

PHANTASIES OF BIRTH AND PRENATAL EXPERIENCES
RECOVERED FROM PATIENTS UNDERGOING
HYPNOANALYSIS.*

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INTRODUCTION.

In this paper, which is a preliminary communication, I want to present and discuss phantasies of the process of birth and of life before birth, which emerged from certain patients undergoing hypnoanalysis.

The paper falls into three parts. I must start by outlining very briefly that conception of analysis and its technical application which led to the expression of these phantasies. Then I would like to give some illustrative extracts from cases. Finally, I would like to submit some ideas about the significance of the phenomenon as a whole and its future application.

In the early days of his life, in his relationships with his parents and siblings, an infant will find himself in circumstances which will form the prototypes of all the important emotional situations which he encounters subsequently. He will experience love and hate, hope, desire and fear, frustration and aggression. Sooner or later he will react to some situations by repressing them, together with their associated affect. Once this has occurred, the unconscious part of his mind is ever alert to detect in the subsequent events of reality a symbolical significance relevant to some aspect of the repressed material. When it does detect such a symbolical significance, the repressed affect becomes reactivated. It is this reactivated affect which may force upon the individual thoughts, feelings, or behaviour of neurotic type.

In treating a patient we may be able to influence favourably factors in his environment. In the present state of our knowledge we cannot influence his essential psychological constitution. Often enough, therefore, we must concentrate our therapy upon taking the sting out of the repressed material.

The limitations of infancy cause the infant to attach a significance to an event which to the adult appears to be out of all proportion. For example, to an infant, if the mother is absent, this may mean that she is dead.

Unfortunately, once an incident and its associated affect have been repressed, they are out of reach of subsequent modification by reality, and if years later the repressed affect is reactivated, it will be found to have lost little, if any, of its original intensity. If the repressed material, *with its associated affect*, can be raised to consciousness and there reviewed by an adult mentality, then the triviality of the incident will become apparent, and its powerful affect will vanish. Further, it is only while it is in the unconscious that the incident has this power to force a "complex-determined" response upon the individual. To raise this material to consciousness is part of the purpose of analysis.

More important than raising to consciousness a repressed memory, though this is an essential preliminary, is the raising to consciousness of the phantasies surrounding it, which were possibly never fully conscious at all. Here is an example:

A two-year-old girl was taken into her mother's bedroom to see for the first time her newly-born brother. She saw him nestling in his mother's arms. As she was looking at him she was noticed to be suffering from the rash of measles. She was hurriedly taken away from the bedside and isolated in her own room. The sight of her brother in *her* mother's arms had awakened in her great resentment, not all of which reached consciousness. She phantasized the measles rash as the outward evidence of her aggression, and it seemed to her that it was on

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account of this aggression that she had been rejected by the family. After this, whenever she felt that her brother was being favoured at her expense, she repressed the major part of her aggression. At the age of twelve she began to suffer from recurrent episodes of severe depression. She felt also that her brother found especial favour because he was a boy. This led her to develop phantasies of identification with males and of aggression towards them. As a result she later found great difficulty in making a satisfactory heterosexual adjustment.

In hypnoanalysis one makes use of a combination of techniques. Of these, when it is possible, as it frequently is, the most fruitful is the technique of "Regression." Under hypnoanalysis many patients are able to relive earlier periods of their lives as vividly as though they were experiencing them for the first time in reality, and with their minds in the same state of immaturity. Further, they are able to bring to their altered state of consciousness the secondary feelings and phantasies to which I have referred. On bringing them back to the present day and terminating hypnosis, they retain all this material in consciousness and are able to review it from an adult standpoint.

As one listens to a patient one seeks to discern something which, interpreted in Freudian terms of psycho-dynamics, could be a symbolical repetition of the type of infantile situation which probably lies at the root of his psycho-pathology. One takes this incident and tells the patient that at a given signal he will find himself back in an earlier scene of his life which had the same emotional values. This scene is explored and then, with the same formula, he is regressed again. This procedure is repeated until the episode is reached, exploration of which results in the relief of his symptoms. This process may, of course, be opposed by every conceivable manifestation of resistance, and one may need to have recourse to every kind of analytical manoeuvre.

It was while practising this form of regression upon a case that a point was reached when one had logically to expect that at the next stage the patient would find herself back in the womb, and this is indeed what happened.

ILLUSTRATIVE EXTRACTS FROM CASES.

The first extract is from the case, treated in the summer of 1950, which provided my first experience of these phantasies.

Case No. 1.—Miss F. S.—, aet. 44; single.

This lady suffered from chronic alcoholism. She was transferred to us from another institution, where she had been admitted in the throes of an attack of delirium tremens. By the time she reached us this attack had completely subsided, and she was anxious to undergo analysis in the hope of gaining relief from her alcoholic tendencies. She proved easily hypnotizable and readily amenable to regression. It soon became clear that her basic trouble was an intense feeling of insecurity, which dated at least from her breast-feeding days. Her drinking was a substitute for the breast.

At one session I asked her to see a picture which we might take as the starting-point of that session. She saw a picture of the sand dunes which she used to see from her bedroom window at home. In my mind the train of ideas flashed: "Sand dunes—shifting sands—here to-day and gone to-morrow—an excellent symbol of insecurity—worth exploring." Accordingly I told her that at the count of "ten" she would find herself back in a situation which had for her the same emotional significance as these sand dunes. (I should perhaps explain that I had no idea what, if anything, would come next.) I reached the count of ten and asked her where she was. She replied, "I am thirteen—at school. All the other girls are wearing summer frocks, but I am still wearing a winter one. I feel very embarrassed and out of place." I asked her to go back still further: "I am five. I am at a party and I want to go to the lavatory, but all the grown-ups are strangers and there is no one I can ask. I feel hot and sticky and uncomfortable." Still further back she finds herself in the basket of her brother's bicycle. He is taking her for a ride and swerving too fast round a corner. She feels very unsafe. At six months old she is in her pram, being taken for what seems to be her first ride outside in the dark. The way lies through an avenue of pine trees which are swaying and creaking in the wind. She fears that one will come down on top of her, and is very frightened. At the age of three weeks she has earache, and her mother is putting her nipple in her ear to soothe it. I ask her to go even further back to a time when she felt the same tone of emotion. She says, "I am very tiny. I seem to be lying on something very soft and white. I am very comfortable but somehow it is not right. I used to be part of a "oneness," and now I am separated. At this I told her that at "ten" she would find herself again part of the "oneness." As I reached "ten" she said quite calmly and quietly and positively, "This is the womb." She went on: "There is something beating in me and through me—my

mother's heart. I can't see—and it feels as if I've got no mouth." I asked her in what position she found herself. She replied, "Curled up," and immediately assumed the foetal position.

After some time I told her that at the count of "ten" she would start to leave this place. At "ten" she arched her back, put one hand on her head, and an expression of severe suffering appeared on her features. She was portraying in fact exactly what one can imagine that the foetus feels when the first contraction of the uterus clamps down upon it. In a moment or two this attitude was relaxed, only to be repeated a few moments later. At length I told her that at "ten" she really would leave this place. At "ten" she began to moan from the pain in her head, and then, just as one felt that the head must soon emerge, she suddenly gasped, "I can't breathe," and she appeared to be fighting for air. Then came a short period of gasping and gulping, interspersed with cries that she could smell blood. It was distressing to witness. Then she suddenly gave a great sigh of relief—"That's better"—and appeared to fall asleep. She retained the foetal position. In due course I told her that I would count up to "twenty," and as I was counting she would grow up to the present day. She relinquished the foetal position spontaneously at "five." Once back in the present day I slowly awakened her. She awoke complaining of a blinding headache, which was relieved by reinducing hypnosis and suggesting strongly that this time she would awaken without it.

At a subsequent session I regressed the patient back to the "oneness" and then asked her to go back to where she was before she reached the "oneness." There followed half an hour of extraordinary material. She appeared to find herself in a place which she described in incompatible superlatives. It was dark, yet filled with colours of indescribable beauty; there was complete silence, yet the place was filled with heavenly music; it was still, yet everything was quivering. And so on. She passed into a state of euphoria which was still present on awakening and which persisted for a day or two. This experiment was repeated on several occasions, always with the same result.

This analysis was never completed. Resistance was encountered, which I lacked the experience to overcome.

In retrospect I am left with the conviction that the insecurity behind this patient's alcoholism dated from the insecurity she felt when birth separated her from her mother. She failed ever to adjust adequately to this "trauma of birth."

Her failure to do so, since there was no evidence of anything exceptional in the circumstances of her birth, presumably indicates some weakness in her essential psychological constitution.

In the end she appeared to make a good social adjustment within the hospital, and discharged herself to a sheltered post. It has proved impossible to follow her up.

This patient had had opportunities in her life of acquiring obstetrical knowledge.

Case No. 2.—Mrs. M. M—, aet. 28; married, 2 children.

During the next twenty months phantasies of birth and of intra-uterine life emerged spontaneously from a number of cases of various types. I was interested in them, but failed to appreciate what I now believe to be their importance. Early this year the case now to be described came under treatment. It was the dramatic clinical improvement which followed their expression, and the gaining of insight into them which occurred in this case which really opened my eyes to their significance.

Questioned after these phantasies had emerged, Mrs. M— professed complete ignorance of the biological facts of life, and this in spite of the fact that she had borne two children. It is possible that this ignorance represented some form of hysterical amnesia, but I find this difficult to accept. She had apparently no knowledge of the existence or function of the umbilical cord. The navel was "something which happens when you are born." She was under an anaesthetic when her children were born and was therefore unable to say whether anything but the child emerged from her. I am quite sure she had no knowledge of spermatozoa or ova, or the process of conception.

Mrs. M— was born and brought up in the South of England. In 1945 she married a Scotsman and went to live with him in Scotland. Towards the end of 1951 she became very depressed and came south to visit her family. Through their doctor she came to consult me. In the faint hope of a quick result I gave her a short course of E.C.T. She did improve slightly, but soon relapsed and was admitted to hospital for analysis. She proved easily hypnotizable, and regressed spontaneously to one scene after another of early childhood in which her mother had treated her exceedingly unkindly. She then developed a thrombosis in her leg and treatment had to be suspended for several weeks.

On resuming the analysis she confided to me that her real trouble was a profound fear of anything to do with sex. Sexual intercourse was a terrifying business for her; she even had to leave if a conversation turned upon sexual matters.

Under hypnosis she soon regressed to a scene in which she felt she had just been born. She was choking from something wound tightly round her neck. She had no idea what this could be. I asked her to trace it. Her hand went up to her neck and then, as though she were running something between finger and thumb, it wandered down to the region of her navel—"It comes from my tummy." A few moments later she said that a man was injecting something into her arm. She saw both the constriction round her neck and the

injection as attempts on the part of her mother to get rid of her. As she grew up any injection, and anything which could possibly symbolize an injection, had for her a complex significance which filled her with terror. Sexual intercourse fitted easily into this pattern.

The next question was raised by the patient herself, and she felt that she could not get better until it was answered. It was the question of the origin of her idea that her mother did not want her. Under hypnosis she told me that she was certain that this idea had originated before her birth. I regressed her therefore to the intra-uterine state. At once she appeared to be in great distress and moaned, "I'm burning! I'm burning!". Asked where she felt this sensation she replied quite definitely that it was in her stomach. I asked her to see something which would tell us how long she had been inside her mother. She saw a "seven," and then the word "months." She was quite certain that the burning was due to something which her mother was doing to try to get rid of her. I told her then that if she had ever felt anything like this before, she would now go back to that experience. I counted up to "ten" and again she moaned that she was burning. This time she was equally definite that the pain was in her head. I asked her how big she was. In a very faint voice she replied "Very tiny." She said that she was unable to move her arms or legs. Again I asked her to see something which would indicate how long she had been inside her mother. This time she saw a "six," which referred to six weeks. Again she was quite certain that the burning was due to an attempt to get rid of her.

At this point I told her that she would progress to the time of leaving her mother. As I was counting she suddenly began to look worried. I asked her what was wrong, and she replied she felt that there was something round her neck. I asked her if she could tell me how long she had been inside her mother. The reply was "Five months." This is particularly interesting in view of the fact that the next patient, at the same date, also became aware of an intra-uterine body change.

As I reached the count of "ten," Mrs. M— became very distressed indeed. She felt that she was in a tunnel that she was trying to get out of but could not. Then she felt someone get hold of her legs and pull them out. Then something hard and painful got hold of her head and began to twist it. Then she was lying on something white and felt she was choking from something round her neck. She was aware of a man and a woman, both dressed in white, and someone shrieking, "I don't want her! I don't want her!"

At this point we progressed her to the present day and awakened her. She recalled all that she had been through and insisted that it was as real to her as was the memory of her breakfast. She realized clearly what the experience was that she had been through, though she had no idea what it was that had been round her neck. She looked, and felt, utterly exhausted at the end of this session.

At the next session she greeted me with "Do you know, Doctor, I feel somehow that it was all my fault that my mother did not want me." She felt she had to know what it was that she had done wrong.

Under hypnosis she revealed again that it was something she had done before birth. We had already been back to six weeks *in utero*, so I asked her whether she had done this thing before she started to grow inside her mother or after. The answer came, quite calmly and positively, "Before." I asked her how far I must count for her to be able to return to this period. The answer, again quite calmly and positively was "A hundred."

I counted to a hundred and asked her what she could tell me about herself. In a voice which was less than a whisper she said that she was just a tiny spot. She could tell me no more than that, except that she was in a small place. Then she suddenly announced that she had moved to a larger place, and knew that she had to touch something which kept moving away from her. She knew that if she did not touch it she would die. Suddenly she did touch it, and was aware of a painful flash. She knew at once that this was the thing which she ought not to have done. She should never have touched this thing.

After touching this thing she began to grow bigger, though still remaining just a spot. Then she again lived through the first burning episode. At five months she again became aware of something round her neck. She omitted the phantasies of birth, but found herself again lying on a white sheet, with the man and woman in white. At this point I progressed her to the present day and woke her up. She awoke utterly exhausted and utterly bewildered. She said, "I know all that was real, but would you kindly tell me what it means?"

I had no doubt in my mind that she had been re-living her conception and her subsequent intra-uterine life. I did not want to suggest this to her and I tried, by appropriate questions, to lead her to the realization herself. However, her ignorance, as I have said, seemed on a conscious level to be complete. She seemed to have no understanding at all of the significance of the part played by the male and the female in reproduction. She had no idea how a baby *in utero* obtained its nourishment. At length I offered to tell her what I thought had been happening to her. She leapt at my offer.

Up to this time she had changed little from her condition prior to the start of treatment. Though seldom appearing severely depressed, she always looked listless. Though she always occupied herself, she never seemed to be interested in what she was doing. She seldom smiled, her expression was rather wooden. As I began to tell her about the

physiology of conception and so forth, an incredible look of enlightenment began to dawn on her face. She had not the slightest doubt that her experience as a tiny spot was a reliving of her preconception days, and that the "touching of the thing that was moving" was her conception. She exclaimed that now she knew what it was that she should never have done. She was never meant to be born, and realized that this accounted for the feeling which she had had all her life, that there was no place for her in the world. Then she realized spontaneously that though she had lacked a mother's love all her life, henceforth she could find all the love that she wanted in her husband.

By the end of my explanation she looked a different person. She was still exhausted, and remained so for three or four days, but she was absolutely radiant with happiness.

This state has persisted now for some three months. She left the hospital within ten days. I have heard from her once only, but she writes frequently to friends still in the hospital and members of the nursing staff. I would emphasize that she is in no way manic. She is completely in touch with reality. She has found a purpose in life and a joy in her husband and children which she had previously never dreamed of.

The mother of this patient was very antagonistic throughout towards the patient, to myself personally, and to my treatment by hypnosis, and this despite my best efforts to win her co-operation. However, some months after the patient had left the hospital I managed to persuade her to come to see me. She gave me these details.

From the moment of her own marriage she had been terrified of her own mother-in-law. She was still more terrified when she found herself pregnant with the patient, because her mother-in-law had threatened her with violence if ever she had a child. Throughout the pregnancy she was in a state of chronic fear. On several occasions her mother-in-law raised her hand to strike her.

She denies, not surprisingly, any attempt at procuring a miscarriage.

The child was delivered as a breech with extended legs, and was almost asphyxiated at birth from having the cord round her neck. She is sure that no instruments were used, and that the child was delivered by the midwife, no doctor or other male being present. She is sure that no injection was given at any time.

She does not recall ever having discussed the birth with the patient, but cannot be sure that the patient never overheard any conversation on the topic.

She confirmed the occurrence of an incident which played some part in the analysis, namely, the patient being knocked down by a dog at the age of one year. The child was terrified and screamed for some hours.

Case No. 3.—Mr. A. K—, aet. 25; single.

This young man suffered from an obsessional neurosis which permeated every action in his life. It was so severe that he had been unable to do a single day's work in his life. Of his many symptoms, two are relevant to our theme. The first was great difficulty in donning any garment which had to be pulled on over his head. The second was a lack of confidence that he could accomplish anything successfully with his hands. He proved easily hypnotizable and readily amenable to regression.

It soon became clear that he cherished powerful aggression against each of his parents. Much of this was at an unconscious level. This aggression he projected, and his obsessions represented defences against the attacks which this projected aggression led him to anticipate from every quarter. At an early stage in the analysis he was regressed along the line of the fear of putting anything over his head. Within a couple of sessions he reached an incident in which he gave his age as three weeks old. He found himself in a large bed, lying between his mother and the nurse, trapped underneath the bedclothes. He was unable to get out, and unable to attract attention. Breathing was becoming difficult and he feared that he was going to suffocate. Eventually the nurse discovered him and brought him to the surface. Many of his symptoms seemed to stem from this incident, and, not unnaturally I think, it was assumed that this incident was the origin of them. By the end of four months' treatment this incident had been well and truly dealt with, but we could claim little in the way of objective improvement.

His parents came for interview about this time, and his mother confirmed that this incident had actually occurred. She was positive that she had never spoken of it to the patient. She had been so ashamed of it that she had never told anyone of it. It was certainly news to her husband, sitting at her side. He was very indignant that he had never been told of it.

This case was being treated concurrently with the case of Mrs. M. M—. At this stage she had just expressed her phantasies of prenatal life. With this experience in mind I deliberately regressed this patient to his intra-uterine life. Quickly, albeit with more resistance than he had evinced over any situation hitherto, he regressed to an incident which he soon recognized was parental intercourse. From his description of his sensations it appeared that it must have occurred *a posteriori*, with his mother standing. He interpreted the experience as an assault upon him by his father, acquiesced in by his mother.

I begged his mother to come again to interview. She confirmed that this recollection was a possibility, since her husband invariably insisted upon the adoption of this position. She then volunteered that the circumstances of the patient's birth were peculiar. Labour had begun unexpectedly. Within two hours the head was born. Only the resident

midwife was present, and she found that she could not complete the delivery as the shoulders were causing obstruction. Hence the infant remained, with just his head born, for an hour or so until the doctor arrived and performed the necessary manoeuvres. She had never discussed this matter with the patient.

At the next session I regressed the patient to the womb again, and then told him he would relive the experience of leaving this place. He went through a detailed pantomime of exactly what his mother had told me had occurred. When he announced that he could not get his arms free I asked him to tell me what he was aware of concerning his arms. After a few moments he told me that his left arm was by his side but his right arm was trapped underneath his leg. He interpreted all this as his mother ejecting him into the cold world, where his hostile father was presumably lying in wait for him. Further, to ensure that he did not survive, she was depriving him of the use of his arms. This was the basis of his lack of confidence in the use of his hands.

With the emergence of this material objective improvement started. His work in the Occupational Therapy Department improved considerably.

One felt that it was still necessary to find the origin of his idea that his mother did not want him. Accordingly, I regressed him still further in his intra-uterine life. Amongst other things we find that at five months he is aware that his right arm is trapped under his right leg. Eventually he reached his conception, in which he saw himself as the ovum being raped, rather than wooed, by the over-anxious sperm of his over-anxious father. Though I have phrased this rather jocularly, I am in fact in earnest about its significance, though time does not permit me to go into this topic at length. Suffice it to say that following this session still more improvement was noticeable. He began to co-operate far more enthusiastically in overcoming the lifelong habit of obsessional thought and behaviour. For the first time in his life he began to do things which were distasteful to him, but which I had assured him were for his own good. In fact he began, for the first time in his life, to see in me, at a conscious and an unconscious level, someone on whom he could rely as being on his side. Also, though still unable to express overt antagonism towards me, he has started to use his symptoms from time to time as a weapon of aggression, and he has developed insight into this. In short, since we recovered this material he has turned from an apparently hopeless therapeutic prospect into a promising one.

DISCUSSION.

Freud himself stated that all anxiety originally derives from the anxiety at birth. Over twenty-five years ago Otto Rank wrote: ". . . we are led to recognize in the birth trauma the ultimate biological basis of the psychical." More recently Fodor, in *In Search of the Beloved* (1949), inferred, from the dreams and phantasies of his patients, references to all the prenatal incidents of which my patients have given what I believe to be direct evidence. For it is my belief that these so-called phantasies are in fact the reliving of events which were experienced and appreciated and promptly repressed. They represent, I believe, a form of recall of genuine repressed memories. Naturally they will have become distorted by time and contaminated by subsequent experience, as is the fate of all memories; but they are memories none the less, and as valid as memories from the age of, say, four or five years.

This belief naturally implies the further belief that the mind has powers of appreciation and recall hitherto unsuspected, or at least not seriously considered.

Clearly, every effort should be made to fit any apparently new phenomenon into the framework of what is believed to be fact before any extension of the framework is considered. So many people, if they care to consider this matter at all, will approach it from this angle that I feel quite justified in concentrating my efforts in the opposite direction.

To provide proof of my belief is clearly a difficult task. It is even difficult to decide what would constitute proof. Certainly it would be almost impossible to prove that any given patient had never heard or read or seen anything which might have inspired the phantasies, even if the occurrence of the events were independently confirmed. I feel that it is of the greatest importance that the nature of these phantasies should eventually be established beyond all doubt, not only from the scientific point of view, but also from the philosophical. But absolute proof of a theory is not essential before its application is justifiable. Each successful application is corroborative evidence of its validity, and one is entitled to believe in it until one is confronted with material which is incompatible. There is, after all, little universally accepted proof of any psychoanalytical theory. While realizing that they fall far short of proof of the truth of my assertion, I would submit the following points for consideration:

1. All these phantasies took their place quite logically in sequences of regres-

sions. Regarding the matter with an open mind one might well ask—"Why should the mind suddenly switch from factual situations to purely phantasy ones?" Our physical life in a continuum before and after birth, why not our psychical life also?

2. In the cases of Mrs. M. M— and Mr. A. K— we have definite confirmation that the relived experiences actually occurred, and there is a strong likelihood that they were never subsequently discussed with the patient.

3. Now that a definite attempt is being made to recover this material where it is felt to be important, many cases are producing it. The intra-uterine experiences of everyone presumably have much in common with one another, and it might not take much imagination to produce a fairly convincing pantomime of intra-uterine life. But almost every case also portrays a scene of inter-parental intercourse. To my mind, this would call for impossibly high universal powers of imagination. Since it probably was an almost universal experience, is it not easier to regard these phantasies as memories? Especially since the occurrence must be a noticeable break in the intra-uterine routine.

4. Conversely, that those phantasies which are peculiar to each case should have such a clear bearing on the symptomatic picture of that case surely suggests that they are founded on fact.

5. I feel that one cannot ignore the empirical fact of the very striking clinical improvement which has followed the recovery of such material.

The principal obstacle to the acceptance of these phantasies as memories is the materialistic view that there can be no psychical activity in the absence of a neurologically functioning brain. Now this is a view which I cannot share. I would echo Fodor's prophecy—"Prenatal psychology may shatter the last fetters with which scientific materialism has bound our minds." I believe that before the mind becomes imprisoned in a neurologically functioning brain, it is capable of an infinitely greater psychical activity. At this point I must venture into a little amateur philosophy.

Life, Mind and Soul seem to me to be different aspects of the same thing, and the terms are more or less interchangeable. I picture a vast reservoir or central pool of Life or Mind or Soul to which that portion of all Life which inhabits our body returns at our earthly death. The Life and Mind which inhabits each one of us consists, I believe, in a contribution from each of our parents plus a contribution from this central pool which is all our own. From material which has emerged in analyses I have come to suspect that each of these elements had the capacity to regard itself as "I." Once they have merged to form the mind of an individual, the "I" of one of these elements comes to dominate the other two. If this idea is considered, it will I think be found to be fairly well in accord with the known facts of genetics. The contribution which we receive from our parents derives of course from the contribution which they received from their parents, and so on backwards to the very origin of Life or Mind itself.

From the receptive point of view I see the mind as an endless reel of cinematograph film, its origin stretching back to the origin of Mind, and constantly and ceaselessly recording. Its recordings are constantly being modified in the light of fresh experience, and comprise, amongst other things, a complete knowledge of all the fundamental facts of biology and social relationships, as well as the pattern of so-called instinctive behaviour. The more vivid of these are what Jung called the archetypes. In addition, each mind has its own special experiences, just as each of the molecules of water in a cloud must have.

Before a mind enters a body I picture it as being in touch with all its previous recordings. Once the mind has entered a body and the brain has become functional, then it can work only through the medium of the brain and has to accept its limitations.

Our sense organs form the camera which records impressions from the outside world. These "pictures" are immediately developed by the brain into a form which the mind can appreciate.

From the active point of view the brain translates the behests of the mind into a form which can be appreciated and acted upon by the body. These behests may be framed at a level below consciousness, in close co-operation with the various unconscious compartments. The resulting behaviour may thus be "complex-determined," and not apparently in accord with reality.

When we remember anything, what in effect we do is to run the film rapidly backwards until a certain frame is before us. Under ordinary circumstances our mind can thus recall only frames which were once processed by the brain, and not all of those, since some scenes will have been cut out by the censor and relegated to the personal unconscious. These may be recovered by various techniques—free association, abreaction under certain drugs, and of, course, hypnosis. It seems though that the hypnotic state somehow also enables the mind to recall and appreciate recordings which never were processed by the brain; recordings which were made before there was a functional brain.

Assuming that there is an element of truth in this conception, and that the mind has this hitherto unsuspected power, the gate would seem to be open to a wealth of knowledge and understanding from the realm of what at present is merely speculation. I believe that the gate is open.

I foresee, to begin with, a theory of psycho-dynamics based upon the psychical life of the foetus. This would not necessarily be purely psychological. I would not discount the possibility that the prevailing mood of the mother might be reflected in her own biochemistry and thus influence the mood of the foetus.

I believe I have evidence of some form of telepathic communication between mother and foetus. I suspect though that the most important basic factor will be a more precise knowledge of the archetypes. This I think would probably emphasize the fact that the infantile situations which lead to such things as the Oedipus and castration complexes are quite inevitable, but increasing knowledge of the mental hygiene of the pregnant woman, the foetus, and the new-born child might enable us considerably to modify their severity.

Such a system of psycho-dynamics would, I think, be very simple because it would be very logical. I think it would underlie and embrace elements of all the main schools of to-day. That each school can claim its successes but yet must admit its failures indicates, I think, that each school has some aspects of its doctrine which are true at some level by all standards; and it is only when these doctrines are applicable to the case in question that the result is successful.

Such a theory, based on what I believe some of the archetypes to be, has been formulating itself in my mind for some months. I believe it will be established that conception represents the first symbolical sexual intercourse and sometimes constitutes the primal psychic trauma. I am sure that it will be accepted that intra-uterine experiences and the ordeal of birth leave a very deep mark upon the psyche. I am equally certain that a patient can be helped to adjust to these experiences.

Looking further ahead, though confining ourselves to the limited field of psychiatry and not venturing further into philosophical speculation, I think it is possible that we may learn how to modify the patient's essential psychological constitution.

At present the path to all this appears to lie through hypnosis. I know that this procedure is not universally accepted, and that many workers hold that the technique of hypnoanalysis is fundamentally unsound. I fear that I cannot pursue that point here, but I hope to do so elsewhere.

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