Section 3 - Being An Unborn Inside Baby

Introduction:

This section on being an "unborn, inside baby" and the next section on the "death instinct" are essentially two versions of the same issue, one of which is more extreme than the other. Both have to do with attitudes about birth and life in the outside world. The first focuses on a solution that undoes the problems attendant to being born by simply reversing the process and imagining being unborn back to the inside of mom. Sort of like Punxsatawney Phil, the groundhog who, according to the legend, if he sees his shadow when he comes out in spring simply goes back into his hole for another six weeks.

The death instinct is essentially the same attitude but with a more violent response as I will outline in the next section.

The Experience of Birth:

It seems reasonable to assume that birth is one of the most dramatic and distressing events that an infant has yet experienced. After nine months of what is hopefully a boring constancy, there is a sudden, unexpected violent event with literally crushing sensations that takes place, after which everything is permanently different. Some babies are quick to move on and explore this new universe that requires breathing and subjects one to all of their inadequacies. Other babies are not and become the subjects of the two concepts – being an "unborn, inside baby" and the "death instinct."

Alessandra Piontelli is an Italian psychoanalyst whose book "Backwards in Time" describes infants she had studied before birth (by echo sonogram) and after birth (by infant observation). Piontelli also made a point of studying twins in utero. She describes a situation in which a light was shown on the mother's abdomen and the infants' reaction to this novel stimulus was then observed. The female fetus moved toward the light, as if curious about it, while the male buried his head in the placenta, as if to get away from the unwanted intrusion.

I think this highlights the variability of the experience of infants regarding any big stimulus, and birth is a very big stimulus! The issues at hand include the infant's ability to cope with sudden novel stimuli and whether he feels fragmented by the stimulus. We could put this variable more in the "nature" camp of genetic predispositions. On the other hand, the response of the environment must also be of extreme importance.

If things get off to a shaky start between mom and infant, some infants will keep on chugging along, and others will be quick to get off the train and give up. This variability is readily obvious when one studies breast feeding. It usually takes an effort from both parties to make it work, and a Herculean effort by one if the other is not trying very hard.

The most difficult circumstance for mother and infant is premature birth when the infant is literally not ready to come out, and the typically extended hospitalization adds insult to injury. Whenever I get a whiff of ambivalence about life in the behavioral history of a patient of any age I immediately wonder about prematurity as a possible contributing element.

The Relationship to Mental Pain in Early Infancy:

If all babies must decide after birth whether or not they feel that being born and out in the world is "worth it," the environment's regulation of the infant's physical and emotional distress is a huge variable in the equation. Anything that interferes with the mother and infant quickly making a good connection has the potential to tip the balance toward life in the outside world not being worth it. Illness immediately after

birth, failure to establish a successful feeding relationship, excessive anxiety or ambivalence on the part of the mother, a baby who can't get comfortable and regulated and is easily overwhelmed by stimuli, etc. can all add to the feeling that being born and out in the world is more pain than it is worth.

Manifestations of Ambivalence about Being Born:

If one observes small children at play or recalls one's own childhood, there is endless delight in making houses, forts, and creating all sorts of small, tight places to crawl inside. I had a woman patient who, whenever distressed, would take a bath for one or two hours to gain relaxation and retreat from her distress. These are all manifestations of a phantasy of being unborn or joined up to someone else. This is human and universal. But it can, like everything in life, be carried to an excessive or extreme degree, and that is what we are aiming to explore.

The most obvious manifestation of ambivalence about being born is a baby who does not want to wake up and take in the new reality of being in the outside world. Since birth is primarily about separation, a lesser version can sometimes be seen in the infant who wants to held all the time, as in being carried around in a "snuggly pouch" on the mother's or father's chest. Infants tend to like consistency, but some are more intensely affected negatively by any alteration in whatever pattern they have come to expect. This is one of the reasons why I don't particularly encourage mothers to leave their babies overnight during the early months after birth.

Sometimes the manifestation of ambivalence is more psychosomatic in expression. Asthma, for example, always brings to mind the problem of taking one's first breath after birth, the terror that one may not be able to breathe, and then any later separation from mother reminding one unconsciously of that initial anxiety at birth. I suspect that whatever physiologic reactions to which the infant has inherited a predisposition have the potential to become the "target zone" for these deeply unconscious reactions to the initial separation at birth.

Later in childhood, and on into adult life, these manifestations morph into patterns that typically center on the issue of "separateness." Anything from never wanting to have a sleepover at another child's house, to having a serious struggle over leaving home to go away to college, to having a breakdown after breaking up with a boyfriend or girlfriend, to a divorce, etc. can reawaken these baby anxieties that originated with birth. In all of these situations, there is a telltale phantasy embedded in the reaction that is about "dying," often expressed in the form of "I can't live without …"

People with these unconscious anxieties about separateness tend to form very "attached" relationships. They may never leave home and their parents, they may "fuse" with a partner in life, or they may do the opposite and never risk any attachment that could lead to another birth-like catastrophe, preferring attachment living inside their own rectum, an organization like the military, or whatever provides unchanging consistency and a "guarantee" of insider status on a permanent basis.

Manifestations in the Consulting Room:

I once had a patient who had been put back into the hospital at one month of age to see if he had neurologic damage because he refused to wake up or stay awake. He had been born about four weeks prematurely, had no neurologic defects, but demonstrated throughout his childhood and young adult life that he was extremely ambivalent about living on the "outside." In treatment, he wanted me to think for him and regularly dreamed of living inside my office, interior stairways, and in the room across the hall from my office. He was permanently manifesting the 'unborn, inside baby' condition, only tolerating separateness to the degree necessary to keep from irritating his "host."

Every therapist has few patients in practice like the one just described for whom being an unborn inside baby is a central feature of his lifestyle as a patient. They are not in treatment to gain independence. Rather, they use the therapeutic relationship as an end in itself, i.e. being joined up with the therapist is their

primary unconscious goal. They often idealize the therapist's ideas and do little thinking of their own. If the therapist does not have a "model" for this, then they will not recognize this deeply unconscious motive in their patient. These patients are usually agreeable, appreciative of the therapy, even pay early, but they never "grow" commensurate with the insight and knowledge gained.

The evidence of their ambivalence about being separate can be seen in their life choices, as I mentioned earlier, but will inevitably be most manifest in their dreams. They will tend to be on the "inside" of structures, aspects of their identity will be co-mingled with other's identities, separateness will be avoided, there may be hints at living inside someone's anus as seen in dreams living in dirty caves, sewers, and the like, and there is typically no evidence of exploring new and novel places or ideas.

Differences from the Death Instinct:

While the initial situation of feeling that being born and out in the world is not worth it is the same in both of these sections, there are some key differences. While these are overlapping circles, I will treat them as more distinct for the sake of clarity of exposition.

The key difference as I conceptualize it based on my clinical experience is the degree of violence in the emotional response to the trauma of being born. To put it starkly, it is as if the babies who have a less violent reaction are saying "I can fix this here and now. I will refuse to go on any further. I am going on a sit down strike, become passively immobile, and go back to where I started."

Babies who manifest the death instinct, on the other hand, act as if outraged by their birth, hate every aspect of being separate, and even hate their sensory apparatus for making them vulnerable to the experience of the pain of separation and life outside the womb. This makes a perfect segue to the the death instinct.