The Black Hole: Exploring the Schizoid Personality Disorder, Dysfunction, and Deprivation with their Roots in the Prenatal and Perinatal Period

Shirley A. Ward

Abstract: Reprinted from JOPPPAH 23(2) Winter, 2008. This article investigates the relationship between traumatic events from conception to birth and Schizoid Personality Disorder, Dysfunction, and Deprivation. From extensive experiential work with clients, based on the work of the British psychiatrist, Dr. Frank Lake, and her own personal experiences, the author discusses the very painful schizoid personality dysfunctions and deprivations relating to traumas of great severity in the first trimester of life. Loss of bonding and fear of intimacy are explored, along with dissociation and boundaries, seen as learned behavior in the womb. Case studies and statements from clients are included.

Keywords: prenatal and perinatal psychology, attachment, primal health

In recent years, many books have been written and workshops and courses run on the very real issues of childhood trauma and abuse. In my work over the last thirty years with clients, and also from my own personal experience, the major question has been how someone who is so dysfunctional in their relationships, can often live their daily work life quite unperturbed. The point being made is the paradoxical nature of the dysfunction. The schizoid person has two modes of being; one is traumatized and dysfunctional, the other unperturbed and capable of seemingly normal relationships.

Another important question is how far back do we have to go in order to find the answers? The contradiction in the personality is baffling and no reasonable cause may be found for it unless one seeks answers in the time before birth.

The task has been to facilitate ways to help clients become functioning human beings in intimate relationships and friendships. It is very possible the way we react to trauma as babies, infants, children, and adults is the

Shirley Ward works as a psychotherapist, lecturer, and educator at the Amethyst Resource for Human Development in Killaloe, County Clare, Ireland. She is an International Advisor for APPPAH and on the Editorial Board for *Inside Out*, the Journal for the Irish Association of Humanistic and Integrative Psychotherapy. She may be contacted at 'Amethyst', Ballybroghan, Killaloe, County Clare or shirleyward@eircom.net. Visit the Amethyst website at: www.holistic.ie/amethyst

aspects of personality acquired in utero through negative and positive imprinting. I eventually found that my own disorder and dysfunction pre-dated childhood trauma and the fractal, or pattern of dysfunction, came from the prenatal period. The trauma happened before I was born, in the first trimester, during the first three months of life in the womb. The effects of this event continued with me in childhood and adulthood until I found the means to experience this primal trauma through emotional feeling, physical sensation, and historical memory in order to gradually alleviate the trauma and understand the behavior associated with it.

Traumas experienced by clients do often come from childhood trauma, but many more than we have ever realized have their origins in the period of time from birth, intrauterine experiences, and even further back to conception and preconception.

It is with this in mind that I attempted to look at the roots of the schizoid personality disorder, with its dysfunctions, and what the major deprivations may be. These cause the stress, beyond the point of bearing (trans marginal), and dissociation, both of which may arise during the nine months of gestation in the womb. The bigger picture would include other personality disorders relating to paranoia, hysteria, narcissism, anxiety and depression, phobias, and addictions.

I knew Dr. Frank Lake personally and had the privilege of being around when he was discovering some of his finest work from 1976 to his death in 1982. He was the first British psychiatrist to recognize the importance of trauma at birth and before birth in the development of personality. During the last thirty years I have attempted to prove, through experiential work and communication with international colleagues, the truth behind his many hypotheses regarding life in the womb. Very real events occur in the prenatal and perinatal period which relate to dysfunction and deprivation—leading to dysfunctional children and adults.

The model used is that of the Dynamic Life Cycle, in which Lake specified that life needs to be lived from the point of acceptance in order to gain sustenance and find status in life and so be able to achieve. Many of us live this model the wrong way round, so often trying to be accepted through achieving. Frank labeled this as the depressive way of living. The more serious the trauma the more depressed and damaged the individual would be.

I believe that integrating the work with childhood trauma, healing the inner child, and healing the traumas that pre-date this, are vital when dysfunction is still apparent. A deeper healing occurs when the roots of the trauma are brought into consciousness and the client has the insight, and facilitator, to find the event, sensations, and emotions that caused the primal trauma.

I add here that there is always a place for practicing therapists to continue their personal work on a deeper level when necessary. The

compassion fatigue so many of us experience when working with disturbed clients can trigger deep unresolved trauma and cause illness on very subtle levels. Our resistance to the awareness of our own vulnerability is a factor that is often a barrier to the healing that can be so beneficial and this is part of the self-care that psychotherapists need.

The process of damage and loss caused by distress experiences can be reversed, and human potential developed to enable all of us to function as responsible human beings. For this reason my work as a pioneer and international researcher in the field of prenatal and perinatal psychology often requires going to the edge to discover the truth.

Prenatal and Perinatal Psychotherapy

Prenatal and perinatal psychotherapy requires experiential work, and is the psychotherapy of pre-conception, conception, womb life, and birth experience (Lyman, 2005). It is the psychotherapy addressing those primal experiences that have damaged us that assists in getting the past out of the present in order to move on.

Addressing the energetic, physical, psychological, mental, emotional, and spiritual impact on the human organism and exploring the positive and negative life scripts from this primal time, helps discover imprints that directly affect our responses, behavior and personality. It is also grounded in scientific evidence, and advances in medicine show that babies experience and display reactions in the womb. Unborn babies feel, sense, and remember even though the brain is not fully developed (Chamberlain, 1998).

Prenatal and perinatal psychotherapy uses the "psychology of the pre-born," but fits into the humanistic and integrative approach by integrating many of the evolving techniques of the last century. It is not purely regression. It incorporates person centered therapy, Gestalt, cognitive therapy, existentialism, and bodywork, amongst others that are relevant for the client. These approaches allow blocks at a cellular level, from many levels of consciousness, to be released and to enable the person to re-own all the parts which have been disowned and traumatized from pre-conception through to birth.

This therapy is one of the most challenging, exciting, and explorative developments but is not yet fully integrated into the mainstream world of therapy. The model is evolving as those working in the field discover new links and document their findings of healing trauma in adults and children that pre-date childhood trauma. To be integrating this work with inner child work is a major advance. It leads to a deeper understanding of life in the womb and the importance of a good pregnancy for the growing fetus to become a well-balanced, responsible, fully functioning child and adult.

"When I read the writings of Frank Lake I cried. I read about the schizoid personality construct and for the first time I recognized myself. I saw myself in the words and cried and cried."

An Amethyst student (2008)

The Schizoid Reaction Pattern and Schizoid Position of Schizoid Personality

Schizoid comes from the Greek term for scissors and means to cut or split. The schizoid personality reaction is defined as "a maladjustive pattern of behavior manifesting as avoidance of close relations with others, an inability to express hostility and aggressive feelings directly, and autistic thinking. The person is seclusive, shut in, and unsociable" (Lake, 1966, p. 1194). Lake also stressed (p. 554) "the schizoid personality disorder has at least some of its roots in innocent infantile affliction of great severity." He believed a primary injury to the personality split its roots into two quite separate systems, but there can be varying degrees of this. One part— the extraversion aspect grows up to seek the light and air in the world outside the self, and the introversion aspect lives by detachment and grows up in the world of the mind, the inner world of reflection, reason, and mystical pursuits.

I personally believe, based upon experiences in the therapy room, that this split happens in the first trimester of life. It happens when bonding is missing. If there was a terrible failure for fetus and mother to establish a connection in their inner world, then the baby is completely abandoned. This results in connecting to negative emotions, and the baby is born to develop into a disconnected, damaged child and adult. The person who has split off loses their perspective on the outer world, as well as an inner experience. The heart breaks, through excessive emotional trauma and this may be the root of later heart problems. There is a real sense of non-being. The self can become lost and hidden in the withdrawal symptoms. This withdrawal, or running away, becomes the defense against overpowering circumstances, often emulating traumatic intra-uterine events. The schizoid person withdraws, and along with the dissociated parts of the self this becomes a painful isolation for the individual.

Detachment and indifference, alongside withdrawal, surrounded by an autistic barrier, and the pain of not being able to find the words, puts the person in a hidden world. This may also be hidden from society by the use of the introversion aspect of high intelligence and resources. Basic needs are unmet, relationships are dismissed—they are what are most needed but are also the most feared. The emotions attached to this are feelings of panic, insecurity of personal existence, impending doom, loss of self, and loss of others. The sense of identity (the product of secure relationship) is lost, and there is enormous guilt about one's very

existence. The basic trust to hold down a relationship is not present and commitment to another may be almost non-existent. It is truly a most painful, lonely place to be.

Bonding, Attachment and the Fear of Intimacy

One of the most painful places for a human being to experience is this isolating position of fearing intimacy. It means not being able to relate, not knowing the joy of closeness in a relationship—of acting out, not feeling a thing, and then erasing the whole memory of an event. So simple for the schizoid person—so puzzling for the friend or partner who does not understand and is not likely to. Statements from clients reliving this place of non-bonding in utero are:

> In the womb I felt I wanted to communicate but there was no connection to anyone.
>
> There was no interaction in the womb form my mother. It was like she was dead.
>
> The terror of being alone was indescribable I could not cope and felt cut off.
>
> I knew she didn't want me. The feelings of rejection are unbearable.

It can be deeply humiliating for an adult to feel the extreme pain of separation from friends or partners who decide they no longer want them in their lives. Many of us know this one. Sometimes it hurts so much to need someone. An adult, who in utero did not have a safe place, and where attachment or bonding was missing right from the beginning, lives in a very insecure world. Taking the step to trust is a very great risk, and another rejection may destabilize the schizoid client enough to consider suicide (Ward, 2004). The pain of loss and rejection from this early place is projected onto present day situations as it is the only response the person has learned.

Clients who have experienced broken relationships and friendships are often unable to hold down the relationship they committed to, because of the intimacy problems that surface eventually and the behavior appears irrational. The response from the schizoid place will always be "Leave me alone." Fearing a break in a relationship the schizoid person will break the relationship first for fear of further hurt if it is done to them first.

Dissociation

Dissociation is a breakdown in the continuity of a person's felt-sense and includes distortions of time and space (Levine & Frederick, 1997). It is a process that allows us to move in and out of different states of consciousness to avoid traumatic confrontations.

Dissociation is one of the most classic and subtle symptoms of trauma and the earlier the trauma, the earlier this will be seen in babies and infants. Unbearable experiences in the womb will show themselves in the baby who screams relentlessly, the child with nightmares who keeps the whole family from sleeping at night; the "spacy" child or adult who spends more time "out of the body" than in it. Something has caused the baby or infant, and the child or adult, unbearable psychic pain and anxiety.

This psychic pain and anxiety may, without help, threaten the total annihilation of the human personality and the destruction of the human spirit (Kalsched, 1996). As a child was I used to walk the streets, feeling lost, not knowing where I was but completely dissociating from anything. It continued in adulthood if a situation I could not handle occurred. I would get into the car and drive for hours. Often not knowing where I was, I was also able to focus on getting the balance. I love driving and for me the car is a safe womb!

In some areas of dissociation the denial of traumatic experiences can be acted out by becoming deeply engrossed in a task, losing awareness of surroundings and blocking out certain aspects of the traumatic experience, which is mainly terror. Help is needed to ascertain what is dissociation, denial or just sheer passion for the task!

Quotes from Clients Experiencing Life from the Schizoid Position

I know from the children I work with who are autistic and suffer from ADHD that they respond from a wall of terror. This terror is from a very early time in their lives. The following statements are from clients who have been working specifically on schizoid personality disorder:

> I feel so damaged I don't want to be friends with anyone.
>
> Just leave me alone. I just want to shut myself away. I feel so emotionally scarred. It's just not worth even trying to make friends.
>
> I have spent so much time in fantasyland erasing what I did not want to address.
>
> I want to punish everyone, to make them feel my hurt.

I have tantrums as an adult. It is very disturbing. I lose it when I feel trapped and under excruciating pressure when I don't know what is happening. I leave the present situation and regress to where I am not able to express myself. I feel autistic and can't find the words. I was taken back to the silent scream in the womb when it felt like something terrible happened. It felt like the unexpressed trauma from the womb was being expressed through the adult irrationally in a present situation. I lose myself. I can't cope.

In my mind every one could see my young damaged child seeking someone to mind it.

I disowned this damaged fetus and child because of the public shame and the fear of being ridiculed. I felt I would not be able to take it on and that I had spent my life until now getting away from it and it would be causing trouble to embrace it.

I had dug a pit for my damaged fetus and inner child and it was staying in there in hiding.

I felt despair and disgust at my damaged inner child and was overwhelmed at my desire to keep her hidden. I hated her. It wasn't until I experienced the damage that had been done to her in the first trimester of life that I began to empathize with all that she has been through from the early beginnings of her life.

A Client's Experience of Living with a Schizoid Personality Disorder with Roots in the Prenatal and Perinatal Period

I had always known there was something wrong. It came out in my life when I tried to form intimate relationships. Superficially it was fine and I would begin to feel, then I would split when the closeness got too much, and then feel nothing. I longed for an intimate relationship but something always prevented me. I was afraid to reach out in case it was not reciprocated.

If someone reaches out, my basic trust is fragile. If my basic trust is challenged, and I lose the trust, it is broken and that relationship will not continue. It is so difficult when people reach out to me and I can't feel it. I am trying to get through that barrier. I want them to feel me trying to connect with them.

No-one who has not been there will never know the terrible pain of the schizoid position. Every cell of the body is tormented. I have never spoken of the damage that has been done to me because I did not know

where it came from. I have a damaged personality and the schizoid reactions from that place are furthest from normality. People do not understand why I react as I do. I find disappointment so very painful. It is such an embarrassing and painful place.

How can I talk about it to anyone? I haven't been able to talk to anyone because I also hit an autistic place and can't find the words. I spoke to a long term colleague and she told me that in twenty years she had not been able to reach me. That was a great shock to me.

There has been an area in my life which I had not been able to touch. Somewhere it was so painful. I have not been able to find that place. But I want to because I can't go on living in the sheer mental torture of the loneliness I feel inside. It is so, so painful. I am not able express hostility, or get angry, or put my feelings directly to what is going on. So much is going on inside I feel like a rumbling volcano that has not erupted.

It even comes out when I send an email or text. This connection is so important because I feel there never was a connection. I have found a way to connect through emails and texting. When I reach out at that moment and text someone with something that is very precious to me—I need to know that they have caught it on the other end. If there is silence and I receive no response I can feel devastated but I know it is a re-enactment of an early trauma. This is a primal trauma where I have not been able to connect and the pain is unbearable. No-one understands because it is irrational and the feeling of rejection is distressingly unbearable.

The Black Hole

The place of complete despair that clients may fall into is like falling into a black hole. It may be likened to the Dark Night of the Soul that some of the saints and mystics speak of on their sacred life journeys. Frank Lake called it the abyss, and speculated the need to fall into it to find healing.

Clients experiencing this terrible place say:

> I am in a place of complete despair and desolation. It is absolute hell. There is no-one to connect with. There is no-one to respond to me if I reach out. I can't respond although I want to. I feel as though I have fallen into a deep pit. I feel completely abandoned and alone. It is the feelings of rejection I can't cope with. I want it all to be taken away. I might just as well end it all now. I am not far off it. I am already in that black place and there is no-one here to support me. I know I need support but I can't feel it. I hate me. Whatever it is—it is breaking me. All I can feel is pain and terror.

These responses from clients come from a real place. They may come from the intrauterine period, are completely irrational, but are very real feelings. The task is to find the original event that caused the despair, terror, rejection or negativity.

What Is It That Has Caused Me This Terrible Affliction?

Bonding begins before conception, in the relationship between mother and father and at the moment of conception that bonding may be sealed Davies (2002) writes "at the mystical moment of conception the vital essence of the mother and father unites." (p. 320) The consciousness of each of the parents, and their feelings at that moment of conception continues to be in the energy in and around the womb throughout pregnancy. Mauger (2008) writes, "The attachment patterns we form in early life stay with us and are generally re- enacted in all later relationships, most especially intimate ones." (p. 141)

Any traumatic experience between pre-conception and birth where bonding is threatened, cut off or has never been sealed, will cause dysfunction at the level of the trauma experienced.

Client Experience During a Psychotherapy Session

I was in the womb. I was very, very tiny. I could feel my head. The pain in my head was ferocious. Something was there with me in this black hole. It was threatening me. I wanted to connect with my mammy but she just wasn't there. It felt like she was dead. I so wanted to connect but there was no response. I was alive but in a dead womb. Nothing or no-one cared or was there to look after me.

I felt a hard point, thin and sharp, prod me. The terror filled every cell of me. I felt the point, thin and hard, prod my spine and travel to my brain. My brain felt as though it were exploding. My head was bursting with pain. Then I went completely numb. The feeling was the same as I get as an adult—the silent scream, the loss of words in an overwhelming situation. The split and the autism, when I can't find the words in a social setting, I just dissociate.

I bonded to rejection. There was nothing else to bond with. The feelings of terror, isolation, and abandonment were so overwhelming. The fear of falling into that black hole were very real—like falling into a bottomless pit. It was like falling into the abyss of not belonging and non-being. I felt so cut off.

In the womb I was also aware of my twin sister, and possibly a brother too. She was beside me, she was alive. Suddenly in a blinding flash she disappeared, she'd gone. I was in a treble trauma—I almost lost my own life with that needle; if there was ever any contact or bonding with

mammy, it had disappeared and was non-existent; and my twin sister was lost to me. There had been a deep bond between us and I thought I could not live without her. The trans marginal stress, which is the place of the black hole, became too much and my words were, "it blew my mind." Part of me died in there and the roots of the damage which I am trying to heal had their origins in the first trimester.

The Physical Events Being Re-enacted by the Client

Amniocentesis

What the professional pushing the diagnostic tool does not know is the possibility of permanent damage such a procedure may cause. The fetus, in baby logic, may interpret this invasion as attempted murder, and may also confuse it with attempted abortion. If there is any bonding at all, the "accident" will cause permanent cutting of the bonding, and mother and child will be estranged for life. Survivors of attempted abortion do suffer serious consequences of such attempts. The trauma is overwhelming, leaving the person changed and disconnected from their bodies.

Loss of a twin in the womb

The client re-experienced not only the loss of an identical twin in the womb, but also a third embryo, which Althea Hayton (n.d.) describes as multiples. In her research presentation she explains that survivors of multiples re-enact their own womb story in intimate relationships by co-dependency and self-absorption. She explains how by co-dependency the multiple womb-twin survivor has a tendency to sabotage relationships to re-enact the original pre-birth tragedy, and in my experience, this is re-enacted in schizoid personalities.

There is a correlation showing intrauterine events related to schizoid personality disorder, as in identical twin survivors where there is a feeling of being split in two, yet there is only one individual left alive. Hayton (n.d.) describes this as self-absorption and states that in the "dream womb" there is someone very close by and exactly the same. This part of the self is very vulnerable and fragile and needs constant and absolute attention, so all energy is directed inwardly.

The dominant script of the client reliving this scenario was one of feeling very fragile, small, and possessing a great fear of annihilation. The adult has a great need to protect their own traumatized child, keeping the child alive by adopting the schizoid, closed, defensive position, and in one sense, completely ignoring her. In her inner life the adult believed that if she stopped trying to keep herself alive she would dissolve into nothingness and vanish—just like the identical vanishing twin script, who left.

Levine and Frederick (1997) state that the magnitude of the stressor is clearly an important factor but it does not define trauma. "Trauma is not in the event itself; rather trauma resides in the nervous system" (p. 4). From this observation I believe that disease and problems of the nervous system could well have their origins in the very early time before and during birth, as trauma affects the developing nervous system. In their latest book Levine and Kline (2007, p. *35) say,* "Remember, the first environment actively shaping the human brain, is the womb."

Boundaries

I believe boundaries are also a learned behavior from the womb. A boundary or limit is how far we can go with comfort in a relationship. Before birth, the pre-born has no physical boundaries from mother. If trauma, abuse, and cruelty ensue, the child lives with no sense of boundaries. The severely traumatized infant, child or adult will see boundaries imposed from outside as rigid or negative messages and will resist negotiation of boundaries, kicking or screaming if they have to. Severe criticism, to a child or adult who has been traumatized or cruelly treated, is an invasion of boundaries and the recipient may age regress and feel like a helpless baby. Negotiation and boundaries are seen as painful, critical, and judgmental. Imposing external boundaries onto the schizoid person rarely works! Chaos reigns! This is the unexplained behavior of the schizoid personality who has to suffer the arrogant criticism of those who make judgements from their ignorance of the schizoid personality reaction. When boundaries are being invaded, the schizoid person experiences triggers that initiate rapid sequences of regression to the primal places of rejection. The schizoid child who breaks rules in school has no knowledge of boundaries and will appear delinquent until some form of healthy boundary is found. Sports can be a lifesaver, as rules are set down and the person can understand boundaries through the discipline of the game. Learning a musical instrument may also be an advantage!

We may feel hurt when we let others invade our personal boundaries and not know how to deal with it. Even knowing it may come from the intrauterine period can help us develop stronger boundaries. The helpless baby was not able to define boundaries, growing up in a dysfunctional family only exacerbated the problem and the dysfunctional client suffers greatly. So many of us misunderstand boundaries, but as well as disorder and dysfunction relating to deprivation of love and care, they are a learned behavior. Negativity of any sort that cannot be reached may be related to unresolved trauma, deeply hidden from abuse in the intrauterine period. Whitfield (1993, p. 56) states that the child defensively submerges or splits off and goes deep into hiding within the unconscious part of its psyche. The schizoid personality knows this well on some level.

In the schizoid person, the split may be seen with the tight boundary of completely denying themselves close relationships and social aspects of intimacy, as it is safer to keep a distance. On the other hand, where the lack of boundaries kicks in, the person may go headlong into binge drinking or sexual encounters where intimacy is not being asked for. The next morning everything is forgotten about what happened the night before. It can be very confusing to friends and partners who have no understanding of this behavior.

A schizoid personality can be intolerably frustrating to live with, whether their boundaries are tight or non-existent. It is no fault of their own and great compassion is needed, not criticism, for the gentle healing of this terrible affliction. Underneath, the person is highly talented, often with unrecognized creativity that needs affirmation and recognition.

Trauma in the Prenatal and Perinatal Period

As we have seen, severe damage caused in the intrauterine period may cause almost irreparable damage to the growing embryo or fetus. This imprinting causes a fractal pattern, with patterns of irrational behavior throughout childhood and adulthood.

Some of this may be dissipated through inner child work but, when healing is not apparent, it may be necessary to take the process back to the prenatal and perinatal period. Nuckels (forward in Whitfield, 1987) claims that significant interruption of healthy development in repeated trauma leaves the child in an out of control fight, flight, or freeze state often called post traumatic stress disorder. Personality disorders may also be the result of this trauma. The main point being that they have caused damage to not only the psychological, but also physical, emotional, and mental development.

An interesting phenomenon in the case of PTSD is war veterans. A major question is why some soldiers do not suffer any effects of PTSD and others are debilitated from it? If fractal patterns are to be believed, my hypothesis is that those soldiers who suffered trauma and damage in the prenatal and perinatal period may be more susceptible to personality changes, the appearance of personality disorders, and Gulf War Syndrome when faced with the trauma of war than those whose life in the womb and childhood were less traumatic. In both cases, it may be the effects that are life-destroying at the extreme end.

Abuse in the Prenatal and Perinatal Period

In this paper it is not possible to detail all the possibilities and damage experienced while working in prenatal and perinatal psychotherapy with clients. The following is a short list of examples of sensations and dynamics which may lead to serious physical, emotional, and mental

damage and trauma in childhood and adult life. Remembering that lack of bonding throughout is a major component of dysfunction.

- *Conception trauma.* This may be experienced through unloving situations and distress through forced sex, rape, lust, anger, and drunkenness.
- *In utero.* Any addiction like smoking, alcohol, drugs, sexual addiction, or domestic violence causing external violence to the mother who is battered during pregnancy. Neglect, attempted abortion, loss of a twin, surgical operations, heavy rock music, workaholism, cord abuse, abandonment, amongst many others.
- *Birth trauma.* Birth scripts become life scripts and each type of birth will have its positive and negative components. Surgical intervention will cause personality difficulties as will anesthetics and drugs given to mothers. (Ward, 1999)

Lake (1981) stressed that the evidence shows that suffering in the birth passages which exceeds the margin of the tolerable, does cause profound deviations in the sense of personal identity which lasts for life. He also stated that trauma, and the origins of psychosomatic and personality disorders were reliably attributable to displacement and containment of fetal distress.

Recovery

Recovery may be slow with the deeply damaged adult who has suffered severely from prenatal and perinatal damage. Many times I have heard Frank Lake speaking of the tragedy of human life that impinged upon the infant and fetus still within the womb. He knew that the truth of what had happened to the fetus was immediately hidden by repression, and turned into a lie, which denied the trauma ever happened. These early traumas may surface when the adult is placed into a deeply traumatic present day life situation, which may become almost unbearable and the early learned responses re-appear.

In the early stages of recovery, great courage is needed to trust the process, have professional facilitators equipped with skills and knowledge of psychological development, and a support system outside of therapy whilst the client re-lives the necessary early trauma. Going through the bereavement stages of fetal damage is painful but is truly healing.

Conclusion

There is enough evidence, through the science of prenatal and perinatal psychology to discover the concept of fetal consciousness and its effect upon adult life. (https://birthpsychology.com) Some of the suffering of the schizoid personality may be alleviated by psychotherapists learning more about the disorder, the possible reasons for it, and how to stay with a client during the process.

As we move into a new global story where the planet and biosphere are interrelated with humanity, the bonding is vital. I believe the first environment of our life in the womb is conducive to how each individual will treat their own environment and the planet. We need to be connected—to know what it means to be connected to each other and the earth.

Living through the pain of the despair, dysfunction, and deprivation attached to the schizoid personality disorder may be hell—but there is light at the end of the tunnel!

I want to close by sharing this shortened version of a poem written by Althea Hayton (n.d.), which shows great optimism and healing for those whose journey it is to go to these places, in order to be bonded, rooted, and on course in our lives.

The Black Hole

The black hole is death and dissolution, entropy and ecstatic union with emptiness.

The black hole is pain and terror and the darkness of non-being.

The black hole is power, essence, and the majesty of God-in-me

The black hole is energy and creativity centered into a split second of life giving.

The black hole is a teacher, to fear and yet live, to live and not to fear to die.

Come with me now into the black hole and you and I may come to rebirth.

References

Chamberlain, D. (1998). *The mind of your newborn baby*. Berkeley, CA: North Atlantic Books.

Davies, B. (2002). *Journey of the soul*. London: Hodder & Stoughton.

Hayton, A. (n.d.). Womb Twin. Retrieved from http://www.wombtwin.com/wtsproject/4580154772.

Kalshed, D. (1996). *The Inner World of Trauma: Archetypal Defences of the Personal Spirit.* New York: Routledge.

Lake, F. (1966). *Clinical theology*. London: DLT.

Lake, F. (1981). *Tight corners in pastoral counseling*. London: DLT.

Levine, P., & Kline, M. (2007). *Trauma through a child's eyes: Awakening the ordinary miracle of healing*. Berkeley, CA: North Atlantic Books.

Levine, P., & Frederick, A. (1997). *Waking the tiger: Healing the trauma: The innate capacity to transform overwhelming experiences*. Berkeley, CA: North Atlantic Books.

Lyman, B. J. (2005). Prenatal and perinatal psychotherapy with adults: An integrative model for empirical testing. *Journal of Prenatal and Perinatal Psychology and Health, 20*(1), 58-76.

Mauger, B. (2008). *Love in a time of broken heart: Healing from within*. Dublin: Soul Connections.

Ward, S.A. (1999). Birth trauma in infants and children. *Journal of Prenatal and Perinatal Psychology and Health, 13*(3-4), 201-12.

Ward, S. A. (2004). Suicide and prenatal and perinatal psychotherapy. *Journal of Prenatal and Perinatal Psychology and Health, 19*(2), 89-105.

Whitfield, C. (1987). *Healing the child within: Discovery and recovery for adult children of dysfunctional families.* Deerfield Beach, FL: Health Communications.

Whitfield, C. (1993) *Boundaries and relationships: Knowing, protecting and enjoying the self*. Deerfield Beach, FL: Health Communications.