

# Prenatal Experience as a source of healing

## Introduction to my training in prenatal psychology and psychotherapy

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### Franz Renggli, 2005<sup>1</sup>

- From animal behavior it is well known that the first emotional learning after hatching or birth, *imprinting*, is the most fundamental learning of the whole life, for animal as well as for human children. Imprinting is irreversible.
- Primates have a special mother-child-relationship: the little baby clings in the fur of the mother: she is the “nest” for the baby. If it loses its grip with its hand or foot, the baby’s life is threatened because apes live in trees. The mother always reacts immediately when her baby begins to cry.
- This archaic knowledge is displayed in all *traditional societies*: the baby is in constant body contact with its mother or with another caretaker (mostly a lot of them) – day and night. In traditional societies one rarely ever hears a baby cry – this is a fact mentioned through out ethnological literature.
- All *high cultures* on the other hand, separate mother and baby after birth: the higher a culture, the earlier this separation or the more radically mother and baby is separated. This process has been going on for thousands of years, since the beginning of high cultures: the Sumerians in the Near East first gave evidence of this separation, 5,000-6,000 years ago. This separation is an emotional adoption to the alienated way of life in the towns.
- In our own culture this separation was exacerbated in the 13. -th /14. -th century: the baby was no longer allowed to sleep at night near the body of its mother. The baby lost its last bodily contact with her. Next step: the own room for a baby was “invented”. And finally the mother was no longer allowed to feed the baby more frequently than every 3 to 4 hours: the baby was trained to

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<sup>1</sup> Unpublished manuscript

cry. In the birth arrangement of clinics in the 20<sup>th</sup> century mother and baby had to lie separately for the first 6 days after birth.

- For about 30-40 years there has been a reversal to this trend. In a non-conformist part of the population the mother has begun to give the baby the breast again, it is cared for a great deal of the time on the body and in progressive families the baby is even allowed to sleep in the bed of the parents at night. These parents and babies begin to heal from their old separation trauma. This tendency has even begun to change our birthing practice in clinics.
- From the point of view of prenatal psychology and psychotherapy we know that emotional life already begins during pregnancy: the baby is a fully conscious human being from the moment of conception. Barbara Findeisen uses the picture of a tree to emphasize the importance of prenatal development: if we see a tree growing out of the earth, the trunk and its leaves, this is like seeing the emotional development of a baby only after birth. Important for the essence of a tree are its roots: comparable to the prenatal dimension of a human being. And maybe the consciousness of a baby is even higher at his early time, as it is still close to its divine origin. David Chamberlain says: to understand a baby we have to consider all the scientific research on its development in the womb on one hand and on the other hand to consider the spiritual dimensions of the soul of the baby as well. This view of prenatal psychology and psychotherapy is the origin of a completely new understanding of us as human beings.
- The fact its: worldwide, 45-million babies are aborted every year – the estimated number of unknown cases is much higher. The significance of this fact is like the suicide rate in a population – the peak of an iceberg, it indicates how depressive a population is. That means: the high number of abortions shows the strong ambivalence most parents feel in the moment they realize they are pregnant (discovery). William Emerson speaks of the most fundamental trauma of our society – that most babies feel unwanted. Or put in another way: when parents discover they are pregnant, this fact awakens their own, deeply hurt feelings, their “inner hurt child”. And since we live in a deeply traumatized society, such parents cannot emotionally bond in a good way with

their baby. Already in pregnancy the isolation, pain, despair, sadness and rage begin to overshadow the child's emotional development.

- From the neurobiological research of Allan Schore we know that during pregnancy and in the first two years of life (babyhood) the right hemisphere of the brain is dominant: here all bodily sensations, feelings and all bonding experiences are imprinted: during the pre-verbal period of our life. In the third year and thereafter the left hemisphere slowly begins to dominate and this lasts for the rest of our lives. In the left hemisphere lie the logical strategies and the speech center and from this age on, conscious memory begins.
- In conclusion we can say that all imprinting, all fundamental learning occurs in our pre-verbal period, which we cannot remember consciously. The memory of this early time is in our body and/or our cells. And these imprinting and bonding patterns determine our whole life: we re-enact these old imprinted patterns constantly with the goal of healing our old hurt feelings, healing our inner hurt child. And all our old bonding patterns also re-appear in our partnerships. That means: the partner triggers our strong feelings and conflicts – but the origin is always hidden in our pre-verbal past. That is why we react so strongly (see the article from Carmen Ehinger and myself on my website: *Die pränatalen Wurzeln von Konflikten in der Partnerschaft* – which will soon be translated into English). All this signifies that accompanying people in a crisis only by talking is never enough. It is necessary to have the possibility of reaching them at a physical bodily level.
- All the people I take in my courses: physicians, psychotherapists, midwives, cranio- or shiatsu-therapists, nurses, child or baby advisers etc. – I instruct to become aware and have a feeling for these early traumatisations in the pre-verbal period, so that they can work on a bodily level with their clients and patients. Only at the bodily level can a door to a healing process open.

## Level I: Introduction

- About the evolution of the mother-child relationship. The alienated parent-child-relationship in our own culture: the history of infancy.
- Basics about pre-verbal experiences: the history of prenatal psychology and psychotherapy. An introduction to the emotional life of a baby during pregnancy and birth: what we know from our work with regressed people about this early pre-verbal period and what we know from direct observation (scientific basis).
- What is the essence of a trauma? Seen from the cultural evolution of the human race: why are we human-beings polytraumatized? I teach the basics of the trauma healing of Peter Levine: work with resources – never re-traumatize patients. This technique will lead us as a guiding thread through all the training courses.
- Demo of my work in birth-workshops: I show, in the group, how I accompany someone through birth and pregnancy.
- Demo of my work with a baby and his/her family. Basics of the baby-therapy or therapy with little children.
- During my whole training, the trainees work in small groups of two to three people: one person is in the role of the therapist, the other in the role of the patient – afterwards the roles are changed. This means:
- Self-experience of one's own earliest experiences in pregnancy, birth and babyhood.
- Experience of how somebody, as a therapist, can accompany other people on a bodily level to these early hurt feelings. Important is that our patients – strengthened by their resources – can make a new, a healing, experience. At the end of these small groups we discuss in order to understand their meaning and in what kind of depth we accompany our clients/patients.
- Integration and questions from practice: what consequences for the work with patients, result from these new experiences about my own pre-verbal period: how can I make use of these new experiences in my daily work?

## Level II: Birth

- Birth among animals and human beings. The special situation of humans: their upright position and strong development of the brain: both complicate the birth situation in the human race. Every traditional culture has its own forms of birthing. Where do the origins of birth complications in our culture lie? Separation of mother and baby in the 20<sup>th</sup> century and the new development of no longer separating them.
- Demo with a doll and the pelvis: the different stages of birth. Conjoint points and pathways, cranial deformation.
- Birth practice in our own culture: anesthesia, labor induction, labor intensification, epidural, forceps, vacuum extraction, and Caesarean section: what consequences do these techniques have for a baby and its bonding process with the mother? Late consequences of trauma/shock experiences. What is the meaning of an undisturbed birth, homebirth?
- Shock and trauma: what kind of shock and trauma experiences does a baby have in his/her pregnancy and during birth? Newborns with and without trauma/shock experiences. Symptoms of shock and trauma in adults. Physiology of shock: dissociation, split-off, fragmentation, freezes. Why are human beings polytraumatized although they have no life-threatening experiences in their daily lives-experiences. Animals have to live with these constantly, but mostly show no signs of trauma?
- Body language of resources, the root of our strength, joy and meaning in life and on the other hand, the body language of shock and trauma. How can we work on our daily practice with these trauma and shock patterns?
- Self-experience always takes about the half time of a training course: I show my trainees different techniques to accompany themselves and later in their practice, the patients, through the different stages of birth. In small groups- as in level I – people learn about their own birth, what kind of experiences they made then and how these traumas influence their lives. Integration of questions about the new experiences for our daily work.

### Level III: Pregnancy

- Embodiment: how the soul enters the body and even before: how the soul separates from its divine origin? Sperm journey and egg journey. Conception. Journey of the fertilized egg through the oviduct and its implantation on the 7<sup>th</sup> day after conception in the uterus. Near-death experiences at this early time.
- The lost twin phenomenon and the consequences for our later life.
- The discovery: when the parents, for the first time, realize consciously that they are pregnant and their reaction to the new baby. The parent's ambivalence and how the baby feels it.
- Navel affect.
- Technique of touching patients, to accompany them on a bodily level: when, how and where are they touched? When there is a contra-indication to touching people? And how to work on a bodily level? How is the reaction of patients to touch, to this kind of holding and warmth?
- Working with anger and rage: Aggression is mostly strong discouraged and prohibited in our society. So it is our first task to diminish the anxiety of these forces. And then to find their origin: the fire in our body, which helps us to set boundaries and to be curious in our lives. This is the source of our strength.
- Themes of abandonment and of old hurt boundaries, as the roots of conflicts in our lives.
- Transference and counter-transference: the more trust there is in a relationship in love as well as in therapeutic relationships – the more the old shadows, the old deep hurt feelings resurface. We re-enact all our early life dramas continually – with the aim/hope of healing. How can I handle my counter-transference in the bodywork with my patients: what happens in my body during my work?
- Working with babies and their families: as in every level of my training I demonstrate my work with one baby and its family to broaden and deepen my technique of baby therapy. And to work with a baby it is necessary to work with the birth and pregnancy traumas of the parents as well: through their baby

their old “inner hurt child” is strongly awakened. As long as their old wounds overshadow them they are not really open for their baby.

- As in every level of my training, the self-experience takes about half the time: to experience the beginning of our lives from conception through the whole pregnancy.

#### **Level IV: Birth workshop**

- I show the trainees how they themselves can hold birth workshops: accompanying 5 patients, in two days, through the earliest traumatisation of babyhood, birth and pregnancy. The patients are always in good contact with their resources: every human being has a divine core and that means, is whole or healed in the center. Everyone who would like to give such birth workshops later on in her/his practice has the opportunity to work with anybody from the group: there are no small groups anymore – all is concentrated in the training group as a whole. Now a therapist can feel the power of big group, going back with a patient to the earliest time of life. And I am ready for life supervisions during these processes.
- Theory: new research in neurobiology: the creation of new neuron synapses and neurotransmitters after a good healing-experience. On the contrary: after a trauma a lot of neurons and synapses die. The dominance of the right hemisphere during babyhood, birth and pregnancy with the imprinting of bodily sensations, feelings and bonding experiences. Imprinting is implicit which means there is no, or a very, limited access to the conscious level of mind, the research of Allan Schore. And finally: It is not our genes which regulate our bodies (genetic determinism), but the genes that are regulated through the environment, through our experiences with our parents, the research of epigenesis, of Bruce Lipton.
- Problems in practice are more important now: what kind of experiences have the trainees made in their practical work? What kind of difficulties showed up? What kind of support do they require in the future to do their work? The question of intermission and supervision.

### **Level V: working with couples at a prenatal level**

- This workshop we do together: Carmen Ehinger – my wife and I. In preparation. The trainees have the possibility of joining this training course with their partners or just learning our methods - how we work with couples: to show that the roots of strong feelings and conflicts always lie in our own pregnancy. And as speaking is not sufficient to reach these early, hurt feelings, we show a couple how to work on a bodily level with each other, one being the therapist, the other the patient and then exchange roles. It is a method of self-help in a couple.

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My training will be supplemented in time. Each level comprises 5 days of seven hours (35 hours a “week”), most probably in future; I will do it in 6 days.

The training is held every second year in my practice in Basel – every other year it is held in the Kientalerhof in the Berner Oberland. It is not necessary to join the whole training course; it is possible to just learn from level one, as an introduction to prenatal psychology and psychotherapy. It is also possible, under certain conditions, to begin with the second level.

As my baby work is inseparable from my work with adult patients in birth workshops and on the other hand my demonstrations with babies in my training courses are limited, I give special *baby workshops* on three days a year: working with 5 babies and their families to deepen the knowledge and skills for my work with babies and little children.

Every year I give several *birthworkshops*: three days; open to 7 patients – to deepen self-experience.



Together with Carmen, I offer couple groups and *couple workshops* (3 to 8 days) so that couples can learn to help each other against the background of this early experience.

All my training and workshops are held in German. If specifically requested it would be possible to give them in English.