

Recreating Ourselves: Ground-Breaking Research for a New Humanity

Phil Johncock, MA, MMs

ABSTRACT: The intention of this paper is to introduce interdisciplinary research challenging the foundations of self-growth fields and leading to the birth of a new humanity. The paper briefly summarizes relevant literature and introduces new adult verbal and nonverbal typologies with origins in four key preverbal developmental stages (conception, prenatal, birth and bonding). Interdisciplinary contributing fields included are embryology, neurobiology, attachment theory, body-centered psychotherapy, somatic psychology, and prenatal and perinatal psychology. Recent brain research is introduced as are concepts of 'essence interruption', 'imprinting' and 'triggering' to provide a theoretical framework. Finally, findings are applied to one group: parents.

KEYWORDS: Conception, prenatal, birth, bonding, parenting, imprint, brain research, attachment theory, preverbal, verbal and nonverbal typologies, triggering, essence interruption, somatic psychology

INTRODUCTION

Today, leaders in education, health, politics, business, spirituality, and even parents are witnesses to the development of a new type of humanity, conceived in greatness, gestated in loving nurturance, birthed in wonder, and welcomed into a world of limitless possibilities. As catalysts for empowerment and lasting change, the economic implications of underutilized human capital urge us to act upon new discoveries. In an ethic of caring and honesty, we owe it to ourselves, others and future generations to act from a place of authenticity and integrity. To do so means that we may have to educate ourselves in new ways. As the saying goes, "You think education is expensive. Try ignorance." One of our greatest blind spots in leadership psychology and human potential development is ignorance around how all

Phil Johncock is an award-winning author & educator; distance learning entrepreneur; professor in scholarships, fundraising, grants and charities; interdisciplinary researcher; and Ph.D. candidate. Correspondence: 5690 Vista Hacienda Way #104, Sparks, Nevada 89436. Email: johncock@charter.net

humans imprint and unwind patterns that take and took hold during the earliest developmental times of conception through the prenatal, birth and bonding (first 6 months) periods.

Pioneering research shows that impactful events occurring during these stages of development have profound and lasting psychological effects (Lyman, 2005). Pivotal research also shows that these imprints come to the surface in ways that are largely nonverbal. They emerge during certain situations (i.e., parenting, major and minor transitions, setting big intentions) that resemble the original trauma. Imprints are brought back into adult awareness as a form of repeating patterns, like a broken record. 'Triggering' is a unique phenomenon through which we use curious attention to allow imprints to bubble up to the surface. Then, our bodies can be partners with our minds and spirits as we repattern or reconceive ourselves organically in ways that our bodies are actually craving (Caldwell, 2001).

This information, in addition to being vital to professionals and parents, is crucial for conscious youth and adults who want to live full, vibrant lives, free of cultural puppetry that goes on beyond the view, like the old man behind the curtain in the Wizard of Oz. Or, like the default settings of a computer software program. Try as you might to change yourself, the default settings of your operating system return back to the original files every time you boot up your computer.

Much of the information presented in this article is cutting-edge research, compiled from a wide range of interdisciplinary fields: embryology, neurobiology, attachment theory, theories of trauma and the origins of psychopathology, body-centered psychotherapy, and somatic and prenatal and perinatal psychology. Ultimately, the intention is to introduce research that is changing the landscape of self-growth fields, as well as contributing to developmentally-appropriate approaches leading to optimal mental, physical and spiritual health.

This paper will summarize background literature briefly, followed by several sections that include additional references. The concept of imprinting will be introduced as well as four nonverbal developmental stages (conception, prenatal, birth and bonding). Key patterns and imprints, as well as typologies, will be discussed for each stage. The phenomenon of 'triggering' (similar to 'transference' and 'counter-transference' in traditional psychoanalysis) will be introduced along with brain research and a body-centered psychotherapeutic concept of 'essence interruption' which provides a theoretical underpinning. It will be shown how findings can be applied toward one specific group: parents.

BACKGROUND

Most of the literature on the earliest developmental stages has emerged in the latter half of the 20th century (Lyman, 2005). One exception is Otto Rank, who wrote *The Trauma of Birth* in 1923. He suggested that the prime source of adult neuroses and character disorders is birth anxiety.

Much of the research since then has been qualitative in nature, using primarily case studies. For example, Hendricks and Hendricks (1987) describe a 27-year-old who sought therapy because she was experiencing anxiety attacks in certain situations (airport concourses and shopping malls). With further exploration, she identified being stuck in the birth canal. Bobbi Jo Lyman, Chair of the Prenatal and Perinatal Psychology Programs at Santa Barbara Graduate Institute, summarizes an adult typology put forth by Ward (1999) which demonstrates how adult patterns reflect specific imprints and patterns from birth:

[A]dults who feel the need to arrive early and/or may never feel ready for anything (*early or premature birth*); adults who tend to wait for things to be done for them, experiencing a lack of self-empowerment (*Caesarian section birth*); adults having a tendency to have trouble getting started on their own (*induced birth*); adults who have difficulty finishing tasks on their own and resent others doing the job they know intuitively is correct (*forceps birth*)

Lyman also summarizes other authors and prototypical events regarding adult behaviors that may be traced back to something that happened during the prenatal period:

... adults who survive having feelings of dread and being annihilated (*abortion attempt*; Sonne 1997) ... and adults who demonstrate immobilization and survival responses (*prenatal physical trauma*; Riley, 1986).

IMPRINTING

Imprinting is a term used in comparative psychology (both in psychology and ethology) to describe phase-sensitive learning (occurring at an age or particular life stage) in humans and animals. It is rapid and often independent of the consequences of behavior.

One example of animal imprinting is geese that imprint the first moving object in a critical 36 hours or so after hatching. A famous photo of ethologist Konrad Lorenz shows him being followed by goslings imprinted on his wading boots. Another example is sexual imprinting that occurs in the male zebra finches (birds). They prefer mates who look like their mothers rather than finches of their own type (Immelmann, 1972).

Christine Caldwell, founder of the Somatic Psychology department at Naropa University, notes that the “primitive, rapid, global, and enduring form of learning called imprinting has been well explicated and well addressed” in the fields of somatic psychology and prenatal and perinatal psychology, as well as indirectly in the disciplines of psychotherapy and medicine. She claims that “imprinting fades as a learning style as the neocortex comes on line,” around age two.

As we will see in the section on brain research, imprinting as a primary learning style occurs before the orbitofrontal cortex of the brain is fully developed. It is preverbal. Caldwell argues that “adult trauma patterns may reflect a reoccurrence of very early learning, extending back to intrauterine life... Much of what we see in adults as trauma and shock responses trace their origins to imprinting mechanisms in the brain and elsewhere in the body” (p. 1).

This is based on the assumption that is the primary tenet of the prenatal and perinatal paradigm:

The developing child is capable of sensing, experiencing, and remembering as a conscious, aware being, thus able to experience stressful events while in utero. That is, the prenatate is conscious of events and experiences (especially those that are traumatic for psychotherapeutic purposes) and retains primitive imprints of events. These imprints will have cognitive, emotional, relational, and somatic (body) sequela as well that will continue into adulthood, and in all likelihood, if the early event was seen as intolerable or overwhelming by the unborn child, the memory of it will be forced out of consciousness. (Lyman, 2005, p. 2)

STAGES

Conception

At a Parenting workshop two years ago, my colleague (Kathlyn Hendricks) pointed out that I had gone ‘eggy’ in my presentation. I

had gone diffuse (horizontal) energetically, repeated myself and made quite a few long, slow motions. This is an example of where, as a facilitator, I was in the midst of a conception pattern moment. This made intuitive sense to me. As a facilitator, I had become fixated in my 'egginess' and not aware of how to shift to being quicker and more 'spermy'. I was stuck in a conception imprint.

The conception stage is comprised of egg/sperm-like opposites or polarities. I was the egg of my mother, which was in my grandmother when my mother was born. I was also the sperm of my father, the lucky one that made it out the approximately 20 million sperm cells launched in one ejaculation. I was both the egg and sperm before the merger and big bang happened.

Conception patterns also show up in contradictions as "either/or" dramas. For example, two fears that often come up for people who set the intention to live fully in their true genius are the fear of being too big or the fear of being too small. "Either I show up fully (people around me will think I'm a freak), or I play small (keep my friends rather than showing up fully and risk losing them)" (Johncock & Sillito, 2006).

Body-centered psychotherapy explores conception patterns by looking at body postures and specifically left/right (side of the body) splits and top/bottom (of the body) splits (Hendricks & Hendricks, 1992). As pioneers, Hendricks and Hendricks have also developed a typology of language used by persons experiencing conception patterns. People might say things like "I can't conceive of things being any different," "I just can't seem to get started," "Things are not coming together for me," or "I can't get it sorted out" (Hendricks Institute).

Hendricks and Hendricks also created a typology of body language around conception imprints: shaking of the wrists; wriggling movements; rounded, repetitive 'eggy' movements; pain at the big junctures—low back, base of head; and body splits—i.e., where one side of the face or body looks and moves differently (Hendricks Institute).

Their relationship typology might consist of one partner complaining of feeling overwhelmed by the other. There may be a polarization of feeling (i.e., one is 'the angry one' and the other is 'super-logical'). One may play the role of 'pursuer' and the other is the 'pursued'. They may use phrases like "I always ..." or "You never ..." One might be a 'spender', the other a 'saver'. One could be a 'cynic' and the other a 'true believer.' You may observe a seesaw of energy where if one is up, the other must be down. Or, you may see a sharp difference in energy (Hendricks and Hendricks 1993).

From this point forward, the typologies of language, body language or relationship patterns, unless otherwise referenced, were developed by the Hendricks' and the Hendricks Institute.

Prenatal

The prenatal (womb) phase is the time between conception and birth. One of my prenatal (womb) patterns was spotted right away by Gay Hendricks on the first full-day of the Professional Breath and Movement School in 2001. Dr. Hendricks asked me if I were interested in some feedback. I said, "yes," and he went on to say that he noticed that when I spoke, I swallowed my words. He then asked me if I knew what this was related to. "Something related to my childhood?" I guessed. "Good answer," he blurted.

"Would you like a simple way to take care of that (the issue of 'swallowing my words')?" he asked. "Yes," I replied, imagining that he was about to give me some psychological theory and an affirmation to use. "See me at the break," he said.

On the break, Dr. Hendricks suggested something totally surprising. "Take a baby bottle with a nipple. Put in some soy milk or rice milk, whatever tastes good. Suck on the nipple until you almost choke and need to vomit. Stay within your comfort zone, but stay with it until you activate your gag reflex. I suggest that you use a bathroom."

The first chance I had, I went to a store and bought a baby bottle and some rice milk. In a friend's bathroom, I sucked the milk until I had the urge to vomit. I choked, coughed and cried. Something released in my throat. My swallowing rapidly became more noticeable, deeper and easeful.

The pattern of "swallowing my words" went away. I developed a keen sensitivity in my throat that I don't remember experiencing before. I even belched. That may sound funny, but I don't remember doing much belching, at least in the last few years.

After this experience, something happened to the coloring of my neck, too. What had emerged was a birth, or pre-birth, mark. One possible rationale for this could be that my umbilical chord had been wrapped around my throat while I was in the womb. Interestingly, the very thing (the umbilical chord) that was feeding me nutrients was also choking me. I told this to my mother this evening, and she was unaware of this. However, she did tell me something else that was fascinating. She said that her mother told her that when she came out (her twin brother was first) the umbilical chord was wrapped around

her throat.

Hendricks and Hendricks (2003) created a prenatal (womb) typology that includes key words and phrases like “I can’t seem to get my head above water,” “It just washed over me,” “I’m overwhelmed,” “It’s bigger than I am,” “What’s wrong with me? There’s something basically wrong with me,” and “I can’t separate my feelings from others’.”

The nonverbal body language typology includes the resist/give up sequence (fetal startle response); gestures covering navel; contracting, shrinking or cringe postures. The relationship typology is comprised of feeling awash and overwhelmed by the other’s energy and emotions, feeling at the effect of the other (i.e., in sex, money, time), being in relationship with someone with toxic bad habits, feeling powerless and ineffective, and repetitive drama/adrenaline/despair cycles.

One of the key issues of this phase is the chemical passing on of beliefs, feelings and perceptions from mother to fetus. We grow in the womb, and we have no conscious choice. We pretty much go along for the genetic ride. We are basically pickled in our mother’s feelings, beliefs and perceptions.

From this stage, a key self-growth question is “What are my own feelings, beliefs and perceptions, separate from my cellular inheritance?”

My current research focuses on easy-to-learn practices for all stages to assist in unwinding imprints and patterns in gently, friendly and fun ways. At the prenatal stage, a key is to separate one’s own feelings from those of the mother, grandmother and ancestral lineage.

Conception and prenatal trauma and imprints that reflect cognitions and emotions seem to be somewhat more subtle and harder to detect than birth ones (Lyman, 1999).

Birth

In addition to the earlier example, Hendricks and Hendricks (1991) describe a clinical case study of a birth pattern.

A woman, 33, described a ‘squirrely’ place at the base of her sternum. As she described it, her face grimaced with distaste. We asked her to explore the feeling through movement. She tuned in to the squirrely feeling, and began to move with the feeling. A pattern to her movement emerged. She dashed furiously across the room, then collapsed. The collapse had a ‘give-up’ quality to it. Kathlyn asked her to go further into the

give-up place. She did, and described it as beige in color. Encouraged to go further, she began to writhe on the floor, sobbing and saying, 'I can't get out.' The intensity of the moment subsided, and she realized her whole life pattern was tied to this cycle of rushing furiously, then collapsing. It became clear to her that the pattern came from the style of her own birth. Further exploration revealed that her birth was difficult, with much anesthesia used in the final stages. A drama of birth was revealed, with in minutes, by focusing consciousness on a squirrely feeling in the chest (p. 4).

Have you ever noticed people who were communicating and putting their hands on their heads, scrunching their face, pushing with feet, adjusting neck, tilting a head to one side, or being sleepy/yawning? These represent the Hendricks' nonverbal body language typology around birth.

The relationship typology consists of pacing and rhythmic conflicts, a lot of energy to change relationship with no effect, complaints about one partner holding the other back, upset and conflict around unexpected changes (e.g., in schedule, yawning when partner brings up a feeling or issue).

A verbal typology includes phrases like "I can't get out" which sounds as if it might be birth-related. Other phrases might be "I'm stuck," "I can't see the light at the end of this," "Change is tough for me," "Just one more thing, then I'll be ready," and "There's never enough time."

Other patterns and phrases include, for the experience of being held back or pulled out by forceps ('I have no rights' 'I'm out of control'), suctioned ('I need to be rescued'), anesthetized ('I am numb' 'I can't make it without drugs'), induction ('I'm a failure at performing'), and medically indicated caesarians ('I have to rely on other people' 'Life is about violence') (English, 1993; Lyman, 2005).

Birth patterns (and conception/prenatal patterns, too) often repeat themselves during times of big or small transitions. Big transitions include graduating from high school, getting married, being pregnant and having your first child, getting divorced, losing a loved one, getting fired, changing careers, starting/ending a business. Examples of small transitions, as equally as important, are entering/exiting a room or meeting, traveling, beginning/ending your day, getting on/off phone calls, starting/ending coaching sessions, birthing new projects, and initiating conversations.

Jacobsen, Eklund, Hamberger, *et al.* (1987) investigated the long-

term effects of early trauma. They examined birth and death records of 412 Scandinavian forensic victims which showed a remarkable similarity between birth and deaths patterns. "... suicides involving asphyxiation were closely associated with asphyxia at birth, suicides by violent mechanical means were associated with mechanical birth trauma, and drug addiction was associated with opiate and/or barbiturate administration to mothers during labor" (as cited in Lyman, 2005). Lyman further argues that "although tragic, this apparent duplication of early experience may be the way the developing brains organizes itself in an attempt to understand and adapt to the world it faces, according to these investigators" (p. 4).

Bonding

The bonding period is the period for six months after birth. This is called the 'bonding' period because it is a key time to connect with and be nurtured by our primary care givers.

Previously, in the prenatal section, I described my experience of not having a gag reflex. I also discovered that I wasn't breast fed as a child. My mother said that she had tried with my oldest brother, but couldn't do it. Later, I found out that cows on farms near where I grew up grazed on food contaminated by pesticides. The milk I drank was very likely "toxic milk", but my body didn't seem to develop the natural skill to throw out what was foreign, unnatural.

I also made a connection between "swallowing my words" with "swallowing others' words" (for example my father's preaching) without digesting, metaphorically. I swallowed my anger and fear as a child without a healthy, body-centered expulsion when something didn't settle right. My inner sensitivities were dulled.

I was born in January in Michigan. The temperature was cold for most of the bonding period. I was bundled up quite a bit, and didn't have much skin-to-skin contact. In the last 12 years, I have come to realize that I crave skin-to-skin contact. The floor of the house I lived in was hard tile, until we moved into a new house with carpeting, after 6 months. I now spend a lot of time, including eating many meals, on the carpeted floor.

The relationships typology of Hendricks and Hendricks (2003) observes bonding issues when one person can't receive support or holds himself away from support; is chronically suspicious of the partner and vigilant about where the partner is; is insatiable or extremely self-sufficient; or deflects positive comments and gestures.

The typology of bonding-related phrases might be "I can't/won't

swallow that," "I can't stand it," "I can't stomach it," "I'll never get my needs met/get what I want," "It makes me sick," "I can't depend on you," "There's never enough," "You're smothering me," "Why doesn't s/he want me?" "Is it safe?" and any phrase with "trust" in it.

Looking back, I used many of these phrases when I spoke about and with my ex-wife just prior to asking for a separation in 1992. Safety seemed to be a key issue for me at that time.

The nonverbal body language typology for this stage includes scrunched face (as if tasting something bad); problems with taste; touching mouth area, licking lips, gagging; jaw clenching, teeth grinding (which I have); tightness around navel; chronic digestive problems; and stiffness, or two-dimensional postures.

TRIGGERS

The phenomenon of 'transference' and 'counter-transference' is an important part of traditional psychoanalysis. Webster's defines 'transference' as "the redirection of feelings and desires and especially of those unconsciously retained from childhood toward a new object." (1976) It is commonly accepted that people transfer unresolved feelings for their parents onto their partners and children.

According to Marti Glenn, founder and president of the Santa Barbara Graduate Institute, when one talks about these stages and attachment theory (covered later), people's issues begin to show up. In other words, if someone has a strong emotional reaction during a discussion about something around which he or she might have an unresolved issue, they could be said to be 'triggered'. Here's an example of a trigger experience that I had.

It happened in May 1994. I was attending a conference on Men & Women in Toronto with Jungian analyst Marion Woodman and poet Robert Bly. I was sitting on the floor in the front row of a group of around 400 men. In front of us were Marion and two other women leaders. We were discussing men's and women's issues. Suddenly, I noticed that I was rocking front and back, like I was being absorbed in some big emotional wave of energy. Before the men were dismissed, Marion asked if anyone else had anything to say. I raised my hand. I said, "I don't know what's happening to me, but I feel like I'm regressing to when I was around three years old and I'm sitting in a room filled with all of these unfeeling men." Then, I broke down and started crying. I wailed. I could hear my yelling echoing off the dome-shaped roof of the Elizabethan-style hotel.

Marion came down to my level and was present with me. Within a

few minutes, the sobbing had subsided, and I felt like something had been purged from me. After a few hours, I felt alive, vibrant and electric.

What had happened is that I transferred onto this group of men an experience that I had when I was two years and three months old. This triggered an experience that happened to me in April 1961. My almost two-year-old cousin drowned in the river next to my house. Her body was brought into the kitchen, placed on the kitchen table as the adults tried to revive her. My mother had a nervous breakdown and was taken into a separate room with the women. I didn't know this at the time.

The men, boys and I were taken to another bedroom. Nobody spoke, and the men seemed stoic, in shock. Like the room with 400 men, few, if any, showed their feelings. Now, 35 years later, I was triggered during a similar situation. Only this time, I allowed myself to fully feel my emotions through to completion, something that I didn't do when I was little.

This 'trigger' phenomenon seems to occur on its own when issues around these phases are brought up, such as during transitions, in parenting (as we will see), and around large intentions and big energy bursts. In other words, people can have their issues triggered emotionally and consequently transfer unresolved emotional issues onto others, especially authority figures. As leaders, counselors, teachers, parents, facilitators, and professionals, this has intriguing implications, as well as opportunities that we are just starting to comprehend.

BRAIN RESEARCH

The reason I've chosen the periods from conception to bonding (6 months) is because these periods are pre-verbal. They occur prior to the brain being fully developed. As we will see, during this time period, we are unable to access unconscious information and patterns using typical cognitive psychology or spiritual techniques.

Dan Siegel is an interpersonal neurobiologist. He uses an interdisciplinary focus to his research, touching on fields of brain research, linguistics, communication theory, cognitive psychology, developmental psychology, social psychology and relationship theory. Siegel points out that in the developing brain, the neuroplasticity (development of synapses of neurons) is greatest in the first 18 months of life. In the development of the brain, the orbitofrontal cortex is not developed fully until the first few years. In fact, five-out-of-seven

people don't have access to memories before age six, which is often referred to as 'childhood amnesia'.

Our memory prior to the brain being fully developed is referred to as 'implicit' or 'nonverbal' memory. Some of the features of 'implicit' memory are that it is present at birth, there is no sense of recollection present when memories are recalled, it includes mental models, conscious attention is not required for encoding, and it does not involve the hippocampus part of the brain. Siegel points out that:

The fascinating feature of implicit memory is that when it is retrieved it lacks an internal sensation that something is being 'recalled' and the individual is not even aware that this internal experience is being generated from something from the past. Thus, emotions, behaviors, bodily sensations, perceptual interpretations, and the bias of particular nonconscious mental models may influence our present experience (both perception and behavior) without having any realization that we are being shaped by the past. What is particularly amazing is that our brains can encode implicit memory without the route of conscious attention. This means that we can encode elements into implicit memory without ever needing to consciously attend to them" (Siegel, 2003, p. 23).

'Explicit' memory develops during the second year of life and beyond. There is sense of recollection present when memories are recalled. If it is autobiographical, a sense of self and time are present. It includes semantic (factual) and episodic (autobiographical) memory. It requires conscious attention, involves the hippocampus, and, if autobiographical, involves the prefrontal cortex.

Siegel (2003) suggests, "When we get overwhelmed and become immersed in our implicit memories of painful events or unresolved losses it is difficult to be present with our children" (p. 28) or anyone else for that matter. He expands this to say how difficult it is to change our lives. "When unresolved issues are writing our life story, we are not our own autobiographers; we are merely recorders of how the past continues, often without our awareness, to introduce upon our present experience and shape our future directions. ... It's as if we forfeit our ability to choose our direction and put ourselves on automatic pilot without even knowing where the pilot is taking us" (p. 28).

ESSENCE INTERRUPTIONS

Hendricks and Hendricks (1992) argue that people start life in essence, a “body-felt sense of unity with life that is free of conditioning.” For each of us, however, something happens along the way. Our experience of essence gets interrupted. Slow learning, repeated experiences at home, school, and society lead people to think, “That’s just the way life is.” Essence interruption can happen at any age. Rapid interruptions are sometimes called ‘traumas’.

Siegel adds, “During the trauma, an adaptation to survive can include the focusing of attention away from the horrifying aspects of an experience. Also, it may be that excessive stress and hormonal secretion during a trauma directly impair the functioning of parts of the brain necessary for autobiographical memories to be stored. After the trauma, recollection of those details encoded in only *nonverbal* [italics added] form will likely evoke distressful emotions that can be deeply disturbing” (1999, p. 20).

Hendricks and Hendricks (1991) hypothesize that when “something interrupts essence, that jangle leaves people in an integrity dilemma if they cannot feel and express their authentic emotions, talk about their thoughts and inner experiences, and make new agreements that allow them to return to essence. Most people have not had a consistent presence in their lives to support their unfolding essence and to listen and encourage the return to essence when it’s interrupted. When essence, or being, doesn’t work, people develop personas or roles to protect them and to get some contact, even if it’s for what they do rather than who they are. People develop the personas that work in their unique families and living structures. Most of us have developed a stack of roles by the time we enter into adult relationships. These roles often obscure from each other who partners really are, unless they can loosen the grip of personas” (p. 413). Persona exploration is another key area for future research.

The disharmony in the body that results from essence interruptions can be noticed and understood as stress reactions or body “flags.” In a positive light, flags can be seen as “signposts to essence” or “winks from the soul”. “... The stress of separation from essence is too wearing,” and one can “reclaim the connection to essence” (1992, p. 75). They are also considered “cracks in a persona” (p. 74).

With curious attention, Hendricks and Hendricks have found that a learner can move from flag-to-essence—from-pattern-to-authenticity—relatively quickly and painlessly. Once they emerge on

the other end of the tunnel, the pattern-free person is often glowing and ecstatic. They use strategies such as presencing, magnification, breathing, movement, and authentic communication.

They introduce a typology of five primary nonverbal and verbal flags to notice: breathing (fight-or-flight patterns), movement, postural, verbal (i.e., voice, tone, repeated words, underscored words, developmental phrases like "I can't conceive of a solution," "I'm stuck," or "Why doesn't he/she want me?"), and attitudinal (apologetic, teen-like, seductive, hostile, worshipful reverence, and needy dependence).

Caldwell adds that recurring stoppages in the natural flow of deep feelings and energy may build up over time. The result is entrenched blockages that may be threatened around certain unfelt emotions in others. "If I feel blocked in my anger, I will try to prevent other people from moving through theirs so that I will not have to experience the pain of my habituated withdrawal from my own energetic body" (2001, p. 4).

PARENTS

Siegel (1999) recommends that parents take in the child in the here and now moment. He suggests that parents should consciously mirror the healthy internal state of the child, as much as possible. When the parent is open and available to seeing the state in the child, the child feels heard, a deep resonance and communion occurs. The child feels an incredible sense of attention and "You see me!"

Sometimes, however, children "provoke the intolerable emotion in us," comments Siegel. "Our inability to be aware of it consciously and to make sense of it in our own lives leaves us at risk of being unable to tolerate it in our children."

He points out that "parents can find themselves filled with conflicted feelings that compromise their ability to be open and loving to their child. With defenses rigidly constructed in our own childhood and beyond, we can become frozen in our ability to adapt to the new role of caring for our children in a consistent and clear manner. Normal aspects of our children's experience such as their emotionality, their helplessness and vulnerability, their dependence on us can feel threatening and become intolerable" (Siegel, 1999, p. 26).

Kathlyn Hendricks would agree. "When a parent has difficulty in dealing with a specific problem or age of a child, treat it as a signal that you have unresolved issues about that problem or time of life. Understanding and clearing up your own issue makes it much easier to deal with the child's issue" (2003, p. x).

In a personal example of Siegel's own irritation to his son's

‘inconsolable’ crying, he talked to friends and wrote in his journal. He was familiar with research that demonstrated that the “writing down of material about emotionally traumatic experiences can lead to profound psychological and physiological changes associated with resolution” (p. 27). His experience was “frightening and raw.”

This led to a flashback and recollections of his internship year in college giving injections to screaming ill children—around his son’s age—in the UCLA Medical Center. He points out that the ultimate “change (closing the gap from panic to being present) occurred by means of the conscious processing of the implicit memories as they became integrated into a larger, explicit autobiographical narrative of that year. My life story had to embrace the emotional issues about vulnerability and helplessness at the heart of that experience in order to bring resolution” (p. 27).

Amazingly, once he was present, clear of the personal trauma, his son stopped crying. When our unresolved issues get resolved, often the child’s symptoms disappear, magically.

When we get overwhelmed and become immersed in our implicit memories of painful events or unresolved losses, it is difficult to be present with our children.

ATTACHMENT THEORY

Research shows that “unresolved trauma and grief” will not adversely affect a person (like a parent or child) if he or she talks about and makes sense of the experience. If this involves an early preverbal experience or pattern, integration happens in the brain. What was previously ‘implicit’ becomes ‘explicit’ and more readily assessable to our adult memory.

Siegel stresses the importance of parents, caregivers, and all adults being able to tell a ‘coherent narrative’ of their early childhood experiences. Research shows that making sense of their own early childhood experiences results directly in children being able to become “securely attached” in a healthy, positive way to their caregivers. This also makes it less likely that children will succumb to less desirable forms of attachment: avoidance, ambivalence or disorganized.

CONCLUSION

In conclusion, psychiatrist Stanislav Grof put it best. “Experiential work on prenatal and perinatal issues seems to lead to a new type of human being. Such a person has the capacity to appreciate and enjoy

existence and shows deep spiritual feelings about the world. He or she has reverence for life, tolerance toward others and understanding of interdependence of nature and society. This has far-reaching implications for the current global crisis and suggests alternatives to current strategies” (as cited in English, 1985, p. 2).

REFERENCES

- Caldwell, C. (2001). Bridging prenatal and perinatal psychology with somatic psychology. *The Moving Cycle*. www.themovingcycle.com/_Articles.htm
- English, J. B. (1985). *Different doorway: Adventures of a caesarean born*. CA: Earth Heart.
- Hendricks, G. & Hendricks, K. (1987). Techniques for dealing with prenatal and perinatal issues in therapy: A bodymind perspective. *Pre- & Perinatal Psychology Journal*, 1(3), 230-238.
- (1991). *Radiance: Breathwork, movement & body-centered psychotherapy*. Berkeley, CA: Wingbow Press.
- (1992). *At the speed of life: A new approach to personal change through body-centered therapy*. New York, NY: Bantam Book.
- (1999). The conscious heart: A body-centered approach to creating intimacy. In J. Carlson & L. Sperry (Eds.), *The intimate couple* (pp. 406-420). Philadelphia, PA: Brunner/Mazel.
- Immelmann, K. (1972). Sexual and other long-term aspects of imprinting in birds and other species. *Advances in the Study of Behavior*, 4, 147-174.
- Jacobsen, B., Eklund, G., Hamberger, L., Linnarwsson, D., Sedvall, G. & Valverios, M. (1987). Perinatal origins of adult self-destructive behavior. *Acta Psych. Scand.*, 76(4), 364-71.
- Johncock, P. & Sillito, M. (2006). *The power of living genius*. Sparks, NV: Fun Unlimited Inc.
- Lyman, B. J. (1999). Antecedents to somatoform disorders: A pre-and perinatal psychology hypothesis. *Journal of Prenatal & Perinatal Psychology & Health*, 12(3-4), 247-254.
- (2005) Prenatal and Perinatal Psychotherapy with Adults: An Integrative Model for Empirical Testing. *Journal of Prenatal & Perinatal Psychology & Health*, 20(1), 58-76.
- Riley, C. D. (1986). Tess: The emotional and physiological effects of prenatal physical trauma. *Pre- & Perinatal Psychology Journal*, 1(1), 69-74.
- Siegel, D. J. (1999). *The developing mind: How relationships and the brain interact to shape who we are*. New York: The Gilford Press.
- Siegel, D. J. & Hartzell, M. (2003). *Parenting from the inside out*. New York: Tarcher-Putnam.
- Sonne, J. C. (1997). Interpreting the dread of being aborted in therapy. *Journal of Prenatal & Perinatal Psychology & Health*, 11(4), 185-214.
- Ward, S. (1999). Birth trauma in infants and children. *Journal of Prenatal & Perinatal Psychology & Health*, 12(3-4), 201-212.
- Webster's new collegiate dictionary (8th ed.). (1976). Springfield, MA.