

Prebirth Memory Therapy

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Abstract

This paper focuses on the psychological aspects of prebirth and perinatal memories encoded for full term and premature infants and activated as possible pathology during adult life. It presents a brief recapitulation of the basic hypothesis that not only do human beings inherit the genetic coding of their mother and father, but also the mental and emotional states of their parents in the form of non-conscious emotional reaction patterns from the nine months of gestation including the continuum of the birth itself as well as adjacent perinatal circumstances. The anxiety and stress of full-term and especially the premature onset of labor for the mother; as well as the heightened emotional levels involved in the delivery by the midwife or delivery team contribute to the emotional reservoir from which the baby draws and continues reacting with during its growth and development through life.

The key Whole-Self method by which the data is elicited from the patient is through the Prebirth Analysis Matrix (PAM). The PAM is a conscious re-experiencing of 22 specific moments during the prenatal and perinatal period, including crib or incubator. Each point is related to specific mental, emotional and physical reactions which are recognized and integratable. A case history is presented illustrating the hypothesis. Reference is made to Neonatal Intensive Care Units and the research of Dr. Ruth Rice.

At a conference of Waldorf Teachers in London in 1920, its founder, Rudolf Steiner, declared that

Up to the age of seven . . . The child is wholly a sense organ, and reacts to all impressions aroused in him by the people around him. Therefore the essential thing is not to imag-

Presented at the International Society for Prenatal and Perinatal Psychology and Medicine Pre-Congress Symposium: Premature Deliveries and Children, Cracow, Poland, February 1st–2nd 1991, in joint session with the Polish Psychological Society

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ine that the child can learn what is good or bad . . . but to know that everything that is done in his presence is transformed in his childish organism into spirit, soul and body¹.

Although I am not a student of Rudolf Steiner this quote has profound impact upon me because it resonates with the Whole-Self hypothesis²; see Chapter 27 of *Prenatal and Perinatal Psychology and Medicine*. [Editors: Fedor-Freybergh and Vogel, Parthenon 1988]. In the Whole-Self model of consciousness, Steiner's statement can be extended to include the nine months before birth. This extension is possible because the prenatal and perinatal period is also encoding patterns which are developing the childish organism into spirit, mind and body; that is the emotional, mental and physical aspects of the child which evolve as individuated adult human consciousness and personhood.

The hypothesis connected with this model is that each child is the synthesis not only of the genetic coding of his or her mother and father but of the mental and emotional states of his or her parents from the nine months of gestation. These include all the emotional patterns which are being consciously and non-consciously encoded through the mother as an educative system which is developing the emotional body of the child. In other words, whatever the mother, and father through the mother, are experiencing become part of the emotional repertoire of the baby. As the child's body is gestating so that at birth it can function independently, so too, the emotions are being developed and practiced so that at birth there is a considerable menu of emotions which the baby can feel. These feelings may not be able to be expressed in words by the new born, but that does not prove that they are not being felt. In 1990, I attended a meeting of the Forum on Maternity and the New Born at the Royal Society of Medicine in London³. We were shown video tapes of three-day-old infants expressing obvious emotions interacting with their mothers. Ideally – as Professor Fedor-Freybergh has pointed out – this is an extension of the mother and child dialogue begun during pregnancy. These emotional reactions not only are experienced by very young infants, but can also be remembered through various methods of prebirth memory therapies. The Whole-Self format is called the Prebirth Analysis Matrix or PAM.

It may be appropriate at this point to address first the question as to whether it is possible for infants to be aware of the intrapsychical and interpersonal activities taking place in the prenatal and perinatal periods of development. Mr. David Boadella of the London Centre for Biosynthesis shared in a round table discussion in which I participated at the VIII. Congress of the European Association for Humanistic Psychology at the University of Zurich⁴. Boadella acknowledged that in the field of prenatal and perinatal research there is a significant problem because of our inability to elicit verbal testimony. This is because we are dealing with a nonverbal or preverbal period of infant development. The important point in his remarks was that there is a nonverbal language in the body which can be recovered and expressed. Certainly, through the PAM over ten thousand people have meaningfully experienced and verbalized a significant source of lifelong feelings and emotional patterns.

In their paper *The Paternal Alliance During the Processes of Preparation for Welcoming a Child in Case of Premature Delivery*⁵, I. Bleton and M. Sednaoui-Mirza

offered an overview of the literature regarding the emotional psychic influences of the mother and father which might influence delivery, specifically premature births. They studied the role of the father from before conception of the child and its possible influence on prematurity. Stated succinctly, they hypothesize that the unresolved psychic positions of both the mother and the father toward their parents as well as with each other may be factors resulting in truncated or shortened pregnancy.

If studies show that pathology can be the result of intrapsychical and interpersonal activities of the parents, the Whole-Self hypothesis can logically hold that all of the parent's feelings, pathology generating or benign, during pregnancy could be the source of the developing child's emotional capacities. They constitute the body of the parent child dialogue referred to earlier.

Whole-Self work is basically an holistic, transpersonal psychology therapy. It recognizes that there are aspects of each person which function beyond just rational empirical evidence. The result is often far more effective and meaningful because it explores not just the mind but the interconnectedness of all parts of the person: the physical, mental, emotional and spiritual – the Whole-Self.

An Experiment

I mentioned the case of recovering data from this non-verbal prenatal and perinatal period. Perhaps you would like to try an experiment yourself. For this experience please put aside any preconceived (excuse the pun) ideas. That is if you have thought about the answers to the several questions and have already made up your mind what the answers are, please, allow, in this new experience, whatever information comes to you. Please, do not try to remember the information. People can have difficulty getting the answers to these questions by spending the whole time it will take to do it, trying to remember and then convincing themselves that they cannot remember. I will not be working through your personality. I will be working through what I like to call your Whole-Self. The Whole-Self is the part of you which knows everything your consciousness has ever experienced consciously and non-consciously. I will be asking your Whole-Self to let you experience the answer to the question. When I say "let you experience", some people hear words that describe the feelings; some people see written words like on a sheet of paper or television screen; most people actually feel the answer in their own body, infant-like, and then use words to describe those feelings. Others, however, will just know the answer. It can be productive to write down the answers you get for later exploration. After each question is read, close your eyes and pause to let yourself experience the answer. For the first intuitive reaction is the answer please do not try to get an answer – just allow an answer to come to you without thinking. Sometimes, having no feeling at all is also an answer. In case you get an answer which feels uncomfortable please do not change it until you have explored it. Before you begin, please close your eyes for a moment and try to become aware of how you feel. This can be done most easily by watching yourself breathing slowly in and out several times.

Here is the setting:

I would like your Whole-Self to take you back to the time after your birth when you are in a crib or, if premature, in an incubator.

Here is the first question:

I would like your Whole-Self to let you experience the emotional feelings you are feeling as this newborn infant in the crib or incubator.

As you feel those feelings, are those familiar feelings in your life? Yes or No?

Here is the next question:

As this newborn infant, I would like your Whole-Self to let you experience what are your emotional needs - not your physical needs, but your emotional needs.

Are those still your emotional needs today? Yes or No?

Thank your Whole-Self for having given you those answers.

In the PAM when we ask people to focus on the feelings which they were experiencing in the crib or in the incubator there are several words which almost everyone mentions: cold, alone, isolated, abandoned, rejected, shock, helpless, hopeless and powerless. People who are very mental at the expense of the emotions make conclusions such as "I'm out of control!", "No one loves me!" and "Mother abandoned me!"

We find that when people are in circumstances where they are feeling feelings which they do not like feeling, they naturally oppose, resist, deny or suppress those feelings. At the same moment, those resisting people make non-conscious judgments against themselves. The most frequently mentioned self-judgment words are:

unlovable, unworthy, worthless, unacceptable, unsupportable, not good enough, inferior, inappropriate, bad, terrible, horrible, despicable, dumb, stupid, inept, incapable, incompetent, incomplete, helpless, hopeless, powerless.

Case History

S. (woman, 49 years old) has experienced medical pathology in nearly every part of her body except her spleen. She survived a cancer of the pancreas 25 years ago and is overcoming a recurrence.

"In the crib I feel alone – so very alone!

I feel very wrong! I should be with my mother!"

Background: This woman had been conceived following a 7 year very sexually charged and passionate relationship between her father and his mistress. At the moment the pregnancy was discovered her mother was "enormously happy" and her father very proud of what he had done. Later his wife forced him to close off emotional support to the child's mother during the pregnancy. This trauma created a deep depression which triggered three attempted suicides during the pregnancy. Additionally, the wife of the father actually tried to murder her. Dur-

ing the PAM-session the woman came into touch with much deeper levels of her origins.

“My father is feeling ‘enormously intoxicated’ when he makes love to my mother.”

Note: S. was an alcoholic between 20 and 35 years of age.

“Father is desperate to be one with her. Mother is feeling a lot of anxiety and a lot of manic desperate joy. She has also a deep, deep sadness and fear of abandonment inside her.”

During the pregnancy a meeting of the wife and the mother has the tensions and drama of a Verdi opera. S. continues:

“Mother knows that his wife is coming to see her. She is feeling so scared and at the same time angry and defensive. She is like a lioness on the point of running away but will stand and defend herself. The wife comes in and accuses mother of nasty things. Mother can’t breathe – she feels scared. She is confused as to whether to feel guilty about the accusation. She is tossed in confusion but is determined to have the baby. She judges herself unworthy, worthless, unacceptable, unsupportable, bad, terrible, horrible, despicable and helpless, hopeless and powerless. She wants to die but she wants the baby.”

Now S. discovers why the wife hates her mother so:

“The wife’s consciousness is awful! Really awful! So much hate! It is scaring! So awful! Darkness! Darkness! Suffocating! She feels jealous and humiliated!”

Her mother is feeling shame (Wermser) because the whole country knows of the notorious affair which produced this illegitimate baby!

“Mother took away her husband whom she loves! She really hates us and really wants to kill!”

Then the real reason for the wife’s hate emerges:

“She wants to be in control of the family! No one who is outside of her control will carry that family name! Mother is being hit on the head! She is completely taken aback! Her heart stops! She is falling to the floor all in a shock!”

Not only is the shame and humiliation locked into S. but the fear that women are dangerous. They can kill. The trauma narrative intensifies:

“Later mother is alone in her apartment. Father is visiting her one night. He is apologizing to mother for his wife’s behavior. His wife also threatens him “If you see her (my mother) or the baby you will never be able to see our children again!” Everything stops for mother! She is not afraid but she does not want to breathe! *Nothing matters! It is a very familiar feeling for me! Specifically, everything stops! Like being dead! But what is alive is in such pain that that alive part is the part she wants to kill because it hurts so much!* She is swallowing a lot of pills to kill herself! *It is a very strange feeling! I want to be killed too! I am very disappointed that we are saved! I feel very egoistical not about mother but about my own feelings! Now, I feel nausea!*”

As the first contractions strikes:

“Mother screams in fear and panic: “I won’t be able to make it!” She feels helpless, hopeless and powerless! Extreme pain for her! Mother is suffocating and cannot breathe! She is writhing and screaming!”

Then an astounding insight!

“Just before I draw in the first breath my whole life flashes in front of me like an instant replay!” “I’m not going in there!”

She screams:

“I get very, very stubborn! I do not want to be born! The pain is mother’s! All the fear, terror, panic, abandonment, etc. are hers! I resist for two days. I refuse to come out! *After two days mother is dead! I remember looking down at her! I feel that this will go on forever – that she will just keep on dying over and over! It is so horrible, I do not want to see it!*”

She realizes she has killed her mother.

“The adrenaline shots work! She starts breathing. The delivery starts again! I see her there on the table! Everyone is rushing around mother! No one is paying any attention to me! I’m afraid! Mother is not paying any attention to me!”

I ask S.:

“What does a person get when she is suffering a medical crisis?”

S. responds:

“A lot of attention!!!”

Now S. has understood her prenatal and perinatal inheritance and her constant medical crises not just on a mental level but also on the deepest level of her body, mind, emotions and spirit and can begin the healing process.

There is one other area I would like to touch briefly. I’m talking about the Neonatal Intensive Care Unit (NICU) and the treatment of premature babies. I recommend to see Chapter 18 in: *Prenatal Attachment. The Perinatal Continuum and the Psychological Side of Neonatal Intensive Care* by W. Ernest Fraud as well as chapter 19 in: *Psychological Aspects of Prematurity and of Neonatal Intensive Care: A working-report* by Helen Bender in: *Prenatal and Perinatal Psychology and Medicine* referred to earlier⁶.

I also would like to mention the research work of Dr. Ruth Rice of Dallas, Texas, USA. At the 9th ISPPM Congress in Jerusalem, Israel, Dr. Rice reported her studies concerning teenagers who had been in incubators after they were born⁷. More than 50% had marked or severe emotional psychological pathology based in her view on the inordinate abuse inflicted on premature infants in NICUs. Studies showed that infants in such circumstances experience invasions of needle pricks, intrusions into body openings, general intense pain causing interruption of needed sleep about 100 times every 24 hours by medical staff. High levels of continuous noise from equipment and intense light create additional abuse. Being touched often triggered medical crisis. Dr. Rice proved it was not the touching which caused the crisis but the associations with human hands generating pain. Such pervasive unrelenting pain induces a state of helplessness, hopelessness and powerlessness in which the infant gives up. When incubation lasts for many months bonding with parents becomes impossible. Fortunately,

we can observe an increasing awareness of the benefits of the kangaroo method of breast feeding by mothers in NICUs.

Although there is much which needs to be reconsidered in the conduct towards infants in NICUs, I would like to conclude this paper on a more enhancing note, with a letter from a woman born two months premature, who experienced the PAM Prebirth Memory Therapy. She entitled it:

Back to the incubator

“I’m terribly lonely and most of all feel fear! My hands are wet and I can hardly breathe. There is fear I will die if the incubator is not there. I cannot live alone, I think: The fear of living! My breathing goes faster and faster high in the chest. I am seized with panic! I will die! I am imprisoned!

During the course of my PAM the negative circle got broken. First of all I was advised by you to breathe slowly and bring my breath down low into my belly and to realize that I am here – alive! I completely realize that I did it! I am alive – so I’m strong enough! I knew and I know that I can make it alone (stand on my own feet)!

I also see that it comes out of this prebirth period why I have not been able to stand glaring light and much noise. The loneliness, the sorrow, the fear of living, the fear of dying, the lack of interest in life and other people that I was born with was underlined by the incubator and during my life it seems to have become stronger. In the PAM, when I recognized the reasons and purpose for my life and took responsibility for my own life, my life became interesting and full of sense and friendship. Now I experience the joy of living.

I believe now that it was this very loneliness out of which grew my desire. This desire makes me a seeker. I long to find the deep meaning of life – there was and there is no fear, no loneliness, no death. There was that we are one in love!”

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