

Pre- and Peri-Natal Stress-the Psychotic Individual

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Abstract: None available.

Full Text: Headnote ABSTRACT: The psychotic individual often presents imagery, hallucinations, and behavior that reflect pre- and peri-natal stress. This paper is a phenomenological study of psychotic adults with a known history of pre- and peri-natal distress. An overall view of psychosis is described as well as the context of a therapeutic community system. The method of body therapy found to be effective with the psychotic individual is delineated and excerpts from actual interviews are included. The purpose of this paper is to present an overall view of psychosis, the context in which this state of consciousness is treated, and the imagery, internal frame of reference and process which demonstrates the pre- and peri-natal stress of the psychotic individual will be described and excerpts from actual interviews will be included in the text. Psychosis is an externalization of the problem of integrating mind, body and soul. The psychotic individual experiences life split off from his own inner reality, split off from external reality or he experiences a confused amalgam of internal and external reality. The physical experience of the psychotic individual is one of holding himself together for fear of falling or flying apart. The psychotic individual is disembodied and consequently has no anchor for being in the world. The individual walks around the world frozen in terror, which decreases the natural movement of his body. Lack of movement in the body interferes with his ability to focus attention and results in a vague perception of reality. The psychotic individual contacts the world through his senses. He is divorced from feelings, needs, and a sense of realness. The psychotic individual alienates himself and approaches life from the position of being outside of everything. Life is out there. An autistic identity develops and a decreased desire to focus and to make contact with people. A psychotic individual may lock into either an internal or external frame of reference. This will become apparent by the way he responds to an interaction. An example of an individual responding to his internal frame of reference in response to an external stimulus occurred when a therapist entered the community and said, "Hello." The patient responded, "Don't come in here. Some man has a gun and wants to kill me." This is an extreme response based on fear. There are noticeable changes in the psychotic individual, when he is experiencing feelings, especially feelings related to survival. When an individual is terrified of the world, i.e. of taking in external stimuli, his pupils are often dilated. When an individual is spaced out, his pupils are often constricted. The body indicates a reaction to feelings. One patient, who was terrified of his body and of being in the world looked frozen; his breathing was shallow and his skin looked waxy and moist. This individual's eyes were sunken into his head and darkness surrounded his eyes. Other physical signs of withdrawal from the world include a collapsed chest and frozen diaphragm. Some individuals look as if their limbs are not attached to their body. One young man's arms looked lifeless and old, disconnected from the rest of his body. A previous study explored the extreme response to feeling using heart rate and pulse volume indices.¹ A therapeutic community provides a safe place for the psychotic individual to engage in a healing journey. The house provides a home for the body, psyche and soul, as each person ventures into chaos, temporarily letting go of life in the larger community to discover the essential self. Relationship within the context of a loving and responsive community, becomes the vehicle for the journey. Relationship is the way each individual learns of the real world and provides the means to explore the split off inner world. Relationship represents a bridge between the past and the future in the present time. A sense of mutuality, a feeling that we are in this together, supports individuals in taking their own journey and in being involved in the journey of another patient. The theoretical model of the therapeutic community is developmental. The program is based on four phases of treatment. The utilization of phases represents the development of a "womb" that is mastered psychologically, biologically, mentally, socially

and spiritually before separation occurs. The basic developmental tasks of each phase of treatment include the following. Phase I provides the patient with the safety and opportunity to bond with a therapist and the community. Changes in primary perception begin as the result of bonding and contact. The patient is reacquainted with his own body through body therapy. The patient learns to focus, to think, to experience clear boundaries, to do things in concrete ways and learns that feelings and needs are okay. The patient is exposed to the experience that being in touch with one's feelings and needs helps to cultivate and nurture contact and interaction with others. Phase II provides each patient with the opportunity to form an intimate relationship with a therapist(s), and to expose and share his internal world. The relationship grows as the patient and therapist connect on a soul level. A soul level connection penetrates a patient at his deepest core; the innermost being is affected by the love that exists between patient and therapist. The patient and therapist are receptive to one another. The therapist impacts the patient in a significant way. The meaning of the healing journey increases as the patient becomes more aware of his truth. The individual in phase II develops an observer, which means he is aware of what he is thinking and doing, while involved in a relationship, experience or conflict. The phase II individual learns to relax on a body level and learns how to use body therapy to gain more awareness of his reality. The phase II individual possesses a high need for using structure, gains a deeper understanding of his experience, and develops personal power and confidence by competently interacting in the therapeutic community. The phase II individual explores the larger community by being involved in work, school or some recreational activity. The phase III individual consciously begins to deal with pre-natal and birth trauma, and with separation from the therapeutic community, the primary therapist, and the natural family. The individual in phase III experiences that letting go of the psychotic way of being parallels a dying process. The phase III individual risks everything, lets go of a way of life and faces the world in a new, responsive way. The individual in phase III has incorporated internal structure and has developed the ability to think about what works and what does not work in solving problems. The thought disorder plaguing the individual has disappeared and thinking moves from idea to plan to action. The ability to conceptualize, i.e. to take information, structure it in the mind, and utilize it meaningfully, has increased as well as the ability to look at a wide variety of options. When the phase III individual experiences the dying process, i.e. letting go of an old way of being, he reverts to primary process thinking. A clear split exists between the individual's ability to think and to function in the community and world, and with his primary feelings evolving around existence, death and birth. The difference at this stage of development occurs because the individual has an observer and watches the split, rather than acting it out through psychosis. The phase IV individual faces the completion of the separation process from the therapeutic community, and a level of separation from the natural family and the therapist. Phase IV is a time of forgiving, of dealing with grief and loss, and of accepting oneself and one's parents. As a result of being in the world and completing a therapeutic process, the phase IV individual is able to synthesize and act on new ideas. The individual is able to function in the world, be in relationship and distinguish between a primary process, creativity and spiritual development. The psychotic individual presents pre- and peri-natal imagery, behavior and hallucinations as early as phase I of treatment. A common hallucination experienced by phase I patients is an amoeba or "blob of nothing" that simultaneously implodes and explodes. Terror of breaking permeates the conscious awareness of the individual. "I am in treacherous waters-fighting." The theme of "no exit" manifests in phase I in a variety of ways. One bipolar patient became terrified if he experienced that he could not get out of a group, the house or a one to one supervision. If the need for space did not receive a response, he experienced "no exit" terror, which would often precipitate a manic episode. A young schizophrenic woman, when in an acute psychotic episode, described her experience of being trapped. "It's all a trap. I am encased in a milky white fog. I'm pushing as hard as I can, out of breath, gasping, banging, rolling, hurting, raging. A dark hole with only a glimmer of light is following me around. I'm shrieking inside. I am being choked out of myself. I can't breathe. I'm swallowed up in darkness. ..." A young schizophrenic who was induced experienced hands all around her. "The hands are coming after me. They're going to kill me." A schizophrenic woman was enraged at her mother

because she did not protect her from her father, while in-utero. The father punched the pregnant mother in the abdominal area. The young woman decided that her father punched her mother because she was an accident. "I wasn't supposed to be born. I don't have a right to exist. I was born right after my father punched my mother and I almost died. Then I changed." The young woman became very giddy, obviously blocking deep feelings. This young schizophrenic associated pain with nonexistence. Whenever this young woman experienced pain and other feelings she would enter another world and make no contact with anyone in the community. The other option used by this woman was to blindly run away from people. A typical behavior of phase I schizophrenic and bipolar patients is to hide in the closet. The experience of being in the closet is safe; it is small and enclosed. Typically, patients will cover themselves with blankets and pillows as they seek warmth and safety. The patient in phase II has established a strong relationship with a therapist and begins exploring his inner world through body therapy and procedures. A procedure is a long therapy session utilizing a team of staff members and patients to support an individual through a particular issue or process. A phase II patient describes her own birth as the birth of a "satanic" baby. The mother is described as an all powerful energy entity. "A baby is born and you don't feed that baby and that baby's going to die. And if you don't feed that baby and the baby lives, then there's some power in that baby that is connected to this power which feeds more power to it. I am the 'satanic' child that wants power and control. The power to keep them away, intimidate, hurt them before I get killed." One patient involved in a pre-natal therapy session, upon entering the water felt terrified and could not breathe. "I'm going to be consumed in blackness. I kept trying to fill my lungs and nothing was going in. You know when you breathe you can feel your chest and your lungs expand. I could not feel that. Nothing was going in. I couldn't get any air. I'm trying to breathe and I can't. I was using a lot of energy to get oxygen and it wasn't coming. I was panicked. I couldn't fight what was happening-the panic and the fear and the lack of oxygen." When this young woman gave into the feelings and began breathing, while in the water, she reported the pain of her experience. "The pain, the incredible pain, the feeling that my vitals were being cut from me, my blood supply, my oxygen supply; everything was cut off. My mother's womb was coming in around me to crush me and I remember twisting and turning to get away from it so that I wouldn't be crushed, and at the same time struggling to stay alive. The cord was being constricted. All of my life supply was being cut, and then trying to stay alive while she constricted that. And then when she couldn't constrict it anymore, then it was almost like my body was gasping inside, to draw in anything so that I could regain a little more strength to keep on living. I felt that my mother was starving me and trying to suck all of my life out of me though the cord. It was almost like she was taking my life rather than giving me life. I felt the incredible pain that was there, and the incredible struggle to live in those kinds of conditions. It's like trying to get something in me to keep on struggling for life. And the more I tried to struggle the tighter she got, and I don't know how I made it through that. It was the most powerful thing that's ever happened." The mother of this patient became ill with polio, when she was pregnant. The patient reports that her mother resented her because she was left crippled as the result of not being able to take medications due to being pregnant. One patient, who experienced that her mother was in her pelvis, described her mother leaving. "My mother left down through my pelvis and bursting out through my chest. It made a hole right in here, in the torso of my body. It was painful, but a different type of pain. It was a pain that I would like to withstand. It is not a pain that I've been suffering. It's more like a relief, a relieving pain. A pain release, there are no words. Then I felt, and I still have feelings that there's a hole and the edges around it are raw, from the incredible burst. Love and softness will help heal the rawness. The energy leaving through my legs left me feeling weak. But then also a strength, it's hard to say. When I felt it go out, it's like there was hot and cold, and it was almost simultaneous. Really fiery hot and cold, and it's shooting down through my pelvis and legs. At first it felt cold, then it was hot and just running, almost like an electric current going super fast through and at the same time, out through my legs and vagina. Boom, just like an explosion through both ends. At that point when that happened, that's when I felt that I had made it through. I had been born and made it through my mother's womb, and it was like fireworks. I just busted out. And I felt it. At first I was having difficulty

breathing, I couldn't get my air. And then I cupped around you and felt your softness and warmth, and my body started relaxing and I was able to breathe. I felt safe and soft." Pre- and peri-natal work with psychotic individuals increases as the patient attains phase III. The drama of acting out the trauma decreases and the individual works through the stress on a body level. Terror characterizes the pre-natal experience of the schizophrenic and the Bipolar individual. The schizophrenic is terrified of "not being wanted," suffers from an inability to connect, and consequently is terrified of being alone in a place where he cannot escape. Terror imprints itself as pain and the individual freezes rather than risk the pain of movement. One young schizophrenic, who was born cesarean, became completely tetanized whenever she reexperienced her birth. She was terrified to move, to breathe, to be in the water (when work was done in the hot tub), to be alive. She had to be gently stimulated through a rocking motion to get a response. When this woman could express the terror she felt, she would melt into her body. Many schizophrenics believe that they are bad. They are terrified of starving in-utero, terrified of not being able to breathe and terrified of being poisoned. Many schizophrenics and bipolars experience that they are being anesthetized and remain in a stupefied state for several weeks, as they move through the experience of being drugged. One schizophrenic woman, whose mother was an addict and an alcoholic, experienced that her brain cells were impacted from the uppers and downers her mother took. Her brain did not know which way to go, consequently, this woman experienced a violent collision of cells for over a month. "There was a jumble mess in my brain." This woman, terrified by the experience, was also horrified at being so out of control and helpless with no verbalization skills to share the magnitude of her experience. This constant nightmare provided no relief and left excruciating pain both emotionally and physically. Finally, this young woman was able to work through the physiological trauma. Since schizophrenic individuals are terrified of flying apart, it is helpful to contain or restrain them with other people, while they are doing the bodywork. Containment provides safety for the patients and many will not do the work without that containment. One schizophrenic individual described a birth process, which began with extreme pressure in the head. "I need pressure on my crown or it will blow off." This individual was compelled to push, "push against something to save my life." The need to push changed to rage, rage that the doctor and her mother were manipulating her, doing things to her. "They had no right to put me through the torment of going through this darkness. I didn't choose to come. I said 'No.'" The experience changed to a need to move through some density. Terror replaced rage as this young woman experienced that she was falling into a tunnel. The terror was felt in her spinal cord. She began to breathe into her back, terror then encompassed her spinal cord, shoulders, and crown of her head. The image of a black panther appeared and then this woman felt like she was falling in all areas of her body. Death was imminent, her life was being threatened. She finally let go and was born. Schizophrenics know when they are dealing with a pre-natal issue. "I feel in-utero, inside, not outside. If you're a fetus, you know it. You are inside. There is nothing you can do." A schizophrenic describes a memory while breathing in the hot tub. She was a two month old fetus, recounting her mother's experience of learning that she was pregnant. "My mother was in total despair and grief that she was pregnant. That is how I felt. She did not want me." Many schizophrenics utilize the freedom and clarity following a prenatal session to do significant bonding and connecting with the therapist. One woman describes herself as a fetus connecting by being in the womb of her therapist. The phase IV individual completes, as much as possible, breathing through core-level beliefs and makes new decisions about himself in relation to others and the world. A few patients have relived their mother's attempt to abort them or their perception that she contemplated or attempted to abort them. An issue which persists in phase IV concerns being safe. The patient comes to terms with being alive in this body. Feelings toward the doctor and father surface more intensely in phase IV. Grief, resulting from having formerly thought of oneself as "unwanted," not okay, bad, unworthy, causing pain, etc. and consequently not really connecting or bonding, is released. The phase IV individual lets go of the hope that he can have the type of bond that was once desired with his parents. The individual accepts the humanness of his parents and the humanness of himself. Many patients in phase IV breathe through the pain of their existence and open to

pleasure, spontaneity and spirituality. Some individuals extend their consciousness into past lives, the collective unconscious, and conception. The bipolar individual experiences problems in breathing, ranging from shallow fast breathing when manic to suppressed breathing when depressed. The bipolar person seems to be oxygen deprived. Research in this therapeutic community concurs with the work of Stanislav Grof, that depression originates in the last trimester of fetal development when the fetus begins to feel uncomfortable, has difficulty moving and believes he cannot get out. The individual, who develops depression, gives up in the struggle to get out. The individual is terrified; there is no exit.² The basic belief reinforcing the incapacitated depressive state is "I can't. I can't get out. I can't do anything. I can't feel. I can't be." The individual, through the course of development, is programmed to be inadequate. The bipolar person often becomes delusional around being trapped. One young man described the "haites vib" as living on death row, terrified of life, terrified of death and unable to move in any direction. When the bipolar person moves into the terrified state, his energy changes from a position of holding on to a frozen almost catatonic appearance. The manic phase of the bipolar disorder appears at times to be a defense to avoid feelings, and at other times a state of consciousness exhibiting a high level of agitation. The energy systems in the upper body open and the crown chakra is wide open, providing the opportunity for the patient to be out of his body. The pelvis is open and the energy systems between the pelvis and forehead are flowing. Behaviorally, the individual in a manic phase may act out sexually in bizarre ways, become paranoid and/or become violent when attempts are made to contain him. The manic depressive cycle seems to avoid the issue of birth. This is exemplified with the rapid cycler, who moves from depression to mania to depression to mania, again and again. Birth seems to be the way out of the cycle and yet it opens the door to another unknown, which is life. The bipolar reaction to life is to suppress breathing, and maintain the position that-I don't want to be here. The position in some cases is manifested by asthma and also grandiosity, both extreme positions, whereby the individual is afraid to be responsible for breathing and for responding in a functional way in the world. Breathing and bodywork help the bipolar individual in both the manic and depressed states. Grounding the patient in his legs through traditional Bioenergetic or Yoga exercises, plus closing the crown chakra will facilitate the moderately manic individual in coming down. The extremely psychotic individual will need containment. One rapid cycling young man chose to let go of his mania after he developed close relationships by allowing himself to be contained by those whom he trusted and after he decided to take in contact (life) and breathe through the terrifying, intolerable feelings surrounding his existence. This same young man when depressed would isolate himself in his bed and not move without external prompting. Breathing enabled this young man to experience some movement in his body which provided relief. A continuous schedule of breathing helped facilitate a movement through his terror of life. Bio-cellular Integration is a form of body therapy that was developed in response to the mind-body-soul split in psychosis. Breathing, direct work on contracted muscles, and movement represent the mediums utilized in an individual treatment process. The context supporting Bio-cellular Integration evolves from the idea that the body is the medium for being in the world and for expressing the self. The body anchors each individual in the world and that anchoring or groundedness affects one's attention to life. Attention is affected by each individual's openness to movement in the body as it responds spontaneously to feelings, to a situation, and/or how it is affected by the mind's view of a situation. The psychotic individual often pays more attention to the mind's interpretation of an experience and discounts or blocks the body's spontaneous response. Attention to the body for the psychotic patient begins with exercises designed to help him feel each part of his body. The feelings repressed are aroused and the patient learns to express those feelings in structured, safe ways. While each patient involves himself in exercises, attention is paid to breathing. The goal of treatment from the beginning is to increase the capacity of each patient to take in oxygen and increase circulation. This results in the stimulation of higher brain cells and in the increased ability to focus and think. An expanded ability to breathe increases an individual's experience of himself and others, resulting in inner movement in the form of feeling and motivation, which may be extended outward as the individual moves toward contacting others and being responsive to situations. Movement, both

inner and outer, raises an individual's consciousness of reality. Movement in the body is learned when the body has understood it. For example, a typical response of a psychotic individual is to freeze when frightened. The new movement that the psychotic individual becomes aware of is the energy and feeling of fear, the thoughts supporting that fear, and the ways to handle the fear without freezing or deadening the body. New movement within the body must reach the individual on a muscular and cellular level. Breathing directly affects and impacts the cellular level. The cellular level is the deepest physical level of holding memories and feelings. This level touches the pre- and peri-natal process. Often the psychotic patient will begin a session describing feelings, body sensations, and events that are troublesome, then moves to working on a muscular, contracted level and then completes the session with breathing. Breathing takes patients to the core level feelings. The method of breathing used is an integration of connected breathing³ and breathing into the abdomen, diaphragm and other areas of the body to facilitate a breathing through of the resistance and a surrender to the feelings and experience. The therapist acts as a coach guiding the breathing of the individual to facilitate a deepening of consciousness. One schizophrenic vehemently speaks of the importance of the guide. "The voice of the therapist serves as my anchor, so that I can let go to my inner self to do the work." Awareness of experience enriches consciousness and knowledge of one's own truth. The journey toward truth bridges the physical realm with the spiritual realm. Breath becomes the medium, which penetrates higher spiritual realms and the more earthly intuitive aspects of being human. Individual consciousness touches both unresolved cellular experiences, and awakens to contact the collective unconscious, light, truth and love. Psychotic individuals describe movement from the physical to spiritual realm as an openness, safety, peacefulness and an experience of receiving a loving, light force that flows into their souls. Bio-cellular Integration provides the medium for facilitating a psychotic individual through core-level existence issues. This mechanism is viable within the context of a therapeutic community. Community support ministers to the need of the patient for external protection while experiencing feelings and perceptions that threaten his existence. Community support may take the form of one to one supervision, containment during long therapy sessions, confrontation when resisting letting go of a pathological way of thinking or behaving, or being with an individual and offering love as he plunges into the depths of his chaos. Pre- and peri-natal issues become apparent for the psychotic individual upon entry into the therapeutic community, first through patterns of acting out, later through exploration of the inner world, and finally through the cellular expression of feeling and memories that touch the earliest experience of consciousness. It is my opinion that traumatic pre-natal and birth experiences provide the template for a predisposition to psychosis. When the individual uses the same survival reaction to stress that he perceived to be effective in-utero or at birth, then the predisposition to psychosis becomes the beginning of a psychotic structure, which is used to avoid feelings that threaten the individual's survival. The psychotic process manifests itself during adolescence, a time of increased hormonal growth and preparation for separation. The time period when the fetus seems to be at greatest risk for trauma is the last trimester, a time of increased hormonal growth and preparation for separation. The time of greatest trauma in the therapeutic community is phase III, a time of separation and preparation for being in the world. Phase III represents a time of greatest concentration on pre-natal and birth issues and feelings. While more research is needed, a pre-natal predisposition to psychosis may provide an area of exploration and research that has only just been conceived.

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