Insidious Trauma Caused by Prenatal Gender Prejudice

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Full Text: Headnote ABSTRACT: When the inherent value of females is marginalized by society, the resulting trauma may result in depression, anxiety, dissociation, decreased self-esteem, victimization, displaced anger, somatic ailments, and despair. Ultimately, trauma from gender bias (or racial bias) is insidious trauma, an assault on every level of security a person has: physical, psychological, interpersonal, and spiritual. The damage is devastating when the trauma occurs during the pre- and perinatal period. Effective treatment must incorporate a way of accessing memories held subconsciously due to the degree of trauma and/or their early incidence, cathartic expression of emotions, and reaching compassion for the traumatized core self. I have found hypnotic regression therapy to be most conducive to facilitating those healing experiences. MALE DOMINANCE Male dominance in many cultures and ethnic groups has lead to subordination, de-valuing, objectification and disenfranchisement of females. The inherent value of females is marginalized. The trauma of such treatment by one's society may result in depression, anxiety, dissociation, decreased self-esteem, victimization, displaced anger, somatic ailments, and despair (Holtzworth-Munroe, Beatty, &Anglin, 1995; Koss et al., 1994). Trauma characterized by repetitive and cumulative experiences of oppression, violence, genocide, or femicide is labeled insidious trauma (Root, 1992). Unlike the DSM-IV definition that traumatic events shatter assumptions about how the world operates, insidious traumas create and reinforce assumptions that the world and life is unsafe. Ultimately, trauma from gender bias (or racial bias) is an assault on every level of security a person has: physical, psychological, interpersonal, and spiritual. The concept of insidious trauma is important in understanding the disproportionate psychiatric diagnoses experienced by females in the United States (ratio of women to men) of eating disorders, depression, panic disorder, agoraphobia, multiple personality disorder, and borderline personality disorder. Halmi, (1987); Weissman &Klerman, (1977); Coryell &Winokur, (1991); Fodor, (1992); Heizer, Robins, &McEvory, (1987); Putnam, (1989); Linehan, (1993). Little research exists to examine the impact of such trauma specifically during the pre- and perinatal period. Thus an attempt will be made to identify the effects in later life of such trauma anecdotally, and to offer a possible model for further examination of the phenomena. I have worked with many cases of parents wanting a child of different gender than the baby turned out to be. Sometimes parents have had two children of one sex and now "decide" it is time to have one of the other gender. Another reason for gender dissatisfaction is projective self-hatred. For example, if the mother hates herself, then she may wish for a boy. Additionally, in many families and cultures boys are more highly valued than girls, and the gender preference is socially sanctioned. Parents who give birth to a child of the unwanted sex react with shame, disappointment and perhaps anger. When the baby experiences these reactions, he or she immediately begins to feel inadequate. The child may go through life with the feeling that no matter what they do, they just cannot please anyone, especially their parents. These children become extreme "people pleasers" and often are identifiable by the adaptive smiles they frequently flash. MODALITY The modality utilized with clients to access gender rejection trauma is Heart-Centered Hypnotherapy, a specific and well-structured form of age-regression, cathartic psychotherapy. The modality incorporates: (1) classical hypnotic induction; (2) ego-strengthening to establish a viable 'adult' ego state in the Transactional Analysis framework; (3) identifying a current emotional or somatic complaint to serve as entry access to a similar, earlier traumatic experience; (4) cathartic release of the fear, shame, anger, grief, and hurt repressed at the time of the original trauma; (5) extinguishing the negative emotion (fear, shame, unworthiness) through classical behavior modification techniques; (6) creating a 'corrective experience' of self-acceptance and entitlement to self-

expression in the 'child' ego state; and (7) making new decisions to replace the self-limiting or self-destructive decisions dating from the original trauma. All regressions are open-ended, without direction from the therapist. Thus the individual's own subconscious follows the trail of repeated and cumulative traumas to the original source, eliminating any potential for induced or shaped memories. CASE STUDY FROM TAIWAN On the island of Taiwan, I worked with two young women who were sisters utilizing the Heart-Centered Hypnotherapy model. The first woman, in her third trimester of pregnancy, volunteered to be the subject for a demonstration session in a professional training setting. She related that she had been very happy during her pregnancy until she had amniocentesis, which indicated that the fetus was female. She then began to feel a big pain in her solar plexus area, which had not gone away for two months. As we talked, the feelings connected with this somatic pain narrowed down to fear and shame. We began hypnotherapy with the induction and then regressed to when she first got the news that she was going to have a girl baby. She began to cry when she realized that she was afraid to tell her husband and her family that it was a girl. I then used an age regression to take her back to the source of these feelings. She first went back to one day when she was four years old and her mother was very angry at her for no apparent reason. Her mother was looking at her with disgust and hatred and then began beating her. During the regression, the woman began to scream and cry. I had her sit up, still in the trance state, and yell into a pillow so that she could release the feelings from her body. I asked her to express her anger by hitting a pillow on the bed. She was able to do that, reluctantly. When her feelings subsided, I laid her down to do another age regression. I tapped on her forehead, taking her back to the source of all this fear and shame. Suddenly she was crying again and she was back in the womb. She intuitively felt that she was not wanted and that she would bring shame to her family. As she began to move through the birth canal, she had more and more shame as well as an intense amount of fear. She wanted to turn back, but realized that was not possible. When she came out, she could instantly feel her mother's shame and disappointment. She was crying and saying, "I'll be very, very good. You won't be sorry that you had me. Please try to love me. I'll do everything that I can to make things okay." By that time, everyone in the room was weeping, even the men. It was as though all the participants could feel her intense pain and desire just to be loved and wanted. They felt her pain which also tapped into much of their own pain. Many of the women recounted similar experiences in their own childhood. At this point, she began to express a lot of resentment. She was saying things like, "Why did you have me if you didn't want me? It wasn't my fault." I could hear the anger coming up in her voice. I sat her up, handed her a rubber hose and asked her to release the anger from her body by hitting down on the chair with the hose. She sat there holding it, shaking with anger, but fearful to let it out. "You're supposed to respect your parents, not get angry at them," she said. "You are not hitting them," I responded, "just releasing the anger from your body so that you don't have that pain anymore. By releasing the resentments you have held inside for all these years, you will be able to love your parents more." Suddenly she began pounding with the hose, crying and yelling, "How could you not love your own baby? You produced me, why didn't you love me? It was you that made me a girl anyway, it wasn't my doing." When she had completed her catharsis, I laid her back down and handed her a fluffy teddy bear. I asked her to let this represent her inner child who had just been born and to become the loving, nurturing parent who was so glad that she was born. She really connected with the "little child," caressing her and telling her all the positive things that she needed to hear. "Fm so glad you were born a little girl. Girls are very important. They have been given the magic gift of being able to give birth to babies. Without females, no one would have life. God doesn't make mistakes and God made you a girl." As she hugged the inner child and repeated the affirmations that I was giving her, it felt as if everyone in the room were bonding. I then asked her to hold her inner child with one arm, and to bring her other hand to her girl baby inside, connecting with her. She immediately began to cry tears of joy, feeling so connected with her unborn child. She was now giving her fetal child the same affirmations that she had given her own inner child. Subsequently I worked with the woman's twenty-five year old younger sister, a counselor taking the hypnotherapy training in Taiwan. She had a smile on her face even though you could feel her pain just below the surface. She wanted to

work on the feelings that came up when she was present for her sister's session. Her feelings of sadness were very strong and she did not know what they were about. We began working with her sadness, and almost immediately upon entering the trance state she began to cry what seemed to be endless tears. I could feel her deep grief and I expressed that to her. I gave her permission to just let the grief come out. She didn't know what it was about and I told her that was okay. After about fifteen minutes of expressing that deep grief, I tapped her forehead and asked her to go back to the source of it. She was quiet for a few minutes and I asked her what was happening. She said it was very dark and warm and her head was hurting. These are very common signs of being in the womb and going through the birth canal. I asked her where she was and she said it felt like she was very, very little. She said she felt like she was inside of her mother. She began to cry and move around a lot, and her toes were moving as if she wanted to push. I put a pillow up against her toes and told her to push, which she did. I also pushed slightly on her head. This helps to give the infant the experience of moving out of the canal. After much struggle and intense crying, she was finally still and quiet. She then began shaking and saying she was cold. This is a common experience for babies born in hospitals when they are laid on a cold metal table for some time until they can be washed off. But she was not in a hospital. This was a home-birth about twenty-five years ago in China. I couldn't quite figure out what was happening and so I asked her again, "What is happening now?" Suddenly she screamed out, "My father is trying to kill me. He has put me outside in the freezing night cold without a blanket." By now she was violently shivering and shaking. I put several blankets on her, but nothing seemed to help. Her experience of freezing was a body memory and had nothing to do with the actual temperature in the room. Suddenly she shouted out, "He's trying to kill me because I'm a girl!" Everyone present felt like we had been stabbed in the heart. Her pain and grief was so intense, we realized that during this whole session she had been grieving about the loss of herself! I asked her to yell, but she was not yet in touch with her anger; the grief and sadness were just too overwhelming. Suddenly, she was quiet and a faint smile came over her face. She looked serene and peaceful and the shaking subsided. I asked her gently what was happening. She said her grandmother had come to the house and found her out in the cold. The grandmother instinctively knew that the father, in his deep cultural shame about having a fourth girl child, had put her out there to die. She picked her granddaughter up and quickly brought her back to the grandmother's home. She loved her and fed her and was determined to keep her granddaughter and raise her. We used the grandmother's love as an anchor that she held in her hand over her Heart Center. This anchor helped to heal the inner child as we gave her the teddy bear and asked her to become the loving, nurturing parent for the infant baby. We gave her many of the same affirmations that we had given to her sister, but they had their own personal meaning to her. While we were completing the healing part of the session, we could feel her relaxing and melting into a place of Heart-Centered, unconditional love for herself. She said it was the first time she ever connected with herself inside. She liked that feeling and in that moment we knew that true healing had taken place. The main issue that was coming up for her was abandonment. She stated that she had been in therapy for over five years and had never really gotten down to the core of her problem. She now realized that she could never have an on-going relationship with a man or a female friend because she always created some disagreement which caused them to go away. Suddenly all her relationships made sense to her. She reported that her deep feelings of depression had lifted now that she had uncovered the family secret. There was a lot of family shame around her existence which up until now had never been acknowledged or expressed. She felt very relieved to be able to discuss this with her sister and get the support from her that she needed.

CONCLUSION We are only beginning to unravel the complex nature of traumas experienced in utero and at birth, and the far-reaching impact they have on the individuals involved and on the greater community. The effects of insidious trauma can be devastating to the individual, but also can be passed down trans-generationally through spoken and secret stories of atrocities to those who came before, to most members of the disenfranchised group. Over time, the individual carries not only one's own direct experiences, but also the unresolved trauma of all the others, historical and concurrent, who suffered the same experiences. We are

learning, too, how healing can be the experience of bringing to light the traumas as explanation for the anxiety, fear, mistrust, lack of self-esteem, depression, and personality disorders that resulted. How healing can be the discovery that the introjected judgements were in fact baseless, ignorant bias. Effective treatment must incorporate a way of accessing memories held subconsciously due to the degree of trauma and/or their early incidence, cathartic expression of emotions, and reaching compassion for the traumatized core self. I have found hypnotic regression therapy to be most conducive to facilitating those healing experiences. References REFERENCES Coryell, W. &Winokur, G. (1991). The Clinical Management of Anxiety Disorders. New York: Oxford University Press. Fodor, I. G. (1992). "The agoraphobic syndrome: From anxiety neurosis to panic disorder." In L. S. Brown &M. Ballou (Eds.), Personality and Psychapathology (pp. 177-205). New York: Guilford Press. Halmi, K. A. (1987). "Anorexia nervosa and bulimia." Annual Review of Medicine, 38, 373-380. Helzer, J., Robins, L. &McEvory, M. (1987). "Post-traumatic stress disorder in the general population." New England Journal of Medicine, 317, 1630-1634. Holtzworth-Munroe, A., Beatty, S. B. &Anglin, K. (1995). "The assessment and treatment of marital violence: An introduction for the marital therapist." In N. S. Jacobsen and A. S. Gunnan (Eds.), Clinical handbook of couple therapy (pp. 317-339). New York: Guilford. Koss, M. P., Goodman, L., Browne, A., Fitzgerald, L. F., Keita, G. P. &Russo, N. F. (1994). No safe haven: Violence against women at home, at work, and in the community. Washington, DC: American Psychological Association. Linehan, M. (1993). Cognitive behavioral treatment of borderline personality disorder. New York: Guilford. Putnam, F. W. (1989). Diagnosis and treatment of multiple personality disorder. New York: Guilford. Root, M. P. P. (1992). "Reconstructing the impact of trauma on personality." In S. Brown &M. Ballou (Eds.), Personality and psychopathology (pp. 229-265). New York: Guilford. Weissman, M. M. &Herman, G. L. (1977). "Sex differences and the epidemiology of depression." Archives of General Psychiatry 34, 98-111. AuthorAffiliation Diane Zimberoff, M.A. and David Hartman, M.S.W. AuthorAffiliation Diane Zimberoff, MA is the Founder and Director of The Wellness Institute; David Hartman is administrator of the institute. 3716 274th Avenue Southeast, Issaquah, WA 98029 Phone: (425) 391-9716, (800) 326-4418 Fax: (425) 391-9737

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