The Alice Givens Approach to Prenatal and Birth Therapy

Author: Givens, Alice

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Abstract: None available.

Full Text: Introduction Over the years, in hospitals, while teaching, and in my practice, I have seen hundreds of people who have been deeply scarred by destructive prenatal influences, patients whose afflictions can be explained only in terms of what happened to them in the womb and at birth. Thomas Verny Success in doing prenatal and birth therapy depends upon accepting what the new study and research tells us; that our experience from conception on is recorded in our unconscious mind. These memories can be retrieved and relived in such a way as to release the old trauma and change our lives today. A second requirement for success is the competency of the therapist. His or her attitude must say, "I know that experience is there, and you will go directly to it." These words would not necessarily be spoken, but the method and the messages given would convey that kind of certainty. The therapist also needs to have worked through the trauma and pain in her own life. This means in prenatal and birth as well as the rest of life. There can be no expectation of the client going into prenatal experience unless the person leading him into it has felt it in her own body and emotions. I believe that if we evade our own pain, we cannot hope to lead others through theirs. I begin by telling the person that all of her experience is stored in her unconscious mind2 and that she can get in touch with it. At first, it might feel like it is coming from the present, but, eventually, she will be aware that the experience is coming from the months when she is in her mother's body. Betty Betty came to see me because she kept repeating the same kind of miserable relationship with men. She could not be interested in anyone unless they were already committed or had decided not to marry or have a long term relationship. A man who was available did not interest her. She tried over and over to go out with men who were single and attractive, but she never seemed to have fun with them. Her life had been a long stream of unhappy partings from men. Always there came a time when the relationship was hopeless so it ended. Betty was a pretty young woman in her late twenties with curly brown hair and a warm smile. The first time that she was parted from a loved one was when she was two years old. Her mother was put in a mental institution and she never saw her again. For the next four years she lived with grandparents, then she was put out for adoption. The most painful memory of her childhood was being given away to strangers at the age of six. She never recovered from the unloved, lonely feeling, and could not develop a close, accepted feeling with her new parents. So Betty's early loved ones were certainly uncommitted to her. It was a pattern of feeling abandoned and unloved and there was no expectation in her unconscious mind of loyalty and care; the trust had invariably been broken in the past. I knew that the pattern of broken relationships and noncommitment had to begin in prenatal. Betty would now go back and be in the body again of a woman who was later put in a mental institution for life, so it was uncertain what kind of fear and instability we might find in her thoughts and feelings. Betty's greatest fear when she came in to see me was that she was going to be left again. "When he's late, I know he'll never come. I'll never see him again." I told her to lie down and then directed her back to a time when she was still in her mother's body, during the nine months before she was born; and it was to be at a time when her mother had the same fear that Betty had that day, "He'll never come back." I chose this phrase because it was what she always felt with her relationships, and it was also the pattern of her childhood. When directing a person back to the prenatal, there must be a purpose and the words and directions must be specific. Betty lay there quietly with her eyes closed for a few minutes, then said, "He's gone." "Say it again," I told her. "He's gone." "Say the next words." "Why is he always gone when I need him?" "Say it again." She is told to repeat the words as many times as necessary to release the feeling that goes with them. It is the underlying fear and trauma that holds the old messages in

place.3 The reason for reliving the prenatal and birth is to give up the old programming. Throughout all of the sessions I am repeating over and over to the client, "Say it again," and "again" then "Say the next words." As the next phrase or sentence comes out I say, "and the next words." The client needs to be continuously directed forward because the material is not coming from conscious memory, but from an unconscious recording of experience. "I hate you for going away and leaving me." "Say the next words," "You might as well stay away," "and the next words," "I'm lonely when you're gone." "the next words" "Please stay here . . ." "the next words" "I love you, I'm afraid I'll lose you forever." Betty is crying now with her mother's tears and I am telling her to say the words over and over so that she can give up the pain and grief that goes with them. It does not matter whether mother's feeling fits the reality of the situation because mother's feeling was the only reality for the tiny fetus in her body and now that painful feeling can be given up. "I feel total despair," "and say the next words" "Where can I go? What can I do?" "and the next words", sometimes the patient is silent for several minutes and I say, "just let the next words drift in to you," or "if mother's feeling was talking now, what would it say?" "He'll never come back." "the next words." "I want to die here all alone." "the next words." "I've lost him. ... I can't live this way." "What position is mother's body in while she's thinking these thoughts?" "She's standing up." "Is she inside, or outside." "She's inside, looking out the kitchen window, she can see the kids playing out there." "If mother's feeling was talking while she's looking out the window, what would it be saying?" "I don't want to go on having babies and be here all alone." All through the prenatal period mother's alone, abandoned, desperate feelings continued over and over. In most cases the feelings are more mixed with intervals of satisfaction or fun but not so with Betty's mother. Perhaps it was her endless despair that drove her into an institution later. Now it was our task to remove this despair from Betty's conscious mind. In her birth it was more of the same. On the way to the hospital mother was saying, "Please don't leave me alone. . . . I don't want to go through this all alone." Then in the delivery room, "I need you.... why aren't you with me? I'm all alone ... nobody cares ... I want to die . . ." The birth is a particularly vulnerable time for the tiny infant. There is mother's pain which is registering in the baby's unconscious as its own, and there is the pain, suffocation and pressure in the infant's body. All this is being locked in with the words that mother is thinking and the words that are being said in the room. Betty's mother seemed to have few physical complications. However, her constant hopelessness and despair was Betty's early programming for her life. Then the despair was reinforced in childhood when mother was taken away at two years, and again when she was adopted from her grandparents at six years old. We went through those scenes after we did the prenatal and birth. She started to relinquish her feeling that no one could ever be trusted to stay with her, and stopped setting up situations to prove that her old feeling was right that they would not stay with her. She found a boyfriend that was interested in a permanent relationship. All Memory is Preserved The fetus has no conscious analytical awareness, but does have a consciousness which stores mothers experience. All the memories are preserved without censorship. When the patient relives the experience, it feels like her own until it can be brought into awareness and recognized as mother's and not hers. The trauma, usually fear and hopelessness, and the beliefs that accompany it, has held the experience in place. Our unconscious mind protects us from past pain which might have occurred any time in the past. Often complete memory of the experience is blotted out. Sometimes we remember the event from the past, but the painful feelings are mercifully controlled, and at the same time preserved because they have not been expressed. The patient can go back to the experience with a trusted skilled person. The unconscious mind will allow the experience into the awareness under conditions which it perceives as safe. It is with the words that mothers feelings would say that we become aware of mothers experience. Contained also in the words are mother's fearful and hopeless beliefs. A review of Betty's words during the session reveals these beliefs; "He'll never come back," "I want to die here all alone," "I've lost him," "I'm all alone nobody cares-I want to die." By the repetition of these words Betty begins to feel mother's painful feeling. The first time she utters a sentence it might be in a whisper "He'll never come back." The tears might begin on the second or third repetition. I keep the patient repeating the words as long as they contain emotion. On the sixth or seventh time the patient can be

sobbing uncontrollably. The release of the trauma is observed by the therapist as the words are repeated and feeling diminishes. The patient might be screaming in anger or fear. By having them repeating the words until that feeling is depleted the tension is relaxed in the patients body. If we review the same scene there is little or no painful feeling. The repetition of the words is for the purpose of expressing the feeling. When I first direct someone into the prenatal they usually say, "Oh, that's my own feeling, not hers. I always feel that way." I tell them, "That feels like your feeling because it has been recorded in you since before you were born. Now you can recognize it as someone else's and give it up." The recordings in the unconscious of some persons are so vivid that there can be no doubt where it is coming from. They can see all the details around them, through mother's eyes. Sudden confusion occurs when they see someone shooting a gun or horses galloping. Then it's clarified that mother is watching television. All of mother's physical discomforts and pain can be felt. People are often convinced for the first time that they are experiencing the prenatal when they feel mother's nausea, or her migraine headache. Mother's hurt is usually felt as a shadow of pain, but occasionally it is felt as a sharp pain. Then when the words of the trauma are repeated the pain diminishes and disappears. The birth is a time for locking in physical symptoms and body ailments. Many sinus, throat and breathing problems originate there. The cone for ether or gas that was so often put over mother's face gave her a feeling of suffocation or of dying. The words in her mind that are recorded with the infant are, "I can't breathe, I'm dying." Then if there are long delays in birth, or if there are umbilical cord complications the baby has feelings of suffocation and death. The breathing difficulties at the moment of birth are often reinforced by the words of medical personnel. "He's not breathing." "She can't breathe." "Help her breathe." Endless words are said in delivery rooms about the baby's first breathing while mucous is being cleared out of nasal passages and throats and all of these words can come out during prenatal and birth therapy. One woman with whom I was working had a history of eye problems. After her birth while a nurse was washing out her eyes a voice said, "Are you blinding her?" The method for getting the words from the birth are the same as for prenatal. The patient is directed to a specific feeling or event in birth such as the hardest contraction or when the hopelessness was most intense. The directions depend upon the problem that is presented by the client. If they are going back to the feeling of hopelessness it is because of the present feeling of hopelessness. The patient is asked to repeat the words, then is directed on to the next words. Usually the birth needs to be experienced more than once to give up all the trauma. In my experience, the more extreme the psychic or physical pain in prenatal and birth, the more difficult it is to get the patient to break through the barrier, or the protection set up by the unconscious mind. It can be the prenatal period which is most painful, particularly in cases where the mother was unmarried, or father was very abusive. However, I most often find the extreme suffering in the birth which is hardest to reach. This is because of the physical trauma which was set up by past medical practices, and anesthetic, such as ether which triggered mother's fear of death when the mask was put on her face. The whole medical trauma of birth, combined with mother's fear of loss of control and helplessness, can cause the feeling to be so painful that it requires a number of therapy sessions to work through it. Expressing the feeling by repeating the words which contain mother's beliefs is a necessary part of the therapy. To release the trauma is the objective of going back to the beginnings of this life and the words are often what locks the trauma in place. This is true in the prenatal period, in birth, in childhood, and current life. References References Verny, Thomas, &Kelly John. The Secret Life of the Unborn Child, Summit Books, New York, 1981, p. 24. Netherton, Morris, Past Lives Therapy, Morrow, Wm. New York, 1978, pp. 28-29. Janov, Arthur, The Primal Scream, Dell Pub. Co., New York, 1970, pp. 412-423. AuthorAffiliation Alice Givens, Ph.D.

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