

Prenatal, Birth and New Born Trauma And The Development of a Healthy Sense of Self 2003

Researchers are documenting new evidence that the development of a healthy sense of self can be adversely influenced by trauma experienced prenatally, during the birth process and/or during the early postnatal experience.

Researchers believe that the development of this unhealthy and false sense of self during these very early and vulnerable stages significantly inhibits socio-emotional development later in life. So the trauma experienced during, before and/or shortly after birth replays itself throughout the child's life until it is healed, re-patterned and a full and truer sense of self is achieved.

This paper will describe the latest research on the physical, cognitive and socio-emotional development of the prenatate and the newborn. It will explain at a biological and emotional level how trauma can adversely effect a prenatate's and newborn's sense of self and it outlines case examples of how this trauma can last throughout his or her life until a truer and more functional sense of self is re-established (Marjory Rand, 2000).

Science is catching up with what many mothers and spiritual teachers have said for centuries – consciousness begins when life begins, at conception. This new body of research can provide valuable information to counselors, therapists and pediatricians to support early healing so later interventions won't be needed.

The International Society of Prenatal and Perinatal Psychology and Medicine (ISPPM) was established in Germany to publish and support research on this topic. In the United States and Canada the Association for Pre- and Perinatal Psychology and Health (APPPAH) was formed in 1983 because when papers and symposia were submitted on this topic to established professional societies, they were rejected.

The old worldview of life before birth and at birth is definitely changing. As scientific research has advanced, these ideas are becoming more accepted by mainstream journals and societies and now there are many opportunities available for professionals, therapists and parents to be educated to prevent infant and prenatal trauma and to provide successful interventions when trauma has occurred.

The importance of the mother-infant relationship in healthy emotional development is well established. Supported by the earlier research of Bowlby, LaDoux, Jackson and MacLean, there has been an increase in research on the neurobiology of both healthy attachment and disorders in attachment in the past decade.

Researchers have come to the conclusion that the healthy self-organization of the developing neural networks occurs in the context of a relationship with the primary caregiver, mostly the mother (Schore, 2000).

Further research suggests that this relationship can be disrupted in utero and during the birth process. This, as well as new scientific findings on physical, cognitive and socio-emotional development of prenatates and newborns will be discussed in detail.

RECENT RESEARCH ON SOCIO-EMOTIONAL, PHYSICAL AND COGNITIVE DEVELOPMENT OF PRENATES AND NEWBORNS

Babies were described as sometimes adorable but incapable, prehuman, dull, and senseless. Current research seems to indicate *that they have been and are being treated traumatically* given how aware and sensitive prenatates and newborns have been found to be.

Twentieth-century science has held that an infant cries were only random sounds, their smiles only gas, and their expressions of pain simply reflexes (Chamberlain, 2000).

Misinformation about prenatates and newborns abounds. New scientific information now proves that what we have traditionally believed about babies and prenatates is false (Chamberlain, 2000). Prenatates and newborn babies have all their senses and make use of them just as the rest of us do. Outlined below is the latest research on prenatates' and newborns sense of taste, hearing, learning abilities, socio-emotional development, brain and physical development.

BRAIN AND PHYSICAL DEVELOPMENT

A common myth about the brain was that it was not complete, until the last part was finished. David Chamberlain, author of *The Mind of Your Newborn Baby* calls this the assembly-line brain myth. Scientists felt that if the "advanced" parts of the brain were not developed, there could be no meaningful experiences so memory and learning was not possible

(Chamberlain, 2000). Chamberlain explains that long before the completion of the cerebral cortex, complex systems are already functioning in the pre-nate.

Recent investigations show that babies do a lot of thinking, even though they don't have language (Chamberlain, 2000). Newborns have demonstrated that they prefer the same story read to them in utero than one they haven't heard before (Santock, 2000). In addition, if newborns are read a story backward in nonsense language, newborns will stop listening (Chamberlain, 2000). When newborns are pricked with a needle to take blood they push away the needle with the other foot; pre-nates even bat away the needle when amniotic fluid is being taken. These are indications of intelligence, according to Chamberlain (Chamberlain, 2000).

The cerebral cortex of pre-borns have been the subject of intense investigation. Its maturity was judged by the presence of dendrites and dendrite spines, the nerve branches that receive information from all over the body (Chamberlain, 2000). Using recent technological techniques, researchers found dendrite spines and dendrites in place between twenty and twenty-eight weeks of pregnancy. These structures continue to expand in number and complexity even after birth (Chamberlain, 2000).

Further proof of the newborn's cortex is from measuring brain waves that show visual, hearing, and touch sensitivities no later than the end of the seventh month (Chamberlain, 2000).

However, signs of intelligence have been found much earlier. Understanding the brain and its relationship to the body is still a new science and more needs to be understood.

Australian neurosurgeon Richard Bergland said the brain is a giant gland (the wet brain) and produces hormones, contains receptors for hormones produced elsewhere in the body and is bathed in hormones and has hormones running up and down the fibers of individual nerves (Chamberlain, 2000). This changes all current knowledge of when the brain starts working. The fluid brain concept states that the vital parts of the body's intelligence system lie outside the head (Chamberlain, 2000). The communication network functions with the assistance of radioactive molecules that assist particular hormones to fit particular receptors like keys fit locks (Chamberlain, 2000).

The National Institute of Mental Health, Candace Pert, and colleagues, mapped the receptor sites for fifty or more neuropeptides, the amino acid compounds produced directly by nerve cells (Chamberlain, 2000). These fluids have information and function as they move back and forth

throughout the body. Other molecular messengers between brain and body move through nerve conduits (Chamberlain, 2000).

Because Pert knows the actual places in the brain and body where particular messengers travel, she can clearly explain that neuropeptides link: the nervous system (brain, spinal cord, and senses); the endocrine system (hormones); and the immune system (spleen, bone marrow, lymph nodes, and the other special cells that fight disease) (Chamberlain, 2000).

Pert said that this means that he can't separate the brain from the body (Chamberlain, 2000). This pioneering work has shifted attention from nerve synapses as the critical junction for information processing to receptor sites throughout the preborns body and brain where information is received from neuropeptides. Pleasurable beta-endorphins, manufactured mainly in the pituitary gland, are found in the bloodstream starting in the seventh week of pregnancy. By the twelfth week, pituitary processing of these substances is similar to that found in adults (Chamberlain, 2000).

Most significant for the question of awareness in the preborn is the discovery of thick clusters of neuropeptide receptors in the brainstem – so many, in fact, that Pert believes this makes the brainstem part of the limbic system, the portion of the brain primarily involved in emotion and memory. Since the brainstem is one of the earliest parts of the brain to grow, this discovery forms a new basis for memory in the first trimester of pregnancy (Chamberlain, 2000).

GROWTH

Three-weeks after conception the basic parts of the spinal cord and brain begin to appear. By the twelfth week they are in place. The top end of the spinal cord becomes the brainstem. The lower portion of the brain grows rapidly the first seven weeks and the midbrain and forebrain begin expanding. There are 20 to 200 billion brain cells in a prelate (Chamberlain, 2000).

Three months after conception, eyes and ears move into proper position and the skeleton is clearly defined. Thumb sucking may commence and the lungs begin to be formed.

At four months – prelates are five to six inches long and have a fully formed mouth and lips and breathe amniotic fluid in and out of the mouth (Chamberlain, 2000). This liquid breathing will

speed up or down as nicotine, caffeine, alcohol or other drugs are used. Breath is one of the first behaviors to be influenced by the mother's lifestyle (Chamberlain, 2000).

Over the next three months the baby becomes heavier, and a padding of fat develops in the eighth month. In the last months, the mother's body is pumping the baby full of antibodies, the disease-fighting proteins the mother has built up over the years (Chamberlain, 2000). At forty weeks, there is clearer waking and sleeping rhythms and a definite **At around fourteenth weeks**, the pre-born sends a hormone signal that initiates the end of the cry can sometimes be heard. Brain waves indicate more organization, steadier activity and more left and right brain coordination, (Chamberlain, 2000). pregnancy.

This deeper understanding of conscious awareness in the preborn should make doctors, therapists and parents change how preborns are treated both before and after birth.

PRENATAL AND BIRTH MEMORY, AND LEARNING

Learning and memory are interlocked: learning depends on memory and learning is evidence of memory. The documentation of learning and memory months before birth is surprising. Twins can be seen developing certain gestures and habits at twenty weeks gestation that persist into their postnatal years.

Young children recall their prenatal and birth experiences even before they are able to articulate them with language but draw pictures and act out scenes using pantomime (Chamberlain 2002).

One clear example of prenatal and newborn capability to learn is explained in an article entitled, "Prenatal Memory and Learning," (Chamberlain 2002).

In a famous experiment by Anthony DeCasper and colleagues at the University of North Carolina, Greensboro, mothers read the Dr. Seuss story, 'The Cat In the Hat', at regular intervals before birth. At birth, babies were hooked up to recordings which they could select by sucking on a non-nutritive nipple. After a few trials, babies clearly sucked at whatever speed was necessary to obtain their mother's voice reading **The Cat in the Hat** (Chamberlain, 2002).

Parents interested in prenatal communication have taught their prenatates the “kick game,” (Chamberlain, 2002). When the baby would kick the mother would touch the abdomen and say, “Kick, baby kick!” When the baby kicked the mother would move and place her hand on a different location and say “kick” again. Babies soon learned the game and kicked on command (Chamberlain, 20002).

Other examples of learning in utero are illustrated by a famous pianist whose mother played a particular song during her pregnancy. Years later her talented son, never hearing the music after birth, was able to remember and play the same song without needing the music (Chamberlain, 2000).

French mothers repeated a children’s rhyme each day from week 33 to week 37 of gestation. Later they showed learning and memory of the rhymes as opposed to similar rhymes they had not heard (Chamberlain, 20002).

Babies are even learning their native language before birth. French babies prefer to watch people speaking French while Russian babies prefer to watch people speaking Russian (Chamberlain, 20002).

Learning expert Lewis Lipsitt of Brown University said that the newborn is, “about as competent a learning organism as he can become,” (Chamberlain, 2002). Newborns will even quit working on experimental tasks in the psychology lab if they are too simple or repetitive. “Once babies have mastered a particular task, they lose interest and withdraw attention until something new is introduced,” explained Chamberlain.

LANGUAGE AND COMMUNICATION

Newborns communicate with their whole body. A study was done that analyzed a newborn’s hand signals. The researchers could determine which adult or favorite toy the newborn was looking at by his hand movements and position (Chamberlain, 2000).

Newborns are born ready for “intimate dialogue,” (Chamberlain, 2000). They can’t hold and move objects but studies indicate that they can copy facial gestures immediately, practice language, and are emotionally available and sophisticated. They are “born ready for social functions” even before they are ready to manipulate objects (Chamberlain, 2000). Some researchers and professionals believe that a revision of priorities is needed so we are more open

to relate to newborns and prenatals socially as their physical abilities are catching up (Chamberlain, 2000).

Babies can learn their mother's emotional state. Experiments in Australia revealed that unborn babies were participating in the emotional upset of their mothers watching a disturbing 20-minute segment of a Hollywood movie (Chamberlain, 2002). When briefly re-exposed to this film up to three months after birth, they still showed recognition of the earlier experience. Studies of a thousand babies whose mothers had experienced various degrees of depression during pregnancy, themselves displayed depression at birth and in proportion to the depression scores of their mothers (Chamberlain, 2002).

Chamberlain notes that the important message of these findings is that memory and learning seem to be a natural part of being human, including the first nine months in the womb (Chamberlain, 2002).

Researchers previously said that pre-birth memories were not possible because the myelination of nerve tracks was not complete at birth and therefore signals could not flow properly. However, research shows that myelination of nerve tracks begins at only a few weeks after conception, but is not completed until adolescence. "It is no measure of what a baby's brain can do," (Chamberlain, 2000).

In 1975 Frank Lake, an English psychiatrist and theologian found that prenatal memories stemmed from viral cells, that viruses were primitive prenatal cells that formed during trauma and carried traumatic memories (Emerson, 1996). He consistently referred to prenatal memories in terms of cellular memories. Over the last five years, there has been a considerable amount of research done in cellular biology, all of it supporting the theory that memories can be encoded in cells (Emerson, 1996).

They are capable of integrating complex information from many sources and, with a little help from their friends, begin regulating themselves and their environment (Chamberlain, 2000).

DREAMS AND BRAINWAVES

Looking at infants' brainwaves, they dream more than adults and demonstrate facial expressions equal to adults. How could they possibly dream if they also couldn't think (Chamberlain, 2000)?

TASTE

Sense of taste begins functioning around fourteen weeks and begins to appear at eight weeks. Studies show that prenatals begin swallowing by twelve weeks and are having taste experiences for about twenty-five weeks BEFORE birth (Chamberlain, 2000). Studies using radioactive tracers show prenatals drinking from 15 to 40 milliliters of amniotic fluid per hour in the third trimester. When a bitter-tasting substance is injected into the amniotic fluid, babies suddenly stop drinking it and conversely if a sweet fluid is injected they increase their intake (Chamberlain, 2000).

A different study demonstrated that newborns give distinct facial patterns for sweet, sour and bitter. They were photographed when given these substances and a panel of independent observers consistently picked out which substance had been given to the newborn (Chamberlain, 2000).

HEARING

Signs of ear development begin as early as a week after conception. Halfway through pregnancy ear development is advanced such as nerve myelin insulation and physical development (Chamberlain, 2000). It is believed that babies can actually hear as early as the eighteenth week. Many mothers have stories of their babies moving to music before they are born. One pregnant mother explained how her baby kicked so hard during a rock concert that he broke her rib (Chamberlain, 2000).

Some researchers believe that babies actually are not only hearing but learning speech and practicing the fine neuromuscular movements of the vocal tract that are used in crying and vocalizing after birth (Chamberlain, 2000). Cryprints of premature infants five months old weighing only 900 grams matched the patterns of their mothers (Chamberlain, 2000).

Prenatals with normal hearing react to tones beamed to them in the womb; those found to be deaf at birth do not respond to these tones in utero. Prenatals may become sound deprived in the womb if their mothers are mute, deaf, or quiet and withdrawn. At birth these babies cry strangely or not at all, revealing that they missed out on their speech lessons (Chamberlain, 2000).

TOUCH

In the United States, proof of sensitivity within prenatals began in 1932 at the University of Pittsburgh. Stroking the baby's cheeks with a fine hair produces consistent reactions indicating that tactile sensitivity has already been established.

At 10 weeks, stroking of genitals reproduces a response; palms, arms and legs at 11 weeks; the soles of the feet at 12 weeks; and virtually all parts of the body at 17 weeks. Many researchers in this field believe that we are tardy in recognizing the potential negative effects of traumatic life in the womb on both the body and the mind (Chamberlain, 2000). Tactile sensitivity connotes a somatic intelligence we are just beginning to understand. If somatic intelligence begins at just 17 weeks, the implications of how we relate to prenatals and newborns would warrant a dramatic shift from current practices. Somatic intelligence can be defined as the ability to store memory at the physical level and later reconnect with that part of the body to recall the memory and heal any trauma held in place. Peter Levine, author of *Waking the Tiger*, calls the process of healing that trauma by using the "felt sense" Somatic Experiencing (Levine 1997).

EXERCISE

Dutch and South African scientists say that exercise is extensive and is evidence of brain-body integration and possibly somatic intelligence (Chamberlain, 2000). The feet's ability to flex and extend begins between ten and twelve weeks. Prenatals can roll from side to side, wave arms and move their torso and head.

SMELL

During gestation, all the structures are set in place that will enable the newborn to use the sense of smell as well as any adult (Chamberlain, 2000).

VISUAL

Only twenty years ago, a medical textbook said that newborns' vision was only sensitive to light changes, today we know that they are ready to use their eyes at birth (Chamberlain, 2000).

ENERGETICS

Just as a human has emotional and physical structures, humans also have a multi-dimensional bio-energetic system that provides the map for the structure of the physical and emotional systems.

The structure of the human energy field (HEF) begins just before conception by the means of energetic cords that connect the conceived child to his or her parents (Brennan, 1988).

When a child is born, his or her energetic system has not been completely formed just as her physical and emotional systems have not been fully formed. His chakras (energy vortexes that bring in energy to the system) don't have protective screens that filter energy entering the child's HEF (Brennan, 1988). Without the protective screens, a child is more vulnerable and the energy field of the mother or father or guardian serves as a protective shield. Just as an air filter filters out impurities in the air, energetic screens can filter impurities from entering the child's HEF.

Without the protective shield of a parent or guardian, a child is submerged in the Universal Energy Field (UEF), alone and unprotected. Recent medical practices to place a child on the mother immediately after birth and to keep the newborn with the mother provides valuable security and comfort for the newborn (Davis-Floyd, Dumit, 1998).

In the uterus, a pre-nate is like a goldfish in a goldfish bowl. The child knows nothing outside the bowl. His or her identity is defined by what is in the bowl. Upon birth, the mother's energy field serves as the protective bowl. If the child is taken from a mother or is absent from a primary caretaker for long periods of time (for instance in the case of medical necessity), the newborn's experience can become traumatic. It is like that of an infant goldfish being placed in a vast unknown and frightening ocean. His or her energy field shatters in terror, shock and trauma (White Buffalo, 2001).

As this child matures to adulthood, if he (she) does not heal this pattern of trauma and/or if the trauma is reinforced in life experience, he will develop energetic and emotional defenses to protect himself (Rand, 1991). These defenses can result in limiting: healthy relational contact, connection to their physical body, and contact with their true self or true undefended essence. They often hold the unconscious feelings – if I exist fully, I will die or the world is unsafe (Brennan, 1993). A feeling of being overwhelmed is common, depression may become chronic, and physical sickness may occur.

TRAUMA AND THE SENSE OF SELF

Many researchers and therapists believe that the development of a person's identity is patterned by their first conscious experiences. They believe these experiences begin in utero. Unhealthy imprints develop a false identity. This false sense of themselves can continue into adulthood, especially if the in utero experience is

traumatic. If life experience after birth mirrors or reinforces the trauma experienced in utero, significant chronic symptoms can diminish positive life expression and experiences.

Researchers Jon Turner and Troya Turner believe that not only do children inherit the genetic coding of their parents, they also inherit non-conscious emotional reaction patterns during their nine months in utero, birth and post birth circumstances (Turner, 1993). The Turners developed a therapeutic method called "Whole-Self Development" to reclaim injuries to the self as a result of trauma patterns established before, during and shortly after birth. Their method assists clients in re-experiencing 22 specific moments in the gestation and birth process.

Their patients discovered that they were not guilty; they had done nothing wrong (Turner, 1993). They were able to recognize that the unresolved, nonproductive and diminishing emotional patterns they were experiencing were synthesized from the patterns of their parents during the period of gestation (Turner, 1993). Turner explains this by saying, "In other words, they discovered that not only do we synthesize the genetic coding of our parents but their emotional DNA as well," (Turner, 1993).

This very well can help explain why it is so hard for children to differentiate from their parents and it can provide the foundation for explaining why there are multi-generational trends in families' emotional patterns. (Nichols, Schwartz 2000).

Turner believes that just as the body is gestating, so too are emotions being developed and practiced and the baby can feel the full range of emotions at birth (Turner, 1993).

Traumatic events exact a toll on the body as well as the mind, even if the trauma was not direct bodily harm (Chamberlain, 2000). Using the body itself as a source to recall and repattern trauma is a phenomenon called somatic memory (Van Der Kolk, 1994).

William Emerson, leading researcher and therapists of birth and prenatal trauma uses the principals of somatic memory repatterning to help clients recover from prenatal and birth trauma. The following is an excerpt from an article Emerson wrote for Pre & Perinatal Psychology Journal,

I recall a recent train trip, where an expectant mother sat in a smoking car filled with boisterous and noisy

people. I asked her whether she had any concern for her unborn baby, and whether she thought the smoke or noise would be bothersome to her unborn child. Her reply was, "Well, of course not, my dear. They are not very intelligent or awake yet." Nothing could be further from the truth. Theory and research from the last 20 years indicates that prenatal experiences can be remembered, and have lifelong impact (Emerson, 1996).

Emerson believes that prenatal traumatization of the sense of self has long-term effects especially when followed by "reinforcing conditions or interactional trauma," (Emerson, 2000).

He believes prenatal traumas provide "tinctures" for later experiences because life experiences are perceived in terms of unresolved traumas (Emerson, 2000). For instance, if a baby is stuck during birth, the baby is likely to perceive later events as entrapping, or to unconsciously create life situations where they feel trapped.

Marjory Rand, co-founder of Integrative Body Psychotherapy (IBP), a psychotherapy program designed to heal prenatal and birth trauma. She explains that IBP is based upon three propositions: (a) each child brings a unique essence of self into the world; (b) a child's developing sense of self-in-the-world is formed within the context of primary relationships; (c) this process begins well before the development of cognitive and intellectual capacities (Rand, 1991). Because this means that healing, growth and change may not occur until these deeper issues are addressed, it is imperative to return to the original imprint in order to understand, heal and reconnect with the essential self. Rand explains, "The evidence firmly suggests that the original imprint is to be found within the prenatal period of development," (Rand, 1991).

According to Rand, if people cut off from feeling their emotions because of prenatal and newborn trauma, they end up living in their heads (the mental) and live their life according to the perceived needs of others and thereby close off from the nutritional and expressive needs of the self (Rand, 1991). In IBP they call this tendency agency (Rand, 1991). Agency in some ways is similar to care taking and/or co-dependency. Along with the emergence of agency, each individual also develops his or her own defensive character style which keeps the child, and later the adult, separated from the body (Rand, 1991). Because these patterns are

established long before cognitive or intellectual processes develop they are not amenable to change through talk or insight (Rand, 1991). They are literally locked into the body and held at a cellular level. Many researchers believe that birth and prenatal work is the way to release these “pathological ways of surviving” (Rand, 1991).

Both Rand and Emerson believe work with newborns and young children that have suffered traumatic prenatal and birth experiences is very effective and vital. “It is possible to work with trauma patterns before they become set in rigid defense systems,” (Rand, 1991).

A group of European psychologists led by R.D. Laing and Frank Lake presented a paper at the APPPAH Congress stating that prenatal memories are the most influential because they are the first. Lang wrote a book that states that life begins with, “one cell of me,” (Emerson, 1996).

What happens to the first one or two of me may be reverberated throughout all subsequent generations of our first cellular parents. That first one of us carries all my genetic memories. It seems to me credible, at least, that all our experience in our life cycle, from one cell, is absorbed and stored from the beginning, perhaps especially in the beginning....How can one cell generate billions of cells I now am? We are impossible, but for the fact that we are (Emerson, 1996).

BIRTH EXPERIENCES AND IN UTERO

In the book *Voices from the Womb*, Michael Gabriel, documented pre-birth experiences of adults under hypnosis.

My work has convinced me that our awareness begins much further back than psychologists had once believed (Gabriel, 1992).

Although prenatals don't have the power of speech, they are able to feel the emotions of our parents, siblings and others. They sense biological events in the mother's body and react to these feelings and events (Gabriel, 1992).

Secrets can't even be kept from the prenatals. Kelly had felt all her life that her mother kept a secret from her. She felt that her mother had been married before Kelly was born but that something tragic happened to her mother's first marriage. She felt that her mother and father were emotionally distant because of the previous marriage. Kelly was a grown woman before she decided to see if

this feeling was true. She wasn't comfortable asking her mother so she relayed her feelings to her older brother. He explained that her mother had been married before but that her first husband died just months before Kelly was conceived. Her mother later confessed to Kelly that she never did get over the love for her first husband and couldn't ever fully accept her new husband (Gabriel, 1992).

Out of 10 interviews with mother and child pairs, accounts of the child's prenatal and birthing experiences were extremely accurate down to the medical procedures used and the emotions felt by the mother (Chamberlain, 2000). For instance, in pair one, Mother reported that her daughter was born very fast and that they had to cut the cord off her neck. Her daughter stated that she was moving fast and they took something off her neck (Chamberlain, 2000).

In *From Fetus to Child*, by Alessandra Piontelli, she cites many cases of prenatal awareness. One twin was actively aggressive, the other submissive. Whenever the dominant twin was pushing or hitting, the submissive twin withdrew and placed his head on the placenta, appearing to rest there. In life, when these twins were four, they had the same relationship. Whenever there was fighting or tension between the pair, the passive twin would go to his room and put his head on his pillow. He also carried a pillow and used it as his security blanket, resting whenever his twin became aggressive (Emerson, 1996). Emerson states that this is only one of many case examples that demonstrates that prenatals are conscious beings and that behaviors in utero are also likely to carry over into later life (Emerson, 1996).

This next case examples demonstrate that prenatals experience what mothers experience. A woman's father died just prior to the conception of her child. She spent the whole nine months feeling depressed and grieving the loss of her father. As a child, her baby was periodically depressed and medical personnel could find no physiological or psychological basis for the depression (Emerson, 1996). The child would draw pictures of old and dying men in caves. After drawing, he would feel better for a while, but the depression would return. He was not conscious of any connection between his drawings and his grandfather's death. The depression became chronic. His pictures sometimes depicted a little girl searching for dying men (Emerson, 1996).

In another similar case example, a mother was pregnant but the baby died when it was born (Martha Derbershire, 2002). Three months later, while the mother was still deep in grief over the loss of

her baby, she became pregnant. The baby was born healthy but at four years of age was chronically depressed. The depression progressed and at the age of 17 he had been in and out of hospitals and was enrolled in a special school because of his psychotic episodes and his suicide attempts. He kept dreaming of a baby in a boat with his mom and dad but the baby falls out of the boat. A therapist worked with this child and explained the connection and soon the dream changed. The baby stayed in the boat and sailed home safely. His psychotic episodes ended and he was able to hold a part-time job (Martha Derbershire, 2002).

In this last case example, a mother was single and had little financial security; she tried several times to abort the fetus with a hooked or curved end of a coat hanger (Emerson, 1996). As a child, he was beaten periodically by his mother's boyfriend and he was periodically sadistic and self-destructive. His attempts resembled the attempts of his mother to abort him. He gouged his private parts with sharp metal objects – his favorite was a fishing hook. He became violent to others as well. He usually assaulted his victims when they were sleeping, by using heavy braided wire with a wire hook welded on the end (Emerson, 1996).

Although this author believes that further research and documentation might be needed to substantiate these case studies, it is clear that prenatals are much more aware than previously thought and prenatals, newborns, professionals and parents could benefit from this understanding.

CONCLUSION

So, do all our collective traumas in life, our ill choices, our disruptive flows all stem from a difficult journey in utero waters? Maybe, just maybe they have. This research revolutionizes the definition of parent so it begins at conception instead of after birth.

An adult is more equipped to heal traumatic experiences that happen to him, whereas a prenatal or newborn does not have the resources to repattern trauma. When prenatals come to adulthood and they find themselves depressed or in uncomfortable life cycles, they may not even remember the trauma that feeds the cycle. Owning that prenatal and birth trauma can exist could be a vital first step. This means doctors, therapist, professionals and mothers must first be willing to look at the new evidence and let go of old myths. Understanding how the brain and body processes is key. It is also important to understand how it can perpetuate traumatic events.

If this recent discovery is true – it might be interesting to consider what will our children’s children discover about the journey within the womb – and when it actually begins?

The history of man for nine months preceding his birth would, probably be far more interesting, and contain events of greater moment, than all the threescores and ten years that follow it.

Samuel Taylor Coleridge, 1840.

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