Transuterine Communication in Problem Pregnancies

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Full Text: Transuterine communication, the conveyence and receptance of thoughts and ideas to and from the unborn child, or even the semblance of doing so, has been reported to be especially therapeutic in the case of problem pregnancy (Watkins, 1985). Problem pregnancy can be defined as any pregnancy wherein one or both of the parents are in a state of anxiety and confusion far beyond what might be considered normal fears, regarding the upcoming birth of a baby. The study of transuterine communication was prompted by reported cases of prenatal recall by adults. This phenomenon was introduced to the scientific community at the 1978 Conference of the Society of Clinical and Experimental Hypnosis held in Los Angeles. Obstetrician David Cheek presented one case, psychologist Helen Watkins presented three cases, and psychiatrist Josephine van Heusen presented 60 cases of prenatal recall from adults. In a show of hands from the professional audience of over 600, about one-third signified that they had received spontaneous reports of similar phenomena. At the 1985 Pre- and Peri-natal Psychology Conference in San Diego, Claus H. Bick, M.D., reported over 1,000 cases of prenatal recall, and Cheek, Watkins, and Riley subsequently reported over 100 cases. This paper will include both adult recall of prenatal experience and transuterine communication in problem pregnancies. Utilizing verbatim dialogue from patient records, I will develop and describe a clinical technique for communication with the unborn child. Prenatal Recall This account was reported by a single woman in her late twenties, hereafter referred to as "Tess." Employed as a part-time secretary, Tess returned to therapy after a year's hiatus, complaining of symptoms of stress. These symptoms included a rash on her arms and a general feeling of anxiety. At the time of the following report, Tess, in hypnosis, was asked to abreact to a time wherein the emotional and physical trauma occurred. By reliving the emotion and understanding how the distressing situation was falsely related to the present, a patient is freed from the psychologically disabling association. Here is a short, verbatim account of the dialogue that followed: Patient: see, I'm not supposed to want. I'm-I'm dealing with a really important aloneness. . . . 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, small. (Voice sounds frightened). But no, wait, it's big-I'm small. Therapist: It's big, you're small? P: Right. I'm much smaller. T: Okay. 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. The session continued at great length with enough dialogue and emotional content to suggest that the abreaction was a prenatal memory. In a subsequent session, Tess was asked to go to a time before the trauma occurred: T: Describe what it's like where you are. P: I have a weight. I can't see. I have a weight pressing down on my nose and my eyes. T: Wait a minute. How big are you? P: Small. T: How small? Compared to what? P: Coat button. T: About as big as a coat button? P: Yeah. Coat button. T: And is it light or dark where you are? P: It's dark. It's very dark. T: And is it wet or dry? P: It's soft, and it isn't wet or dry. It's just soft. T: All right now, I'd like to suggest that you go back a little bit in time before you had something over your nose and eyes, before the fear. P: Okay. T: Now how are you? P: There's a light. I'm-there isn't anything but this light. T: Where is it? P: Everywhere. It's all there is. Just this light and me. T: How big are you? P: Oh small. Oh small. T: Compared to what? P: Compared to the light. I don't know about size. T: You don't know about size. You're just coming from the light. P: Yes. T: You look peaceful. P: I feel-at peace. The following week the patient reported that she

became aware that she experienced less stress, and that she felt stronger, more assured, and safe. After further treatment, most symptoms of stress disappeared. Transuterine Communication in Problem Pregnancies The concept of transuterine communication concerning mothers in unwanted pregnancies was pioneered by Family Counselor Barbara Findheisen, who utilized a modification of a Gestalt technique to teach mothers to "talk" to the consciousness of the unborn child. In reporting anecdotal cases, Findheisen reported that spontaneous miscarriages often occurred soon after such communication took place (personal interview). Psychologist Helen Watkins has described a technique to "ease the trauma of abortion" to the mother by attempting to communicate with the fetus using hypnotic visualization. Some mothers reported spontaneous miscarriages; all reported the experience as positive, and "appeared to have opened the grieving process prior to the loss of the fetus, leading to an increased sense of continuity and completeness in the experience" I would now like to present four cases of my own. All four were "former" patients who came into my office to discuss their conflict over their pregnancies. When I introduced the possible idea that they could discuss their dilemma with the fetus, each chose to do so. The first patient, whom I'll call Sally, reported to me that she went home, sat down, and "conversed with the spirit" of the unborn child and wanted to talk to it again in the office with me. She went into self-induced hypnosis and spoke aloud: "I would like to speak to the spirit of the unborn child. (Pause) I feel this isn't the right time for you to be there, growing. I don't know why you are there. But it's not the time for you to be there. I couldn't give you what you want. The love wouldn't be there. The attention. Everything a baby needs. There would be tension and stress. You would be miserable. You should have warmth and love surrounded with happiness and I can't give that to you. I want you to go away. Possibly another lifetime. But I can't think of one good reason to bring you into this world. It would be so unhappy for you. You wouldn't want that. I don't want that. So please, I ask you that you go away. I do love the spirit of the baby and even though I don't know why you are there, I'm sure there is a reason. But I want what's best for you-so please go away. There's no other way. I don't want to have to do what I have to do tomorrow. Please go away on your own. Please hear me as I'm as close to you now as I'll ever be. And I'm sorry. I really am sorry." The following day, the patient miscarried. When I saw her two weeks later, she reported that she felt calm and positive about the resolution of the problem pregnancy. In the second case, the mother decided to talk to the four-week-old fetus at home after discussing the matter in great detail in my office. When she came in two days later, she reported, "It was very vivid to me when I was talking to it... I said I did not want to hurt the person's spirit and it would be so much better for it to leave than to be pulled out artificially." She then went into trance to talk to the baby some more: "Dear baby, I hope you had a chance to think about what we talked about yesterday night. (Cries.) It makes me sad ... to have to ... go through this ... and tell you this ... and do what has to be done. (Cries) But I believe that you have a very wise spirit and can understand what I'm saying and thinking and feeling. I do love you and don't want you to suffer. Right now I cannot give to you what you deserve. Right now, I'm like a baby in a lot of ways. I need time . . . and for that reason I'm not ready to bring you into this world as my child. "You've had a purpose already in my life in teaching me things I don't yet understand. And I thank you for that." "And I ask you to decide at this time to go back to wherever you've come from and come back to earth at a different time, whether to me or someone else, I don't know. Whatever is best for you." The patient came in a week later reporting that "we took care of the spiritual and emotional, and the clinic just took care of the physical remains." She also expressed a sense of sadness coupled with a sense of relief, alleviation of guilt, and eventually, positive resolution. In the third case, after the mother had explained the difficulties associated with the pregnancy to the unborn child, she then paused and requested: "I ask if there is anything you want to be able to say to me - or anyone else - that you speak to me-that I might be able to hear what you have to say" (pause). "I feel that he came to teach me love and understanding. And forgiveness" (pause). "I ask that God's blessings be upon this spirit, this baby, this life, no matter where he is or what he chooses to do" (pause). "Baby, it's safe for you to leave to go into the light. You are free to go back into the light. Don't be afraid. It's safe there" (pause). "I'm sorry" (cries) (silence). After a while, she opened her eyes and said to me, "I'm really glad you are here with

me." When I asked her how she felt, she responded: "I feel a sense of release and safety and security of that spirit going back into the light or where it was before it left. I somehow feel a sense of departure." Shortly after this session, the patient miscarried. Follow-up with each of the above cases over the past three years indicated that each was satisfied with her experience, felt a sense of closure, and reported a deeper appreciation for life. None had been pregnant since. The fourth case concerns a 43-year-old married woman whom I had treated for depression and life adjustment problems some years previously. Now pregnant with twins, her stated purpose for the interview was to "weigh the pros and cons of keeping the babies." She added that she and her husband were very surprised by the pregnancy as they both had been diagnosed as sterile. So this was her first pregnancy, although she and her husband had reared two adopted children, now in their late teens. In her sixth week of pregnancy, she had been to her obstetrician who had pronounced she was in general good health and carried twins. She expressed concern over giving birth for the first time at her age, as she would be 44 by the time the babies were due. Her husband was reportedly fearful, and their finances were uncertain. As we talked through the above conflicts, several other questions arose that had to do with the babies themselves. A deeply religious person, the mother sought meaning to the unexpected event. She wondered "why" she would get pregnant in this stage of her life, and also expressed the natural concern over the babies' health. Using her concerns as a guide, we formulated questions for me to ask her while in trance. The first dialogue, based on the mother's agenda, is as follows: Therapist: What is the plan or purpose of this pregnancy? Mother: It is God's will. They are God's will. I keep hearing "Thy will is done." T: How does the life within feel about it? M: They want to live. I can see little babies wrapped up in a blanket. I can feel them. So warm. I'm just holding them. I don't want to put them down. T: Are there physical problems? M: There's nothing wrong. No problem. After this dialogue, the patient reported that she was still undecided, especially since her husband was insistent on terminating the pregnancy. At the next session a few days later, both parents came in and went into trance together, with the objective of continuing the dialogue with the "life within." The same format applied of asking, in trance, the questions the parents posited. In this dialogue, the mother and father seem to speak not only to, but for babies. Therapist: How are you doing? Mother: "It's O.K. The other one is so little ... so sleepy." Father: "It's terribly hard to breathe. My heart is going crazy." T: Are you from the same egg or different eggs? M: "I see an egg breaking in half." T: Do you want to be born? F: "I don't know yet. Not enough information to decide." M: "If you want us . . ." T: Do we get to know if you are boys or girls? M: "I don't want to tell you." T: Why did you pick these people as parents? M: "They picked me. I want to be born if they want us." T: Why do you want to be born? M: "I want to do things. I want to be loved. I want to do lots of things." T: What will you be like? M: "I like what I am and I am what I like." T: Do you have any fears? M: "No." F: It's hard to breathe. So much work." T: Do you know your mother is 43-years-old? M: "I know. My friends will think I have an old Mom and Dad, but it doesn't matter. They don't act old. I think they are better. They're not so dumb as some of my friend's Mom and Dad. I could make 'em real happy. But I don't want to come unless they want me." T: How do you feel about their being undecided? M: "It's all right. I was a big surprise. They have to change their plans." T: What about the other one in there? M: "He's just sleepy or lazy right now." T: Does he feel the same as you? M: "I don't know." T: Is there anything special you want to say to your Daddy? M: "No. They (Mom and Dad) are just like one right now. They both know (what I'm saying)." T: How do you feel about talking to us right now? M: "This has been fun. It gets boring in here. I'd like for them to talk to me more, ask me how I am, tell me what they are thinking. Ask me what I think." T: Can you hear music? M: "I don't know. I could try." T: Can you remember anything before you came into this body? M: "I was just tumbling around .. . like washed down a drain or slipping through some place." T: Can you remember coming out of the light? M: "No. I feel God all the time." T: How? M: "I feel this light around me. Makes me warm." T: Would you like them to read you stories? M: "Um hum. I'm getting tired. I'd like to take a little rest." T: Baby Two, do you want to wake up and talk to me? M: "I'm waking up. I've had a long nap." T: Are you O.K.? M: "Um hum. I need to grow a little more. That's why I'm sleeping. I have to catch up. I think I'm doing O.K. I really need to sleep. If I don't, I won't catch up." T: Is it okay

to call you Baby Two? M: "Yes." T: Baby One, is there anything else you want to say? M: "I'm smart. I already know how to read. I'll do really well if they let me be born, but if they don't, it's O.K." At the end of the dialogue, both parents felt relaxed but reported that they could not remember everything that transpired. The father reported he was still reluctant to have the twins, and the mother said that, "Right now all that feels real good but I still have this nagging voice within me that says, "Be logical." Within a week, the mother decided to continue the pregnancy against her husband's wishes, even if it meant the break up of the marriage (which eventually occurred). She reported that the deciding factor in her mind was the sense of reality she felt after the experience of dialogue with her unborn children. The twins, identical girls now three years-old, have presented no particular problems, although one was initially much stronger than the other. They are, according to the parents, smart, inquisitive, and a joy to the both of them. Discussion In the cases reported above, the therapist suggested a dialogue with the unborn children. It was the mother's values and belief systems which permeated the content. The therapist functioned as a guide to facilitate communication within the value system or frame of reference of the patient. Whatever theoretical basis one might adopt, in the cases reported herein, dialogue with the unborn child, whether in thoughts, words, or images, was a powerful agent for resolution of conflict in the problem pregnancy. Life was seen by the mothers as continuing, whether in or out of a physical structure. The life of the fetus was seen as returning to its source, i.e., "the light", where it would continue in some way, or, as in the case of the mother with the twins, life was respected and affirmed in the physical form. In transuterine communication in the early stages of pregnancy, one might posit that the mother is picking up her own unconscious thoughts or feelings. Or one might posit that consciousness, or mind, transcends the body as Plato postulated in his theory of dualism. In order to develop a rationale for mind perhaps being independent of brain function, it is necessary to develop a different frame of reference beyond orthodox physical science based on Newtonian physics. The idea of an intellectual framework by which we automatically evaluate our experience is called "Generalized Reality Orientation" by Shor (Shor, 1972) in his explorations of hypnotic phenomena. Similarly, Charles Tart, professor of experimental psychology at the University of California at Davis has postulated the concept of "Consensus Reality Orientation." He states that our orientation to reality is very much a product of our particular culture's consensus of what is real or important. (Tart, 1975, 1984). To arrive at a new paradigm of science, physicist George Stancui and philosopher Robert Angus have, in their book, The New Story of Science, suggested that physics, neuroscience and psychology are throwing off Nineteenth Century materialism to establish mind as central to understanding the universe. To quote from Brain/Mind Bulletin: "The Old Story holds that matter alone exists. Therefore nothing survives the death of the body . . . free choice is an illusion . . . and mind ... is considered a by-product of the brain. "In the New Story, the observer is elevated to participant. . . intellect and imagination are as real as biology, and spiritual harmony is an attainable objective." The Generalized Reality Orientation which Augros and Stancui suggest, based on their studies of the new physics, is not unlike that of Gordon Allport of Harvard (1937,1950,1967) in his studies of values or William James (1961) in his studies on "Mind." Perhaps in order to understand a rationale for the idea of intelligent communication in utero with an unborn child, we need to step back from our "scientific" Generalized Reality Orientation and into the new physics or "New Story" paradigm. Such communication may become more acceptable to the scientific community as we adjust our own Generalized Reality Orientation to include ideas from the New Physics, as well as other cultures. It is to be hoped that the reporting of these case histories will be helpful in raising the consciousness of all those associated with bringing new life into the world, so that we become aware of the possible influence of our thoughts and actions on the health, character and personality of the unborn child. The idea of prenatal consciousness has been explored by presenting case material from adult prenatal recall and what parents believed was transuterine communication. The idea of mind or consciousness as existing separate from physical existence was a theme that arose in all cases. How to view the ideas presented within a scientific framework is a quandary still to be grappled with, but however the scientific community views the possibility of consciousness before birth, this study presents more options for attitudes

and behavior in coping with problem pregnancies. References References Allport, G., Personality: A Psychological Interpretation. Yale University Press, 1937. Allport, G., The Roots of Religion. Macmillan, 1967. Allport, G., The Individual and His Religion, Macmillan, 1950. Association for Transpersonal Psychology, Fall Newsletter, 1984. Augros, R. and Stancui, G., The New Story of Science, Regnery Gateway, 1984. Blick, Claus A., "Traumas in Utero Uncovered in Hypnosis," Second International Congress on Pre and Perinatal Psychology, San Diego, 1985. James, William, Varieties of Religious Experience, Macmillan, 1961. "New Story of Science," Brain - Mind Bulletin, Volume 10, December, 1984. Riley, Clara M., "Tess: The Emotional and Physiological Effects of Prenatal Trauma," First International Congress on Pre and Perinatal Psychology, Toronto, 1983. Riley, Clara M., Case report from patient, 1976. Shor, R., "Hypnosis and the Concept of the Generalized Reality Orientation." In, Tart, C. Altered States of Consciousness, N.Y. Doubleday, 1972, p. 239-267. Tart, C. "The Meaning of Life: Values in Science and Transpersonal Psychology," Invited address, Div. of Humanistic Psychology, APA, August 29, 1983. Tart, C, "The Open Mind," Volume 2, September, 1984, p. 2. Watkins, Helen, "The Development of Ego States in the Fetus Following an Attempted Abortion: A Case Study," Society for Clinical and Experimental Hypnosis, Los Angeles, CA., October 16, 1977. Watkins, Helen, "Treating the Trauma of Abortion", Second International Congress on Pre and Perinatal Psychology, San Diego, 1985. AuthorAffiliation Clara M. Riley, Ph.D. University of California, Irvine AuthorAffiliation Address requests for reprints to the author at: 31542 Coast Highway, Suite 2, South Laguna,CA 92677.

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