, materialism and ‘might is right’ are antagonistic to individualism. If, in the words of Lichtenberg, I was to feel for myself, speak myself, and exist myself, the rubble of things alien to me lay within my own and our cultural philosophies.

Language and reason, therefore, whether in dialogue with oneself, or on paper to give it substance and veracity, is the transcending servant of one’s philosophy and of therapy to return to the soul her original love of justice.

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