

Tess: The Emotional and Physiological Effects of Prenatal Physical Trauma

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ABSTRACT This paper will present a verbatim account of an abreaction to the prenatal trauma of a blow to the mother's abdomen with its subsequent effects on the physical and emotional development of the person and its sequelae in adult life.

The patient, whom we'll call "Tess", presented with the psychosomatic complaint of dermatitis. In this session, the dialogue concerns the exploration of this symptom and its significance to the personality. It reveals that the prenatal trauma became associated with a fear of expressing her wants and needs, resulting in a breaking out of the skin. Resolution of the fear leads to an uncoupling of the association, and therapeutic change.

This is the account of a 30 year-old female who had been in therapy for over a year. The adult child of alcoholic parents, she had resolved many issues and was coming to terms with herself. At the point her case coincided with the study of prenatal consciousness, she presented with the complaint of dermatitis.

I began the session by coupling hypnosis with the Gestalt technique of giving voice to a particular part of the body, and addressed the skin itself, i.e. "Give your skin a voice . . ."

Here now is the verbatim account of our dialogue, edited only slightly for clarity. ("T" and "P" stand for "therapist" and "patient", respectively.)

(The patient is counted down into hypnosis.)

T: I would like to speak with your skin. (To skin:) I understand you broke out all over your arms after you left here last week. What was that all about? What were you saying?

P: I'm trying to write.

T: You're trying to write?

P: Yes. I'm trying to send messages. I have no other way to speak except when we talk. I was trying to say things.

T: What were you trying to say?

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- P: Oh, trying to tell all the trouble we have in here now. Get it from the inside to the outside.
- T: And what were you trying to say?
- P: I got a lot of trouble. I can't hold in all the wants. I just can't hold it in, so I let it break out. And I try to write things with it, but I can only make lines.
- T: If you could write, what are the words you would write?
- P: I'd say—itch—burn—soothe—scratch. Burn in big letters. I feel like—I feel like the nerves—zillions of them—like they all—every one of them on the end. It burns. And I've tried to make myself cold and numb, but the wants break out onto the surface.
- T: I understand. I'd like to talk to the wants now, or that *part* of you that knows what's going on.
- P: See, I'm not supposed to want. I'm—I'm dealing with a really important aloneness. I just—I've got a big pressure on me to succeed. It all has to do with loving and being loved. Start from the top. The very top is—um, one part of me says "It doesn't really matter," but it says it in a very positive way. This is the part that says that I am, and that that's a very good thing. And that I'm full of love. And that has a home—that's in the stomach. And I'm very well there. Very, very healthy here. (Pause, some struggle with speaking) I'm just—sometimes I'm it and sometimes I'm outside of it looking at it, because as soon as I think about it I become it, and it's very, very lonely, and very frightened and very, very, very, very small. (Voice sounds frightened.) But no, wait, it's big—I'm small.
- T: It's big, you're small?
- P: Right. I'm much smaller.
- T: O.K. How little are you?
- P: I'm about—about half the size of a big toe.
- T: And what are your body proportions?
- P: Oh, mostly head. Mostly head—just indication of anything else.
- T: And what are you aware of?
- P: Fear.
- T: Yes. And what about "it"?
- P: Oh, it. It's—oh—I have—I have a little voice. Don't move. Don't think. Don't cry. Don't want. Don't want. Don't want. It never comes true. It never is there. It never, never is there.
- T: There is something to be afraid of, you said.
- P: Yeah.
- T: What is happening? What is trying to happen or going to happen? Can you go back and be that little-bitty person—that little-bitty you?
- P: Can't breathe. I can't breathe. It's—my throat's all blocked up.
- T: What is happening?
- P: There's a—there's a rhythm.
- T: Yes. Your body is contracting.
- P: Uh-huh. If I stop—(sharp cry). There has to be a rhythm. I made it outside my body 'cause it was hurting.
- T: You made it outside of your body because your body was hurting?
- P: Yeah.
- T: And where are you—outside your body?
- P: Uh—I'm inside. The rhythm, the beat is a little above me, so that it won't bring the nerves into play and the muscles. It's a very slender connection, but it will do.

- T: And where is your body?
- P: Oh—Jesus—it's—I can't see a thing. I'm surrounded. Closed in. There's an electrical field. And—my body is in a state of absolute panic. Just panic. Like—like a very fragile connection.
- T: A fragile connection. All right now, what is happening outside of your body that's got that little body so scared?
- P: Can't—mustn't—I mustn't move—mustn't want.
- T: You mustn't want?
- P: Every—every—every time I want something—this is really physical. It's nerves. It's not even emotional. It's want. It's air. It's food. It's want. Whenever I want something, I get cut off. (Pause) If I don't want, if I'm very still—I—will stay alive?
- T: Yes, will stay alive.
- P: So—I was very still . . .
- T: And what you wanted at that time—was to live?
- P: Yes. But—it makes so much sense. I want—I think this has happened to me in every way of being from the very beginning. Want, and then disconnection as soon as I want it and then being still and not wanting and being able to survive.
- T: The pattern was laid down when you were very, very, tiny, and what you wanted then was to live, and you did live.
- P: I did live.
- T: And so it's O.K. to go ahead and experience what you experienced, then these contractions came, and your little body was all nerves and in an awful lot of pain. So you went outside your little body.
- P: Uh-huh.
- T: But the thread was very fragile.
- P: Uh-huh.
- T: And the only way you could keep on living was to be very, very still.
- P: Uh-huh.
- T: And you were very still, and you did keep on living.
- P: Uh-huh.
- T: But now there is a part of you that knows what was happening to disturb you in that dark, closed-in place that's supposed to be very safe.
- P: Yes. There is a part of me that knows. This is connected with not seeing or hearing. Everything else is away. That's why it was so fragile, because I felt only like a life-form—just something to stay alive with.
- T: And what was happening—what happened to that environment that you were in to cause those contractions? A part of you knows.
- P: Well, there's a couple of pictures. Like a soft round shape, like a pillow—sort of.
- T: A soft, round shape like a pillow.
- P: Whenever I think of the shape, I will see it being punched in. It's a blow. It's a severe blow. Like a small bomb going off. And it caves in. I'm very afraid of it. Of that picture.
- T: Is it like something being hit? And something caves in?
- P: You know, it's almost like it was my belly, or something, but it's outside of me. It's—I don't know if it's because I'm outside or if . . . I got something else.
- T: Oh. Tell me.
- P: It's like yellow, but it's not yellow. It's like when you put a connector on a battery and there's a shower of sparks. Like an electrical spark field.

- T: An electrical field of some sort?
- P: Yes. Some of it goes blue, too. I don't have any idea what it is, or what it means. It's just there. It's not seen, it's just there.
- T: You're not seeing, you just have an awareness that it's there.
- P: Yes. And the awareness has colors.
- T: And the awareness has colors.
- P: Yes. There's a lot of awareness of color that isn't seeing. It has to do with the connection that's maintained. The reason I made a picture of it is because most of my being is busy with it, making sure it is there. I have, like, two awarenesses. That is one, and there's some kind of a blow or some kind of a sock in the stomach. But if I'm very still and just be, then I'm all right. (Pause) No, that's not right. That's not right. They're separate, they're separate. Wanting is separate. But it was simultaneous. I got it mixed up.
- T: I see. You got the wanting to live mixed up with the wanting to be still.
- P: Yes—and yes. And—and I was getting some kind of flak from the outside, and I felt that if I stopped wanting, that was how to survive the flak. But the flak and the wanting were different.
- T: Were separate.
- P: Yeah. Yeah. I'll die if I want something. This is cross connected. "I'll die" turned into "It's no use." And feeling like I needed to be very still and not send out any impulses at all in order to survive connects somehow with being a baby or a very small child. Being a small child and wanting to be held or touched or loved which is being alive—which is staying alive—because I have to be touched to stay alive.
- T: Yes.
- P: And wanting that and feeling that if I wanted it I got hit. And besides it wasn't ever ever going to be there. I got touched, but if I asked for it or wanted it, I got hit.
- T: You did get touched, and you did live, but if you asked for touching, you got hit.
- P: That's right. That's right.
- T: So again as a child growing up, if you wanted something you felt you were punished for wanting.
- P: Yes. And survival—I couldn't not want. I couldn't make myself not want, but I could make myself be very still and keep it inside.
- T: And you can't do that any more now.
- P: No.
- T: And that was a fallacious idea in the first place.
- P: Yes, it was ridiculous.
- T: And so I want you to know it's safe to want now.
- P: O.K. It's safe to want now.
- T: Yes. You don't have to be afraid to get hit. You don't have to be afraid you're going to lose your life.
- P: I believe that. I believe that. Thanks, Doc.

After further therapy, the patient reported that she was reaching out to make friends and had less debilitating fear than ever in her life. She felt stronger, more assured, and safe.

Discussion

Accounts of prenatal experiences have been replicated many times with many therapists and patients since I recorded the dialogue with Tess; however, the pattern of therapy remains the same. We take the presenting symptom and move to an abreaction; ameliorization of symptoms occurs with the working through of the original trauma and its associated correlates. Interestingly, skin irritation, the symptom in this case, was considered a positive manifestation of the person as a whole, as it allowed for a "breaking out" of the patient's wants and needs.

An important phenomenon to consider is that of prenatal conditioning. The patient associated wanting to live with the necessity of being very still in order to sustain that life. This fear subsequently was translated that if she "wanted" something, she would die, which led to a defeatist attitude that followed her throughout life until this point.

It appears that the physical trauma *in utero* lay down a substrata of emotional reactions. These emotional reactions appeared to not only have the strength of a conditioned reflex but to have generalized and become part of the personality structure. Although the recoverability of good intrauterine memories has always been an accepted part of psychoanalytic thought, the possibility that traumatic experiences could lead to recoverable imprints is rarely mentioned in literature. An exception is Rudolph Roden's article entitled "Concepts of Prenatal Affective Coding," published in the journal *Current Concepts in Psychiatry*, 1979. In retracing the genesis of maladaptive emotional responses in four patients, he presents the argument that psychological trauma may influence fetal development and flaw adult behavior. In each case examined, the responses in later life seemed to have been imprinted by trauma experienced *in utero*.

Summary

If this account is indeed a true recollection of my patient's prenatal experiences, it appears that consciousness must have existed prior to birth. Without consciousness, awareness of life in the womb and the subsequent recollection of this life would have been impossible.

Assuming prenatal consciousness and memory, it appears that Tess recalled becoming traumatized by fear resulting from a blow to her mother's abdomen in her early stages of pregnancy. This blow led to

a faulty association between the immobilization response and survival. This early conditioning led to personality difficulties later in life, including a continued suppression of wants and needs, and a defeatist attitude regarding her capacities as a human being.

In hypnosis, the patient was able to express her immobilizing fears and realize that she was mistaken in her associations, finally understanding that she would not die if she was not afraid. It should be noted that after treatment, Tess became a healthier, happier person, graduating from college with a 4.0 average, and winning a full scholarship to graduate school.

Whether prenatal recall is reality, metaphor, or fantasy, the technique of abreaction, or going back in time to the genesis of the feeling, and restructuring the experience for the patient, is a powerful tool for therapeutic change.