## Violence & Pregnancy: A Whole-Self Psychology Perspective

Author: Turner, Jon R G; Turner, Troya G N

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## Abstract: None available.

Full Text: Headnote ABSTRACT: This paper focuses on violence as pathology occurring primarily during pregnancy and explains the resulting impact on one's life. It addresses this specific theme, and does not include the violence found in some medical birth procedures, or violence generated by gender. This paper is based upon a presentation by the authors in March 2001, at the OMAEP [World Organization of Prenatal Education] &ANEP [Association of National Prenatal Education] Congress in Puerto la Cruz, Venezuela. entitled "Violence &Pregnancy." This congress brought together leading experts from South and North America, and Europe. KEY WORDS: violence, consciousness, attachment and bonding, mother/child attunement. INTRODUCTION Whole-Self Psychology Philosophy and Education postulates that: All experiences enter the realm of violence the instant respect is breached. This includes any and all forms of disrespect that may occur during the prenatal/inter-uterine dialogue experience. It is important to understand how these issues and dynamics contribute to violence as pathology and the significant impact it has on one's life. case histories illustrating typical trauma will be given as examples. We will also address how the Whole-Self Psychology Therapy is used to help heal these disasters and traumas. HISTORICAL PERSPECTIVE ON WOMB LIFE & THE ORIGINS OF CONSCIOUSNESS The idea of the once blissful womb proposed by Sandor Ferenzi (1913) in Budapest, Hungary has long ago been disproved. After Ferenzi, analyst Gustav Hans Graber, MD (1924), Founder of the International Study Society in Prenatal Psychology, pushed back the consciousness curtain by advocating that children experience prebirth and well as post birth memories. Sigmund Freud (1918) developed the theoretical superstructure that inspired Otto Rank, but then reversed himself. It was Rank, MD (1924), who was the first to actually advocate and develop the psychiatric theoretical framework connecting trauma with birth. Nandor Fodor (1949) topped off Rank's trauma theory by describing the consecutive stages of development theorized by Rank. Over a guarter of a century ago, Dutch analyst, M. Lietaert Peerbolte (1975) integrated a reposing consciousness before conception theory and the accepted analytical approach. His search questioned the etiology of consciousness and what we know. In the early 1970s, the authors of this paper pioneered Prebirth Memory Therapy (Turner, 1988; Turner & Turner, 1993) to gently recover and release traumas, including those that were violent, experienced by mother during her pregnancy. Peter G. Fedor-Freybergh (1993) exhorts us to remember that the prenatal stage of life in the mother's consciousness and womb is our first ecological position as human beings. This is our first human encounter where we, as children, found ourselves involved in a creative dialogue with our mothers and their biological, psychological and social environment. The nature and quality (peaceful, loving, nurturing, hostile, violent) of that dyadic relationship and dialogue will have a profound effect on the health and well being outcome for that unborn child after birth. UNDERSTANDING VIOLENCE Whole-Self Psychology, Philosophy, and Education postulates that: All experiences enter the realm of violence the instant respect is breached. This includes any and all forms of disrespect that may occur during the prenatal/inter-uterine dialogue experience. What if that pregnant dialogue is filled with verbal or physical abuse? Understanding how such abuse contributes to violence as pathology, and its resulting impact on one's life, is critical if effective change and healing are to occur. In order to discuss violence and pregnancy, it is helpful to establish a mutual understanding to the meaning of the word, violence. According to Webster's Dictionary (1986, Ottenheimer Publishers) the word violence is derived from the Latin violentus, which means force. Adjunct words to violence are the verb, to violate, and the adjective, violent. To violate means to profane, to treat with disrespect, to break, to transgress. There is not much emotional charge or hormonal response to

these definitions. The word violent is more potent. Violent means acting with or characterized by physical force of strength, especially unlawfully so, or, produced by force (e.g. death, end). Violent can also have an emotional component. It can mean moved by strong feeling, passionate, intense (e.g. pain). These two words can evoke more emotions in us as they lead us to our focus word, which is violence. Webster says violence is the quality of being violent, force, or intensity. Within this definition, Webster leads us to vehemence, unjust force, outrage, profanation, injury, rape. These words are more potent and evoke intense emotional, and resulting hormonal, responses in us. In this document, we will be equating the word trauma with the word violence. Two other word concepts that will be used herein are diminishing in place of negative, and enhancing, to mean positive or affirming. Saddam Hussein While many experts are attributing various psychological causes to the aberration which is Saddam, none of them even considers his prebirth foundation to his inability to experience love, compassion or empathy with any human being. He has no conscience. Saddam illustrates perfectly Reactive Attachment Disorder. John C. Sonne (2002) strikes our keynote: Hussein's mother attempted suicide when she was seven months pregnant with Saddam, and she tried to kill him by bumping her stomach against the wall. Saddam's father had died just before that, and another sibling had died around this same time. So this was the prenatal environment prior to Saddam's birth in April, 1937: an abortion minded and attempting to abort suicidal mother, no father, and the death of a sibling. ATTACHMENT &BONDING AND THE BRAIN Thomas Verny. MD (2001), describes EXPERIENCE as the chief architect of the brain. Alan Schore, PhD (1996, 1997), defines attachment as a REGULATORY PROCESS in brain development, which determines its developmental and functional outcome. In his research, Bruce Lipton, PhD (2001), has found that experience and perception are the key factors in determining genetic and DNA outcome as relates to cellular function and memory, and relates this to the father influence/input. When the experience prenatally, as well as postnatally, is violent, then the brain develops in a different way. It becomes "wired," for survival and responds to all life experiences, including those that are non-violent, from the fight, flight, or freeze mode, activating the adrenals and secreting the related adrenocortico steroids and other neurohormones in response to the real or perceived danger (Perry, Pollard, Blakely, Baker & Vigilante, 1995; Perry, 1997; Schore, 1996; Schore, 1997). The first Whole-Self Principle says: I cannot change something until I know what needs to be changed. From the Whole-Self Psychology, Philosophy, and Education perspective, VIOLENCE itself, while abhorrent in its various shades, may not be the problem. Whole-Self Psychology suggests that violence, when connected with anger, is a learned behavior (Turner, 1990). We also suggest that the problem of violence is not the violence but the hormonal addiction created when the fight, flight, or freeze mechanism is triggered. It is this hormonal addiction which locks people into violent behavior in order to get the hormonal addiction satisfied. This happens on both sides. The violator gets a charge of adrenaline, noradrenaline, and a cocktail of other addictive hormones, resulting in a hormonal hit. The victim, because of the danger, also experiences a hormonal hit. This may explain why abused women often attack their police rescuers and refuse to prosecute their violators. Whole-Self Psychology also proposes that when physical, mental, emotional, or spiritual violence occurs during pregnancy, the hormonal saturation gets passed through the placenta and does two things: The danger hormones, adrenalin, noradrenaline, cortosol, etc., have a damaging and diminishing effect on baby's brain and neurological development, and the danger hormones addict baby to the same addictive substances which are afflicting mother. In Whole-Self Psychology, therapy starts by discovering the beginning of the emotional life of the client. These patterns are called the emotional DNA© [eDNA©] (Turner & Turner, 1995). Through a questionnaire, consisting of 22 sets of questions, the client discovers the source of their emotional feelings, their eDNA, and the source of the reactions which they have experienced all through life. The guestionnaire is called the Whole-Self Prebirth Analysis Matrix<sup>©</sup> or PAM<sup>©</sup> (Turner, 1988). Case Example: Adrenaline to Survive Instead of Living a Life! Masochism and sado-masochism are often traceable to prenatal trauma. This is evident in the case of Olivia, a 50 year old woman whose life pattern exhibits the belief that "Pain equals love!" The "pain = love" patterns had been active in her parents' relationship during their pregnancy with her. World War II had begun, and her father

was sent to the Russian Front during this pregnancy. In her Prebirth Analysis Matrix (PAM), Olivia sensed that in the 5th month of pregnancy her mother was tense, nervous and anxious. A message arrived that her father will not return home-he had been captured at the Russian Front and shipped to Russia for the duration of the war. When her mother got this devastating news she experienced despair and shock, sadness and insecurity. She felt abandoned and forsaken. During the PAM process, Olivia recognized these as very familiar feelings in her own life. Recovering control, her mother determined to not give up. She retreated into herself as she realized that now she had to have trust only in herself. She was responsible for all her children and must take their care into her own hands. Olivia also recognized this responsibility position in her own life as she was recalling this information. Five years later, her father returned home. The trauma was resolved for her mother, but not for four-and-one-half-year-old Olivia. She was still locked in the reality [her belief] that her father had abandoned her. Olivia is still emotionally arrested at the prenatal age (infantile) when the trauma occurred. As a result of this prenatal experience. Olivia has had the belief that men who love her abandon her, and, therefore. does not trust them to care for her, as much as she wants to have that happen. The distancing of herself from men, the want/need to be taken care of and the need to control for survival has been a familiar infantile trance pattern in her relationships, activating the survival [fight, flight, freeze] hormones. Olivia is now working to resolve the conflicts of not trusting men, the want/need to be taken care of, and needing to be in control. In other words, she is no longer locked in pain = love; She is developing experience that pleasure = love. THE WHOLE-SELF FOUR LAWS OF LIFE In Whole-Self Psychology, Philosophy, and Education, there are four basic laws that define how overwhelming, diminishing patterns (negative thoughts/beliefs) come into existence, dominate one's life, and continue to perpetuate the early prenatal trauma: The Law of Opposition Whatever I am opposed to ... I have to experience! The Law of Confirmation Whatever I really believe about myself, I will keep proving to myself! The Law of Decisions Whatever I decide creates my future! The Law of Repetition Whatever I don't learn, I have to repeat How many times have I said I would never do something? The more I am opposed to something, the stronger I experience it. On a non-conscious level, when I resist what I am opposing, I make it stronger and more powerful, and, as a result, make judgments against myself. These self-judgment words are relegated to the unconscious and are reflected through such concepts as: Unlovable - Unimportant - Worthless -Unfulfilled - Unworthy - Worthless - Unacceptable - Unsupportable - Not Good Enough - Inferior - Inappropriate -Irresponsible Guilty - Bad - Wicked - Terrible - Horrible - Dirty - Disgusting - Despicable - Dumb - Stupid - Inept -Incapable - Incompetent - Inadequate - Incomplete - Unrecognized - Insecure - Helpless - Hopeless Powerless. After making any of these non-conscious self-judgments against myself, non-conscious diminishing decisions are also made. For those of us who were held upside down at birth and slapped on the bottom by a male doctor, common decisions can be: "Men hurt me!" "Men are dangerous!" Not wanting to be pregnant can lead to another form of violence in pregnancy. To be wanted or not to be wanted? That is the true question! Case Example Cecile presents insecurity, a pattern carried down generations from her grandmother, mother, and aunt. Cecile is living with a partner who is eight years older. He is proud to have a relationship with "the beautiful young women." Looking well is important for Cecile, but this creates a conflict in her when she wants to become pregnant. She fears she will lose her slim appearance. There are also issues of anorexia nervosa present in her life. This need for slimness is not just Cecile's problem. This conflict is mirrored by her partner, who also wants a child, but does not want Cecile to grow fat. Cecile's slim appearance is the cover-up for their co-dependent lives. Two emotionally violating traumas that were experienced during her own gestation left Cecile to deal with the question: "Do I give away my own life in order to survive?" The paradox is, 'How can I live my life when I give it away?' In her Prebirth Analysis Matrix, Cecile discovered two traumas her mother experienced: One in the 1st month and the other in the 7th month of her pregnancy. In the 1st month of the, as yet unrecognized pregnancy, her mother discovered that her father was fooling around with other women. "It is not serious," he would say as he went with another woman to a bar and arrived home late at night. The next day at work, although doing her job, mother felt loneliness, insecurity, fear, abandonment, and betrayal. She judged

herself to be unworthy, worthless, dumb, stupid, not good enough, incapable, incomplete, helpless, hopeless, and powerless. She felt deep shame but kept up appearances, and tried to hide the sadness she was feeling. Mother determines that life is a burden, so she will just take care of her husband and he will love her, a onesided and non-communicated contract. In the 7th month of pregnancy, mother was at a party with friends and felt uncomfortable because of her pregnancy. Her bulging belly made her feel unattractive and misplaced. In looking for her husband, mother found him behind a closed door kissing another women. She was suffused with pain and rage and declared, "I want to leave the party with or without him, just leave! This baby will be born with or without a father!" Father kissed the other women again and said that it did not mean anything, that mother was over-reacting. Mother left the party in despair, finally realizing she could no longer trust her husband! The tragedy was that because of her rage, her utter helplessness, hopelessness and powerlessness in relation to the father of her child, this mother took revenge on her daughter by becoming a child beater and abuser, including forcing Cecile under a cold shower whenever she wet her pants. In her therapy Cecile has worked to heal identified self-judgments and diminishing decisions that resulted from her prenatal experience, and is working to change her attitude towards her abusive mother. Case Example According to the second of the Ten Commandments (Chapter 20 Verse 5 Hebrew Bible) the sins [i.e., trauma patterns] of the fathers can be passed down through four sons-seven in the Native American Tradition (personal communication from Rhonda Howard) before they are released sons before they are released. Sigrid Westermann of Hamburg, Germany has also studied the influence of previous generations on prenatal patterns (1996, 2000). Related to this, Sauci Bosner, of Amsterdam, The Netherlands, is a world authority working with KZ-Konzentration Kamp Syndromen. Sauci is using Whole-Self therapy in working with fourth generation KZ survivors who exhibit prison camp syndrome. This syndrome originated before the concentration camps of the Third Reich of Nazi Germany and the Japanese during WW II. These camps were creations of the British Government during the Boer War in South Africa. The following case illustrates the trans-generational transmission of trauma. Anna, aged 39, is a woman and mother who represents two generations of trauma. She encoded the traumas of her mother, and then froze them within the birth trauma she experienced in the delivery of her two sons [now of preschool age]. By doing this she passed the trauma on to them and reinforced it by naming them WIND and STORM. She has stunted her sons' psychological development by constantly reminding them of the pain they caused her during the pregnancies and births. Her intention was to NOT allow her boys to grow beyond the violence of their names. Anna made two suicide attempts within a six months period of time. She was drinking three to six bottles of beer daily, smoking two to three packs of cigarettes per day, and using cocaine when available. After starting a new study in Information Technology and meeting a man with whom she was developing a relationship, Anna came to work with Sauci. She had two goals she wanted to achieve in therapy: 1) I want to finish something for the first time in my life! (referring to her IT study) 2) I don't want to make the same mistakes in this relationship which have destroyed my relationships in the past. Through her PAM session, Anna experienced her mother's internment in a Japanese Prison Camp. Conditions in those Far East Camps were just as horrendous as in the Nazi Konzentration Kamps. Anna discovered that her mother had been sexually abused by her biological father and semi-abandoned by her biological mother in the Jappen Kampe. Upon liberation, Anna's mother was reunited with a Dutch school friend, who later became her husband. The two returned to Holland and started a family, having five other children prior to Anna's conception and birth. Her mother's trauma happened years before Anna was conceived and born. Yet, the trauma trance which locked into mother during her imprisonment years still had an affect on Anna's life. From the Whole-Self Psychology point of view, we say that, years later, Anna, emotionally like her mother, was destructively living as if she were still in that Japanese prison camp. Of her five siblings, Anna was the child who most precisely replicated her mother's survival behaviors from the Japanese imprisonment. What were the prebirth emotional patterns and behaviors Anna received as a psycho/spiritual inheritance from her mother? During the pregnancy with Anna, her mother smoked two to three packages of cigarettes per day and exhibited a pattern of alcohol abuse, which still continues. Her mother took

painkillers throughout the pregnancy with Anna, and was in labor for 32 hours before she was born. After delivery, her mother lost two liters of blood. Because of this medical crisis, Anna was not placed on her mother's breast to nurse. She was isolated from both her mother and father until the next day. Bonding did not occur. Anna also told Sauci that she had lost her virginity at the age of 11 years. She had been raped while living in a squatter's community in Amsterdam. This replicated her mother's sex and survival life in the Japanese prison camp when she was also in puberty and entering adolescence. After having discovered the source of her selfdestructive behaviors as replicating her mother's history, Anna chose to take a break from therapy to process what she had learned thus far. As a consequence, she is still living a life of Wind and Storm. Anna's case illustrates that simply becoming aware of traumas does not release them. This is where therapy actually begins. A COMPUTER ANALOGY How do mother's feelings become symbiotically encoded in my new consciousness? An analogy to explain the encoding process is to imagine that mother is a desktop personal computer and the prenate is a laptop notebook connected to mother. As this little baby body grows and develops in utero, it is basically functional by the end of the first trimester. This is why some micro-premature infants can survive in NICU, even as young as 4 months gestation and weighing at 1 pound (450 grams) or less. The second and third trimesters are, in general, practice and rehearsal time so that at birth the little body has is computerese-a warm start. Here is a hypothesis supported by research conducted by Russian Prof. Grigori I. Brekhman (2000): (Given in the first person for ease of understanding.) Just as my little unborn body, as part of mother's body, is being educated during the second and third trimester so that it can function independently after birth, My emotional/mental body is likewise being educated (my eDNA). My emotional/mental consciousness resides in my mother's energy field and becomes educated through her feelings and attitudes. This is necessary for putting the whole life I will live into perspective. I need this emotional/mental training in order to experience and to resolve my own challenging emotional/mental patterns after birth. (Italian researcher, Gino Soldera (2002) calls this the Individual Life Project.) I experience my mother's enhancing or diminishing feeling patterns and continually experience life through her thoughts and feelings. They become the emotional basis or foundation through which I interpret and respond, or react, to in my new life. In other words, as my mother experiences her emotions and her mind, while residing in her aura, I am also experiencing them and being educated as to how these feelings and thoughts will potentially function in me after my birth. In Whole-Self Psychology, this dynamic is described in the following way: Mother's physical body is the instrument of her experiencing everything that she experiences in this 3-Dimensional world. As mother exercises her emotional/mental bodies, her physical body is effected by specific thought patterns. The stronger mother's thought and feeling patterns, the more powerful the trigger that can send adrenaline and noradrenaline hormones surging through her body in reaction. That little body is growing as part of her body. As mother has feelings and thoughts, they reactively trigger hormones in her body. Those hormones passing through the connecting placenta are also saturating and encoding the little body with hormones. In the first person again: This is why I can use my body now as a port or threshold-an access to reconstruct my mother's emotional/mental patterns that dwell within her from the time she was pregnant. Mother and Unborn Child Attunement The transmitter (mother) & the receiver (baby) must be attuned to each other. A key to understanding the true nature of violence in pregnancy is to explore the nature of consciousness during pregnancy. At the 13th International Congress of the International Society for Prenatal and Perinatal Psychology and Medicine [ISPPM] held in Cagliari, Sardinia, Italy in June, 2000, Prof. Grigori I. Brekhman, Head of the Obstetrics & Gynecology Department of the State Medical Academy, Ivanovo, Russia, presented a paper entitled, "The Conception of the Multiple-level Coordinated Action Between the Mother and Her Unborn Child: The Methyodological Approach and the Methods of Research," in which he explained how such dialogue occurs. Prof. Brekhman suggests a multi-level concept of the relationship between mother and her unborn child, which includes these particular emotional/mental aspects. Prof. Brekhman said: Nowadays a lot of data obtained has confirmed the hypothesis that the psychoemotional inter-relationship between the mother and her unborn child is the reality. ... We [Brekhman] offered to examine the mother-unborn child

relationships based on the idea of a permanently functioning multiple-level polyphonic system. It has been assumed that, if mother is a multiple-system embracing such levels as biological, energetical, astral, mental, etc, to have intimate and fruitful interplay between her and the unborn, baby must already possess the same levels beginning with the zygote. Such a methodological approach proved to be fruitful. The subdivision of this system into the various levels is very relevant for baby since it is only able to live and develop harmoniously if all its components properly interact. In this last sentence the word only is the operative word. The significant concept Prof. Brekhman addresses is: if there is a process such as a mother-unborn child dialogue, there needs to exist complementary resonant cohesive media systems in both mother and her baby which can recognize each others messages, e.g. the radio transmitter analogy mentioned above. In other words, mother and baby must be able to communicate with and understand each other on all levels with the same symbols/language. It is a model which, for 30 years, Whole-Self Psychology had been describing as where symbiosis begins. Whole-Self Psychology has hypothesized that just as each of us is the synthesis of our parent's genetic coding, which gives us our physical characteristics, there is also a synthesis of the emotional/mental patterns of our parents from the nine months of their pregnancy, our individual eDNA, as mentioned above. This eDNA is precisely the mutuality system which Prof. Brekhman has demonstrated in his laboratory. Role of Personality One of the basic functions of my personality is to keep me from feeling pain. This is why my personality does not want me to remember past traumatic events. Therefore, actual violent events may not be remembered, but the feelings I experienced when they happened are remembered. This includes feeling any feelings of violence toward, or by, my mother during her pregnancy, in whatever form they may have happened. One type of violence can be a wished for, or failed, clinical abortion. Abortion survivors are a clearly defined group, according to John C. Sonne, MD (1994a, 1994b, 1996). Dr. Sonne says that even a thought of abortion in mother's or father's (through mother's energy field) emotional bodies is perceived by my developing personality as life threatening. This is not because of my intelligent consciousness, but because of mother's reactiveness to the thought of abortion and its resonance through our mutual symbiotic energy fields. Dr. Sonne's landmark analysis of two mass murderers (2000), who profile as possible abortion survivors, is an example of what can result from an unwanted pregnancy, an incomplete abortion. In his analysis of the two boys responsible for the Columbine High School [Colorado, USA] massacre in 1999, Sonne hypothesizes that they both bore the clinical profiles of being abortion survivors. Among Sonne's listed anti-social profile patterns we find the second Whole-Self Law of Life, Self-judgment, which, for them, included being outcasts, unwelcome, unloved, undeserving, unlovable, unattractive, and worthless. It was the Whole-Self Third Law of Life, the boys' diminishing decisions, that led to the massacre. A year before that tragic event, one of the boys posted his diminishing decisions on a web site: "I don't care if I live or die in the shoot-out, all I want to do is kill and injure as many of you pricks as I can, and god damnit. DEAD PEOPLE DON'T ARGUE! God damnit, I am pissed!" (Sonne, 2000 Fall; & Affidavit: Columbine Shooter Posted Threat on Web April 10, 2001 CNN Web posted at: 3:55 PM EDT (19:55 GMT) Sadly, it is the statistics about the massacre that makes big news: twelve students dead, twenty-four students injured, one teacher dead, and the two shooters suicided. The prebirth dynamics that were the causal factors of their mental/emotional state is not even addressed, much less viewed as tragic or problematic. The pain these 2 two boys experienced within themselves was definitely acted out, causing great pain in their community and to society at large. Whole-Self Psychology maintains that simultaneously, while my personality makes every attempt to block painful memories to avoid feeling pain, my Whole-Self wants me to remember and release those diminishing memories and feel connected to those patterns I may have encoded into my personality self from my mother. By remembering and non-emotively releasing those memory symbiotic feelings, I come into alignment with my Whole-Self level of enhanced consciousness. For over thirty years, the Whole-Self Prebirth Analysis Matrix (Turner & Turner, 1991) has demonstrated that each person is the synthesis of the charged emotional/mental patterns that their mother and father experienced during their pregnancies with them. Through the Whole-Self PAM, everyone is able to discover that they not only have the eDNA synthesis, but also have

their mother's emotional experiences available for recovery. By discovering those memories and recognizing that each of us has been repeating our mother's patterns, both we and our mothers can be released from them, often at the same time. In releasing or transforming those diminishing patterns of self-judgments and personal decisions I had made early in life, I create the converse of the Four Laws of Life, so that if: I don't oppose what I am experiencing, I don't make non-conscious diminishing self-judgments against myself, I don't make nonconscious diminishing decisions against myself or life Then ... I don't have to Try It Again !! Rising Above! It is important to remember that trauma patterns are not the only ones that become encoded. Neutral, even enhancing patterns, can be found to overlay the diminishing patterns. It is important to discover these neutral and enhancing patterns and integrate them when resolving the diminishing patterns. Case Example Psychologist Smilja Janjatovic Pugliesi, a Whole-Self Facilitator in Rome, Italy, reported a case in which the mother of her client confirmed every detail the daughter had discovered in her PAM work. The client, Donna, had a growth on her nose. Her mental attitude in life, which in Whole-Self Psychology is called her "reality pattern," was; no matter the obstacles, no matter her fear, no matter her fatigue, she would sleep and when she awoke, she had the determination to work through the challenges of her fear. In her work, Donna discovered that from the third month of pregnancy, her mother's emotional patterns were the result of the continuing concern about a hard growth on her nose. In her PAM recapitulation, Donna sees her mother at her doctor's office. The doctor is examining her mother's nose. She is worried because she doesn't know what it is. The worry increased. Donna experienced her mother's feelings of horror and desperation. Donna says, "I have a feeling of hardness-like a rock-and then I fall asleep." First, Donna experienced some kind of battle to overcome the fear, then fatalism, "Things will go as they have to!" This is a familiar decision for her. Then suddenly, in the regression, Donna said that she can no longer feel or imagine her mother's emotional reactions. She says, "I fell asleep, so I don't know. I slept for a while and then I woke up happy, at ease. It was towards the end of the pregnancy. It was dark. And, at first, I felt a bit afraid, but then, even with fatigue, I went ahead, because I needed to see, to check." Donna's mother confirmed that this event had happened, and these were the feelings and behaviors she had in the latter part of her pregnancy. ORIGINS OF CONSCIOUSNESS Where does consciousness come from is one of life's unfathomable questions. One possibility which comes to mind is reincarnation. Whole-Self calls this possibility the Past Life Dimension of Consciousness (Turner & Turner, 1995). Winafred Blake Lucas (1993) has published a two-volume anthology, Regression Therapy: A Handbook for Professionals, which explores extensively this concept of continuation of consciousness. For over 40 years we have been researching this hypothesis in Whole-Self Psychology. Our findings show that when a person dies in one of these Past Life Dimensions of Consciousness with charged unresolved emotions, the consciousness is locked into these emotions. Since these emotions were created in this world, the consciousness must come back into this world to activate these emotions in order to resolve them. This process is possible through the concept of Symbiosis. Symbiosis: Are Those Feeling Patterns Mother's or Mine? We propose that symbiosis begins before conception, when my consciousness is energetically attracted to my mother's consciousness because she and/or my father are feeling the same feelings I was feeling at the time I died in a previous existence. My emotional/mental matriculation takes place in mother's emotional/mental bodies during the nine months of gestation when my consciousness is attached to my mother's aura. I am unable to discern my feelings separate from my mother's feelings. Whole-Self Psychology has discovered that, in therapy sessions where people are emotively acting out birth trauma, what this behavior they are actually expressing is not the memory of their own pain of labor and birth, but the physical as well as emotional/mental resistance patterns of mother's labor (Turner 1989). Later, this symbiotic magnetism can be acted out in life as psychological symbiosis pathology. When I am unresolved in my prebirth Symbiosis with my mother, I then transfer into co-dependant relationship with others. The Whole-Self hypothesis is that there are two memory tracks: The cellular memory of that little body growing inside mother's womb; and The psycho-spiritual memory of my consciousness residing in mother's consciousness. "I," my consciousness, my sense of myself, is not

inside my mother's body during gestation, but in her auric field, her consciousness. The memories of trauma which I am able to reconstruct are not just stored in the cellular memory in what will become my body after birth, but are also the remembrances of mother's emotional/mental bodies simultaneously shared (Symbiotically) by me during her pregnancy and labor. If it is correct to state that everything that mother's body is experiencing is effecting all the parts of her, including her emotional/mental bodies-then everything she is experiencing is also effecting my developing physical and emotional/mental bodies. Therefore, in psychotherapeutic systems that address birth trauma, what is being reconstructed is not my own, not yet individuated experiences, but the recreation of my mother's pregnancy and labor pain patterns. If my consciousness was never inside my mother's body, then there are some very significant hypotheses about emotive therapies in which people are urged to fight to get out of the womb that need to be rethought. Are these therapeutic modalities facilitating and enhancing resolution of trauma or reinforcing the fantasized false memory trauma patterns and further entrenching the adrenaline addictions within the person? VIOLENCE AND PREGNANCY AND THE MASS MEDIA Whole-Self suggests two kinds of violence in pregnancy: subjective violence in which I am either the perpetrator or the victim, and objective violence where I am the observer of the violence. Because the very essence of violence is diminishing to the body, mind, emotions and spirit both kinds of violence are damaging. For some 2000 years Mass was a key ceremonial word of the Catholic ritual commemorating the crucifixion throughout the world. Today, the same word, Mass, is also a power word in the consciousness of human communication. While there are many forms of violence, special concern needs to be directed towards the Mass Media and its role in propagating violence in the world. Mass Media is a leading edge factor in the evolution of society. Its impact on pregnant women and their mates is part of the forging factors in the development of the body, mind, emotions and spirit of each future human on earth, and, with the Mier Space Station, possibly including our vast planetary system. Impact of Entertainment Violence on Children The United States has been plagued with children murdering children. In 2001, a 15-year-old boy in the State of Florida, was sentenced to life imprisonment for murdering a little girl. He said all he was doing was imitating a wrestling move he had seen on television. Her little body could not withstand the action, and she died (CNN). While shocking, this kind of violence is not unknown to health care professionals, in both mental and physical health fields. On July 26, 2000, at the United States Congressional Public Health Summit held in Washington D.C., The American Academy of Pediatrics and five other prominent medical groups issued a Joint Statement on the Impact of Entertainment Violence on Children, citing the connection between media and violent or aggressive behavior in some children (American Academy of Pediatrics, 2000). Because Mass Media is such an important factor in the atmosphere of violence, including during the time of pregnancy, their declaration is relevant here: We, the undersigned, represent the public health community. As with any community, there exists a diversity of viewpoints-but with many matters, there is also consensus. Although a wide variety of viewpoints on the import and impact of entertainment violence on children may exist outside the public health community, within it, there is a strong consensus on many of the effects on children's health, well-being and development. Television, movies, music, and interactive games are powerful learning tools, and highly influential media. The average American child spends as much as 28 hours a week watching television, and typically at least an hour a day playing video games or surfing the Internet. Several more hours each week are spent watching movies and videos, and listening to music. These media can, and often are, used to instruct, encourage, and even inspire. But when these entertainment media showcase violence-and particularly in a context which glamorizes or trivializes it-the lessons learned can be destructive. There are some in the entertainment industry who maintain that 1) violent programming is harmless because no studies exist that prove a connection between violent entertainment and aggressive behavior in children, and 2) young people know that television, movies, and video games are simply fantasy. Unfortunately, they are wrong on both counts. At this time, well over 1000 studiesincluding reports from the Surgeon General's office, the National Institute of Mental Health, and numerous studies conducted by leading figures within our medical and public health organizations-our own members-point overwhelmingly to a causal connection between media violence and aggressive behavior in some children. The conclusion of the public health community, based on over 30 years of research, is that viewing entertainment violence can lead to increases in aggressive attitudes, values and behavior, particularly in children. Its effects are measurable and long-lasting. Moreover, prolonged viewing of media violence can lead to emotional desensitization toward violence in real life. The effect of entertainment violence on children is complex and variable. Some children will be affected more than others. But while duration, intensity, and extent of the impact may vary, there are several measurable negative effects of children's exposure to violent entertainment. These effects take several forms. Children who see a lot of violence are more likely to view violence as an effective way of settling conflicts. Children exposed to violence are more likely to assume that acts of violence are acceptable behavior. Viewing violence can lead to emotional desensitization towards violence in real life. It can decrease the likelihood that one will take action on behalf of a victim when violence occurs. Entertainment violence feeds a perception that the world is a violent and mean place. Viewing violence increases fear of becoming a victim of violence, with a resultant increase in self-protective behaviors and a mistrust of others. Viewing violence may lead to real life violence. Children exposed to violent programming at a young age have a higher tendency for violent and aggressive behavior later in life than children who are not so exposed. Although less research has been done on the impact of violent interactive entertainment (video games and other interactive media) on young people, preliminary studies indicate that the negative impact may be significantly more severe than that wrought by television, movies, or music. More study is needed in this area, and we urge that resources and attention be directed to this field. We in no way mean to imply that entertainment violence is the sole, or even necessarily the most important factor contributing to youth aggression, anti-social attitudes, and violence. Family breakdown, peer influences, the availability of weapons, and numerous other factors may all contribute to these problems. Nor are we advocating restrictions on creative activity. The purpose of this document is descriptive, not prescriptive: we seek to lay out a clear picture of the pathological effects of entertainment violence. But we do hope that by articulating and releasing the consensus of the public health community, we may encourage greater public and parental awareness of the harms of violent entertainment, and encourage a more honest dialogue about what can be done to enhance the health and well-being of America's children. Donald E. Cook, MD President American Academy of Pediatrics Clarice Kestenbaum, MD President American Academy of Child & Adolescent Psychiatry L. Michael Honaker, PhD. Deputy Chief Executive Officer American Psychological Association Dr. E. Ratcliffe Anderson, Jr. MD Executive Vice President American Medical Association American Academy of Family Physicians American Psychiatric Association (Permission to reprint granted by Marjorie Tharp, public affairs manager, AAP Dept. of Federal Affairs.) The prenatal and perinatal psychology education, health, and medicine communities need to also declare that the concerns given above puts the unborn child at risk when their pregnant mother is exposed to these views of violence. Mothers also have a responsibility to not expose their unborns to fearful and disastrous Mass Media. And, what about the tens, perhaps hundreds of thousands of babies carried by mothers who are the victims of natural disasters, wars, and terrorism throughout the world? The task is massive, but the goal is clear, and the benefits to society are monumental. A hopeful sign is that the Mass Media is beginning to carry story of pregnancy and birth research. To complete, let us share again the Whole-Self Principle mentioned near the beginning: All experiences enter the realm of violence the instant respect is breached. So, RESPECT is one key to overcoming violence. It is necessary to address healing violence in pregnancy by healing the addictions to the danger hormones. One of the most ancient principles of pregnancy is that mothers must be protected from not only scenes of violence but also thoughts of violence. However, more immediately, we can begin to attend to this simple statement: All experiences enter the realm of violence the instant respect is breached. Let us respect ourselves as we respect our pregnant parents and our societies will respect us! References REFERENCES American Academy of Pediatrics. (2002). Retrieved from www.aap.org/mediamatters Brekhman, G. I. (2000). The conception of the multiple-level co-ordinated action between the mother and her

unborn child: the methodological approach and the methods of research. Ivanovo, Russia: Fedor-Freybergh, P. G., (1993). Prenatal and perinatal psychology and medicine: A new approach to primary prevention. Int. J. Prenatal & Perinatal Psychology and Medicine, Vol.5(3): 285-292. Preceeded by Fedor-Freybergh, Peter G., 1983 Psycophysische Gegebenheiten der Perinalzeit als Umwalt des Kindes. In: Schindler, S. Zimprich, H. (eds.) Okologie der Perinatalzeit. Stuttgart: Hippocrates, pp.24-49. Ferenzi, S. (1913). Entwicklungssufen des wirklichkeitssinnes "(Stages in the development of the sense of reality), Int. Zietscrift fur Psychoanalyse 1, 124-138. Transi. 1924 Psycho-Analysis Chapter 8 Maresfield Reprints, London Fodor, N. (1949). Search for the beloved: A clinical investigation of the trauma of birth and prenatal condition. New York: Hermitage Press. Freud, S. (1918) History of infantile neurosis, collected papers vol. Ui, 583 Standard Edition. Graber, G. H. (1924). Die ambivalenz des kindes (The ambiance of children). Vienna: Psychoanalytic Press. Lipton, B. (2001, Spring). Fathers as genetic engineers. Presented at the World Organization of Prenatal Education (OMAEP) and the Association of National Prenatal Education (ANEP) Congress. Puerto la Cruz, Venezuela, Lucas, W. B. (1993). Regression therapy: A handbook for professionals. Creek Park, CA: Deep Forest Press. Peerbolte, M. (1975). Psychic energy in prenatal dynamics: Introduction p. XXXII Wassanaar NL: Servire B. V. Perry, B.D., Pollard, R., Blakely, Baker, B., & Vigilante, D. (1995). Childhood trauma, the neurobiology of adaptation and usedependent development of the brain: How states become traits. Infant Mental Health Journal 16(4): 271-291. Perry, B. D. (1997) Incubated in terror: Neurodevelopmental factors in the cycle of violence, in Children, youth and violence: The search for solutions. J. Osofsky, Ed. pp. 124-148. New York: Guilford Press . Rank, O. (1924) Dos trauma der geburt und seine bedeutung für die psychoanalyse (The trauma of birth: Its meaning for psychoanalysis). Vienna: International Psychoanalytic Press English Translation 1952, New York: Brunner. Schore, A. N. (1996). The experience-dependent maturation of a regulatory system in the orbital cortex and the origin of developmental psychopathology. Development and Psychology, 8: 59-87. Schore, A. N. (1997) Affect regulation and the origin of the self. New York: Lawrence Erlbaum Soldera, G. (2002, Summer) The individual life project: A new way of flscovering the unborn child world and potentialities. Journal of Pre- and Perinatal Psychology, Vol. 16(4): 361-376. Sonne, J. C. (1994a, March) The relevance of the dread of being aborted to models of therapy and models of the mind. Part I: Case examples. The International Journal of Prenatal and Perinatal Psychology and Medicine, 6(1): 67-86. Republished (1995, Spring) Pre- and Perinatal Psychology Journal, 9(3):195-219. Sonne, J. C. (1994b, June). The relevance of the dread of being aborted to models of therapy and models of the mind. Part II: Mentation and communication in the unborn. The International Journal of Prenatal and Perinatal Psychology and Medicine, 6(2): 247-275. Republished (1995, Summer) Pre- and Perinatal Psychology Journal, 9 (4): 257-294. Sonne, J. C. (1996, September). Interpreting the dread of being aborted in therapy. The International Journal of Prenatal and Perinatal Psychology and Medicine, 8(3): 317-339. Republished (1997, Summer) Pre- and Perinatal Psychology Journal 11(4):185-214. Sonne, J. C. (2000, Fall) Abortion survivors at Columbine. Journal of Pre- and Perinatal Psychology 15(1):3-22. Turner, J. R. (1988). Birth, life, and more life: Reactive patterning based on prebirth events. In Fedor-Freybergh, P. G. & Vogel, V. (Eds.), Prenatal and perinatal psychology and medicine: encounter with the unborn, (pp 309-316). New Jersey: Parthenon. Turner, J.R. & Turner, T. (1989, October). Birth, life, and more life: Implications of prebirth memory therapy prenatal psychology in the structuring processes of consciousness.© Presented at the 1st German Rebirthing Kongress. University of Osnabruck W. Germany. Turner, Jon RG (1990) There is no such thing as anger: It is something else! Santa Fe, NM: Life's Streams Books. Turner, JRG &TGN, (1995) Past life echoes© regression therapy is a key element of Whole -Self, Birth, Life & More Life! Santa Fe, NM: Life's Streams Books Turner, JR &TGN, (1992). Discovering the emotional DNA: The emotional continuity for the unborn child through prebirth memory therapy. Presentation at the 10\* ISPPM International Congress. Cracow, Poland 15-17 May 92. Turner, J.R. & Turner, T. (1993, Summer). Prebirth memory therapy including prematurely delivered patients. Pre- and Perinatal Psychology Journal, Vol. 7(4): 321-332. Verny, T. (2001, Spring) The birth of violence. Presented at the World Organization of Prenatal Education (OMAEP) and the Association of National

Prenatal Education (ANEP) Congress, Puerto La Cruz, Venezuela. Westermann, S. (1996). Die antwort bist du selbst: Whole-Self ein innerer weg Ryvellus. Seehaupt-Munchen, Germany: Medienverlag. Westermann, S. (2000). Der elternschlussel (The parent-key) entwickelt (based on) von Whole- Self-Methode nach Turner. Beispliele von Pranatalen Pragungen von Verhalten in Beziehungen. International Journal of Prenatal and Perinatal Psychology and Medicine, 12(1): 221-228. AuthorAffiliation Jon RG &Troya GN Turner-Groot are pioneers in Prebirth Memory Recovery© and CoFounders &Directors of Whole-Self Discovery &Development Institute, Inc. in Grootebroek, The Netherlands. They have published over 40 papers worldwide. For more information, please see: www.Whole-Self.info

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