Primary Psychology Bridging The Divide of Early Development

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As professionals working and researching within both the prenatal and infancy domains of human development and psychology, it has become clear to us that a mental divide exists in our culture and professional practice that separates the prenatal world from that of infancy. Professionals are trained to work within one domain or the other; agencies and services are funded for one or the other. Until now there has not been a logical reason to do otherwise. However, we see a shift on the horizon.

Many fields, such as infant mental health, affective neuroscience, attachment and early trauma, are looking earlier and earlier for the causes and prevention of problems, and to understand how our life-long patterns develop. Exploring, for example, school readiness, the focus of "early intervention" has rolled back from "three-to-five" to "zero-to-three." Most programs focused on early prevention and intervention begin after the birth of child. Most infant care specialists and infant mental health professionals focus on infancy in relationship to childhood and adult outcomes with little or no inclusion of the prenatal period and birth. There has also been a dearth of training in how to work with the infant–parent dyad in the first months of life from the baby's perspective.

On the other hand, prenatal and perinatal psychology has been intensely studying our earliest development from the baby's point of view, from pre-conception through birth and bonding, for over 30 years. The field's research and clinical experience have established the fact that our earliest experiences form the foundation of our sense of self, our capacity to relate to others and our resiliency in life, and has effectively mapped out key nodal points of development that need to be met in order to promote healthy life-patterns. Prenatal and perinatal psychology professionals work directly with babies and their parents during the prenatal and postnatal period to prevent and treat early trauma. Even though these important findings and early clinical work have been established in prenatal and perinatal psychology, they have not always been effectively distilled in ways that bridge to mainstream early development and psychological understandings and practice.

Primary Psychology and the 12 guiding principles described in this article provide families and professionals with a new lens through which to view the continuity of early human life and relationship from pre-conception forward, and to better understand how best to support human potential and optimal relationships throughout the prenatal and infancy periods.

Background

Santa Barbara Graduate Institute opened in 2000 with the first graduate degree programs in prenatal and perinatal psychology. Its mission is to provide excellence in graduate education, and research and leadership in prenatal and perinatal psychology, with a focus on wholeness from developmental, relational, and transpersonal perspectives. In 2004, SBGI's Center for Clinical Studies and Research was founded to support community and research projects.

The questions we continue to ask are: How can we more effectively bridge the gap between prenatal and perinatal psychology's findings and other related fields of inquiry and practice? How can we best utilize the clinical findings from prenatal and perinatal psychology, which originally focused on uncovering and treating trauma in children and adults from their prenatal and birth experiences, to formulate a positive and preventive theory and practice of infant development?

From the prenatal and perinatal lens of the baby's point of view, it is clear that human development is best portrayed within the emerging holistic, integrative and integral sciences. These sciences examine our core nature as a human being and the development of consciousness alongside the development of the biological human being. The findings from our field offer a keystone to the mysteries of our earliest experience and our core nature.

In 2004 Wendy Anne McCarty, PhD, with a research grant from New Earth Foundation, articulated an *Integrated Model of Early Development*, bridging prenatal and perinatal findings and infancy literature, and including what we have learned from the baby's point of view.

The next step was to distill, from the prenatal and perinatal lens, a set of principles to guide how we can positively support human potential and optimal relationships from the beginning of life. We sought fundamental principles that could unify professional clinical and parental practices, including research, theory, and education.

In pursuit of that goal, we began the non-profit community project, *Natural Family Living~Right From the Star (NFL~RFS)*, whose mission is to provide information, education, research, training, and support for families, professionals, community programs, and policy-making groups to maximize human potential and optimal relationships from the beginning of life. The guiding principles express this mission. With the generous support of the James S. Bower Foundation, and under the leadership of NFL~RFS Director, Wendy Anne McCarty, PhD, with Marti Glenn, PhD, BJ Lyman, PhD and other leaders in prenatal and perinatal psychology, the following 12 quiding principles were distilled.

Nurturing Human Potential and Optimizing Relationships 12 Guiding Principles

1. The Primary Period

The <u>primary period for human development</u> occurs from preconception through the first year of postnatal life. This is the time in which vital foundations are established at every level of being: physical, emotional, mental, spiritual and relational.

2. Forming the Core Blueprint

Experiences during this primary period form the blueprint of our core perceptions, belief structures, and ways of being in the world with others and ourselves.

These foundational elements are implicit, observable in newborns, and initiate life-long ways of being.

These core implicit patterns profoundly shape our being in life-enhancing or life-diminishing directions.

3. Continuum of Development

Human development is continuous from prenatal to postnatal life. Postnatal patterns build upon earlier prenatal and birth experiences.

Optimal foundations for growth and resiliency, including brain development, emotional intelligence, and self-regulation are predicated upon optimal conditions during the pre-conception period, pregnancy, birth and the first year of life.

Optimal foundations of secure attachment and healthy relationships are predicated upon optimal relationships during the pre-conception period, during pregnancy, the birth experience and the first year of life.

4. Capacities & Capabilities

Human beings are conscious, sentient, aware, and possess a sense of Self even during this very early primary period.

We seek ever-increasing states of wholeness and growth through the expression of human life. This innate drive guides and infuses our human development.

From the beginning of life, babies perceive, communicate, and learn, in ways that include an integration of mind-to-mind, energetic, and physical-sensorial capacities and ways of being.

5. Relationship

Human development occurs within relationship from the beginning. Human connections and surrounding environment profoundly influence the quality and structure of every aspect of baby's development.

From the beginning of life, baby experiences and internalizes what mother experiences and feels. Father's and/or partner's relationship with mother and baby are integral to optimizing primary foundations for baby.

All relationships and encounters with mother, baby, and father during this primary period affect the quality of life and baby's foundation. Supportive, loving, and healthy relationships are integral to optimizing primary foundations for baby.

6. Innate Needs

The innate need for security, belonging, love and nurturing, feeling wanted, feeling valued, and being seen as the Self we are is present from the beginning of life. Meeting these needs and providing the right environment supports optimal development.

7. Communication

Babies are continually communicating and seeking connection. Relating and responding to baby in ways that honor their multifaceted capacities for communication supports optimal development and wholeness.

8. Mother-Baby Interconnectedness

Respecting and optimizing the bond between mother and baby and the mother-baby interconnectedness during pregnancy, birth, and infancy is of highest priority.

9. Bonding

Birth and bonding is a critical developmental process for mother, baby, and father that form core patterns with life-long implications.

The best baby and mother outcomes occur when mother feels empowered and supported and the natural process of birth is allowed to unfold with minimal intervention and no interruption in mother-baby connection and physical contact. If any separation of baby from mother occurs, continuity of father's contact and connection with baby should be supported.

Baby responds and thrives best when the relationship with mother is undisturbed, when baby is communicated with directly, and when the process of birth supports baby's ability to orient and integrate the series of events.

10. Resolving & Healing

Resolving and healing past and current conflicts, stress, and issues that effect the quality of life for all family members is of highest priority. Doing so before pregnancy is best. When needed, therapeutic support for mother, baby, and father provided as early as possible during this vital primary period is recommended for optimal outcomes.

11. Underlying Patterns

When unresolved issues remain or less than optimal conditions and experiences occur during conception, pregnancy, birth and the first postnatal year, life diminishing patterns often underlay health issues, stress behaviors, difficulty in self-regulation, attachment, learning, and other disorders over the life-span.

12. Professional Support

These early diminishing patterns embed below the level of the conscious mind in the implicit memory system, subconscious, and somatic patterns. Professionals trained in primary psychology (prenatal and perinatal psychology) can identify these patterns and support babies, children, parents and adults to heal and shift these primary patterns to more life-enhancing ones at any age. When parents resolve and heal their own unresolved issues from their child's pregnancy and birth, their children benefit at any age.

Primary Psychology

In the process of formulating the guiding principles the need for a shift in perspective that embraces the continuity of human development and relationship from prenatal to postnatal life became evident. The experiential learning, development of relationships, and the formulation of life-patterns during the prenatal period clearly demonstrate the undivided continuum of human experience from conception forward.

Prenatal and perinatal psychology has been instrumental in mapping the understanding of our prenatal, birth and bonding experiences and how they formulate our core human blueprints. We now see the need to apply this perspective to the first year of postnatal life. Although many groups demarcate birth through year three as the primary developmental period, we focus on the period from preconception through the first natal year. We saw a natural demarcation at the end of the first year because most of the core patterns are already established within the

first months of postnatal life. And, by the infant's first birthday, the mother-baby interconnectedness naturally expands to include a larger reality as baby's abilities support further exploration of his/her larger world.

We expand, extend, and enfold what has been known as prenatal and perinatal psychology into the field known as *primary psychology*. The vital lens of prenatal and perinatal psychology—the multifaceted view of babies and the map of how early experiences during conception, prenatal life and birth and bonding form core blueprints—lays the foundation for primary psychology. Primary psychology extends that lens and perspective through baby's first postnatal year.

The word primary means both first and most vital, and holds the essence and significance of this period of development. Thus, primary psychology focuses on the continuity of experience and development from preconception through baby's first postnatal year, and we call this period the *primary period* of human and relational development when *primary foundations* are developed.

Primary Psychology is a synergy of prenatal and perinatal psychology along with other leading-edge fields such as biodynamic embryology, infant mental health, attachment, early trauma, developmental neurosciences, consciousness studies and other new sciences. Prenatal and perinatal psychology has revealed that babies are sentient, aware, learning, multifaceted, and capable human beings who already have a sense of Self. Clearly these findings join many of the new sciences and perspectives that suggest consciousness to be at the core of human nature, life, and healing. Be it holistic, integrative, or integral models and approaches, each speaks to a recognition of our wholeness and integrity and anchors consciousness as fundamental.

Primary psychology and the findings from prenatal and perinatal psychology illuminate consciousness at the very beginning of human life. By acknowledging the sentient, aware and communicative capacities of babies in the womb, we believe we can best meet and support the sustained integration of mind, body and spirit from the beginning of life.

Primary psychology education seeks to provide expertise for those working with young families. We recommend these 12 guiding principles to support advocacy for funding, training, clinical practice, and community programs that provide "early intervention" to support families as they prepare, conceive, carry, birth and care for their baby through the first year of postnatal life.

References

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Resources

Santa Barbara Graduate Institute www.sbgi.edu

Natural Family Living~Right From the Start www.naturalfamilylivingsb.org

Wendy Anne McCarty, PhD, RN, D.CEP www.wondrousbeginnings.com

Authors

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Marti Glenn, PhD, is the Founding President of Santa Barbara Graduate Institute, which offers the first graduate prenatal and perinatal psychology and the frist doctoral degrees in somatic psychology. She has been a pioneering psychotherapist over 25 years, as well as a professor of clinical psychology working with attachment, early development, and trauma. She is the founding Academic Dean at Pacifica Graduate Institute. She has facilitated trainings and seminars all over the United States and in Europe. Dr. Glenn is a board member of the Association for Prenatal and Perinatal Psychology and Health and has been Chair of three International APPPAH Congresses. She has also chaired numerous conferences including Neurons to Neighborhoods: Preventing and Healing Trauma in Children and Adults and coproduced the documentary, *Trauma, Brain, and Relationship: Helping Children Heal*. Areas of Expertise: Prenatal and perinatal psychology, psychotherapy with adults, families and children, clinical supervision, group psychotherapy, neuroscience; Her current research interest is in the neuroscience of psychotherapy, especially as it relates to young families. martiglenn@sbgi.edu