Teaching Mother/Fetus Communication: A Workshop on how to Teach Pregnant Mothers to Communicate with Their Unborn Children

Author: Riley, Clara M, PhD

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Full Text: Headnote ABSTRACT: There has been much in literature about the to-be-born child's ability to receive stimuli such as sounds heard inside and outside the womb (e.g. music, the mother's heartbeat, etc . . .), various emotions felt by the mother, and physical trauma. Little has been said about the ability of the mother to communicate directly with her unborn child and the ability of that child to respond in a way that the mother can understand. In this workshop, we posit that communication, by way of meditation, can be taught, and that many benefits may accrue. I will first trace the evolution of this idea and then discuss the process.
ENVIRONMENTAL INFLUENCES ON THE FETUS The idea of the physical environment impacting on the unborn child has been well-accepted and scientifically documented (Chamberlain, 1983). That the fetus* physical environment could affect its emotional development is a more novel idea, presupposing the prenatal consciousness (Verny, 1981). In the United States, the first reports of psychological influences on the fetus were delivered in 1978 at the annual convention of Society of Clinical and Experimental Hypnosis (Cheek, Watkins, van Heusen). Since that time, there have been many clinical reports presented, both at conferences and in the literature. For instance, Claus Bick alone has reported over 1,000 cases in his practice (Bick, 1985).
MENTAL AND EMOTIONAL INFLUENCES Mothers and philosophers have long written on the effects of the mother's thoughts and emotions on the unborn child. Philosopher Omraam Michael Aivanhov has written of "Spiritual Galvanoplasty" which illustrates how the infant absorbs the thoughts and emotions of the mother. Psychotherapists working in hypnosis sometimes find that patients who seem to be abreacting puzzling emotional states have actually regressed to the womb and are subsequently reporting the emotional state of the parent (often despair) which has been absorbed into their own consciousness in a kind of "emotional contagion" (Anthony). I'd now like to present and excerpt from my own case files concerning an adult female who seemed to be reacting to a physical trauma that occurred at about two weeks in utero. This is verbatim dialogue which took place in therapy, with the patient in hypnosis: Patient: Every - every - every time I want something-this is really physical. It's nerves. It's not even emotional. It's want. It's air. It's food. It's want. Whenever I want something, I get cut off. (Pause) If I don't want, if I'm very still-I-will stay alive? Therapist: Yes, you will stay alive. P: So -1 was very still . . . T: And what you wanted at that time - was to live? P: Yes. But-it makes so much sense. I want-I think this has happened to me in every way from the very beginning. Want, and then disconnection as soon as I want it and then being able to survive. T: The pattern was laid down when you were very, very tiny, and what you wanted was to live, and you did live. P: I did live. T: And it's okay to go ahead and experience what you experienced, then these contractions came, and your little body was all nerves and in an awful lot of pain. P: Uh-huh. T: And you were still, and you did keep living. P: Uh-huh. T: But now there's a part of you that knows what was happening to disturb you in that dark, closed in place that's supposed to be very safe. P: Yes. There is a part of me that knows. This is connected with not seeing or hearing. Everything else is away. That's why it was so fragile, because I felt only like a life-form-just something to stay alive with. The patient went on to explain that a blow from the outside had caused both the physical disturbance and the fear. This fear had followed her throughout her life, inhibiting her performance and interpersonal relationships. After she experienced the fear and discovered its fallacious generalizations, she was free to achieve academically and form long-term, satisfactory relationships. A full description of this case is reported in the Spring issue of the Journal of Pre- &Peri-Natal Psychology (Riley, 1987). MOTHER/FETUS COMMUNICATION IN PROBLEM

PREGNANCIES The concept of transuterine communication concerning mothers in unwanted pregnancies was pioneered by Family Counselor Barbara Findheisen, who utilized a modification of Gestalt technique to teach mothers to "talk" to the consciousness of the unborn child, and reported that spontaneous miscarriages often occurred soon after such communication took place (Personal interview). Psychologist Helen Watkins has described a technique to "ease the trauma of abortion" through the use of hypnotic visualization to help the mother attempt to communicate with the fetus. Some mothers reported spontaneous miscarriages; all reported the experience as a way of "opening the grieving process prior to the loss of the fetus leading to an increased sense of continuity and completeness in the experience" (Watkins, 1985). When I, myself, first began to explore the impact of the mother's thoughts, words and feelings on her unborn child, I, too, began working with mothers in problem pregnancies. Of the four cases I reported, two mothers miscarried, one reported that "we took care of the spiritual and emotional (part of the fetus) and the clinic just took care of the remains," and one mother decided to keep her babies. This mother, whom I'll call Ann, had found, at 43 years of age, that she was pregnant with twins. After going into hypnosis and "communicating" with the fetuses several times, she decided against an abortion, despite her husband's insistence that she terminate the pregnancy. In our sessions, I wrote down what the mother told me she would like to ask her unborn children, then used the mother's agenda to form the basis of the hypnosis session. Sample questions and answers from several of our sessions are as follows: T: How does the life within feel (about being born)? M: They want to live. I can see little babies wrapped up in a blanket. I can feel them. So warm. I'm just holding them. I don't want to put them down. T: Are there physical problems? M: There's nothing wrong. No problem. T: Are you from the same egg or different eggs? M: I see an egg breaking in half. T: Do you know your mother is 43 years-old? M: I know. My friends will think I have an old Mom and Dad, but it doesn't matter. They don't act old. I think they're better . . . But I don't want to come unless they want me. T: How do you feel about their being undecided? M: It's all right. I was a big surprise. They have to change their plans. After these dialogues, the mother carried the children to term and delivered by caesarean section two healthy, identical twin girls. When they were two years of age, I asked the mother to read over the transcript of our sessions and she reported that the non-verbal communication continued even past birth-that there was an "understanding" between her and the twins. This report suggests that the dialogue not only was of help in resolving the conflict of continuing the pregnancy, but also seem to promote mother/child bonding in utero. POSITIVE APPLICATIONS OF MOTHER/FETUS COMMUNICATION As in so much of science and medicine, we first document pathology, then, as we understand the phenomena, we are able to put the idea to use to ameliorate symptomology. Ideally, we learn to use our knowledge and understanding to promote physical and psychological health and well-being. After my experience with Ann, I decided to seek out pregnant mothers in non-conflicted pregnancies to ascertain if mother/ fetus communication would be helpful in enhancing the physical and psychological aspects of the pregnancy, such as bonding. As it happened, a former patient of mine found she was pregnant and came to see me regularly during the last five months of that pregnancy. She kept a journal of her sessions at home as well. She and her husband had planned this pregnancy and were eagerly awaiting the birth. The pregnancy was thus far uneventful and the mother was enrolled in Lamaze preparation for childbirth classes. I would like to now share with you some of the case material from our sessions and excerpts from the journal the mother kept: Week One During the first session I used a standard Erickson induction to hypnosis (just talking) and asked her to imagine herself in a safe place for the purpose of getting in touch with her own inner wisdom which would help her tune in to her baby. I explained that the Chinese assume a child is one year-old when it is born and gave other cultural acceptances of consciousness before birth. (She and her husband were Catholic and accepted the idea philosophically, but were amazed that communication with that consciousness might take place.) I explained that in the same way she would want to make the baby comfortable in the crib after it was born, she could talk to it now and ask how she could make it comfortable in the womb. I continued: "I don't know how this communication will take place, whether with images, words, thoughts, impressions, or just a sense of knowing, just give yourself the opportunity to tune in." After a few

moments she spoke in her normal tone of voice, "It's saying something like, 'Mother, you get really hassled sometimes and just need to quiet down. This (hypnosis) is really good for you.' (Pause) I'm thinking of alcohol. I only have one drink on the week-end and my husband is really against it. I'm getting vibes from the baby . . . it doesn't like it. (Long pause) It's nice to be quiet and not racing . . . It doesn't like alcohol at all." When I asked her how she communicated, she responded, "Just with thoughts, but it was very real. I felt I really was tuned in to it." Week Two She reported delightedly that she was able to communicate with the baby even when not in trance, saying, "Now I feel him bouncing around, and I stop and think what he's saying to me. Once I started being aware, in trance, I was even more aware when not in trance." Her journal reported that she was beginning to relax and meditate more and to be more generally aware of the baby: "He gave me a kick when I was too busy and overdoing it and wasn't aware of him. He kicked up a storm as if to say, 'Here I am! Consider me!'" During her trance session she reported visual images of the baby inside the womb. "It's really weird," she commented with surprise. Later, she said, "It's hard to distinguish my own thought processes from those of the baby, but I'm aware of every drink I have. It's like he's saying, 'I'm down here-don't take that drink.'" She then went into trance and reported the following dialogue: "How are you today, baby?" 'Oh, very fine!' "I love you, baby." 'Yes, I know.' (Very calm and secure.) To the question, "What can I do to make you more comfortable?", the mother reported, "He wanted me to lie back farther in the recliner chair. I felt him pushing me back but I just said, 'I'm comfortable the way I am. You will just have to adjust.'" We then began a dialogue with the baby to ascertain whether it was a boy or a girl. The mother reported, "The baby got real quiet, then, like rocking, like it was playing with me, moving, but not kicking. Then it got still and didn't do anything-like teasing me." Although her doctor said its heartbeat was like a girl, and at first she, herself, thought it would be a girl, she also stated she wished to be surprised with the sex at birth. Accordingly, she never felt she received a clear message. Week Ten The mother's doctor reported the cervix was starting to soften and baby was in place. She said, "I think we are ready! All is ready! I have a visual image of the baby and know where the head is. Down." She also reported that she had been watching her diet and had no heartburn for three weeks, saying, "I have eliminated coffee altogether and have minimal milk. Baby likes the new diet, too." She added, "The meditation is going fine. Baby acknowledges I go into trance and we just "be'." From her journal: "I wonder if I will have closer insight into the baby's needs due to all my focusing and attention to communications with him or her." Week Eleven From the journal: "Not so much motion. More of a settling. Sleeping really soundly. No feedback from it. Like its centered on itself getting ready for the trip through the birth passage." After the hypnosis session, she wrote: "I found myself focusing on the baby's health and had a feeling of 'more protein.' I shall get some fish tonight. Baby was calm and quiet. I need to calm down, too. Relax, and enjoy my time of peace now. A mother . . . such responsibility and yet such a sense of belonging. A new step and chapter of my life. My husband is gearing up, too. This baby will hold a special place in his heart." On the morning after Easter, I received a telephone call from the mother from the hospital. She was euphoric: "He has arrived! He did surprise me (by being a boy)." She had delivered naturally with no anesthetic in the "Birthing Chair" about an hour after arriving at the hospital. The father was present the entire time and was very helpful throughout the birthing process. After the baby was born, the mother told me that upon holding him for the first time, it was like "greeting an old friend." As time went on, the mother reported that the bond between them grew and that she felt "tuned in" to him as an individual with his own wants and needs. After working with this mother, I then sought out other healthy, pregnant women. Each reported that they were able to acquire a sense of communication after just one session in hypnosis and that the experience enabled them to continue on their own throughout the pregnancy to communicate in a very natural way. Areas of communication were typically: 1. Enhancing the physical intrauterine environment: a. Classical or soft music-not any with a heavy beat. b. Adding certain foods to the diet, e.g., protein. c. Deleting certain foods or substances, e.g. sugar, caffeine, alcohol. d. Getting more rest. 2. Enhancing bonding: a. "Read to me." b. "I like it when Daddy plays the guitar." c. "Think of me more." d. "I really like our quiet time together when you really tune in to me." Mental stimulation, per se, was not a prime issue by itself, but tended to be

combined with bonding and/or the physical environment. In discussing the impending birth, we received responses such as these: 1. "I'm not worried about it." 2. "Do whatever you feel most comfortable with." 3. "I'm really looking forward to getting out of here so I can stretch." In one case when asked the question, "What can the parents do to get ready for you?" the reply was "to make the environment safe," and the baby seemed to be especially concerned with this issue. He later stated that he needed safety and a lot of love and that he would be able to teach his father (a psychotherapist) a lot about understanding people. In another case, I was having lunch with my bookkeeper, who announced that she was pregnant. At that moment, I recalled a dream I had had the night before of her, a three-year-old boy and a baby girl about one. (Her son was currently age two.) Both of us were amazed. Although she was six weeks pregnant, she had been spotting a lot and admitted that she had strong ambivalent feelings toward the baby. It turned out that she had previously miscarried, and was fearful of losing this baby, too. We went back to the office where we interviewed the baby, who indicated that it would like to "stay," but didn't feel wanted. After this session, the mother was able to develop the courage to invest in the baby and carried it healthfully to term. It was a girl. THE PRENATAL INTERVIEW Because my format was based primarily on the questions supplied to me by the parents, I did not arrive, nor did I intend to arrive at a body of specific data. My goal was to ascertain whether the technique of mother/fetus communication could be taught in one session and whether the results would be practical. As I found that this was indeed the case, I would now like to share the technique with you: The procedure for the interview is as follows: 1. Ascertain the parents' feelings and attitudes about the pregnancy. 2. Get an idea of the present family constellation and plans for the newborn. 3. Ascertain any current communication with the baby. 4. Write down questions the parents would like to ask, guiding them in the areas of: a. physical well-being b. emotional well-being c. relationships d. character e. purpose or life enhancement 5. Teach quieting and focusing. 6. Guide the parents through communicating with the unborn child using the information ascertained above. 7. Make an audio tape of the proceedings for parents to listen to subsequently. 8. Take notes in case the tape doesn't record. 9. Be reassuring and supportive. 10. Encourage the parents to continue communications with the unborn child on a daily basis. 11. Allow for follow-up visits as necessary; at least one follow-up visit is recommended. (An audio cassette tape to facilitate mother/fetus communication is available from the author.) References REFERENCES Bick, Claus A, (1985). Traumas in utero uncovered in hypnosis, second International Congress on Pre- and Perinatal Psychology, San Diego. Chamberlain, D., (1983). Consciousness at birth, A review of the empirical evidence, Chamberlain Publications, 909 Hayes Avenue, San Diego, CA. Chamberlain, D., (1980). Reliability of birth memory: Preliminary observations from mother-child pairs in hypnosis, research report presented at the Conference of the American Society for Clinical Hypnosis, Minneapolis, MN. Available from the author. Cheek, D., (1977). Techniques for eliciting information concerning fetal experience; Ideomotor methods, Two case reports, presented at the Symposium of the Society for Clinical and Experimental Hypnosis, Los Angeles, CA. Farrant, G., (1985). Cellular consciousness, presented at the second International Congress on Pre- and Perinatal Psychology, San Diego, CA, July. Naranjo, C, (1973). The Techniques of Gestalt Therapy, Berkeley, CA: Sat Press. Riley, C.M., (1986). The emotional and psychological effects of prenatal physical trauma, Pre- and Perinatal Psychology Journal, 1(1). Riley, C.M., (1987). Transuterine communication in problem pregnancies, Pre-and Perinatal Psychology Journal, 1(3). Van Husen, J.E., (1977). The Development of fears, phobias and restrictive patterns of adaptation following attempted abortions, presented at the Symposium of the Society for Clinical and Experimental Hypnosis, Los Angeles, CA. Verny, T., with Kelly, J., (1981). The Secret Life of the Unborn Child, New York: Summit Books. Watkins, H.H., (1977). The Development of ego states in the fetus following an attempted abortion: A case study, presented at the Symposium of the Society for Clinical and Experimental Hypnosis, Los Angeles, CA. Watkins, H.H., (1986). Treating the trauma of abortion, Pre- and Perinatal Psychology Journal, 1(2). AuthorAffiliation Clara M. Riley, Ph.D. University of California, Irvine AuthorAffiliation Address reprint requests to Clara M. Riley, Ph.D., 31542 Coast Hwy., Ste. 2, South Laguna, CA 92667.

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