

About *Real* Babies

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INTRODUCTION

I am honored to address you on this special day. It is a day of many miracles, is it not? The first miracle is that we are all *here*, sitting in our respective places, all according to our dream, our plan.

Santa Barbara Graduate Institute is a unique school and it is a miracle that it came into existence. But it was not an accident. There were parents – not the kind of parents who wake up one morning and say, “Oh my god, we’re pregnant!” No. This baby was *planned*.

This school is not a place of easy miracles. This is not a Country Club or Party School! Being here is serious business requiring steady intellectual effort, and discipline driven by purpose. You have met the goal you set for yourself.

Finally, it is our miracle to sit together in a true *community* of scholars: friends, fellow teachers, learners all. This too was no accident; it was part of the original vision of the founders, Marti Glenn and Ken Bruer. We are grateful to you, Marti and Ken, for this community!

In this graduate school, I dare say, the *central* miracle is the baby – not just any baby, but what I like to call the *real* baby.

Babies are powerful beings with a huge mission. On arrival, they turn women into mothers, men into fathers, and couples into families. They humanize us, teach us tenderness, and inspire attachment. If we let them, they lead us toward a true civilization. And for all this, they get no particular credit for a magnificent effort!

I did not always know this about babies. In 1958, when I received my Ph.D. in psychology, I knew very little about the *mind* of a baby – not because I was not listening in classes but because my teachers didn’t know either.

My sudden plunge into the baby psyche came in 1974 when I took a course in the clinical applications of hypnosis and suddenly discovered memories I never knew existed, memories of birth and life in the womb! I quickly learned that babies were radically different from the babies being presented in psychology and in medicine.

Example. Freud’s idea of “infantile amnesia,” that no one has any real memories before three years of age, had saturated psychological and medical thinking since its introduction in 1916. Although I knew in 1974 the theory could not be true, it was not

until 1996 that a culmination of brilliant experimental research proved the whole theory false. I now refer to this as “80 years of scientific amnesia” about baby mind and memory – denying parents and professionals a true idea of what babies were like!

Another example was the large discrepancy between the actual senses of babies and the few senses acknowledged by the scientific community. In 1975, touch seemed merely reflexive; hearing was dampened (if not drowned) in the liquid environment of the womb; vision was primitive, blocked by closed eyelids and distorted by water; and the sense of smell was judged “impossible” without air. None of these scientific beliefs turned out to be true. Today, I can count at least twelve senses working *in utero*.

As I look back on the 20th Century, I see this gap as part of a larger problem of “shrinking” the real baby in psychology and medicine. Along with the shrinking of memory and the senses, there was a parallel shrinking of emotions, intelligence, learning, and the baby’s sense of “self.” All this shrinking was ultimately justified because a pre-nate or newborn did not yet have sufficient brain matter to support any of the human activities above.

In my personal experience with babies, however, they were not shrinking; they were expanding in all dimensions. They were learning all kinds of things (whether we wanted them to or not), they were forming beliefs about parents and themselves, and were arriving at decisions that were definitely not good for them. Indeed, they kept me busy inventing a therapy to help them identify and resolve these problems.

I was discovering that babies had what I would now call an innate sense of self, memory, intelligence, virtue, awareness, and knowing. They were capable of storing out-of-body experiences and even near-death experiences in response to abortion attempts and the loss of a twin *in utero*, meaning that they were capable of profound experiences whether they had full bodies or brains or not. For most of the 20th century, scientific studies missed this baby.

Eventually, I came to the awkward conclusion that scientists in medicine and psychology were “hallucinating” babies to suit themselves! They were “making up” babies who fit into their own prejudiced and materialistic beliefs about what babies ought to be like, but their babies were not true to the facts.

Surprisingly, many of these hallucinations continue today in traditional obstetrics. Since it is well established that babies have a keen thermal sense and hate being cold, every cold birth is evidence for hallucination. The ritual is endlessly repeated: babies screaming in protest and doctors smiling as if everything is perfect! In our time, what is more characteristic of babies born in hospitals than the noise of their crying? How did this become standard in obstetrics? Babies are still doing their part by communicating their distress as loudly as possible, but doctors appear deaf and unaffected by what is happening. They seem content with the hallucination that everything is fine the way it is.

As a group, obstetricians seem content with the hallucination that babies are not equipped to experience pain, remember pain, or find any meaning in pain – a belief that has continued in medicine for centuries. Is it not still everyday practice to jab newborn heels for blood, to needle babies with drugs and vitamins, and to cut off male foreskins – while smiling and reassuring bystanders that pain will have no effect? How about holding babies upside-down and putting them down on flat surfaces? Or routinely separating babies and mothers? Is it unfair to ask *when* the doctors who deliver 98% of babies in our country today will wake from their hallucinations and stop violating sentient babies?

But why am I bringing this up at your graduation? Because I am talking about our roots, our mission, and our contribution to society. You have your work cut out for you in representing the real baby, not some scientific fiction or fraction of a baby. If *we* don't pursue this, who will?

Wendy Anne McCarty has made a perceptive observation comparing developmental psychology and prenatal and perinatal psychology. She said, in developmental psychology they talk *about* babies, but in pre- and perinatal psychology, we talk *to* babies. I believe that this is the real secret of our success and the source of our authority. In our field, we may come by different paths but I believe we passionately converge on the *whole* baby. Ray Castellino and colleagues, and William Emerson and colleagues are all talking to babies, just as Myriam Szejer and colleagues in Paris are talking to babies, except that over there, they are speaking to newborns in plain French. This audience tonight is packed with people who are talking to babies, and in other ways extending the boundaries of what we used to think was true about them. I applaud you as explorers on this new frontier.

I am interested these days in the growing literature of parent reports describing how they were contacted, in one way or another, by future babies *before* they were conceived, sometimes long before. In the past, I want to remind you, parent reports were not considered valuable by academic researchers trying to understand babies. Parent testimony was obviously biased, and was automatically dismissed. In my opinion, we pay a high price for not listening to what people have to report!

One of my favorites is the story of a “baby” who succeeded in getting the attention of his future mother and startled her by saying, “Mom, when are you going to be ready for me?” “Who are you?” she asked, and he said clearly, “I am Timothy, your son!” This encounter proved unforgettable. Much later, when she did conceive and deliver a baby, she was sure she was experiencing the same personality she had encountered earlier. Today, hundreds of these spontaneous reports are circulating. In fact, I can add that whenever I mention this literature, hands go up in the audience and mothers volunteer the fact that they had that experience with their own children.

What I love about the implications of this startling research is the same thing I came to love about near-death experiences when I first read about them in 1975. At that time, when I was first trying to explain birth memories, critics would say babies couldn't have these memories because they did not have the brains to do it. What I learned from the

near-death reports was that nobody ever took their *brains* with them on these journeys! Something else was needed to account for the profound encounters, thoughts, life-reviews, and big decisions that they made and stored. I realized then that *babies* were demonstrating to me the same mysterious (human) faculties – apart from brain matter – that could explain their astute awareness *before* conception and the times following. Therefore, I welcome this new evidence from real parents adding to our understanding of the consciousness which we all have, parents and babies alike.

I think it is our mission to illuminate the whole baby, and to draw more and more people – both parents and professionals – into a full and constructive dialog with them.

In closing, I'm sure I speak for other members of the faculty in expressing our congratulations on your graduation. You have surely earned the confidence we have in you. We are proud to have played a part in your education. As future leaders in our field, we trust that you will take our places when we are gone!