Birth Trauma in Infants and Children

Author: Ward, Shirley A, MEd DipEd

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Full Text: 'Newborn babies have been trying for centuries to convince us they are, like the rest of us, sensing, feeling, thinking human beings.' David Chamberlain PhD Some years ago I received a phone call from the Gerry Ryan Show, on Irish National Radio, because they are aware of the Pre and Perinatal therapeutic work we do with adults and children at Amethyst (a Center of Resource for Human Development in Ireland). During the radio broadcast a distressed mother phoned in for help because her fourteen month old son screamed and cried in his sleep relentlessly and the family had not had a good night's sleep since he was born. Her concern was for her son and what could be causing his distress. I recognised that the symptoms were probably related to a birth trauma. I asked her what her son's birth had been like. She responded that she was in the hospital and she had been awake during the birth but that her son had the cord around his neck which had caused him, and her, great distress. I suggested that the child's behavior was a possible birth trauma and there was a treatment developed by William Emerson called Birth Simulating Massage to treat infant birth trauma. The massage was something that she could do herself for her baby-and involved gentle stroking and holding patterns simulating pressures on the infant's body that were most traumatised during birth. Since her description clearly indicated a cord trauma, I suggested that she hold her baby, love him, talk softly to him and then very gently massage his neck. His reaction would probably be to scream and cry if the distress was coming from the trauma of the cord around his neck. It was very important to affirm and love the baby in between the stroking and massaging. This treatment would help to desensitise the trauma that was still possibly causing his distress. Twenty four hours later she phoned me. Her son had reacted by screaming and crying as she intuitively stroked his neck. A week later she phoned again-the treatment had dramatically dissipated the symptoms, all was now peaceful and her baby son was no longer distressed-it had worked-they had all had the best night's sleep in fourteen months! Time and time again we have feedback from parents when it has been suggested that some of their children's problems may be stemming from birth trauma. Much of it is positive. I remember over thirty years ago, as a teacher, I was very involved in teaching the children with behaviour, emotional and learning difficulties. Some mothers would comment that their child had a difficult birth and they were sure it had affected their son or daughter. How right they were-but it wasn't until I met Dr Frank Lake in the 1970's that I had any idea of the research and experiential work that was going on with adults, which was later to help infants and children. A BRIEF HISTORY OF THE THEORY OF BIRTH TRAUMA From the 1920's a number of European psychologists and clinicians wrote or researched the effects of prenatal and perinatal experiences on human growth and developmant. Various patterns of dysfunctional behaviour were found, relating to prenatal and birth trauma (Fodor 1949; Peerbolte, 1975; Lake, 1966; Laing, 1977). Some of the first indications that babies are conscious came from the pioneering work of Sigmund Freud and the practice of psychoanalysis going back to the beginning of the century. Freud was skeptical about how the infant mind worked, but client information seemed to link their anxieties and fears to events surrounding their births. Freud theorised that birth might be the original trauma upon which later anxiety was based. When Freud's associate, Otto Rank, wrote The Trauma of Birth in 1923 it was inconceivable that research over the next seventy years would bring such an open window to the hidden world of the womb and substantiate Rank's ideas. As Frank Lake so aptly put it-"The Womb is a Room with a View." Primal orientated treatment of pre and perinatal experiences with adults was being researched by Frank Lake in England from the late 1960's; in USA by Arthur Janov (1974), Leonard Orr (1977) and in USA and Europe by Stanislav Grof (1975). Frank Lake lectured and introduced his work to Ireland

in the latter part of the 1970's and Alison Hunter ran workshops from 1978, founded Amethyst in 1982 and pioneered Lake's work in Ireland. All of this research and development except for a minimum of exploratory investigation (Mott 1952) was directed towards adult patients. PIONEERS IN BIRTH PSYCHOLOGY In the mid 1970's and early 1980's it was time for the children to be considered-if birth trauma affects adults what are the odds that children are also affected and need help. A great deal of research has gone into finding evidence for the full range of infant capabilities, whether from personal reports contributed by parents, revelations arising from therapeutic work or from formal experiments. Amongst the most outstanding researchers are Thomas Verny and David Chamberlain, both pioneers in birth psychology. They founded the Pre and Perinatal Psychology Association of North America (PPPANA) in 1983. It is now renamed The Association for Pre and Perinatal Psychology and Health (APPPAH). They and members of the Association are continuing to research the impacts of pre and perinatal experiences worldwide. In 1981 Thomas Verny, the Canadian psychiatrist published his best selling book The Secret Life of the Unborn Child (now available in 25 languages) and in it he wrote: There is a growing body of empirical studies showing significant relationships between birth trauma and a number of specific difficulties; violence, criminal behaviour, learning disabilities, epilepsy, hyperactivity and child alcohol and drug abuse. In 1988 David Chamberlain, an American psychologist practising in San Diego, California, published his groundbreaking book Babies Remember Birth. Also translated into many languages the book has been reprinted under the title The Mind of Your Newborn Baby. This extraordinary book takes you to the leading edge of scientific and medical research-providing scientific evidence proving that in the womb foetuses experience a wide variety of emotions; that the random noises newborns make are conscious attempts to communicate; and that cognition and reason in newborns are more highly developed than we previously believed. TREATMENT FOR BIRTH TRAUMATISED CHILDREN One of the leading researchers in the world for treatment with birth traumatised infants and children is Californian psychologist and psychotherapist, Dr William Emerson. He began the development and research for infants and children in 1974. In the autumn of 1976 he visited Frank Lake in England in order to study birth and prenatal phenomena with him. Emerson began to question whether infants and children would benefit from forms of treatment especially developed for them. To try and evaluate this theory, Emerson conducted a series of parent-child workshops throughout Europe in the late 1970's and early 1980's with children ranging from three to thirteen. His main focus was to clarify ordinary or unusual difficulties the children were having, and to experimentally use birth discussions, music and birth games to ascertain possible traumatic antecedents. The artwork, fanatasies and dreams of the children were also collected. A number of findings came from this work: * Birth issues were rampant in the art, fantasies and dreams of the children, especially before the age of eight. * Birth and play were temperamentally related; the moodier the child, the greater the likelihood that play would be birth orientated (eg. climbing through bars or tunnels, trapping each other under beds etc). * The more severe the difficulties the children were having, the more intense and frequent were birth issues. * Ninety five percent of the children were able to remember significant aspects of their births, and a majority of these were able to re-experience their particular trauma. * In the latter cases especially, spontaneous changes in the presenting difficulties and other problems were quite common. (Emerson 1984) TREATMENT OF AN INFANT William Emerson's treatment of infant trauma began in 1974 in London when parents of a severely birth traumatised infant, and their doctor, brought her along. She was suffering from severe respiration distress which later developed into infant asthma. She also had difficulty ingesting fluids of any kind and as well as an irregular sleep pattern, was experiencing weight loss. Emerson treated the traumatised infant with his Birth Simulating Massage. To simulate pressures of the uterus and pelvis during birth, gentle massage is applied to the affected areas where there has been pressure on the infant's body during the birth process. These places can be automatically and spontaneously found as the baby reacts to certain areas that are massaged. The emotional work is largely complete when there is no emotional reaction to the simulated birth pressure. In the infant, the symptoms were dramatically altered after two one-hour sessions and completely resolved after three. Asthmatic children are prone to a high incidence of bronchial,

lung, ear, nose and throat symptoms. A fifteen year follow up of this child reported no further bronchial or asthmatic episodes, and very low incidents of coughs or colds. As their emotional work is complete another phase begins which Emerson calls schematic repatterning. The movement patterns that babies use to get from the uterus to the outside world are deeply imbedded and retained in the nervous system and body. These movement patterns he calls birth schema, which may be referred to by others as life scripts, colouring of life patterns, learned responses or behaviour traits; they may be positive or dysfunctional in their impacts. Emerson believes that dysfunctional birth schema form from highly frustrated and/or impotent movement patterns during birth and provide a predispositional basis for a variety of childhood syndromes. These include learning disabilities, conduct and anxiety disorders, hyperactivity, problems of socialisation and aggression. The research work of Verny and Chamberlain, and our experiences at Amethyst would certainly support Emerson's findings. The action patterns or response learned behaviour from traumatic births do change as these trauma dissipate during treatment. HOW CAN PARENTS RECOGNISE BIRTH TRAUMA RELATED PROBLEMS IN THEIR CHILDREN? Parents bring children into treatment for birth trauma when they know their child had a difficult birth and when there may be disturbed behaviour relating to it-although until it is brought to their attention the parents may not have the knowledge that the two events may be related. When parents hear that babies remember birth they may feel guilty-but there is no need for parental guilt. Often it is not the type of birth they themselves would have wanted for their baby. Sometimes they are caught up in the type of birth prevalent at the time. No mother or father wants a stressful pregnancy or traumatic birth but it can result from a number of factors like relationship difficulties, environmental problems, unemployment, ill health-all of which contribute to the pressures of life. The type of behaviour parents may observe in their children related to birth trauma may be aggression, excessive anger, anxiety, nervousness, not relating to other siblings or parents, insecurity, hanging on or excessive pleasing, stuck in fears like sleeping in the dark, excessive screaming or crying, not eating well, weight loss, separation anxieties at being left at school. Hyperactive children also need positive help. Tom was a hyperactive child and had a most erratic sleep pattern. His mother continued a very busy teaching job during the pregnancy-hardly having time for his birth before she went back to work. Tom's hyperactivity in the family with his siblings was almost impossible. When he was seven he was given a violin and at the age of ten was able to play five different musical instruments. Twenty years later he is a successful professional solo violinist. Hyperactive children are usually very creative and there are ways to channel the energy. When I was ten my own father gave me a hockey stick-which eventually channelled my energy into becoming a professional sportswoman! The withdrawn child may need to retreat from a world which is too painful. The quiet or shy child may not be brought for help. They are often seen as good by parents, being well behaved and not troublesome. Violet Oaklander (1978) points out that the problem only becomes evident when the shy behaviour is exaggerated through the child hardly ever speaking, or whispering. They may become loners, have few friends and become the object of bullying. BIRTH RELATED DIFFICULTIES Each of our births is different which may in part be the reason why each of us is unique. There are many other birth issues but the following are brief and general guidelines. Medical classifications for birth trauma are breech, forceps, vacuum extraction, caesarian, anaesthesia and from research we would also add induction, premature and also late arrival babies (Ward 1991). Early or premature babies may want to arrive early for everything and be anxious not to be late-but they may never feel ready for anything. They may react as though there is not enough time and may feel rushed by others, causing an irrational aggression. Parents may have difficulties if they try to push their children too soon to do things-the child may want to stand on the sidelines and watch. Late or postmaturity babies may not want to take the initiative. They may get very anxious if they are late but will probably feel they are running out of time-but still leave things until the very last minute! It may take late babies a long time to get going and may perhaps be late developers and slow in learning. The greater frustration may be with the parents! Caesarian section babies may sit back and wait for everything to be done for them. They lack self empowerment and self worth-being 'taken out' they did not have the vaginal struggle and feel they haven't done anything to deserve

what they have. The parents of caesarian borns have the difficult task of teaching their children how to do things for themselves, and to teach them boundaries that they never had like vaginal borns. They will probably do the opposite to what you say! Help is seen as a put down or a disempowerment. There is also the possibility that parents may not be able to get them out of the house as they grow older-and they may need some physical assistance! Anesthetised babies may blame parents for their inability to function. They may have difficulty taking responsibility for their own actions. When trying to relate with them you may experience a 'fading in and out'. They may have low energy, deaden their feelings and their contact and are often difficult to 'reach'. Their concentration can be seriously affected. There is an added observation from research that 'anaethetised' children as they get older may turn to drugs to 'escape from the pressures of life'. Another reason for turning to drugs may be to avoid pain-as their mothers did during labour. Babies are induced due to lack of progression, when labour needs to be started for external reasons (eg contractions are not strong enough or the mother is ill). Induced children are usually very stubborn. They have problems getting started and will resent being told what to do; "wait-I'm not doing this until I am ready-then I'll do it my way". They may not see another person's point of view, may be quite contrary and say "No" to any suggestion. Breech born babies are either born buttocks or feet first. This is a violent birth and the baby often develops into a victim. They cannot get things in order and others will wonder why they can't do things which seem quite natural to them. They will keep trying but seem to get nothing right. They may well be in conflict with themselves and parents and display disappointment to self and others. There is a tendency to passive anger and an inner violence. Babies need forceps because they are stuck and cannot get out fast enough. This problem may be due to a large head, mother's small pelvis, insufficient contractions and a complicated presentation. The birth is violent-help comes at last but can that support ever be trusted again? They will start something but have difficulty finishing it because of all the obstructions or distractions on the way. They may appear to be cut off from their emotions and be shy and withdrawn, and be prone to headaches and nausea. It is quite remarkable in a traumatic forceps birth which has developed into a body schema, that the child will reach a point of confusion in conversation. At this point the head shakes back and forth as the child is trying to wrestle free of the forceps and the current argument, his or her forceps/oppositional personality has got him or her into! Bullying in Ireland is a behavioural problem affecting the lives of thousands of school children and their families. At primary school level over one in ten children are involved in bullying on a frequent basis. According to Dr Mora O'Moore (1994) one child in five is afraid to go to school because of the fear of being bullied. Bullying is the persistant, wilful, conscious desire to hurt another and put that person under stress. It is carried out through verbal, physical, gesture, exclusion and extortion bullying. Children who bully have an aggressive attitude towards peers, parents and teachers. All aggressive actions come from fear and the child who bullies may have had an aggressive reaction to a traumatic birth with a real underlying fear of dying. If bullying is intentional to hurt others, it is possible that the bullying related to birth trauma might be unconscious revenge on the forceps. The child who is bullied may have a passive reaction to a traumatic birth with a real fear of dying. The victim is often seen as different, may be hypersensitive, cautious, anxious, passive or submissive and is not determined, forceful or decisive. A report published by the Charity Kidscape on 21st April 1998, found that children who were bullied at school are up to seven times more likely to try to kill themselves. More research is needed-even by schools to note down on children's record cards the type of birth they had and whether there is any correlation to behaviour patterns later. A leading question is whether the type of birth trauma a child has leads to bullying, and also to types of suicide attempts. Research evidence shows for example the cord round the neck may lead to suicide by hanging; a drugged birth may lead to overdose and gas or anesthetic at birth may lead to death by car exhaust fumes in place of the gas oven asphyxiation of an earlier era. WORK WITH INFANTS, CHILDREN AND TEENAGERS AT AMETHYST Carmel Byrne and I work with infants, children and teenagersand also teach parents, therapists and others the different techniques for birth trauma healing. They include play therapy, storytelling as in birth stories, animal stories to reach aggression, birth simulating massage, movement and

mime, painting, art, toys, role play, sand trays, birth games, tents, caterpillar tunnels and cushions. The improvisation and restructuring of birth trauma with babies from six weeks old is done using gentle massage and music with energy healing work. Carmel stresses that although children go into traumatised states they are provoked by play therapy, gently and in small groups. The parents are present if possible with other family members-brothers, sisters, grandparents, who may be instrumental to the success of the empathie process. There is immediate bonding with loving cuddles from the parents, often with soft music in the background. WORKING WITH INDUCTION AND BREECH BHITH TRAXBIA A distraught mother brought her eleven year old son to Carmel. The major problem was his fear of the dark. He was dyslexic and was never ready for anything whether he liked where he was going or not. Getting him ready for a party or school was impossible-he would play with the dog, his toys, his computer games or read a book. The mother knew his birth had been difficult. The baby was not ready to be born. The medical staff induced labor and the child was born breech. The therapist prepared the room with toys, a child's tent and a caterpillar tunnel to be used to simulate the womb experience. The toy he chose was a large, brown, lanky monkey which could pass as the placenta-Michael said it was his monster. He did understand he was reliving his birth. The room was darkened gradually by drawing the curtains and Michael played in his tent. He came out of the tent feet first always stating he was not ready and it wasn't the right way. This was helping him desensitise his breech birth and letting him do it in his own time. In the sixth session he stated that however long it took he would do it his way. So he went into his tent and sat and sat. Suddenly he said "Fm ready now", "Is there anybody there at all"? There was silence as the therapist and mother listened to him. "Listen to me," he shouted and got into a terrible rage. Cushions were put at the end of the tunnel and Michael came out head first, doing it his way and empowering himself. No more sessions were needed and his mother reported that Michael was studying better at school. He was no longer afraid of the dark and the constant struggle of not being on time had dissipated. ENERGY HEALING WITH A BIRTH TRAUMATISED BABY WITH A HOLE IN THE HEART Babies and children are very responsive to the use of energy healing within a play or therapy session. A single mother brought along her seven month old baby, Katy, because she had a hole in the heart which had developed at seven months in utero. The mother understood that Katy's birth had been difficult, with a long labour. Birth was a high forceps delivery, the baby was born purple with distress, was choking and had difficulty breathing. She was thought to be dying but she was resuscitated and put into intensive care. During the second session of healing Katy turned purple, went very cold and her breathing became erratic. Her mother remarked that this was how her birth had been. Carmel held Katy's head very gently a birth trauma session developed involving gentle stroking to desensitise the trauma of the forceps. The mother continued to bring Katy for healing for well over a year. At sixteen months of age Katy went for her medical check up and the hole in the heart was smaller. At eighteen months of age the hole in the heart had closed. HEALING SEVERE BIRTH TRAUMA Colette aged eighteen months, was brought by her parents to Carmel because she was crying excessively, was not sleeping day or night, and screamed in terror and rage if she was touched, particularly on the head. Her father stressed that her screams at night were terrifying. Colette had two previous sessions in which she experienced severe birth trauma and screamed in rage and terror. After the first session there was a distinct improvement, she could be pacified and touched but was still not sleeping. Before the second session, on talking with the mother, Carmel discovered the mother's sleep pattern when carrying Colette had been one of studying night and day for her external exams. They both agreed that this could have set up Colette's own disturbed sleep patterns. After the second session in which Colette explored a little more of her birth trauma, the crying ceased and she was able to stay quiet and play with her toys. She was brought back for a third session into the Amethyst training group for review, with her three year old brother Timmy. There had been considerable improvement and she was much better at allowing people to touch her. The members of the group were shown how to develop a session playing with toys, how to help the child get used to strangers, how to play birth games, for example, crawling through daddy's legs to restimulate the birth trauma and desensitise it. The two children got great affirmation from the group. The major

game for the session was the earthquake game where Colette was placed between her parents as they sat closely facing each other on the floor, with their arms around each other. Earthquake music or womb sounds were played and the children made their own sounds. Colette went her own way in this session. She automatically regressed into her birth process. She made an attempt at being born but retreated. She stayed contentedly in her "womb" and then quietly tried again to be born but again retracted. In her birth she had her head engaged for a long time. In this rebirthing session, when her head started crowning Carmel gently placed her hands on Colette's head, with Timmy helping. Carmel affirmed Colette all the time-"Good girl-do it your way", while her hands were gently massaging Colette's head. At this point Collette's head was engaged, her nose was squashed-so no pressure was applied. With distressed crying, her head appeared and one little hand popped out. The 'hole' for her to appear from was beneath her parent's locked arms. Colette was eased out gently by Carmel, helped by Timmy, and handed immediately to her mother and father for instant bonding. The recovery time for Collette was rapid and her parent's made a human boat for the little girl and her brother to sit in while quiet music was played. After this session the parents said that Colette was a new child. A FINAL WORD-THERE IS SOME HOPE The group of adults who observed Colette experiencing her birth were very moved by it. One member put it succinctly: All I could think of was how privileged Timmy and Colette were. I was looking at Colette and she was so happy and content at being in the womb. She had her mother and father there, as she was coming out, and she could have come out at any time-but there was a residue of her birth. Once she got out there was this cocoon in the womb of family relationships that she could actually go into. I heard someone retort that it could be horrific putting a baby through this when you see the pain they go through. But the healing is saving them from a lifetime of pain. It may be far better to treat birth related trauma in the early years, through the many techniques that are now available, to prevent dysfunctional behaviour emerging in later years from unresolved traumatisation. References REFERENCES Chamberlain, D. (1988) Babies Remember Birth now republished as (1998) The Mind of Your Newborn Baby. North Atlantic Books. Emerson, W. (1984) Infant and Birth Refacilitation. Two papers. Available from Human Potential Resources, 4940 Bodega Ave., Petaluma, CA 94952, USA. Emerson, W. (1989) Unpublished Papers. Foder, N. (1949) The Search for the Beloved: A clinical investigation of the trauma of birth birth and prenatal conditioning. New Hyde Park, New York Univ. Books. Grof, S. (1975) Realms of the Human Unconscious, New York: Viking Press. Janov, A. (1973) The Feeling Child, New York: Simon and Schuster. Lake, F. (1978) Treating Psychosomatic disorders related to Birth Trauma. Journal of Psychosomatic Research, 22, 227-238. Mott, F. (1952) Play Therapy with Children, Great Britain: The Integration Press. Peerbolte, L.M. (1975) Psychic energy in prenatal dynamics, parapsychology, peak experiences, Wassenaar: Severe Publishers. Oaklander, V. (1978) Windows to our Children: A gestalt therapy approach to children and adolescents, Real People Press: Moab, Utah. O'Moore, M. (1994) Handbook on Bullying, Trinity College: Dublin. Verny, T. with John Kelly (1981 &1986) The Secret Life of the Unborn Child, New York: Dell. Ward, S.A. (1985) "Stressful Pregnancies and Traumatic Births resulting in possible behaviour, emotional and learning difficulties." Unpublished Masters Thesis, Nottingham University, UK. AuthorAffiliation Shirley A. Ward, M.Ed. DipEd. AuthorAffiliation Shirley A. Ward M.Ed. DipEd., with founder Alison Hunter, is a director of Amethyst Resource Center for Human Development and International Advisor for APPPAH. She may be reached at 28 Beech Court, Killiney, County Dublin, Ireland. Email: amethyst@iol.ie. Website http://www.holistic.ie/amethyst Author's note: Dr David Chamberlain, Dr Thomas Verny, Dr William Emerson and Dr Violet Oaklander are long standing Patrons and Friends of Amethyst. They are generous with their time and are available as consultants and advisors for the Amethyst therapists and students.

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