

## Transpersonal Adventures in Prenatal and Perinatal Hypnotherapy\*

**Author:** Chamberlain, David B, PhD

**Publication info:** Journal of Prenatal & Perinatal Psychology & Health 14. 1/2 (Fall 1999): 85-95.

[ProQuest document link](#)

**Abstract:** None available.

**Full Text:** INTRODUCTION During the summer of 1974, I took my first training course in "Clinical Applications of Hypnosis." I was taught a rapid method of induction gleaned from techniques of Dave Elman. I saw hypnotherapy as a logical system which treated symptoms by activating memories of seminal experiences. Next we worked to create understanding of the issues involved and chose alternative behaviors and feelings. I was repeatedly surprised by the narrative recall of traumatic incidents, some of them far in the past, including intrauterine and birth experiences. At the time, I knew little of the history of primal work, utilizing hypnosis or any other means, and I was too ignorant to ask clients to go back to womb or birth events to find the roots of a problem. Clients simply took me there and described their experiences to me, often leaving both of us equally puzzled. When I was shown the publications of David Cheek, obstetrician and hypnosis pioneer, detailing accurate recall of head and shoulder sequences at birth (1974),<sup>2</sup> as well as maladjustment patterns related to imprinting at birth (1975),<sup>3</sup> I was tremendously encouraged. We became friends and colleagues over the next twenty years before his death in 1996. What struck me about these early narratives was the precocious, apparently innate, and unpredicted qualities of feeling, perception, and cognition that were coming "out of the mouths of babes." Because preand perinatal feeling, perception, and cognition were considered impossible within the then-current paradigm of developmental psychology, practitioners usually ended up explaining such memories as fantasies and projections. Psychologists supposed clients were using adult vocabulary and semantics to describe feelings, perceptions, and thoughts which could not possibly have existed before larynx, tongue, and airways could form adult language. Professionals quarreled about the more fundamental issue of whether any thought or memory could be laid down during the prenatal or perinatal era. I learned that this debate carried all the way back to Sigmund Freud's and Otto Rank's time and attitudes and beliefs were little changed since then. When I spoke of birth memories, my psychology colleagues reminded me that there was insufficient myelination (fatty sheathing around nerve pathways) to permit cognitive activity in newborns. This scientific-sounding view was later seen as irrelevant, since myelination is not complete until adolescence, and it mainly effects the speed of nerve transmission which is not a significant factor in the tiny body of an infant. Another scientific prejudice was skepticism regarding anecdotal data, i.e. data from personal experience, and clinical data from clients in therapy. Most scientists believed authoritative knowledge could only be gained from physiological or experimental research, yet this research was lagging far behind what people were discovering for themselves. Although public perceptions of mental or psychic possibilities have been powerfully affected by thousands of personal reports, scientific resistance to this type of evidence has remained almost unchanged. This helps to explain why no serious scientific attention was paid to the first published reports in 1981 that children were sharing spontaneous memories of birth as they were first learning to speak. This prima facie evidence made not a dent on psychological theories of memory, including the specious belief in "infantile amnesia" which held on stubbornly until its demise in the late 1990's.<sup>5</sup> As I pursued my clinical work and listened to what eventually became hundreds of narrative reports regarding womb and birth memories, I began a long-term study of everything known about the capabilities of infants. This new field of research, beginning in the late 70's, expanded exponentially in the 80's and 90's. I published reviews of these findings,<sup>6</sup> and in my book, *Babies Remember Birth*<sup>7</sup> (1988), I was able to set birth memory in this larger context of empirical information. TRANSPERSONAL, ADVENTURES Prenatal/perinatal memories are transpersonal in transcending all the expected boundaries of consciousness during intra-uterine time and birth, especially

memory, learning, sensation, emotion, perception, thought, dreaming, out-of-body experience, near-death experience, clairvoyance, and telepathy. None of these phenomena of consciousness were anticipated in the materialistic paradigm of 20th Century developmental psychology. In fact they were rejected as impossible because they did not fit the standard paradigm. Nevertheless, individuals demonstrated these capacities. In my experience, clients, regardless of their age at the time of memory formation, always presented the full spectrum of consciousness that I now regard as normative: They always possessed a sense of self, an awareness of the environment, an interest in relationships, and always appeared to be trying to grasp the meaning of things, or otherwise coping with their experiences. This is not to say that they always displayed perfect understanding. In therapeutic work, distortions in thinking became obvious and often required refraining in order to escape the grip of fears, anxieties, and compulsive behavior patterns. The view of life presented by babies at birth is an intriguing and mystical one of complete persons in little bodies knowing many things: they are frustrated that they cannot yet make their bodies work the way they'd like; they know what they need and whom they can trust; they evaluate the motivations of doctors; they perceive the psychological flaws in standard medical births; they point out virtues or weaknesses of parents; and they recognize the special needs of their siblings. Examples from My Practice In private practice as a psychologist, I dealt with many patients suffering from depression, fear and anxieties. As a starting point, I suggested to clients that these symptoms might be learned responses associated with past experiences, asking them whether they had any conscious memories or hunches about what those experiences could have been? This approach was very productive, and it seemed to make them feel better right away-I suppose because their own theories about what was wrong with them were much worse. Of course, sometimes, no conscious memories came to their minds, so I offered hypnotherapy as a way of exploring deeper in their memories to see what they might have forgotten. Sometimes, clients responded to my suggestion by spontaneously entering trance as they began contemplating the past for clues to their condition. Others needed only the slightest permission-they were already getting impressions or unconsciously moving parts of their body before I got very far into my induction. I came to understand that such clients were more ready to do the necessary work than I was. The following are examples of transpersonal phenomena which appeared as we were seeking the origin of a symptom. Maxine was allergic to confusion and said that she hated her mother "from Day One." After using an induction drawn from Elman including a couple of exercises in specific amnesia, this business woman in her mid forties responded to the suggestion to remember "Day One" and her first encounter with her mother. Inside, all was peaceful, she said, but as soon as she came out, confusion reigned. Her mother was at the center of it, first by doing a lot of yelling, then by talking constantly and making critical and contradictory remarks to the baby. Maxine had no trouble reporting on words spoken at the time. Everyone present had greeted her as a girl but mother announced to father that she was a boy, a cause of consternation. "I didn't know what to think" she said. Reacting to my questions about her sense of identity in utero, she explained she did not think in terms of male or female but said "I knew I was born of God." "I knew God was sending me, was making me," she said. She had keen perceptions about the family and knew her brother and father liked her, as did the nurse and doctor, but mother was in a different category. Mother was strange, contradictory, very emotional, and she felt rejected by her. 'Why are you here? I don't know how to take care of you . . . You're no good,' said mother. The world was a confusing place: "It was hard for me to adjust to this world." In emergencies, newborns recalling birth sometimes show unexpected concern, objectivity, and compassion. In a hectic crisis some babies remain cool, know they are safe and try to reassure their helpers that all will be well. Kate was a woman in her thirties who presented with fear of suffocation and a persistent feeling of unworthiness to be in a close relationship. After a brief induction with the same features as above, Kate began to abreact recalling first a fear of suffocation provoked during anesthesia for a childhood tonsillectomy. Then, responding to my suggestion that she could go further back to when she first experienced suffocation, she recalled in great detail a life and death struggle at her birth. Her story takes us into an unimagined world of moral dilemmas, decisions, thoughts and feelings. Kate realized the womb had filled with

blood and she feared that if she came out, her mother might die. With agonizing sobs she said, "If I come out and she dies, she'll never know how much I love her! I want to know her. She talked to me a lot before I was born but nobody else knew because they'd think it was silly . . . I felt like I was going to drown, and I knew I wasn't supposed to . . . Ohhh, they just don't understand what's happening." As her lengthy abreaction unfolded, the origin of her sense of guilt and unworthiness seemed definitely set in the matrix of nearly killing the mother she loved, just by being born. During an extended resuscitation period after delivery, Kate seemed completely familiar with the thoughts, emotions, and actions of the attending doctor and nurse. "The nurse wants the doctor to just stop because she thinks I'm dead! The doctor just told her to shut up ... They're not going to stop. It feels like my body's shriveling up. That's why the nurse keeps saying 'She's dead.' She wants to go home. They've been there all night . . ." Stewart, a young, conscientious professional, had a severe case of procrastination. As he recalled the origin of his procrastination in trance, he found himself at birth. Although born with a clear sense of self, his narrative recall showed how severely his sense of identity was tested (and was powerfully programmed) by labels the doctor hurled at him in the delivery room. Talking to the mother, the doctor called him a "difficult kid . . . not like regular children . . . and probably would be late for everything." He says, "Mrs. E., you have a stubborn child . . . not quite normal. They're supposed to drop their hands, and he's not." You can hear Stewart struggling to maintain his identity: "He's rough! His words are coarse, not gentle at all . . . He was saying to mother that I was going to be a difficult kid. I'm not, but he said I was, and everybody was in agreement. Nobody was taking my side. I wanted to say, "No, I'm not! But they wouldn't listen." Babies sometimes explicitly express a metaphysical orientation. Exploring her birth in trance, Linda understood what she "had" to do after birth and was reluctant to do it: "I have to put myself in that baby body," she said. She had the insight that when she was born, she felt "wise" and knew a lot, but by the time she was three, she had become a conventional child fitting into the role expected of her. She became "that dumb little kid" everybody thought she should be, and had to grow up to become wise again. Nan, whose first day after birth was full of disappointments, began to weep, saying "Perhaps the whole thing was a mistake. I wanted to go back." (She was sure her mother was going to smother her!) Marybeth had a very different experience from Nan. She says of her feelings at birth: "I felt warm, safe, content, a self-assured child, but very wise, a wise person in a child's body." Emily says of her father's awkwardness in first meeting her after her birth, "He doesn't know I'm a person; I'm a thing called a baby. He's saying, 'That's all the babies; this one was hard enough!' I didn't think I was that hard . . . don't think I like these people . . . They give me a headache . . . They don't think I'm a person! I know I am." All birth reports reveal an active mind, but few contain such forthright declarations of mind as this one by my client, Deborah, looking back at her experience with people in the delivery room. "I felt I knew a lot-I really did. I thought I was pretty intelligent. I never thought about being a person, just a mind. And so when the situation was forced on me, I didn't like it too much. I saw all these people acting real crazy. That's when I thought I really had a more intelligent mind, because I knew what the situation was with me, and they didn't seem to. They seemed to ignore me. They were doing things to me, to the outside of me. But they acted like that's all there was. When I tried to tell them things, they just wouldn't listen, like that noise wasn't really anything. It didn't sound too impressive, but it was all I had. I just really felt like I was more intelligent than they were." Judging from reported womb and birth memories, babies may be capable of the same variety of "altered states of consciousness" that adults experience: being out-of-body, near-death, observing the death of a twin in utero, and traveling to realms of sublime love and limitless knowing. Such reports typically come as a surprise and often are not consciously understood, suggesting that these states are unfamiliar and need further interpretation. Laura, having what I would identify as an out-of-body experience in the hospital nursery, said: "I feel weightless, floating. Nobody knows I'm there; they can't even see me. I keep looking through the nursery window; it's weird. I can't be on both sides of the window! I'm looking at the baby; it's me." Jeanette, at 41, sought hypnotherapy for her life-long insomnia. Falling asleep often triggered a panic attack that woke her up with her heart pounding. In hypnosis, she recalled a near-death experience in the womb, caused by acidic

chemicals introduced by her mother at the insistence of her drunken father! In childhood, she said, she had always feared her father and never knew why. During her uterine crisis her heart was beating very hard. "My body was filled up with my heart beating faster and faster until it killed me," she said. She described the sensations as "searing." When her heart raced in the night, she was afraid to sleep because she associated this racing heartbeat with death. "I'm afraid I'll slip back into death. I believe I need high-powered, adrenalized action to stay alive." A related problem for Jeanette was nightmares containing death scenes and body parts. In hypnosis she recalled her anguish and terror in the womb. She wanted to crawl into a dark hole and hide. "It's hard to breathe. I want out. I want to dig my eyes out! I'm so uncomfortable. Everything seems wrong . . . There's nothing here to help me. I need help! I'm really alone, so lonely! There's no way of fixing it! I don't want to be alone. It doesn't seem right to be alone." What Jeanette discovered was that the attempted abortion in which she had nearly died had killed her twin sister. She was then haunted by the experience of observing her sister's gradual disintegration. She explained, "the worst part was seeing her disintegrate into parts . . . This is why I wanted to scratch my eyes out." One of her worst fears was "to stare death in the face"-one of the recurring themes in her nightmares. For Jeanette, a further consequence of these events in utero was a phobic response to all babies and a persistent jealousy of twins. As a mature woman she had no urge to have children; indeed, she had no confidence that she could "create a good womb environment" in which a baby could survive. To her, babies seemed "spooky." "When I see a baby, I see violence being done to it. It gives me a wild feeling of thrashing and fighting," she said. "I feared some evil would overtake them and that they might disintegrate." Before connecting these terrors with her experiences in the womb, which we were able to do together in hypnosis, they had made no sense to her; they simply haunted her and left her swimming in anxiety. After hypnotherapy she had a new lease on life, began to sleep normally, could remain calm in critical situations, and even considered having a child of her own. Her fear of death was finally resolved after returning to her own death experience in hypnosis; she discovered that her death had involved visiting a luminous realm of safety and love where all knowledge was immediately available to her. This was an astonishing new idea of death.

**CHANGING PARADIGMS** The complex consciousness of babies revealed in hypnotherapy, became for me a window for seeing the complexities and potentialities of human consciousness at any age. Babies taught me that age was not a requirement for consciousness. Indeed, consciousness was not a developmental trait, but an endowment of human persons. Increasingly, prenatal research reveals more sentience than can be explained by old theories of neurological development.<sup>8</sup> This counter-cultural view challenges the entrenched, materialistic paradigm of 20th Century psychology and medicine which defines persons as matter, especially brain matter. If there is no brain matter, then there can be no person, no cognition, and no consciousness. On this faulty premise, all discoveries of prenatal or perinatal consciousness have been discounted or denied since inadequate brain resources would make them impossible. Psychologists, neonatologists, and obstetricians manage to hold onto this 19th Century view of babies by ignoring the findings about consciousness in near-death research<sup>9</sup> particularly the verified observations made while out-of-body (and brain), the empirical confirmations of past life memory, and the whole range of psychic phenomena, including evidence of the telepathy between mothers and babies.<sup>10</sup> Children who are just learning to talk are as likely to have spontaneous past life recall as they are to have birth and womb recall.<sup>11</sup> Although hypnosis has often been the handmaiden of consciousness, revealing the inner workings of the mind and spirit, its contributions have been stubbornly resisted in psychiatry, in psychology, in the branches of medicine which deal with babies, and even in professional hypnosis societies. I believe much of this skepticism is the direct result of medical training which equates brain to person. This restricted paradigm can no longer explain the evidence which is flooding in from anecdotal, clinical, and research sources. The leaders of American psychology made a pragmatic decision at the beginning of the century to exclude studies of consciousness because consciousness was more philosophy than science-and psychology was determined to be scientific. It has taken the better part of the century for psychology to regain its humanistic and its transpersonal agenda. In obstetrics and psychology, ultrasound

technology is overturning a century of pet theories of development. As systematic observations of fetal behavior accumulate, it is already becoming apparent that babies hear before they have ears, see before they have eyes, move gracefully and spontaneously before they have much brain, communicate telepathically with their mothers and fathers before they have language, move in and out of the body, carry past life memories, make decisions and begin to shape their lives around their uterine experiences. Ultrasound is revealing the heretofore secret life of twins and their unimagined social relationships beginning at only 20 weeks after conception.<sup>12</sup> Stories are circulating of babies attacking amniocentesis needles, which typically enter the womb around 16 weeks from conception, while parents and professionals watch it all happen on the ultrasound monitor. To explain these phenomena, a much larger paradigm is needed, one that embraces the whole spectrum of consciousness.

Transpersonal Paths Converge While I was having my adventures in transpersonal hypnotherapy I was continually reminded that there were other roads to prenatal realms of consciousness. A friend of mine who presided over a college of massage reported that the mere lifting of an arm would periodically result in birth abreactions in the midst of a Swedish massage. In England and the United States, psychiatrists using LSD in controlled experiments discovered that people could access their womb and birth traumas (among other transpersonal phenomena), and when LSD was no longer legal, they found it possible to achieve the same effects by use of movement and music. Others found a different route via yogic breathing, fantasy procedures, free-association, dreams, or therapeutic art. Recently, people have been reporting that working with specific parts of the feet is likely to provoke memories of the prenatal period. My own experience has been with using hypnosis as "the royal road to the unconscious." Over these last two decades, the validity of hypnosis itself has been continually debated and tested, as theories compete and evolve. I have, of course, noted that some people are more suggestible than others, and that the circumstances or conditions can make a difference in responsiveness. "Depth" of hypnosis has not proved to be necessary, nor have special efforts or techniques been required for work in the prenatal period. Some people are so "ready" to work that they arrive at an early trauma while I am just beginning the induction process. This has reinforced the idea that hypnosis-or trance-is a natural phenomenon that occurs spontaneously in everyday life. Memories of past trauma, though apparently forgotten, can be brought to the surface by current conditions. That they are not truly forgotten is coherent with recent theories of infant memory as a way of learning from and incorporating experience. Memory as the foundation under new experiences is never lost, although it may slip from conscious recall and need to be refreshed.<sup>13</sup> Under trance conditions, life circumstances may trigger "flashbacks" in adults, and children may act out their memories in play. Invariably, I find that my new clients have been having spontaneous flashbacks without realizing it. Memories of unresolved trauma were knocking at the door. I immediately encourage them to respect these revelations while we proceed to use hypnosis as a more orderly means of discovery.

SUMMARY

When I began using hypnotherapy as a tool in my psychology practice in 1974, prenatal and perinatal memories were considered an impossible feat for infant brains and were labeled "fantasies." This general view has not changed much in almost a quarter century of medicine and psychology. Then, as now, a minority of practitioners were fascinated by these early memories, struggled to understand them, and, even if they couldn't accept them as "real," they put such material to constructive clinical use since it was important to their clients. Others turned to rejection and ridicule, setting aside evidence in favor of the prevailing dogma. I attribute this scientific "failure to progress" to the resilience of an outdated paradigm of human nature which defines persons only as matter-particularly as brain matter. Transpersonal phenomena plainly overflow the banks of this old paradigm and suggest a larger truth, not yet fully articulated, of mind and soul as consciousness. Uncovering the mind/soul of infants through hypnotherapy has been a priceless adventure for me, as well as a gateway to understanding the larger issues of human consciousness. As we continue to discover babies for who they are, knowledge of infant consciousness will play a strong part in convincing the world-including the academic world-to shift to a new paradigm of human consciousness that goes far beyond the artificial and material boundaries we have previously set for it.

Footnote \* This clinical paper, based on twenty years of Dr. Chamberlain's practice of

hypnotherapy is published in Eric Lescowitz (Ed.), *Transpersonal Hypnosis*. Boca Raton, FL: CRC Press, 1999.

References REFERENCES 1. Elman, D. 1970, *Hypnotherapy*. Glendale, CA: Westwood Publishing Co. 2. Cheek, D. B. 1974, Sequential head and shoulder movements appearing with age regression in hypnosis to birth. *American J. Clinical Hypnosis* 16 (4), 261-266. 3. Cheek, D. B. 1975: Maladjustment patterns apparently related to imprinting at birth. *American J. Clinical Hypnosis* 18 (2), 75-82. 4. Mathison, L.A. 1981, Does your child remember? *Mothering* 21 (Fall), 103-107. 5. Bauer, P.J. 1996, What do infants recall of their lives? Memory for specific events by one- to two-year olds. *American Psychologist* 51(1), 29-41. Rovee-Collier, C. 1996, Shifting the focus from what to why. *Infant Behavior and Development* 19, 385-400. 6. Chamberlain, D. B. 1987, The cognitive newborn: A scientific update. *British J. of Psychotherapy* 4(1), 30-71. see also Chamberlain, 1992, Babies are not what we thought: Call for a new paradigm. *International J. Prenatal and Perinatal Studies*, 4(3 and 4), 161-177. 7. Chamberlain, D. B. 1998, *Babies remember birth is now available in a revised and updated 3rd.edition, The mind of your newborn baby*. Berkeley, CA: North Atlantic Books. 8. Chamberlain, D. B. 1994, *The sentient pre-nate: What every parent should know*. Pre- and Perinatal Psychology Journal 9(1), 9-31. 9. Ring, K. 1980, *Life at death: A scientific investigation of the near-death experience*. New York: Coward, McCann, and Geoghegan. 10. Cheek, D. B. 1986, Prenatal and perinatal imprints: Apparent prenatal consciousness as revealed by hypnosis. *Pre- and Perinatal Psychology Journal* 1(2), 97-110. see also Cheek D. B. 1992, Are telepathy, clairvoyance and "hearing" possible in utero? Suggestive evidence as revealed during hypnotic age-regression studies of prenatal memory. *Pre- and Perinatal Psychology Journal*, 7(2), 125-137. 11. Stevenson, I. 1987, *Children who remember past lives: A question of reincarnation*. Charlottesville, VA: University Press of Virginia. 12. Piontelli, A. 1992, *From fetus to child: An observational and psychoanalytic study*. London and New York: Tavistock/Routledge. 13. Rovee-Collier, C. 1996, Shifting the focus from what to why. *Infant Behavior and Development* 19, 385-400. AuthorAffiliation David B. Chamberlain, Ph.D.

**Publication title:** Journal of Prenatal&Perinatal Psychology&Health

**Volume:** 14

**Issue:** 1/2

**Pages:** 85-95

**Number of pages:** 11

**Publication year:** 1999

**Publication date:** Fall 1999

**Year:** 1999

**Publisher:** Association for Pre&Perinatal Psychology and Health

**Place of publication:** Forestville

**Country of publication:** United States

**Journal subject:** Medical Sciences--Obstetrics And Gynecology, Psychology, Birth Control

**ISSN:** 10978003

**Source type:** Scholarly Journals

**Language of publication:** English

**Document type:** General Information

**ProQuest document ID:** 198692471

**Document URL:** <http://search.proquest.com/docview/198692471?accountid=36557>

**Copyright:** Copyright Association for Pre&Perinatal Psychology and Health Fall 1999

**Last updated:** 2010-06-06

**Database:** ProQuest Public Health

---

**Contact ProQuest**

Copyright © 2012 ProQuest LLC. All rights reserved. - **Terms and Conditions**