

Techniques for Dealing with Prenatal and Perinatal Issues in Therapy: A Bodymind Perspective

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Abstract: None available.

Full Text: Headnote ABSTRACT: Case studies are given which describe how a birth/prenatal paradigm is used to treat adult psychological disturbance. The authors discuss diagnostic cues for discriminating prenatal from perinatal issues. Several treatment techniques are explored: verbal psychotherapy, breathwork, a prenatal therapy procedure done in warm water, and movement therapy. A growing body of evidence, both experimental and clinical, has shown that many psychological problems can be traced back to prenatal and perinatal events (cf., Grof, 1976; Janov, 1983). The approach to therapy we are evolving at our Institute in Colorado is based on clinical experiences over the years in which clients reported phenomena that seemed clearly related to birth and prenatal experiences. At first we resisted this interpretation because we were still immersed in the point of view instilled by classical training in clinical psychology: personality development starts at the breast. It was only later that we began to discover the body of scientific evidence going back over the past thirty years or so that indicated the importance of pre- and peri-natal events on personality development (cf. Verny, 1982). We will describe several case examples which illustrate how we came to embrace a birth/prenatal paradigm. Case Studies A woman, 27, sought therapy because she had suddenly developed anxiety attacks in certain situations. Two key situations were airport concourses and shopping malls. In taking her history it was found that the attacks started only after she had given birth to her first child. It was determined that she had been heavily anesthetized during childbirth, as had her mother during her own birth. In addition, her neck and shoulders were quite tense, and her head cocked to the side as she spoke. These elements alerted the therapist to the possibility that the birth of her son had somehow triggered a replay of elements of her own birth 27 years before. First, the anxiety occurred most strongly in environments that bear a metaphorical resemblance to the birth canal (airport concourses and shopping malls). second, the anxiety was triggered by a birth event. Third, her body posture indicated that there was a characteristic torque in the head, neck and shoulders. The therapist used a number of birth metaphors in talking to her (you must feel stuck; must feel good to get out into the light). At these she perked up, as if feeling understood for the first time. Her treatment consisted of several elements. She was taught some relaxation techniques over the course of one session. In the next session the therapist worked to release some of the tension from the head, neck and shoulders, using direct touch as she was invited to feel the anxiety intensely. This type of work continued for three more sessions, then a session of marital counseling was held to deal with some of the issues her anxiety had evoked with her husband. By this time her anxiety had abated, and there was much greater flexibility in her neck and shoulders. Her therapy was terminated when she flew to Scandinavia for a vacation. A second case will illustrate a typical occurrence in pre- and perinatal therapy. In this case, a 61-year-old psychiatrist had a troublesome feeling that had resisted other means of treatment. The feeling was one of embarrassment and shame; it had not yielded to other forms of therapy. If he witnessed someone put to shame, even in a movie, he was made uncomfortable enough to leave. In a session of the prenatal process we shall describe later in the paper, it was determined that this feeling was actually in regard to an event that had occurred to his mother while he was in utero. Of interest here is that previous forms of treatment, even deep bodywork (Rolfing) and psychedelics, had not enabled him to access the key insight that was gained within minutes of beginning the prenatal therapy procedure. A third case illustrates the relationship between seemingly unrelated current issues and perinatal trauma. A middle-aged woman initially came to therapy to resolve sexual problems with her husband. As she elaborated and expanded the situation, it became clear that her feelings of distance and

"numbness" began at the time she realized her teenage daughter wanted to return to live with her father, the woman's ex-husband. Further exploration revealed that her daughter's father had left the marriage at the hospital and did not attend the delivery. The therapist assisted her to connect her current sexual numbness and the possibility of unfinished feelings about her ex-husband. She had also begun smoking after her daughter's birth and now wanted to quit. She described sleeping as her best defense. Physically her pelvis was locked in a retracted position, her whole upper chest was contracted and sore, her breathing was shallow and her jaw muscles were overdeveloped. Breathwork and movement work to uncover the deeper layers of her personality took three sessions. Before her fourth session she abruptly decided to stop smoking, and reported rising feelings of anger and restlessness. In her fourth session more intense breathwork with touch along her back, neck, shoulders and upper chest was introduced. About halfway through the session the sound of her inbreath became raspy and gargling. Shortly thereafter she said she felt very cold. The therapist encouraged her to breathe into the sensation, and her breath quickly accelerated into deep sobs. With the therapist's support she experienced three more surges of deep crying. She said the coldness started at her daughter's birth, in the coldness of the delivery room and her own abandonment by her husband. She continued crying and breathing deeply, then began to vibrate. The therapist encouraged her to relax into the vibrating, and when she did the vibrating increased. At this point she realized that the sensation of coldness originated at her birth, feeling her mother's ambivalence. She said that she feels a sensation in her neck whenever she wants a cigarette; as she said this she reached up and touched her throat with a choking gesture. Later she recalled two separate instances in the last year, both connected to her daughter's visits with her father. Both times she felt a peculiar sensation around her eyes coupled with light-headedness, and the first time she fainted. All the events seemed linked to the birth matrix, and subsequent sessions were spent sorting out the depth of information she reached in this breathwork session. In another case study, coldness was the initial sensation. In a breathwork session with touch focused around the jaw, middle of the chest and back of the diaphragm, the client (a 38-year-old woman) accessed memories of a man standing over her violating her somehow. She related feeling totally powerless, and then became extremely cold and began to vibrate. This woman's issues also seemed to emerge with the birth of her child, who is now two, and were also initially focused on her marital relationship. She said she had been depressed for two years. The phrase she used to describe her emotional state was "start-stop." She felt easily overwhelmed and a lifelong tendency to hold back emotionally. She knew her own birth was very difficult, and said, "I was a problem, something innately wrong." Her most familiar body sensations were sluggish, angry and frustrated. After several sessions of movement work to energize her body and back, she spent some time moving inside a fabric tube that completely enclosed her. At first she "couldn't stand" the feel of the fabric against her body. Then she became sleepy and quiet. After a few moments she felt energetic and playful, and began to roll. Finally she wanted to come out, but said very emphatically that she wanted to do it her way, wiggling, although she felt pulled from the outside. After the therapist assisted her by unrolling the fabric from her a little at a time, she grinned wearily with her feeling of newness. A couple of sessions later, she recounted a recurring dream she'd had as a child: I am standing on the near side of a small lake or pond. I am looking across the pond, longingly, to my family on the other side. They are having a picnic and seem so happy, complete, without me. They are oblivious to my presence. I long to get to the other side of the pond to be with them. But I am stranded on the near side of the pond. In order to join my family I have to get around the pond. But the passageways to the right and left of the pond are very narrow and I would have to walk very close to the water to get around. In the lake are large fishes and monsters. One monster is particularly threatening to me. It glides through the water with its neck sticking up above the water. This neck, or throat, is a long, narrow, round transparent tube (like clear plastic tubing) and this throat reveals everything the monster takes into his mouth and is swallowing. I can see bits of blood, tissue, flesh, guts going down the tube. I'm terrified of this monster. He will eat me, too, if I venture out around the pond. I call out to my family for help but they seem oblivious of me. They go about their picnic. I am helpless and alone and very scared. (The setting itself is of dark, rich

colors, mostly deep green. It has a primordial feel to it—a heavy "mist," that isn't wet or cold, just heavy, thick, oppressive air. The air isn't moving. It's as if there is a "ceiling" on the air, which keeps it pressed down, thick and heavy.) The therapist directed her to begin moving with the dream, becoming the various parts. When she began to move with the monster she became nauseous and started gagging. Encouraged to continue gagging, she experienced a surge of mixed feelings and felt she couldn't breathe. She laid down at that point to continue breathwork, and released a lot of mucous and tears. It then became clear to her that the dream was birth-related.

Diagnostic Indications Clients who are replaying elements of birth trauma frequently say that they feel stuck. The word "pressure" comes up in their conversation, and they may use other metaphors such as "jammed" or "can't get out." They may feel rattled by rapid change. Since contemporary life is fraught with rapid change, it is easy to see why some clients can stay in a perpetual state of reliving their birth traumas. Common physical experiences and symptoms appear in those clients replaying perinatal issues. They tend to have histories of respiratory distress or illness, such as strep throats, bronchitis, allergies, chronic colds. Breathwork will often elicit tremendous congestion or mucous discharge. Stress or energetic situations tend to create nausea with headaches, dizziness, or head pressure. Clients who have been heavily anesthetized will tend to get sleepy in stressful situations. The body is often extremely rigid (i.e., one woman who had steely skeletal muscles had a forceps delivery so grueling she had been administered last rites) or extremely flaccid over a rigid core. A head torque to one side or the other will often appear in those clients who were delivered by forceps.

Prenatal Diagnostic Signs Clients who are replaying prenatal issues often say that they have feelings or mood swings come up for no discernible reason. Upon closer examination, these feelings very typically are feelings that actually occurred to their mothers when they were in utero. The prenatal client often complains of not belonging, and of not being able to get close to people. They often seem to operate their whole lives out of a sense of unwantedness or unlovedness. For example, one woman said she has a "blank space when I think of love; I just don't know what it is." They report an innate wrongness, a sense of "whatever I do is not good enough."

Treatment Issues and Procedures We have evolved several procedures for directly working to clear the effects of birth and prenatal trauma in adults.

1. The use of birth and prenatal metaphors in verbal psychotherapy. In the initial stages of therapy, when trust is being established, we have found it very useful to use birth and prenatal metaphors in our verbal discussions with clients. If the issues with which the client is dealing are birth and/or prenatal in origin, the client will often respond positively when relevant metaphors are used. Such metaphors are: Sounds like you're feeling stuck This issue is really jamming you up It'll feel really good when you pull yourself out of this There's some light at the end of the tunnel (for prenatal) You sound like you are awash in this Are you feeling the effect of everyone else's feelings? These are merely examples; it is up to the creativity of the therapist to come up with the relevant metaphor that fits the client's situation. While there are broad similarities, each person has a unique birth and prenatal signature.
2. Direct body contact. We use a number of bodywork strategies for assisting in the release of muscular tensions and postural anomalies. One form which we often use is Zero Balancing, developed by Fritz Smith, M.D. We also use acupuncture, massage and a form of trigger point therapy in which we place strong finger pressure on tense muscles until they relax.
3. Radiance Breathwork. For the clearing of birth issues, we apply a breathing process developed over the past ten years. We call it Radiance Breathwork, because many people use the word "radiant" to describe their body feeling after the session. While the full process is much too complex to be discussed here, some of the elements can be mentioned. The person is invited to breathe fully and deeply through a relaxed jaw and open mouth. This form of breathing rapidly brings birth issues to the fore. Often, certain places on the body (e.g., heels and temples) are stimulated which we have found to "hold" birth issues. Birth phenomena emerge, often very dramatically (e.g. vibrations, deep emotional release), and are dealt with by the client going through them to completion. The process can be accomplished individually or in a group setting.
4. Radiance Movement Meditation Radiance Movement Meditation is a process by which clients enter into a direct, attentive, moving dialogue with their inner selves. It opens the body's deep intelligence and allows long-held kinetic patterns to

unfold into more effective choices. Since a child who has experienced pre- or peri-natal trauma has difficulty with change, with pressures, with gravity itself, the movement work can help bring the client home to a more comfortable relationship with gravity and the emotions held and expressed in the musculature. Whether a person was held back, pulled out by forceps, or heavily anesthetized, their style of moving through the world will keep reflecting those tendencies until the pattern is unwound. The vertical structure of the body and one's walk reflect one's relationship with gravity. Is the head cocked to one side or significantly held forward? Is the spine held too rigidly to move freely? These are questions we ask as we watch the client's physical presentation. In addition to clearing gravity issues, the movement process helps integrate and apply new information from the breathwork, touch and prenatal sessions. It is one form of grounding that we use often.

5. Radiance Prenatal Process The Radiance Prenatal Process was developed to work with those issues incurred prenatally. The process is done in a hot-tub or pool heated to the temperature of the womb. It is carried out by a male-female therapy team. The process begins with a discussion of the client's prenatal experience, investigating particular stressors such as alcohol or tobacco consumption on the part of the mother, deep feelings to which the person may have been subjected prenatally, whether they were unloved or unwanted, and other relevant aspects of their history. The client is then invited to relax in the water, supported under the head, back and legs by the therapists. There is an induction process by which the client is regressed to the prenatal time. When the person is engaged in their prenatal process, a clearing procedure is carried out, designed to free the person from any troublesome feelings that may have been experienced prenatally, and to replace negative self-esteem with a clear sense of being loved and wanted. Then, a bodywork process is carried out which is designed to free any tension or characteristic postural anomalies from the body, particularly the movement of the head, neck and shoulders. At the end of the process, most people feel profoundly relaxed. In fact, the last part of the process is devoted to getting the person upright in gravity again. Some people are able to clear their prenatal issues in one session of the process; however, we have had others that need to go through the process two or three times before they reach completion. We have not had anyone yet that needed more than three sessions. This statistic may partly reflect our particular client population, which tends to be mainly adults who are functioning adequately (i.e., they have jobs, relationships, etc.). As we begin to work with children with serious birth trauma and adults at lower ranges of functioning we may find that the number of needed sessions increases.

Conclusion In this paper we have described some of the main features of our work as it has evolved over the past ten years. There are at present more questions than answers, but at least we feel that we are on the right track. The next ten years of research and clinical observation should prove to be exciting and fruitful for all of us in this growing field.

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