

The Hidden Experiences of Our Birth

Stress, trauma and shock: birth complications and the consequences for our lives - treatment options with the body-based Pesso-Boyden psychotherapy

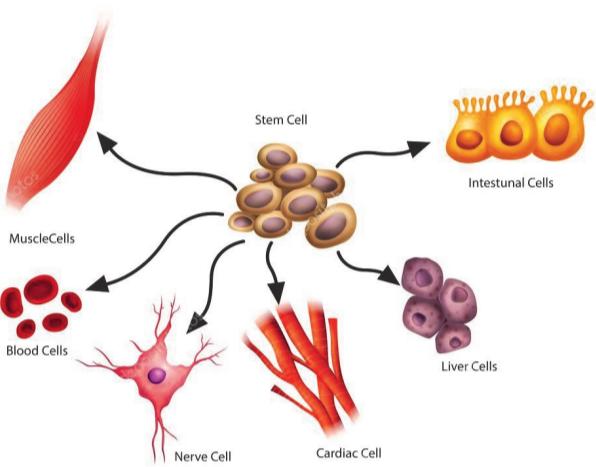
Cesarean section: blessing and curse at the same time

More and more births take place by caesarean section. While the rate of caesarean births in the 1990s was still 15%, in Germany it rose to 31.8% by 2014. The procedure can be life-saving if, for example, the umbilical cord has been wrapped around the neck. However, only every 10th caesarean section has compelling medical reasons, only every 20th birth is spontaneous, without medical intervention. The biological and psychological consequences can be dramatic.



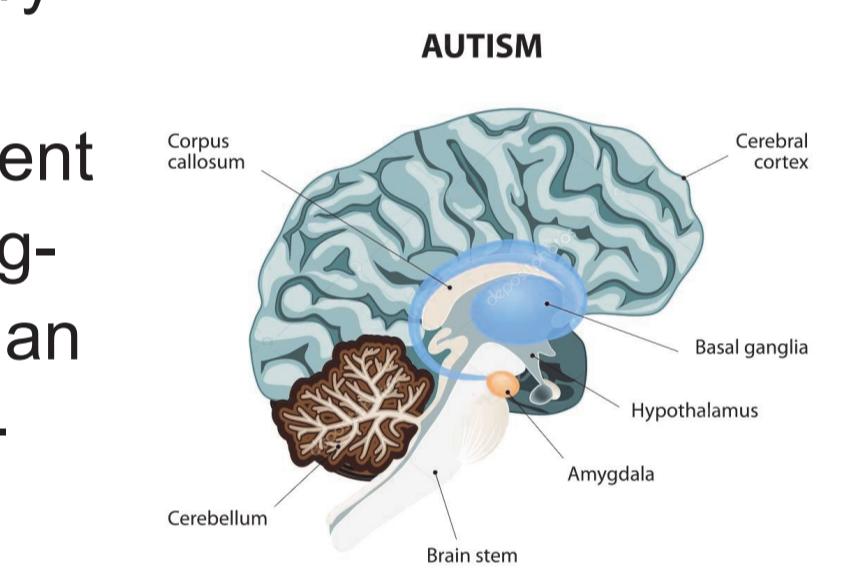
Memory and learning ability of the unborn child

We are all familiar with a memory that is registered and stored by the brain and the central nervous system. The basics of the spinal cord and the brain develop after the 3rd week of fertilization. In the 6th week, a measurable electrical brain activity can already be detected: the neurons multiply constantly until it is about a hundred billion at the end of pregnancy. Large amounts of neurotransmitters ensure that communication between neurons can take place between each other and also with other cells.



The understanding of information processing has since expanded to the point that the brain and body cannot be separated from each other, which means that intelligence, memories and feelings are located in the brain and throughout the body. The latter is called cellular memory.

In addition, finds of neuropeptide receptors in the brain stem of unborn children suggest that it belongs to the limbic system. These are brain regions that are responsible for feelings and memory and are the first to form in the embryo. Perceptions, movements, feelings and insights are thus present from the very beginning and differentiate in the course of pregnancy. This necessitates a completely new way of looking at an unborn being. She or he consists of matter, energy and information and already has rudimentary psychic functions.



Prenatal, perinatal and postnatal birth complications and traumatic reactions

Prenatal influences

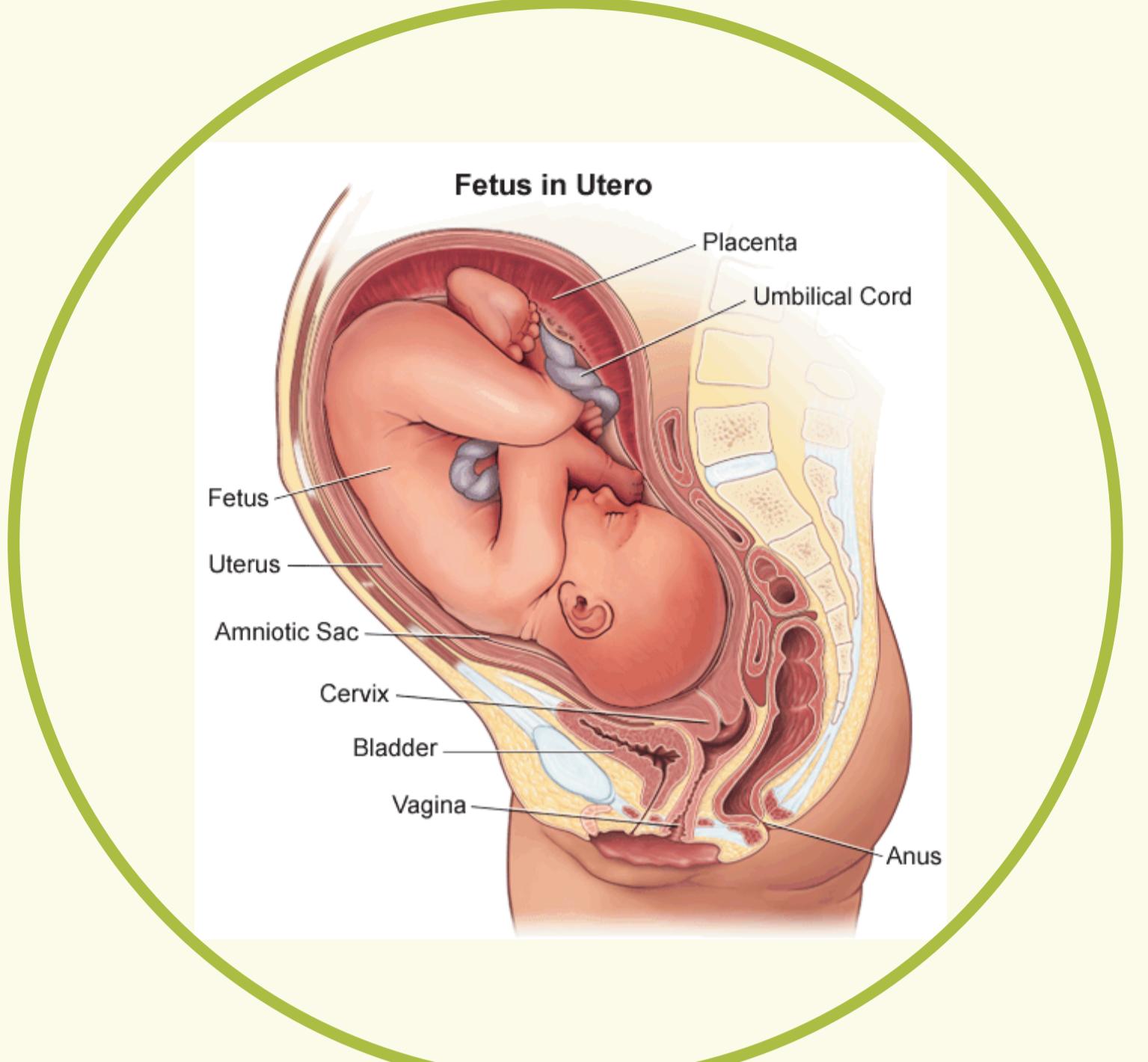
Our life begins with the conception. In the time before birth, we receive basal imprints for our feelings and our concepts of action. The unborn child is completely exposed to the circumstances of his procreation and the overall situation of his parents. The mother is his immediate and most important environment, to which he has to adapt. Her physical and psychological-emotional state affects him, her stress weakens his defenses for a lifetime. This is because emotions have physiological correlates. Stress hormones enter the fetus via the placenta. Traumatic:

1. No contact with the fetus (lack of speaking to the unborn, of loving tactile stimuli, unhealthy lifestyle, etc.).
2. In the later stage complication with the placenta or amniotic fluid (e.g. poisoned).
3. Abortion attempts (unwanted child).
4. Desired child (which wishes of the parents should be satisfied).

Perinatal influences

The birth process is of great importance for later life. Invasive birth interventions such as caesarean section, forceps and suction bell birth can leave traumatic traces associated with health and psychological risks. But also interventions to induce birth with pitocin or oxytocin, drug inhibition of contractions, anesthesia, episiotomy, etc. have a traumatizing effect. All interventions impair self-regulation and self-efficacy.

Actually, the baby initiates the contractions, and everything else runs off with reciprocal signalling. With a caesarean section, the baby is taken out of the mother's womb in only about 5 minutes, but the effects can last a lifetime. The emotional processing possibilities to deal with this event overwhelm child and mother.



The caesarean section causes disorders of mother-child bonding and shock syndromes. Analgesics and anesthetics make a significant contribution to this. Nevertheless, these drugs are administered in 80% of all clinic births. The following reactions are possible:

1. Shock with feelings of fear and overwhelm due to suddenly emerging unrecognized body feelings,
2. injury to perceived self-esteem,
3. loss of awareness and attention,
4. loss of energy,
5. Loss of orientation and direction,
6. loss of control and power,
7. loss of bodily functions,
8. fear of death, sole focus on the maintenance of life.

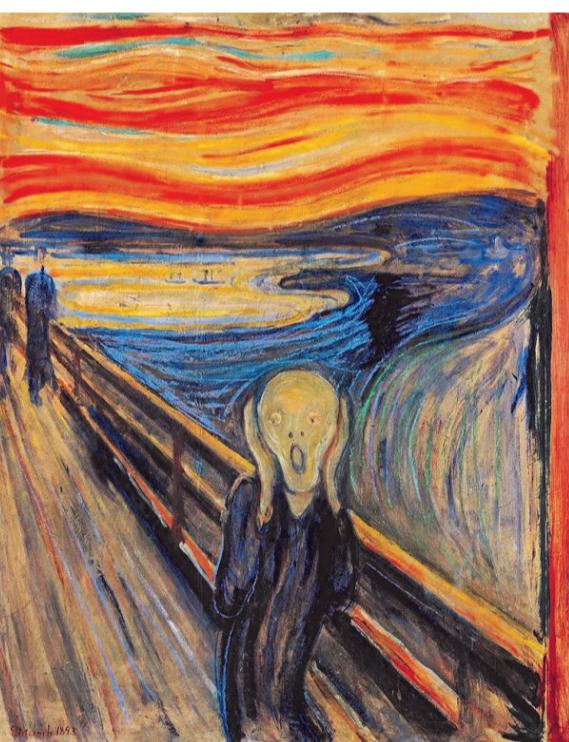
All these phenomena also hinder the bonding, delay and complicate breastfeeding. It is proven that 70% of epigenetic imprints are prenatal. For these prenatal programming, the period 12 months before and 12 months after birth is particularly important because they change the basic structures of the nervous system and influence brain development.

Postnatal disorders

Birth memories and experiences tend to be activated in life situations that symbolically correspond to birth in some form. They become unconscious, hidden life themes and show up in different types of repetition.



Self-healing attempt of the painter Edvard Munch, who had experienced a very difficult birth and suffered throughout his life from existential fears of death.



Repetition types by W. Emerson

Repetition as a coping attempt: process in which unconsciously events and traumatic experiences from the past are re-staged in order to bring them out from the unconscious, to cope in the presence of the here and now and to cathartically free oneself of them.

Strategies born out of necessity to take positions that are similar to the perpetrator-victim scheme.

Direct repetition: unconscious choice or manipulation of life situations, which results in a renewed encounter with the trauma topics. The trauma background remains unconscious, only the present pain is felt in the victim position.

Avoidance repetition: Attempt to exclude the possibility of encountering the unconscious traumas again, never to become a victim again.

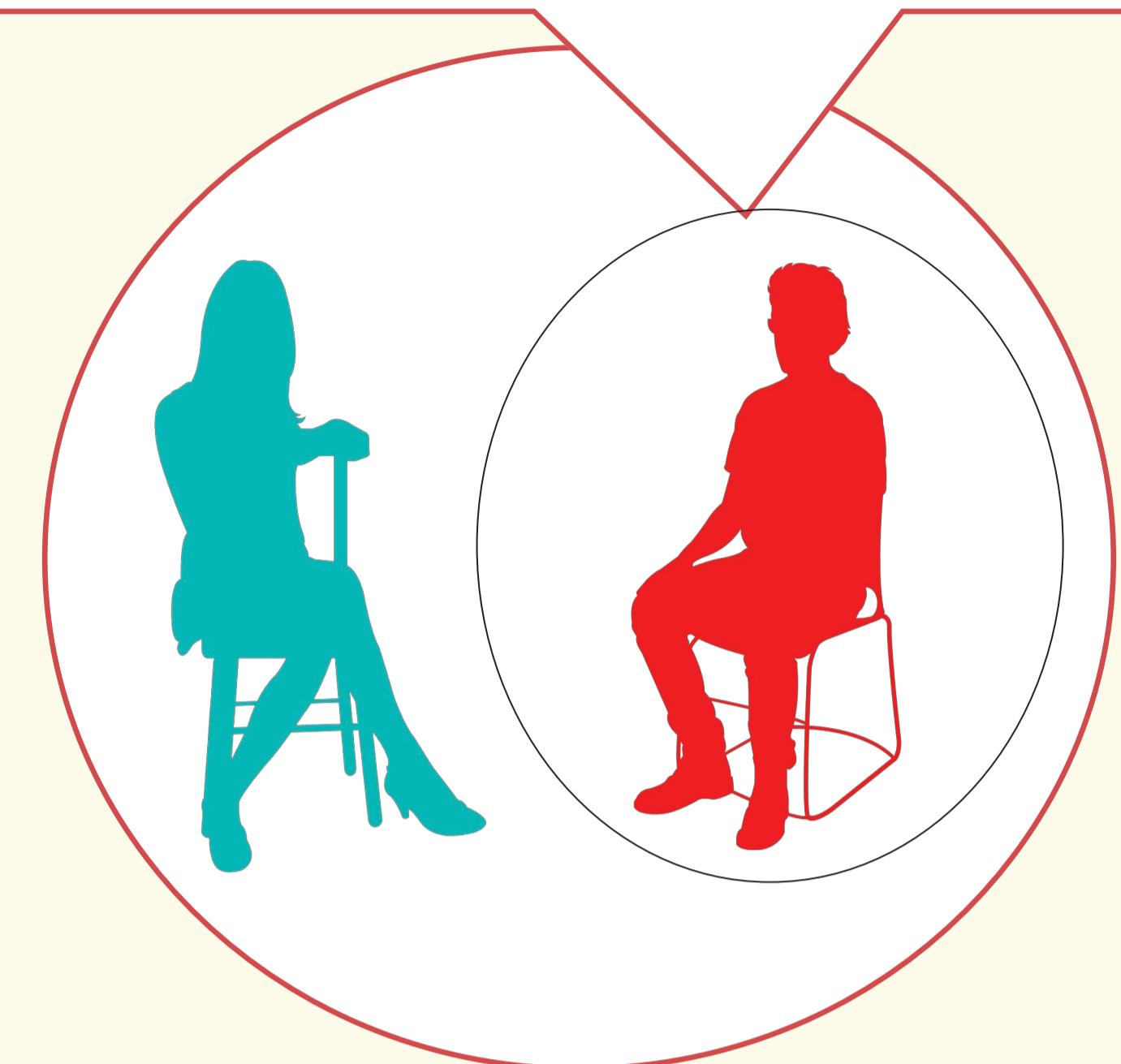
Projective repetition: projection of traumatic feelings to others (victim position), identification with the persons who caused the trauma (perpetrator position). Gain power.

Confrontational repetition: Tracking (possible) traumatic experiences outside of oneself in other people or situations. Acting out provocative, corrective and/or confrontational behaviors, possibly taking a rescuer, admonisher and/or know it all position for these others. Patients often stage their traumas in several repetition types. For therapists, these types have a diagnostic function.

Desperation, crisis, suicide attempt or thoughts — analogy iceberg: symptoms only 10% accessible (above sea level), 90% of causes, trauma, repetition are unconsciously anchored in body memory.



Explain therapy and thorough anamnesis, including birth. Structure setting - patient in the possibility sphere with witness and voice figures, placeholders, fragment figures, activation of the pilot function etc.



In prenatal and birth complications (stress, trauma, shock), the child's world relationship is deeply shaken. Consequences: fundamental distrust of people, negation of life, death longing, addictions, trauma compensatory schemes (control, excessive coping, personal logic), lack of stability, suppressed or unbounded sexuality and aggression. Pregnancy, birth and childhood are political! How do we as a society manage to deal with everything alive lovingly and empathically?

First phase in the therapy (especially in the group): Ensuring safety and protection and enabling control over the therapy process. Coping strategies by understanding figure appreciate, in the group provide "real" protection. Therapy of "small steps". Track down the four types of repetition and connect them with the Pesso-Boyden system: direct, avoiding, projective, confrontational. Suggest an understanding figure for all types: I recognise your emotions and reactions in view of your suffering history. Then a contact figure can follow: I help you deal with the painful and torturous emotions and figure out what you would have needed. Openly accessible traumas are often followed by hidden birth traumas. In healing scenes the actions interrupted by the trauma can be brought to an end.

Second phase: By means of "energetic" work the anger accumulated in the body, the self-aggressions and the feelings of powerlessness are validated by figures and aggressions are limited. A birth trauma is a deep life frustration that always contains aggressive charges and an unbound longing for love.

Third phase: Approaches to the birth trauma with a healing birth structure. In the case of life negation and suicidality (place topic) begin the patient's life symbolically anew - holding place of baby-souls. Choose ideal parents who would have been just right. Organize the ideal birth scene. Find an antidote for the birth complications.



The healing birth scene takes place on the (formerly hidden, now) symbolic level of the past with pilot function according to the genetic expectations.

The symbolic scene feels like "real".



Transfer to the present - change of perception