Tracing the Roots of Panic to Prenatal Trauma

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Full Text: INTRODUCTION For the past five years I have worked with a patient in my practice who suffers from panic attacks. I will call her Miriam. Her panic attacks usually begin with a feeling of tightness in her chest, as if "an elephant were sitting on it." Connected with this sensation of suffocation are heart palpitations so strong she believes she's suffering a heart attack, dying, or losing her mind. Miriam has always been a person who never let herself lose control in her life; otherwise she risked having a panic attack. Due to her overwhelmingly powerful anxieties our therapy sessions took place over the telephone. The crises that brought Miriam to therapy were panic attacks that were triggered by two car accidents, one shortly after the other. She suffered whiplash injury, which resulted in headaches and severe back and neck pain (sometimes so agonizing she thought of killing herself). The car accidents followed the end of a traumatic divorce that had gone on for two years and had threatened her with losing custody of her son. Though the car accidents were stressful enough in and of themselves, it seemed there must have been an earlier cause for Miriam's distress. Miriam's traumatic family history holds the key: Prior to Miriam's birth, her mother had aborted a baby girl in the seventh month of pregnancy. The baby was aborted at home, survived for several hours without care or nourishment, and finally died. Miriam's mother's problems continued with Miriam; she was vomiting constantly, losing weight, and was ultimately thinner when she gave birth than when Miriam was conceived. Another crisis presented itself as the day of Miriam's birth approached. It was a Saturday night when her mother's labor started and she went to the hospital. Although her cervix had already dilated, because the hospital staff was tired, they gave Miriam's mother morphine to stop labor. Ironically, the next day labor had to be induced to force the birth. Because of her mother's medical crisis and because Miriam appeared to be dead, the newly born baby was laid aside. Only later did someone notice that the baby girl was still alive, and only then was Miriam cared for. Because of her mother's critical condition, Miriam was separated from her for a week after birth. Another factor was that Miriam's mother suffered her whole life under a psychotic mother (Miriam's grandmother). Were the whiplash injuries, or the divorce and custody battle, or Miriam's birth history the root of her panic attacks? It was the recapitulated physical and emotional pain of the fearfully traumatic divorce trial and the whiplash injuries that catapulted Miriam to reconnect with her mother's physical and emotional pain from the trauma before and during her pregnancy, and both their birth experiences which made it possible for Miriam to seek help in resolving her pain. An important question is whether Miriam's mother ever completely mourned for her aborted baby before Miriam was conceived. Because her mother probably had not been able to connect with and resolve her feelings of grief, sadness, and probable guilt at the death of her first baby, Miriam was born with her mother's same unresolved feelings. THE HISTORY OF PRENATAL AND PERINATAL PSYCHOLOGY Here I introduce the present knowledge of prenatal and perinatal psychology and psychotherapy. It began with the 1924 book by Otto Rank, The Trauma of Birth. Rank, together with his patients, recognized that the roots of neurotic development can always be traced back to the birth experience and that the neurotic pains of his clients could not be completely understood outside of this context. In the 1950's Hungarian psychoanalyst, Nandor Fodor, who was living in the United States, detected that every strong anxiety dream was ultimately a dream about one's own birth. Who isn't familiar with dreams of terrifying flight without having the control to move or prevent the imminent danger? Or the dream of being swallowed by a huge swirling vortex and then falling furthest depths. English psychoanalyst Francis Mott, a student of Fodor's, developed a psychology of the fetal self in the womb through analysis of his patients' dreams. Mott detected that the baby senses the negative

feelings of the mother coming into its body through the blood of the umbilical cord. In response, the fetus returns these bad feelings to the mother through the same blood, running it back through the placenta. Thus a fight, or even war, can start early in life between a mother and her baby. Mott also worked on mythology to show that every god or godly figure in the world has something to do with a baby in the womb-every god has a connection with light, brightness, or fire-a symbol of the primary feeling of the fetal self in the womb. The field of prenatal and perinatal psychology continued with the advancements of Czech psychiatrist Stanislav Grof, who worked with LSD. This psychedelic drug often regresses people to their birth and to the horrors and panics they experienced. Never is so much adrenaline secreted in a human being as when a woman goes into labor. This same hormone that is secreted in the fight-or-flight response That means that the birth process is the utmost experience of anxiety in most people's lives. Grof also showed that the different traumata of life all center on the same feelings. Like the skin of an onion, one layer can be peeled away, but the essence and roots of the anxiety remain locked in the center with the trauma of birth. Grof called this phenomenon the COEX-system. English psychiatrist and theologian Frank Lake also used LSD for his research and discovered that the origin of every trauma does not lie in birth, but rather in the experiences of a fetus during its first three months, beginning with conception. How parents react when they find out they are expecting a child is the first impacting experience. This means that early trauma of the first days and weeks repeats itself during the rest of the pregnancy, becomes a pattern in birth, and continues into infancy and childhood. Ultrasound examinations provide firm evidence regarding the progression of the fetal psyche in the womb. Italian psychoanalyst Alessandra Piontelli witnessed a physician showing a mother her baby during her ultrasound and how she reacted to her baby and visa versa. In Piontelli's case histories, we learn that a baby reflects the behavior of the mother like a mirror. The deepest imprinting for the personality of a human being develops during the time in the mother's womb. American David Chamberlain was the next to make advances by putting children and their mothers under hypnosis and regressing them to their in utero and birth experiences. Chamberlain showed that the birth stories of the child and mother were identical. Children can vividly remember their birth and what they lived through before birth-marking a milestone in the development of prenatal and perinatal psychology and psychotherapy. With all of this knowledge to work from, therapist William Emerson began to work with babies and small children in the mid-1970s to help them to resolve their pregnancy and birth traumata. To review, here's a summary of the main results of prenatal and perinatal psychology and psychotherapy: * Birth represents the most intense experience of anxiety in most human lives. The body's inclination to stress originates from birth. Stress is the illness of our time. * The most important imprinting of a human being happens in utero during the first nine months of existence, at birth, and during infancy and babyhood. Although we cannot consciously remember this as adults, our bodies store these memories. * Because we don't consciously recall our prenatal and perinatal experiences, we are inclined to repeat them continuously throughout out lives, to stage them again and again in our professions, partnerships, and with our children and friends. Emerson calls this tendency recapitulation. The more traumatic the beginning of our lives, the more we tend to recapitulate our vulnerability. Peter Nathanielsz showed that the conditions in which we develop in the womb profoundly influence our susceptibility to coronary artery disease, stroke, diabetes, and obesity in later life, reiterating the notion that people seek out therapy to resolve issues that originate with prenatal and perinatal traumata. * Most people live through a lot of traumata in their lives. While stories vary from case to case, the emotional charge is usually very similar (the COEX-system). Whiplash injuries, for instance, or other trauma connected with strong emotional and/or physical pain, should heal spontaneously or with professional help after a certain time. If not, there is probably a hidden birth or pregnancy trauma beneath the present trauma. In my own practice working with babies, I see tendencies in both parents to suppress old hurt feelings, anxieties, and traumatic experiences. As adults we have the ability to repress these feelings, whereas babies do not yet have this capacity. They absorb all the unresolved feelings and problems of their parents-past family problems, unfinished business, unresolved conflicts between father and mother. I have found that parents are usually very willing to

confront these traumatic experiences in their own lives as new parents. This is a good time to initiate the healing process for both parents and baby. PANIC IN RELATION TO THE PRENATAL AND PERINATAL EXPERIENCE Before I begin my case studies, I would like to direct the reader's attention to the symptoms of the panic attack itself. All these symptoms can be compared to what a baby experiences at birth. Panic is the outbreak of catastrophic anxieties. Difficulty in breathing is the center of this syndrome, as the body tells itself, "I want to get out of here, I cannot bear it any longer." The feeling of suffocating is one of the strongest symptoms of a panic attack. Connected with it are sensations of feeling restricted and tightness in the chest. Heart palpitation is generally perceived with some intensity and often causes people to think they are about to have a heart attack. Feelings of suffocating combined with heart palpitations can give the panic attack the added dimension of acute fear of death or of losing one's mind. The feeling of loss of control causes an intense sense of fear. This is experienced by the body as dizziness, fainting, or numbness. Can the feelings and experiences of birth be described more accurately and clearly? In panic, sweating can alternate with chills: It has been proposed that an infant experiences burning sensations on the skin when they leave the womb. Also, the feeling of losing the mother during or after birth is, according to David Chamberlain, one of coldness or shivering, the physical symbol of separation and loneliness. The terrifying feeling of losing control can be explained by the influence of the medication administered to the mother in labor. The work of Emerson and Ray Castellino, a Craniosacral therapist based in Santa Barbara, has shown that the baby is often overwhelmed by pain and that the contact to the mother during labor is drastically weakened or completely interrupted, causing the baby to lose control of the movements and the force of its own body, which is extremely frightening. Panic attacks are frequently accompanied by irritable bowel syndrome (i.e., digestive troubles, flatulence, diarrhea, or constipation). Let us be reminded that, during and immediately after birth the intestines begin to function, whereas during pregnancy the baby was fed directly through the blood of the mother. Migraines are one of the most common co-morbidities of panic attacks, which brings up the question as to whether an unresolved birth trauma is hidden behind migraines. If we consider claustrophobia, the fear of narrow and crowded spaces, the symbolic meaning of childbirth is clear and evident. Agoraphobia can be understood as avoiding the anxiety-releasing mechanisms. Depersonalization and the loss of reality can be another symptom of panic attacks; through these symptoms the person speaks directly of the anxieties experienced at birth. The main thesis of cognitive therapy is that body sensations are catastrophically misinterpreted. This assertion supports my argument that panic attacks are often the result of unresolved pregnancy or birth trauma. An apparently harmless situation has the capacity to trigger body sensations that originate within old traumas. CASE STUDIES I would like to share several case studies that impressed me; but first I would like to share a personal experience. I was married and my wife and I had two children. During my long career as a patient, mostly after my divorce, I recognized how much panic I felt about being close to and having a relationship with a woman, which at the same time was my deepest wish. These fears lay dormant in me as long as I was married, under a think layer of symptoms. They gradually came to the surface the more I learned about myself. Being a therapist myself, I was desperate; I was close to giving up my practice. After all, how could I help other people if I couldn't help myself. My history: About six years ago, through a special regression therapy, I recognized that my mother, who had two girls, did not want a third child. She thought of abortion, but her religious beliefs did not allow her to do it. About halfway through her pregnancy with me she suffered from such intense anxiety and terror that she tried to kill herself. When I was born we both nearly died. I then realized my inner formula was-when I open my heart to a woman that I love, I risk dying. This knowledge helped me to calm down and to come out of my depression and panic. In the practice of two colleagues and friends I recently met a patient, I will call him James, who had three severe accidents in as many years. First he was caught in an avalanche, then he got stuck in his kayak after having suffered a prolapsed disk, and finally he was caught in a car between a truck and a wall on the highway and nearly died. Since then he's been suffering from a whiplash injury. James is in constant therapeutic treatment and takes strong medication against the pain, which is sometimes so strong he

considers killing himself. One of my friends worked with Craniosacral Therapy,1 the other with Peter Levine's Somatic Experiencing.2 Through them I had the opportunity to meet with James. He shared his story, to which I replied that I could see how he could not free himself three times from a situation in which he was trapped. He shared that his mother had lost three children during pregnancy before she conceived him. From my experience I know that a mother losing a baby mostly lives through her own unresolved trauma and, because of that, she is unable to mourn. Often times her next baby has to mourn for her during the pregnancy and their own infancy and babyhood. I believe that James went through considerable mourning for his three siblings. He wanted to come out of the womb but was stuck. The strong painkillers prevented James from crying in the present time, but in the following session he could feel his tears again for the first time. He felt hope to free himself one day from the pains he had been suffering in the last years. James is an example of how a person restages the trauma of pregnancy and birth in their life. A close friend of mine lives with the panic of having suicidal feelings if he does not take his antidepressants. His history: He is the youngest child of an East-European Jewish family that owned important weapon factories in their country. When Hitler occupied the country they negotiated the safety of the entire family by turning over their factories to the Third Reich. My friend was conceived during this time of utmost terror and the beginning of his life in the womb coincided with the family's escape to Switzerland. Another case study involves a friend and colleague of mine who developed such intense pain-a panic equivalent-that she had to stop working. Her history: When her mother was near the end of her pregnancy, she fell down the stairs. This fall initiated my colleague's birth. Another friend developed chronic fatigue syndrome three years ago. He just lies in bed and can't do any work-another panic equivalent. His history: His mother became so depressed during her pregnancy with him that she had to take antidepressants. Her depression had its origin in having been regularly beat up by her father. My friend had to be delivered by caesarian section and was immediately put in an incubator and completely separated from his mother for two weeks. For several years one of my patients had such severe sweat attacks during the night that he had to change his pajamas and bed linens every night. His "conscious" panic was concentrated on birds, mostly on dead birds-creatures he managed to avoid. His history: He also came from an East-European country from which his parents had fled during an uprising against the Russian occupation. His mother wanted to go back, but his father wanted to go as far away as he could. As a compromise they settled in Switzerland. My patient was conceived in the refugee camp where his mother was forced to do hard work. She fell in a pit, which was the event that initiated his birth. Another patient experiences panic as a feeling of tightness in his chest and chronic pains in his neck. His first childhood memory: He was playing peacefully in his parent's garden. He turned back and saw a huge black dog behind him. He panicked and screamed as loud as he could, and was finally calmed down by his father who played the accordion for him. He experienced similar panic attacks throughout his life and, at a certain period, the awareness of his own being would cause a panic attack. Additionally, his mother suffered from a weak heart during his delivery and he nearly died. Lastly, I would like to report about two young girls I saw as patients. The first, only two-and-a-half years old, had been suffering panic attacks during the night. The girl's mother and father had such a vehement quarrel in the middle of the mother's pregnancy that the father ended up smashing a glass onto a hard floor in an outbreak of rage. The splinters from the glass injured the mother's foot. She could not receive any treatment during her pregnancy, and after the birth it was too late to operate on the tendons. The pains continued and resonated as resentment in the mother. After the husband's outbreak of rage the mother felt very lonely and abandoned. Once the parents were able to acknowledge their rage and speak about it, they were able to reconnect through their love. This resulted in their little girl being able to sleep without panic attacks. The second girl was the adopted baby of some friends of mine. She was labeled a "heroin baby," as both of her real parents were shooting up heroin during the mother's entire pregnancy. After birth, the baby had to undergo heroin withdrawal. As a baby she had five to six panic attacks with wild screaming every night. By her sixth birthday they had decreased to about three per night. As a six-year-old, she was finally able to articulate the nightmares she was experiencing during these panic attacks: in the dream she lived through the

experience of an older sister who died at the hands of her abusive, violent, heroinaddicted father. She was unconsciously aware of these memories, having been five months along in her own in-utero development. In her dream she lived through her biological father's cruelty again and again-feeling as if she herself had been maltreated and killed. With these stories I have attempted to show that our behavior and emotions are influenced and shaped to a major extent by circumstances and events of which we cannot be conscious. However, the memory of that early time is stored in our body, in our unconscious. Therefore, the "stories" our patients tell us may not always be the cause of the panic. But connected to them is always the hidden trauma, the birth and pregnancy pattern in their body. For the healing process it is necessary to see, to feel, to be in contact with this body pattern. It is the via regia, the best way to the unconscious, to the old traumata to the catastrophic anxieties and fantasies. Changing this old body pattern means healing. Therefore healing occurs through the changing of the body pattern. CONCLUSION Our perceptions, feelings, anxieties, and conflicts are deeply imprinted in our prenatal and perinatal experiences. This means changing the paradigm compared to the position of the sciences in the first five to eight decades of the last century, when scientists believed that a neonate baby was just a reflex bundle that did not perceive or experience anything. Being able to see a baby as a fully conscious human being from conception on, we will better understand the basis of our feelings of tenderness and love and of warmth and security. For the basis of human relationships and of our self-esteem on the one hand, to the sadness, desperation, anger, rage, violence, and terror on the other hand, lies in the vulnerability of these early days and months of each human being, which continues into babyhood and adult life. If we open our hearts to this dimension of our psychic life, then there will be no need for wars against drugs, or against terrorism. We can only look for the hidden addiction in ourselves, accept, and work on it. We can recognize how unjustly resources and goods are distributed in the world. This will enable us to search for new strategies for the distribution of these goods in a more even way in our "small" world. We will understand that every act of violence has its origin in hurt feelings and a sense of injustice in the individual, groups, and nations. If we are open to the vulnerability of the microcosm and macrocosm and, hence, to a baby and our world, then we will be ready to accept the responsibility for our own behavior, for the whole human race, as well as all creatures on this earth. We will realize, at the same time, what a treasure and miracle this baby, and our world, truly is. This will be the "birth" of a new and true humanity. We will open up to a new dimension of spirituality, to our love of God. Sidebar This article is a chapter from Panic: Origins, insight, and treatment, edited by Leonard J. Schmidt, M.D. and Brooke Warner. This text is altered from the original only with the addition of the two closing paragraphs. Reprinted by permission from North Atlantic Books, P.O. Box 12327, Berkeley, CA 94712. Franz Renggli, Ph.D. is a scholar, author, psychoanalyst, and body psychotherapist in Basel, Switzerland. Send correspondence to him at Nonnenweg 11, 4055 Basel, Switzerland, or email to: the_nyfelers@bluwin.ch. Footnote 1 Craniosacral Therapy is a treatment process that uses gentle touch to stop or manipulate skull bone sutures, with the goal of activating the self-healing process and reducing dependence on health care providers. 2 Somatic Experiencing is a naturalistic approach to trauma healing through the observation that prey animals, through routinely threatened, are rarely traumatized. References REFERENCES Castellino, R. (1995-1998) "Resolving Prenatal and Birth Trauma." Training Manuscript. Santa Barbara, CA: BEBA. _____ (1996). The polarity therapy paradigm, regarding preconception, prenatal, and birth imprinting. Santa Barbara, CA: BEBA. _____ (1997). The caregiver's role in birth and newborn self-attachment needs. Santa Barbara, CA: BEBA. Chamberlain, D. (1998). The mind of your newborn baby. Berkeley, CA: North Atlantic Books. Emerson, W. (1996). Collected works I: The treatment of birth trauma in infants and children. Petaluma, CA: Emerson Training Seminars. _____ (1997). 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