

Transpersonal Dimensions in Healing Trauma of the Unborn Child

Author: MacLean, Catherine Anne, PhD

Publication info: Journal of Prenatal & Perinatal Psychology & Health 17. 3 (Spring 2003): 203-223.

[ProQuest document link](#)

Abstract: None available.

Full Text: Headnote ABSTRACT: This article explores the nature of the unborn child's transpersonal dimensions, including pre-existence, reincarnation, development of the body in utero, prenatal memory, and role at birth. Ancient to modern texts, research and casework are sources of perspectives mentioned. The paper addresses what may be happening in the pre/perinatal experience as well as what can happen in one type of therapy, (i.e., EMDR, Eye Movement Desensitization and Reprocessing), to facilitate healing of pre/perinatal trauma. Concluding comments will reflect an adult client's transpersonal experiences and spiritual unfolding rendered during therapy for healing pre/perinatal trauma. INTRODUCTION When considering the nature of the unborn child's life it is helpful to keep in mind the long proclaimed pre-existence of the soul and the prevalent belief of reincarnation in order to broaden one's understanding of the history of the soul about to make appearance on Earth. The idea of pre-existence of the soul is an old one; a concept that says the soul has existed before being in any incarnation. The idea of reincarnation says that the soul has lived in a human body before the present human life. Some traditions say that the soul has and can reincarnate into an animal body. The focus here is on the soul's life in human form. The advantage of acknowledging these cultural and spiritual concepts is that the unborn may be more fully understood and appreciated by the community, family and parents with whom the child lives. This can allow for more mindful parenting regarding many aspects of the baby's in utero development, including the baby's role from preconception throughout prenatal life and birth. This article addresses the concept of pre-existence and reincarnation in addition to the soul's role in the selection of life circumstances and parents, development of the physical body, and birth. I speak to this through a summary of writings, a case presentation, and concluding comments about how one adult client's therapeutic work, which included transpersonal stories of pre/perinatal life, has impacted his recent adult spiritual experiences. These were transpersonal in nature. The reader is invited to engage this concept with consideration of how certain reports of trauma might be pursued for healing and what the client and experts are telling us about the unborn child's life. This is simply one way to engage with wonder about what may be happening in the pre/perinatal experience as well as what can happen in therapy to help facilitate healing. PRE-EXISTENCE Pre-existence and Reincarnation of the Soul The concept of pre-existence and reincarnation seems to be growing in acceptance throughout the planet. The number of books on these topics at our bookstores attests to the interest in both areas. Likewise, movies and television programs do the same. As late as summer, 1997, a then recent Gallup Poll stated that 72% of Americans believe in reincarnation (Rosen, 1997, back cover). This is compared to a similar poll taken in 1969, which found that only 20% of Americans believed in reincarnation. Acceptance of reincarnation in other Western countries is also increasing. In the East, four out of five people surveyed embrace reincarnation (Gallup, pp. 137-8; Rosen, 1997, p. 2). This belief goes back to ancient texts and is contained in works of more modern literary leaders of our culture. Elizabeth Clare Prophet, spiritual leader and author of over 57 books, who has lectured internationally about world religions, has studied reincarnation in depth. She has noted that the Dead Sea Scrolls "do not mention reincarnation, although they do imply preexistence In addition, we have Josephus' testimony that the Essenes, who are believed to have lived at Qumran, believed in reincarnation" (E.G. Prophet with E.L. Prophet, 1997, p. 274). In Buddhism we find the belief that each Dali Lama is a reincarnation of numerous predecessors. In the Mahayana school of Buddhism it is believed that the soul comes first into the body and the body is constructed by it. When the Buddha attained enlightenment, as has been recorded, he recollected thousands of past lives in various world-

periods. He recalled everything about these various births: where they had taken place, what names he had been given, which families he had been born into, and what he had done. He recalled his good and bad fortunes of each life as well as his deaths. He recalled innumerable existences with their exact characteristic features and circumstances (Rinpoche, 1994, p. 82). Carl Jung, the renowned Swiss physician and psychologist, lectured and wrote extensively about the unconscious. He founded a school of psychological thought that addressed the unconscious and its influence upon individuals and societies. Jungian psychology is a major force today in assisting people for greater self-understanding and healing. In 1939, Jung gave a lecture entitled, *Concerning Rebirth* in which he elaborated upon the concept of reincarnation. Included in his commentary is this statement, "This concept of rebirth necessarily implies the continuity of personality. Here the human personality is regarded as continuous and accessible to memory, so that, when one is incarnated or born, one is able, at least potentially, to remember that one has lived through previous existences and that these existences were one's own, i.e., that they had the same ego-form as the present life. As a rule, reincarnation means rebirth in a human body" (Jung, 1968, p. 113). One of the greatest writers and teachers of early Christianity, after the apostles, was Origen who wrote about pre-existence of the soul. In his day, pre-existence and reincarnation of the soul were inseparable. Origen was the head of the catechetical school of the church in Alexandria, Egypt. He wrote over two thousand books in which he explained his beliefs to his peers. He wrote about pre-existence in *On First Principles*, one of his texts that has been translated into English. In this book he explained that souls are assigned to their "place or region or condition" based on their actions "before their present life" (Cranston, 1998). This appears to reference the concept of karma and possibly dharma. Karma and Dharma Karma has been defined as a law of the cause-effect relationship between a person's acts, positive or negative, and the universe's reaction that returns to one's doorstep. Therefore, it means that for all the actions that each of us individually and collectively as family and nations ever take we must be accountable (Whitton & Fisher, 1998). This return of positive or negative energy continues daily until the soul no longer returns to Earth and escapes the cycles of rebirth (E.G. Prophet & E.L. Prophet, 1997, p. 110). The saying, "what goes around, comes around" is one expression of this spiritual teaching. Karma can be experienced as good or bad, positive or negative. However, there are times when the term karma is used to refer to bad deeds but this may be more of a cultural reference than a historical or spiritual distinction in meanings of these terms. I hasten to add it is important for the reader to realize that every tough experience does not necessarily imply personal wrongdoing. The spiritual definition of dharma has been defined as our mission or our life's work-what we came here to fulfill, what we alone can contribute in this lifetime (Kirmond, 1999, p. 93). Dharma can be our life's work; yet, our calling may not necessarily be our life's work by employment or profession. Our dharma may at times feel and be interpreted as if we are suffering from our own wrong deeds as we experience a heavy burdensome feeling. In reality, we may have agreed at inner levels to help another carry a burden in the present life. It may have been an agreement we made before we were born or one we chose to accept later after we arrived here on Earth. It is easy, therefore, to gain an appreciation as to why specific family members end up in the same-family group. According to these concepts of karma and dharma, we may be helping each other with growth in relationships, paying back a debt to someone or being provided with needed opportunity to learn a specific skill. It may be that we are being given a more in-depth knowledge of a particular line of work we need to pursue in order to fulfill our calling in life by being born into a family with another member(s) of outstanding skill in music, for example. It could be all of these reasons and others at the same time. Past Life Researcher Ian Stevenson, M.D., formerly Carlson Professor and Director of the Division of Parapsychology, Department of Behavioral Medicine and Psychiatry, at the University of Virginia School of Medicine, conducted research for 40 years on children's spontaneous past life memories and has explored thousands of cases (1974; 1997; 2001). He is a pioneer in this and has also been considered the father of reincarnation research (Bowman, 2001, p.66). He has researched hundreds of cases in which the child made enough comments about a past life that the previous life was positively identified. Dr. Stevenson verified these by comparing the children's accounts to facts

regarding the deceased person's life. In many, if not most, of these cases he found a direct correspondence between the young child's memories and the life of the deceased (Stevenson, 2001, 1974, 1997). Since 1988, Carol Bowman, counselor, has been studying other experts' research of children's past life memories. In fact, Bowman's initial exposure and interest in children's reports of past lives came when she herself found that her own children were sharing their own past life stories at very young ages (Bowman, 1998, 2001). Through these experiences she gained insight as to how to assist other parents who find that their own children, likewise, may be reporting these memories. She has also been gathering narratives of children's experiences with past life memories as directly related to her by parents and children (Bowman, 1998). One focus of her interest in this area has been reincarnation within the same family. In her book, *Return From Heaven: Beloved Relatives Reincarnated Within Your Family*, Bowman discusses the intersecting of purposes of lives in same-family reincarnation. She defines same-family reincarnation as a "simple weaving of one soul in and out of the lives of the family it left behind" (Bowman, 2001, p. 239).

Transpersonal Nature of Pre | Perinatal Memory Just as acceptance of pre-existence and reincarnation of the soul has grown over the last few decades, so has the research of the transpersonal nature of the human experience moved forward toward the forefront of public discussion. Controlled research studies have considerably advanced the understanding of the nature of memory. Recently, knowledge about pre/perinatal psychology and health has increased exponentially. It is now thought that pre/perinatal memories are transpersonal in transcending expected boundaries of consciousness "during intra-uterine time and birth, especially memory, learning, sensation, emotion, perception, thought, dreaming, out-ofbody experience and near death experience, clairvoyance and telepathy" (Chamberlain, 1999, pp. 86-87). Within the scope of this paper it is impossible to present a comprehensive discourse about the current literature. Comments made here represent both a specific case and referenced material to illustrate and explore what may be happening with the unborn child in transpersonal and psychological dimensions before conception, during development and at birth.

EMDR AS A THERAPEUTIC APPROACH WITH TRANSPERSONAL POTENTIAL

Defining the Method: Francine Shapiro The therapeutic method primarily used in the case to follow is EMDR (Eye Movement Desensitization and Reprocessing). Briefly, the history of EMDR dates back to the late 1980's and was introduced and then developed by Francine Shapiro. At the July, 2002 World Congress for Psychotherapy in Vienna she received the Sigmund Freud Award for the outstanding contribution of her work with EMDR as a therapeutic method for treating trauma around the globe. The following is one of Dr. Shapiro's observations about EMDR: A time-efficient, comprehensive methodology for the treatment of the disturbing experiences that underlie many pathologies, EMDR is an integrated model that incorporates aspects of psychodynamic, experiential, behavioral, cognitive, bodybased, and systems therapies. It comprises an eight-phase treatment that includes the use of eye-movements or other left-right stimulation. EMDR helps trauma survivors reprocess disturbing thoughts and memories, providing profound and stable treatment effects in a short period of time. Although neurological investigators still have not provided a definitive explanation, a number of physiological studies are being carried out and theoretical suggestions have been put forth that link the effects of EMDR to REM sleep, dual attention, and/or bihemispheric involvement (Shapiro, 2001, front cover flap). Many therapists have seen and experienced a transpersonal nature of this work (Shapiro, 2002).

Describing EMDR's Transpersonal Potentials

This case material reflects aspects of EMDR processing. I describe the setting within which the transpersonal focus was made with this client. I do not suggest this as a formal protocol developed specifically for prenatal work, however, a number of writers have commented on the nature of EMDR as related to prenatal content. This includes Laurel Parnell. At least one of her writings can be found in *The Journal of Transpersonal Psychology*. She describes how "EMDR functions therapeutically and (explores) some of the psycho-spiritual potentials that may be associated with its use." She mentions that during eye movements within the EMDR protocol clients can experience "a multidimensional free association of thoughts, feelings, and body sensations ... At times, memories and descriptions suggesting prenatal and infancy experiences arise. Rich, detailed dream-like imagery and symbolism arise" (Parnell, 1996,

p. 138). At times during therapy, some of the comments made by the client presented here have seemed awkward and immature ways of selfexpression. Perhaps this reflects the influence of the preverbal nature of the experience that the client was remembering. There will be some weaving back and forth in the focus on various time periods due to the nature of the case.

PRE/PERINATAL TRAUMA WITH TRANSPERSONAL DIMENSIONS

Reflections of Life Before Birth It is worth noting the comments of two professionals as they have pondered early life of the unborn and newly born. The first from R. D. Laing's *The Facts of Life* (as cited in S. Linn, W. Emerson, D. Linn, and M. Linn, 1999, p. 2) takes us back to preconception: The environment is registered from the very beginning of my life, by the very first cell of me. What happens to the first one or two of me may reverberate throughout all subsequent generations of our first cellular parents. That first one of us carries all my genetic memories ... It seems to me credible, at least, that all of our experience in our life cycle, from cell one, is absorbed and stored from the beginning-perhaps especially in the beginning. How that may happen I do not know. How can one cell generate the billions and billions of cells I now am? We are impossible except for the fact that we are. When I look at the embryological stages in my life cycle, I experience what feel to me like sympathetic vibrations. How I now feel, I felt then. The "Broken Baby and the Lost Spirit" Syndrome

The second quote is taken from the writings of psychosocial nurse/anthropologist, Elaine Gowell. In her article, *Chronic Grief-Spiritual Midwifery: A New Diagnostic and Healing Paradigm*, she discussed various fear based diagnoses as actually describing people who have been in spiritual crises as far back as they can remember. They say 'all my life I have felt that way.' This is the standard phrase offered when presenting themselves for healing. They are continuing to grieve the loss of attachment which befell them at preverbal time periods in their lives. Attachment and bonding are supposed to create a deep connection for us with those who are significant to us at those early stages in life. If the significant persons are not themselves connected to Self/Spirit, then they cannot offer it to their babies. So, more fundamentally most of the clients we see, including ourselves, are grieving their very early separation from Self/Spirit. They are suffering what I call the 'broken baby and the lost spirit' syndrome (Gowell, 2001, p. 313). In the following case (MacLean, 2002) we can see that there has been life long un-ease related to lack of attachment and/or fear, seemingly related to the client's pre/perinatal experiences.

David: A Reported case of Prenatal Trauma Presenting reasons for therapy. David, 47, came to therapy to resolve depression, suicidal thoughts and intimacy problems. The standard EMDR protocol was used and work initiated with focus on the depression. He reported that the suicidal thoughts and severe depression came only after he and his wife of 18 years had their first child, less than a year earlier. He connected his depression to prenatal rejection from his mother. His perception was that his mother tried to abort him by poking something at him "up inside her body." David had images of his mother poking him during pregnancy. Images of an Abortion Attempt. In his vision, he was in the womb, not outside looking in. I continued to use the standard EMDR protocol with him, with the exception that when the body scan was done he was also asked to do a scan of the entire pregnancy and tell me if he could sense when the abortion attempt was made. In the EMDR protocol a body scan is done by having the "client mentally scan for any residual physical sensation while holding the target event and positive cognition in mind," (Shapiro, 2001, p. 222). I also used this with asking the client to scan his body as he focused on the prenatal months sequentially, one by one. The reader will note that at other times such as intercourse of his parents, conception and preconception were scanned as well; to my knowledge these have not been accepted as a part of the standard EMDR protocol. The most definitive answer he gave was that it was "very early." At a later time, he said that he thought the abortion attempt must have been during the first few weeks. Fear of Annihilation. He worked primarily with two negative cognitions: "I am afraid of being annihilated;" "I have no where to go." As he was working with the latter, he suddenly said, "I understand why I feel I have no place to go. I didn't have anywhere to go in there, the womb." David's face softened and he said that he guessed that his mom was afraid too. He continued, "She did not have anywhere to go (with the pregnancy) but to get rid of me to save face. She was not married and in those days you did not let people know you were pregnant if you weren't married. She lost her ties with her church and church friends

because of this." In his book, *The Mind of Your Newborn Baby*, David Chamberlain says "To the unborn baby, the abortion attempt is frightening and may create an underlying pattern of distrust, anger, guilt or depression that affects behavior for years" (Chamberlain, 1998, p. 216). Similarly, Emerson associates fear of annihilation with abortion attempts (Linn, et al., 1999). Chamberlain also says, "A mother who recognizes the damage the abortion attempt has inflicted, however, can aid psychological healing through honest dialog with her child, if she has the courage to do so" (Chamberlain, 1998). Unfortunately, not only has this client suffered general fear, distrust, anger, guilt and severe depression, he has also suffered fear of annihilation. According to David, his mother "has never" had any dialog with him about an abortion attempt or not wanting him. His mother has shared few, if any, of her emotional feelings with him throughout his life. He feels detached from her. In fact, he has said that he has always felt detached, to some degree or another, from most people. A few sessions later he shared that during the body scans and prenatal month scans, he felt he had been both inside and outside the womb, at different times. He reported that his images support this. He gave reports of seeing images of his father, siblings and rooms in the house as if he were viewing these from the womb. Other times David said that he had images of his mother that could not have been seen from inside the womb. All these images were in the house where he lived the first years of life, including before his birth. He said that the ages of the people he saw were consistent with the year of his birth. In *The Amazing Newborn*, Marshall and Phyllis Klaus tell us that the unborn child is sensitive to light and that "very young premature babies who have their eyelids still fused make blinking motion at the flash of a bright light. Light can be transmitted through the thin wall of the uterus and abdominal wall of the mother ..." (Klaus, 1985, p. 137-138). While this would not explain all of his experiences in reference to images it does speak to one aspect of vision in prenatal life. We now return to the discussion of prenatal memory. While David's level of fear of being annihilated did somewhat subside after weeks of therapy, he came to feel that he could only feel free from it after first experiencing and thus knowing how it could possibly feel to be free from this. One could say this sounds close to a double bind. However, he said that he had a sense he needed to "go to conception." "At the moment of conception, a child has a fully conscious spirit that is as sensitive, if not more so, than at any other time" (Linn et al., 1999, p. 4). With thinking about his conception he felt unpleasant (emotional) feeling. Yet, he said that his unpleasant feeling might not have been present at the time of intercourse. Just as he said this, David reported that he felt like an observer of his mother being raped by her boyfriend. At that moment of intercourse, David reported remembering having said or thought: "I want to belong." He commented that his anxieties in present day life made sense based on the work we had done to that point. Mother had married her boyfriend, David's father, but this client had never felt like he belonged. Nevertheless, David still did not have any experience of what it would feel like to be totally free from the fear of being annihilated and then having the sense of being accepted. Peace at Preconception. It was suggested that he scan or think about his pre-conception life before his parents had intercourse. This made sense to him and he tried it. David's response was: "This is the first time I have ever felt peace, I mean peace." Has he been experiencing the "broken baby or lost spirit" syndrome? Perhaps he has! He certainly has suffered loss of attachment since before conception. He was asked that he sit with this sense of peace and bask in that feeling as he did short sets of eye movement for installation, infusion, or strengthening of a sense of peace (Leeds, 2000, p. 14). While the installation of a positive cognition allows for a "different perspective, the treatment is not complete until there is a specific incorporation of an alternative behavior response pattern" (Shapiro, 2001, p. 212). David said that he could feel it going deeper within him and that it felt good. He could feel a positive physical change occurring in his body. David said: "I do not understand it all but it makes sense." From here, he talked about how the body remembers and questioned whether there could be pre-conception memories. He believed that if the soul lived forever, then, yes, this could be true. TRANSCENDENT NATURE OF MEMORY Mind and Memory Independent from the Body The possibility of pre-existence of the soul before conception, the possibility of having lived in other lifetimes on Earth, and the possibility of remembering these lifetimes were explored by David. I shared that through spontaneous memory and hypnosis people have

remembered what they have identified as past lives as well as prenatal experiences. I also shared that some researchers and clients themselves have believed that they have been able to verify what were thought to be past embodiments and prenatal experiences. At least one researcher, Ian Stevenson, M.D., found the "most promising evidence bearing on reincarnation seems to come from the spontaneous cases," (that is spontaneous memories), "especially among children" (Stevenson, 1974, p. 3). One might wonder if this is true of prenatal memories. During our sessions, we talked further about the nature of memory. David talked about cellular memory and a memory outside the body. He reported that his scientific reading supported these types of memory and that was satisfactory to him. Again, he said, "It makes sense. I do not know how but it makes sense to me." Rupert Sheldrake's hypothesis in the early 1980's of formative causation suggests that the human mind is non-local in both time and space, not confined to the here and now and that it is nonmaterial, nonenergetic. It is not lessened by spatial separation. "It is neither confined to the brain nor produced by it, although it may act through the brain, much as electricity acts through a wire without being generated by the wire itself" (Dossey, 1989, p. 190). Carl Jung also suggested that the mind could work independently from the brain (Miquel, Jung & Hesse, 1966, p. 100). Stevenson based his theories on the idea that the mind, separate from the body, can have an influence upon the biochemistry of disease and the personality (Stevenson, 1997). Evidence for Physically Transcendent and a Cellular Source of Fetal Consciousness In the Winter, 1998 Edition of the Journal of Prenatal and Perinatal Psychology and Health, there appeared an article titled "Two Voices from the Womb: Evidence for Physically Transcendent and a Cellular Source of Fetal Consciousness," in which Jenny Wade discusses the nature of memory. She describes three schools of memory theory that can be grouped according to the location of memory: local, non-local and completely non-physical, or transcendent. Using each major theory of memory and neurological research to examine prenatal data, she concludes that there are "two sources of consciousness ... present before and during birth constructing a single subjective experience of self." Wade says "one state of consciousness is tied to the physiological development of the fetal body, especially the central nervous system; and another that appears to function relatively independent of the body." In her summary she states, The full range of prenatal data cannot be explained by using conventional medical models ... findings suggesting sophisticated pre-and perinatal functioning (were) examined through the lens of each memory theory for their adequacy in accounting for the data. Verbatim transcripts and veridical memories showing complex mentation and extrasensory knowledge suggest a non-physical source of fetal consciousness interacting with a physically-based source, a finding congruent with current neurological theory. Such a conclusion would fit with the new paradigm emerging in the physical sciences (Wade, 1998, p. 143).

MORE HEALING FOR DAVID Performance Enhancement to help form Sense of Attachment Returning to David: When David came in for another session, he said he knew that he was supposed to be here, (i.e., in embodiment). He also said that it felt like it had been hard to connect to his parents from the moment of conception. Not feeling wanted while also feeling at risk, he "knew," made it almost impossible to connect. From here, he did some performance enhancement work (Foster, 2001) in regard to relationships such as strengthening a relationship with a family friend with whom he also happens to share spiritual dialog. He focused on socialization skill development, role-played specific interactions and processed emotional interactions he experiences within other here-and-now social contexts-be it work, running errands or being with his wife and child at home. Between sessions he had homework to complete in this regard. He reported that this has been helpful. Our efforts were focused on helping him with forming a sense of attachment to replace that sense of detachment. Prenatal Trauma Physical Detoxification Sessions have often started with a look back and a discussion of the time between the sessions and how David had fared. Before he started therapy, David was having apparent body detoxification that resulted in head, ear, and toe wounds, some of which would drain. His health practitioners had told him that they have seen this in other people. One alternative health practitioner also told him that through an examination it was apparent that this was the result of some kind of prenatal trauma. More recently, David has observed this same sort of wound on his neck. He noted there was a pattern

of this getting worse a certain number of days following each appointment. It was explained to him that according to some health practitioners and some spiritual writers, negative emotions could produce a toxic internal physical environment, leaving the body with a resulting externalized physical toxicity of varying degrees.

Parenting as a Healing Agent Another feature of David's healing is the virtue of his very young son's presence in his life. David has reported that as his one small child was born and is growing, the different developmental stages have presented a challenge to him—just by the fact of his child's existence, just by "being there." He commented that he cannot avoid this challenge. This is helpful to him in that it is helping force him to face the issues of his own pain and command a resolution within himself. This is not unusual for parents, regardless of personal childhood backgrounds. This man is consciously aware of this dynamic at play. He wants to change for both himself and his family. David wants to provide his son with a positive role model he "never had." He has found that the male friend of the family mentioned earlier has at least partially filled that role for him.

From Negative Cognitions /Myths to Positive Beliefs In the course of therapy, David has explored the life of the unborn in the womb and where the soul resides during that time. As stated earlier, David reported the experience of being in and outside the womb at various times during prenatal life. EMDR has helped him to strengthen his mindfulness, trust in his own instincts, and rely on his inner knowingness. David is confident that he learned about family dynamics from his inter-uterine experience. He said that he not only saw what family members were doing but also how they were interacting at some subjective level. During the period of therapy, he used eye movements to process specific negative cognitions (or beliefs and myths) to help resolve high levels of stress. Sometimes there were no words, simply disturbing, troublesome feelings, both emotional and physical. These more negative cognitions, feelings and physical sensations have been replaced with the positive, though at this time not all the negative beliefs are completely gone. Here are some examples of change from negative cognitions to the more positive: 1. I am detached. I am accepting my higher self. 2. I don't belong here. I am supposed to be here. 3. I don't belong anywhere. I know I'm supposed to be here. 4. I'm sorry for being a burden. It doesn't matter who is at fault. 5. I fear annihilation. I feel annihilation less severe, less often. 6. If I'm not detached, I'll lose my wife. I feel so much love for my wife. During the course of therapy, work has woven back and forth with some topics, as if going from one aspect to another in the healing of certain negative cognitions. During one session, David shared that during the week previous to the appointment he had again felt that feeling of "not belonging." He said that it "always defaults into the prenatal." When "using EMDR with adults who have suffered as children, the child self becomes activated by the eye movements, and the adult client feels like a child" (Parnell, 1997, p. 113). I wonder if this happens when using EMDR or another therapeutic method with adults who have suffered during preconception, prenatal or birth time. That makes sense to me. Clients have told me it has felt that way to them.

AN ENVIRONMENTAL MARINATING INFLUENCE ON THE DEVELOPING BABY David said that he sensed that at conception it was like his mom was praying. He said, "mom was praying while I was saying 'let me out of here'." David reported that it was like he was "soaking (up) the fear, or something in (his) chest. This is where David has felt a "wall." He said that it "felt like (his) mom had been violated and until that point she was peaceful, calm, fine." He has wondered if the "wall" he feels in his heart is a wall his mother set up, if it is actually an empty space that he comes up against or some other experience. Interestingly, his younger sister reports the same "wall" experience. According to William Emerson, who has for more than 30 years treated people suffering from pre/perinatal trauma, Babies marinate in the mental, emotional and spiritual climate of their parents' inner lives, and their consciousness is permeated by their parents' world. Thus, prenatal and perinatal trauma includes not only those events we experienced directly, but also ways in which we were permeated by our parents' unresolved trauma and the trauma of the world in which they lived (Linn et al., 1999, p.12). This marinating can occur directly or indirectly. Some babies are known by clinicians and researchers to have picked up fears of war as well as scenes of war, when not directly in a war themselves. This is an "intuitive radar" at work, according to Emerson (Linn et al., 1999, p. 13).

DAVID'S INFLUENCE ON DEVELOPING HIS BODY While it had not been discussed, one day as

we began the session, David said: "I am open to the possibility that I had a significant impact in the development of my body and I know I helped with my own birth." These prenatal areas of involvement are supported by prenatal research, self-reports recorded in formal scientific research literature as well as other writings. For example, in *Nurturing the Unborn Child*, spiritual writer Elizabeth Prophet has taught that from the moment of conception until the moment of birth the soul is actively involved in forming the body. In addition, throughout the nine months of pregnancy, the soul is said to go back and forth from the womb to higher, etheric experiences, in the higher realms of existence. In this process, the soul anchors more and more ... soul substance in the developing body. As the pregnancy continues and gestation progresses, the "essence of the soul becomes a part of the blood and the cells-a part of the brain, the heart, and all the organs" (Prophet, 1998, p. 100). From conception, the baby's development is guided by the inner blueprint of creation" (Prophet, 1998, p. 96) or natural unfolding of the human body. In Buddhism, it is believed that the soul comes first into the mother's body and that the unborn child's body is then constructed by his soul. The unborn child, the parents and those involved in the unborn child's life play a co-creative role.

REPORTS OF BABY'S INFLUENCE ON BIRTH As mentioned above, David had said that he was "open to the possibility that (he) had a significant impact on the development of (his) body." He not only thought that but he also said that (he) "knows (he) helped with (his) own birth." All this is very interesting in light of Dosh's work in which she states that the "primary role in initiating the birth process belongs to the child" (Dosh, 1999, p. 216). According to Joel Whitton, many of his patients have experienced the soul "hovering" over the mother during pregnancy and directing her in choices such as what music to listen to, what food to eat, to not smoke, to not drink alcohol, and otherwise directing her behavior for the welfare for mom and baby (Whitton, 1986, p. 53). The baby might initiate leaving if the womb is an unhealthy environment such as in the case of the mother's chronic alcoholism during which the unborn would be forced to ingest alcohol for the entire pregnancy. Premature birth can certainly lead to other complications for the child. Sometimes mothers may need support because of guilt they feel, even when there is no neglect or fault on their part for difficulties suffered by their newborns. If left unsupported, they could be less emotionally available to their children who need their "comfort and care to thrive and grow strong and confident" (Dosh, 1999, p. 215). Exciting things can happen when there is the cooperative, mutual care given between mom, dad and the unborn. Shichida, creator of the Shichida Method and founder of the Shichida Child Education in Japan has written extensively about prenatal and early childhood education, consciousness of the unborn and overt cooperative efforts between the unborn and parents at the time of birth. Following are two relevant stories of this cooperation between parent and child: This first story is about a Breech Pregnancy. Mom told her baby "Be a good boy now and turn around;" she then felt the baby turn in a circular fashion. When she went to the hospital the next day, she was told that the baby's head was in the correct place. The entire process happened again at home when the baby's head moved upwards. The breech pregnancy was once more solved when mom asked the baby to turn. At the hospital mother made yet another request: "Be born real fast in the time it takes to say 'Ah'." With this, the baby was "safely delivered." The second story is about Cesarean section: "When I was nine months pregnant with my older child, I was told the child was overly large and that I should have a Cesarean section and if necessary the child (would) be delivered with forceps. So I talked to my baby and said 'Mama doesn't want an operation because it hurts.' Three days later at four a.m. my labor pains began and the baby (using her own strength) was quickly born" (Shichida, 1993, p. 26).

A WORD ABOUT THERAPY OUTCOME David has shown an opening of his heart; less sense of detachment; more caring for his mother and others; and more spontaneous experience of love, appreciation and better connection reaching out to his wife and child. He is less critical of himself and others. He has less "bouts of depression." He reports no suicidal thoughts. When therapy began, he attended therapy at least once a week, sometimes twice; he now has sessions every two to three weeks, reflecting an improved status. For him, the goals continue to be total resolution of all the negative cognitions, all the negative feelings that have no words to bear description and all the negative physical symptoms that have been put on the table for this man.

IN CONCLUSION This article has

explored transpersonal dimensions of the life of the unborn child. Such dimensions included, but were not limited to, preexistence, reincarnation, development of the body in utero, the nature of prenatal memory, and the role of the unborn at birth. A summary of findings from ancient texts, research, and clinical casework were sources of perspectives presented. This article addressed what may be happening in pre/perinatal life as well as what can happen in one type of therapy, i.e. EMDR, to facilitate healing of pre/perinatal trauma. The one case, David, which was presented here, reinforced the idea that what happens during preconception, conception, prenatal life and at birth may impact an individual throughout an entire lifespan. In the course of treatment, David has had some spiritual experiences. These have been transpersonal experiences. He has raised questions about what it means to be spiritual. Together we made the observation that to be spiritual does not necessarily mean one is religious. We also observed that to be religious does not necessarily mean a person is spiritual. People can be both, one or neither in their conscious orientation. David came to recognize a spiritual nature within him. When he initially came to therapy, he presented himself as a logical, scientifically minded individual who was not interested in religion. This was pronounced within the context of his marriage in which he describes his wife as "very religious." He reported that he was more interested in the scientific side of things and that he liked to analyze things to understand them. He did not view himself as a spiritual being. However, he began to shift somewhat in his view of himself. This came after having a number of transpersonal experiences throughout therapy. As mentioned earlier in this article, David had said that if the soul lived forever, then, yes, there could be pre-conception memories. During therapy David has had an experience of his soul "wandering around" before conception "as if looking for (his) parents." One day, in session, as he pointed downward with his hands, he said: Oh, there they are. It is like it is before conception and I am wandering around through the air looking for my parents and now I see them. They are young and I know they are to be my parents. They are not together. They have not met each other. They are teenagers. I see them in their own places and recognize that they are my parents. I recognize them. He said there was no emotion with it on his part. He questioned: "going a step further, do you think the soul wandering around could bring (potential) parents together?" It was about this time that he said he was able to then "understand how people can be viewed as spiritual beings. We exist in a spirit realm before or between lives. Like we are-energy." Another time, when he scanned his preconception life, he said that it is like preconception has two blocks of time. The first block of time would be "chaos reorganizing itself at a higher level." David mentioned that this is a "more analytical" and "cold hearted" view of it. He related to a second block of time when he said that it "seems (as if) some sort of energy is going to be there. Like a life force coming through (my) actions and gathering it all up. As if (my) soul is gathering up energy to garner for (my) conception and lifetime here on Earth. Like a life force coming through (my) actions-more than now." He "wonders if this (lessened amount of life force felt now) is due to (his) withdrawal" in this postnatal life. He wondered if the sense of a wall in his life has been blocking the life force of energy that can come through him. About a month before these comments, he had said that it felt "like the wall is becoming less of an issue in a gradual way, evaporating at times, but still there." I have been noticing that he has increasingly expressed concern about family and neighbors' well being at a more personal and intimate level without negative criticism. At his last session, as he came into my office, he said that he had "thought of something to work on today; it seems like I am being over analytical or a non-emotional part of the trauma is part of the wall and getting in the way of release of the final part of the wall." Earlier in therapy we had worked with a concept he brought up which was that his analytical self might indeed be the wall. We reviewed how to focus, just notice, and acknowledge any felt sense or insightful experiences while not analyzing when working within the EMDR method as he did eye movements. We proceeded with the actual eye movements. After one set, he said that he had "some sort of realization while observing self; body felt fairly relaxed." With another set, he said that he "felt fairly well." After that he talked about it being one thing to be aware of a car needing gas or repair and another thing to be constantly analyzing how each piece of the car is working as he drives it. He acknowledged to himself that that would take away from the enjoyment of traveling from place to

another. He seems to have gone from one level to another, higher level of integrating this concept as he has been able to work through felt trauma. Toward the end of this latest session while reflecting on the car metaphor, he spontaneously said he would "practice noticing and enjoying the ride without analyzing how every part of the car is working," yet buying gas or doing car repair whenever it is needed. He volunteered that he would do this as his homework between this and his next therapy session two weeks hence. While he has shown a lighter, more relaxed and less burdened life over the course of therapy, he now has shown a happy way about him that I have never seen. It is as though I am witness to David's reclaiming more of Spirit and watching Spirit help him in freeing his soul. For me, this work has had a reinforcing, profound impact on the way I approach therapy. It has not only reinforced my desire to assist others on their path; it has strengthened my view and confidence in the way I desire to approach therapy. While helping guide clients through sound methodology and staying out of their way, they discover what their experiences are telling them. When I do this, clients are better able to find the way and it is a way from within. This work reinforces for me the sacredness of life in each soul I meet. This compelling subject of the transpersonal dimensions of pre/ perinatal life deserves more thought and discussion. Serving from a place of respect and care for the unborn within each of us, I invite psychologists and others in the healing professions to take note of this in your own work and share experiences through the written word.

References

REFERENCES
Bowman, C. (1998). *Children's past lives: How past life memories affect your child*. New York: Bantam Books.
Bowman, C. (2001). *Return from heaven*. New York: HarperCollins Publishers.
Chamberlain, D. (1998). *The mind of your newborn baby*. Berkeley, CA.: North Atlantic Books.
Chamberlain, D. (1999). Transpersonal adventures in prenatal and perinatal hypnotherapy. *Journal of Prenatal & Perinatal Psychology & Health*, 14, No. 1-2 (Fall/ Winter), 85-95.
Cranston, S. (1998). *Reincarnation: The phoenix fire mystery: An east-west dialogue on death and rebirth from the worlds of religion, science, psychology, philosophy, art, and literature* (2nd ed.). Pasadena, CA: Theosophical University Press.
Dosh, M. (1999). Prenatal and perinatal foundations of moral development. *Journal of Prenatal & Perinatal Psychology & Health*, 13(3-4), 213-222.
Dossey, L. (1989). *Recovering the soul: A scientific and spiritual search*. New York: Bantam Books.
Foster, S. (2001). *Using EMDR for Performance Enhancement in Career and in the Creative & Performing Arts and From Trauma to Triumph: EMDR and Advanced Performance Enhancement Strategies*. San Francisco: Sandra Foster, Ph.D.
Gallup, G. Jr., Proctor, W. (1982). *Adventures in immortality*. New York: McGraw-Hill.
Gowell, E. (2001). Chronic grief-spiritual midwifery: A new diagnostic and healing paradigm. *Journal of Prenatal & Perinatal Psychology & Health*, 15(4)(Summer 2001), 313-321.
Jung, C. (1968). *The collected works of C.G. Jung* (2nd ed.), Vol. 9, Part 1, *Archetypes and the Collective Unconscious*, (B. Hull, Trans.). Princeton, NJ: Princeton University Press. (Original work published 1959).
Kirmond, P. (1999). *Messages from heaven*. Corwin Springs, MT: Summit University Press.
Klaus, M., Klaus, P. (1985). *The amazing newborn*. New York: Addison-Wesley Publishing Company.
Leeds, A. (2000). *Strengthening the Self* [Abstract]. Santa Rosa, California: Andrew M. Leeds, Ph.D.
Linn, S., Emerson, W., Linn, D., & Linn, M. (1999). *Remembering our home: Healing hurts & receiving gifts from conception to birth*. New York: Paulist Press.
MacLean, A. (2002). *Psycho-spiritual dimensions of healing prenatal and perinatal trauma with Eye Movement Desensitization and Reprocessing (EMDR) in adults*. Unpublished manuscript.
Miquel, S., Jung, C., & Hesse, H. (1966). *A record of two friendships*. New York: Schocken Books.
Parnell, L. (1996). *Eye Movement Desensitization and Reprocessing (EMDR) and spiritual unfolding*. *The Journal of Transpersonal Psychology*, 28(2), 129-153.
Parnell, L. (1997). *Transforming trauma-EMDR: The revolutionary new therapy for freeing the mind, clearing the body, and opening the heart*. New York: W.W. Norton & Company.
Prophet, E. (1998). *Nurturing your baby's soul: A spiritual guide for expectant parents* (Hearn, N. & Bennett, J., Comps. & Eds.). Corwin Springs, MT: Summit University Press.
Prophet, E.C. & Prophet, E.L. (1997). *Reincarnation: The missing link in Christianity*. Corwin Springs, MT: Summit University Press.
Rinpoche, S. (1994). P. Gaffney & A. Harvey (Eds.), *The Tibetan book of living and dying*. New York: Harper Collins Publishers, Inc.
Rosen, S. (1997). *The reincarnation controversy: Uncovering the truth in the world religions*. Badger, CA: Torchlight Publishing, Inc.

Shapiro F. (2001). Eye Movement Desensitization and Reprocessing: Basic principles, protocols, and procedures. New York: Guilford Press. Shapiro F. (2002). EMDR as an integrative psychotherapy approach: Experts of diverse orientations explore the paradigm prism (2nd edition). Washington, D.C.: American Psychological Association. Shichida, M. (1993). Babies are geniuses (original unedited text). Shimane, Japan: Shichida Child Education. Stevenson, L. (2001). Children who remember previous lives: A question of reincarnation (Rev. ed.). Jefferson, NC: McFarland & Company, Inc., Publishers. Stevenson, I. (1974). Twenty cases suggestive of reincarnation (2nd ed.) Charlottesville, VA: University Press of Virginia. Stevenson, I. (1997). Where reincarnation and biology intersect. Westport, CT: Praeger. Wade, J. (1998). Two voices from the womb: Evidence for physically transcendent and a cellular source of fetal consciousness. Journal of Prenatal & Perinatal Psychology & Health, 13, No. 2 (Winter, 1998), 123-147. Whitton, J., Fisher, J. (1988). Life between life: Scientific explorations into the void separating one incarnation from the next. New York: Warner Books, Inc., by arrangement with Doubleday & Company, Inc. Author Affiliation Catherine Anne MacLean, Ph.D. Author Affiliation 1 Catherine Anne MacLean, Ph.D. is a licensed clinical psychologist with a private practice in Bozeman, Montana. Please address correspondence about this article to Dr. MacLean at maclean@in-tch.com; P.O. Box 6576, Bozeman, Montana, 59771; Phone: 406/585-9890.

Publication title: Journal of Prenatal & Perinatal Psychology & Health

Volume: 17

Issue: 3

Pages: 203-223

Number of pages: 21

Publication year: 2003

Publication date: Spring 2003

Year: 2003

Publisher: Association for Pre & Perinatal Psychology and Health

Place of publication: Forestville

Country of publication: United States

Journal subject: Medical Sciences--Obstetrics And Gynecology, Psychology, Birth Control

ISSN: 10978003

Source type: Scholarly Journals

Language of publication: English

Document type: General Information

ProQuest document ID: 198785814

Document URL: <http://search.proquest.com/docview/198785814?accountid=36557>

Copyright: Copyright Association for Pre & Perinatal Psychology and Health Spring 2003

Last updated: 2010-06-06

Database: ProQuest Public Health

Contact ProQuest

Copyright © 2012 ProQuest LLC. All rights reserved. - [Terms and Conditions](#)