

## Prebirth Memory Therapy, Including Prematurely Delivered Patients

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**Abstract:** None available.

**Full Text:** Headnote ABSTRACT: This paper focuses on the psychological aspects of prebirth and perinatal memories encoded for full term and premature infants and activated as possible pathology during adult life. It presents a brief recapitulation of the basic hypothesis that not only do human beings inherit the genetic coding of their mother and father, but also the mental and emotional states of their parents in the form of non-conscious emotional reaction patterns from the nine months of gestation including the continuum of the birth itself, as well as adjacent perinatal circumstances. The anxiety and stress of full-term and especially of the premature onset of labor for the mother, as well as the heightened emotional levels of the midwife or delivery team, contribute to the emotional reservoir from which the baby draws and continues reacting to during its growth and development through life. By recognizing the source of this reservoir the patients can stop blaming themselves, parents, governments, and/or God, and willingly take responsibility for their own lives in a personal and forthright way.

INTRODUCTION The key Whole-Self method discussed in this paper, and by means of which the data are elicited from the patient, incorporates the Prebirth Analysis Matrix (PAM). The PAM is a conscious re-experiencing of 22 specific moments during the prenatal and perinatal period, including time in the crib or incubator. Each point in what can be termed the emotional DNA is related to specific mental, emotional and physical reactions synthesized from the parents. We will each begin with a comment, and then jointly discuss the method. John-Richard: I am terribly lonely and most of all feel fear! My hands are wet and I can hardly breathe. There is fear I will die if the incubator is not there. I think I cannot live alone. The fear of living! My breathing goes faster and faster high in the chest. I am seized with panic! I will die! I am imprisoned! PAT (for patient) used these words to describe her feelings as a premature infant lying in her incubator. But when she retrieved and reexperienced these feelings, she realized that these words were not just delineating the feelings of a little baby. PAT also was describing feelings that she had been experiencing frequently throughout her life. In my practice I started getting referrals from therapists who had given up on certain patients. The inspiration came to me that these patients might heal rapidly if I were to regress them back to experience the emotional patterns of their father and mother during the nine months of gestation. By focusing on the 22 specific moments in the gestation, these patients discovered that they were not guilty; that they had not done something bad or wrong. They were able to recognize that the unresolved, nonproductive and diminishing emotional patterns they were experiencing were actually synthesized from the patterns of their parents during the nine months or so of gestation. In other words, they discovered that not only do each of us synthesize the genetic coding of our parents but also the emotional DNA of our parents. Troye: Trying to project back to my birth I suddenly saw my mother sitting in her doctor's office. And I heard the doctor saying: "Because of this problem with your tipped uterus, expect that this first baby could be born dead!" At that moment, I realized that the expectation was that I would be born dead. I experienced my mother's reaction to his wordsfeelings of fear, panic and disaster-which became a very familiar reaction in my own life. Most startling of all was the realization, in this recollection, of the cause of my tendency to sabotage good things about to happen in my life. For 12 years, the anorexia and bullemia nervosa eating disorders were my nonconscious way of fulfilling the expectation that I should be dead. Fifteen years later, when I told this story to John-Richard, he asked me if I had ever discussed my vision with my mother. I admitted that I had not. So, the next time we went to visit my parents, I told them what I had seen in my imagination. My father immediately denied it. But my mother calmly asked: "How did you find out what the doctor told me? I never even told your father what the doctor said." So it was confirmed. The thought that

created my pathology and my mother's reaction to those words had been generated before I was born. Seven years ago I was attending a psychology conference in England when I heard John-Richard lecturing. He was teaching the same ideas that I had used to heal myself. Two years later we started working together.

**WHOLE-SELF HYPOTHESIS** The basis of our whole-self therapy is that each child is the synthesis not only of the genetic DNA coding of his or her mother and father but also of the mental and emotional states of his or her parents as they were during the nine months of gestation. In other words, whatever the mother, and father through the mother, are experiencing at this time becomes part of the emotional repertoire of the baby. As the child's body is gestating, so too, are the emotions being developed and practiced so that at birth there is a considerable menu of emotions that the baby can feel. These feelings may not be able to be expressed in words by the newborn, but that does not prove that they are not being felt. In 1990, we attended a meeting of the Forum on Maternity and the New Born (Zander 1990) at the Royal Society of Medicine in London. We were shown videotapes of three-day-old infants expressing obvious emotions in interactions with their mothers. These emotional reactions not only are experienced by very young infants, but can also be experienced and remembered from the nine months before birth through various methods of prebirth-memory therapies. The whole-self format is called the Pre-birth Analysis Matrix or PAM. The PAM helps any person to discover specific emotional patterns synthesized from their parents. In effect, through the 22 PAM questions, each person is able to decode and, when they wish to, change their emotional DNA.

**PREBIRTH MEMORIES** There is an obvious question to ask at the outset: Is it possible that most infants are aware of the intrapsychical and interpersonal activities taking place during their prenatal and perinatal periods of development? Mr. David Boadella (1986) of the London Centre for Biosynthesis has acknowledged that in the field of prenatal and peri-natal research, there is a significant problem because of our inability to elicit verbal testimony from babies. However, he has also stated that there is nonetheless a nonverbal language in the body that can be recovered and expressed. Certainly, through the use of the Prebirth Analysis Matrix at our Institute for Whole-Self Discovery, over ten thousand people since 1970 have meaningfully re-experienced and verbalized information from the prebirth period and have been able to recognize the information as a significant source of life-long feelings and emotional and reactive patterns. David Chamberlain, Ph.D., President of the Pre and Perinatal Psychology Association of North America, in his landmark book, *Babies Remember Birth*, strikes a clarion apologia for newborns as real persons: Now science confirms that infants are social beings who can form close relationships, express themselves forcefully, exhibit preferences, and begin influencing people from the start. They are capable of integrating complex information from many sources and with a little help from their friends, begin regulating themselves and their environment. Do these capacities for a "warm start" suddenly turn on like a computer when I take my first breath? Obviously not! Just as gestation is the period for my little body to develop, grow and practice, this nine months also must be the time during which my emotional capacities develop, grow and practice. In other words, my body and my emotions in some way must have been in parallel development to be able to work in synchrony at birth.

**PREMATURE DELIVERIES AND CHILDREN** In their 1991 paper, Bleton and Sednaoui-Mirza offer an overview of the literature on emotional psychic influences of the mother and father that might influence delivery, specifically premature births. They hypothesize that the unresolved psychic positions of both the mother and the father toward their parents as well as each other may be factors resulting in shortened pregnancy. This and other studies suggest that prematurity and subsequent pathology can be the result of the intrapsychical and interpersonal activities of the parents during the pregnancy. The whole-self hypothesis holds that all of the parent's feelings, pathology-generating or benign, during pregnancy could be the source of the developing child's emotions. Whole-self work is basically an holistic, transpersonal-psychology therapy. It recognizes that there are aspects of each person that cannot be explained only by rational empirical evidence. This approach is often effective and meaningful because it explores not just the mind but the interconnectedness of all parts of the person: the physical, mental, emotional, and spiritual-the whole self.

**AN EXPERIMENT** We mentioned the ease of recovering data from this nonverbal

preand peri-natal period. Perhaps you would like to try an experiment yourself in working through what we call your whole-self. We define the whole-self as that part of each person which knows everything that the individual's consciousness has ever experienced either consciously or unconsciously. In this experiment, the Whole-Self is asked to let you experience the answer to the questions. The answer may be experienced through words that describe the feelings (some people see written words, as if they were on a page of paper or television screen). Most adults actually feel the answer in their own body, as in their days as an infant, and then use words to describe those feelings. Others will just "know" the answer. It can be productive to write down the answers you are given for later exploration. After each of the following questions is read, close your eyes and pause to let yourself experience the answer. The first intuitive reaction is the answer, so please just allow an answer to come to you, without thinking. Sometimes no feeling is the answer. If you get an answer that feels uncomfortable, please do not change it until you have explored it. Before you begin, please close your eyes for a moment and become aware of how you feel. This can be accomplished most easily through watching how you gently breathe in and out several times. I now would like your Whole-Self to take you back to the time after your birth when you are in a crib or, if premature, in an incubator. I would like your Whole-Self to let you experience the emotional feelings you are feeling as this newborn infant in the crib or incubator. Question: Are these familiar feelings in your life? Yes or no? As this newborn infant, I would like your Whole-Self to let you experience what are your emotional needs-not your physical needs, but your emotional needs. Question: Are those still your emotional needs today? Yes or no? Thank your Whole-Self for giving you your answers. If it feels comfortable to do so, briefly share your experiences with another person. Review When we ask people to focus on the feelings being experienced in the crib or incubator, there are several words that almost everyone mentions: cold, alone, isolated, abandoned, rejected, shock, helpless, hopeless and powerless. People who are very mental at the expense of the emotions make conclusions such as, 'I am out of control!'; 'No one loves me!'; 'Mother abandoned me!'. We find that when people have feelings that they do not like, they naturally tend to oppose, resist, deny or suppress those feelings. We say that this creates the Law of Opposition:-'Whatever I am opposed to, I have to experience!' When people are opposed to what they are feeling, at a nonconscious level they make judgments against themselves. The most frequently mentioned self-judgment words are: unlovable, unworthy, worthless, unacceptable, unsupportable, not good enough, inferior, inappropriate, bad, wicked, terrible, horrible, despicable, disgusting, dumb, stupid, inept, incapable, incompetent, incomplete, insecure, helpless, hopeless, powerless. These self-judgments trigger the Law of Confirmation: 'Whatever I really believe about myself I will keep proving to myself!' CASE HISTORY I Transpersonal Psychologist and Professor of Sociology at Pottsdam, Germany, John-Raphael Staude, reports a case in which he used the Prebirth Analysis Matrix (PAM). With his permission, here is a brief synopsis of his case, which he called The man who could not stop running. R was in his mid-50s and presenting an array of definable pathologies including depression and paranoia. He had a sense of never having a home, even when he was married and had children, and of not being able to be in a partnership. In addition, he always felt compelled to run when he was successful in his career. He presented classic puer eternis (eternal youth) characteristics, including an obsession about his mother and all the women he had pursued in his life. R's reported history described how his mother, an artist from New Orleans, became pregnant during a passionate affair with a musician. Abortion being illegal and otherwise not possible because of her Roman Catholic religion, she fled to New York City in shame, unable to tell her parents about the pregnancy. This move apparently encoded into R the pattern of running away. When her shame became unbearable, she got an unethical doctor to deliver the baby two months early. R, in his PAM session, was able to describe and relate very specific moments and feelings of his mother during the passion of the affair; the devastation of learning that she was pregnant; the feelings that precipitated her running away; the shame, humiliation and fear of people seeing her pregnant and knowing that she was unmarried; the fear, terror, and panic over having this unbearable thing growing in her belly (R, slightly overweight, has a belly which makes him look pregnant when emotional pressures build); the terrible conflict of having the baby removed from

her to erase her shame. R was in an incubator for almost two months. R experienced the feeling that he could never connect with any woman, including his mother, who had never connected with him, before or after the birth. When R was two, the mother married and legally adopted R but delegated his upbringing to others just as she had done before the marriage. It was not until R was an adolescent that his mother told him the truth about his parentage. R's mother once took an extended trip to Europe and left him with his stepfather. At that time, the stepfather began to rape and sexually abuse R. This went on until R was eighteen and felt strong enough to forbid it. After that he attempted several gay relationships, but found them unsatisfactory. He then started to pursue women-but found this to be an equally unfulfilling behaviour. R was simply incapable of transcending the patterns in relationships and sexuality first experienced by his mother during his gestation. Even though at college he revealed his brilliance, R was never able to feel self-worth and self-esteem. He did not feel connected to his marriage, children and lovely home. He started running away. Like his mother, he was attracted to Europe. A long history of prematurely terminated therapies left R ever more deeply depressed and despondent. However, after meeting JohnRaphael at a breathing workshop, he expressed a desire to explore more deeply his birth. Therapy began, using the Prebirth Analysis Matrix. After seven months of a mix of gestalt and psychosynthesis therapy in which progress was being made, R suddenly terminated the sessions and ran to another country. Two years later, John-Raphael received a letter from R. Some pictures were enclosed, showing R's house and the woman with whom he had been sharing his life. Although confessing that he still occasionally experienced some bouts of depression, R stated that he was basically not running away as before. The key to his stabilization had been discovering that the source of his behavior patterns lay in his mother's and father's emotions and behaviour during the time of his mother's pregnancy. He was able to recognize that he had been living out the behavior patterns of his mother. Having recognized this, he was able to begin dissociating from them and start controlling his own life better.

CASE HISTORY II A 49-year-old woman, S, experienced medical pathology in nearly every part of her body except her spleen. She survived a cancer of the pancreas 25 years ago and is overcoming a recurrence. This woman had been conceived following a seven-year, very sexually charged and passionate relationship between her father and his mistress. At the moment the pregnancy was discovered her mother was "enormously happy"; her father was very proud of what he had done. Later his wife forced him to close off emotional support to his mistress during the pregnancy. This trauma created a deep depression that triggered three attempted suicides during the pregnancy. Not only that, but the wife actually tried to murder the mistress. During the PAM session, the daughter of the mistress got in touch with deeper levels of her origins. My father is feeling "enormously intoxicated" when he makes love with my mother. [Note: S. was an alcoholic between age 20 and 35.] Father is desperate to be one with her. Mother is feeling a lot of anxiety and a lot of manic desperate joy. She has also a deep, deep sadness and fear of abandonment. During the pregnancy a meeting of the wife and the mistress has the tension and drama of a Verdi opera. S continues: The wife comes in and accuses mother of nasty things. Mother can't breathe. She feels scared. She is confused as to whether to feel guilty about the accusations. She is tossed in confusion but is determined to have the baby. She judges herself unworthy, worthless, unacceptable, unsupportable, bad, terrible, horrible, despicable and helpless, hopeless and powerless. She wants to die but she wants the baby. Next, S discovers why the wife hates her mother so: the whole country knows of the notorious affair which produced this illegitimate baby! Not only is shame and humiliation locked into S, but also the fear that women are dangerous, that they can kill. The trauma narrative intensifies: Mother is being hit on the head! She is completely taken aback! Her heart stops! She is falling to the floor all in shock! Father is visiting her one night. He is apologizing to mother for his wife's behavior. His wife also threatens him: "If you see her [S's mother] or the baby you will never be able to see our children again!" Everything stops for mother! She is not afraid but she does not want to breathe! Nothing matters! It is a very familiar feeling for me! Specifically, everything stops! Like being dead! What is alive is in such pain that mother wants to kill it because it hurts so much! She is swallowing a lot of pills to kill herself! It is a very strange feeling! I want to be killed too! I am very disappointed that we are

saved! I feel very egotistical not about mother but about my own feelings! Now, I feel nausea! [As the first contraction strikes:] 'Mother screams in fear and panic-"I won't be able to make it!" She feels helpless, hopeless and powerless! Extreme pain for her! She is suffocating and cannot breathe! She is writhing and screaming!' [Then an astounding insight!]: 'Just before I draw in the first breath my whole life flashes in front of me like an instant replay! I am not going in there!' [S screams.] ? get very, very stubborn! I do not want to be born! The pain is mother's! All the fear, terror, panic, abandonment, etc. are hers! I resist for two days! I refuse to be born! After two days mother is dead! I remember looking down at her! I feel that this will go on forever that she will just keep on dying over and over! It is so horrible, I do not want to see it! 'The adrenaline shots work! Mother starts breathing. The delivery starts again! I see her there on the table! Everyone is rushing around mother! No one is paying any attention to me! I'm afraid! Mother is not paying attention to me!' I ask S: What does a person get when they are in medical crisis? S responds: "A lot of attention!!!" Now S has understood her prenatal and perinatal inheritance ("In the crib I feel alone-so very alone! I feel very wrong! I should be with my mother!") and her constant medical crises not just on a mental level but on the deepest level of her body, mind, emotions and spirit. Now she can begin the healing process.

NEONATAL INTENSIVE CARE UNITS There is one other area I would like to touch on briefly-that is, the neonatal intensive care unit (NICU) and the treatment of premature babies. The research of W.E. Freud (1988) and Helen Bender (1988) presented at the 8th ISPPM Congress in Badgastein, Austria is pivotal on this subject. Attention also should be given to studies conducted by Dr. Ruth Rice (1989) of Dallas, Texas. At the 9th ISPPM Congress in Jerusalem, Israel, Dr. Rice reported on studies of teenagers who had been in incubators after they were born. Over 50 percent had marked or severe emotional-psychological pathology due, in her view, to the inordinate abuse inflicted on premature infants in NICUs. Studies show that infants in such circumstances experience invasions of needle pricks, intrusions into body openings, and general intense pain causing interruption of needed sleep about 100 times every 24 hours caused by intrusions of medical staff. High levels of continuous noise from equipment and intense light create additional abuse. Being touched often triggered a medical crisis. Dr. Rice proved that it was not the touching causing the crisis but the infant's associations with human hands generating pain. Such pervasive unrelenting pain induces a state of helplessness, hopelessness and powerlessness in which the infant gives up. When incubation lasts for many months, bonding with parents becomes difficult and often impossible. Fortunately, we are seeing an increasing awareness of the benefits of the kangaroo method of breast-feeding by mothers when infants are in NICUs.

SUMMARY These two cases illustrate the hypotheses that not only is there a synthesis of the genetic coding of the parents but that there is a merging of their emotional/mental patterns which in some way constitutes the emotional base of the newborn. Dr. Alessandra Piontelli (1992), in her pioneering ultrasound research, has proven that as early as 13 weeks the foetus is showing individual behavioral and personality traits that continue on after birth. The whole-self model states that the causes of these reactions and behaviors are traceable through Prebirth Memory Therapy. In his Presidential Address at the 10th ISPPM Congress, Peter Fedor-Freybergh (1992) stated: A woman does not get pregnant because she has a womb, but the womb mediates the primary urge of reproductive function. In a philosophical sense, consciousness precedes being and not the other way around as Marxist theorists believe. Consequently, if you want to create a healthy, non-violent, creative human being, or society . . . one has to guarantee the most optimal conditions possible at the very primary stages of development. Only then can we achieve a true primary prevention of illness, mental, emotional and physical disturbances, hate, intolerance, violence and war in the individual and society. Although there is much which needs to be reconsidered in the conduct toward infants in NICUs, we would like to conclude on a more enhancing note with words from Pat, whom we quoted at the beginning of this paper. Pat had born two months premature. After her PAM Prebirth Memory Therapy, Pat wrote a letter which she entitled Back to the Incubator: During the course of my PAM the negative circle got broken. First of all I was advised by you to breathe slowly and bring my breath down low into my belly and to realize that I am here-alive! I completely realized that I did it! I am alive so I am strong enough! I knew and I know that I can make it alone, on

my own legs! I also see that it comes out of this prebirth period why I have not been able to stand glaring light and much noise. The loneliness, the sorrow, the fear to live, the fear to die, the lack of interest in life and other people that I was born with was underlined by the incubator and during my life it seems to have become stronger. In the PAM, when I recognized the reasons and purpose for my life and took responsibility for my own life, my life became interesting and full of sense and friendship. I experience now the joy of living. I believe now that it was this very loneliness out of which grew my desire. This desire makes me a seeker. I long to find the deepest meaning of life-there where there is no fear, no loneliness, no death. There where we are one in love!

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