

PRENATAL AND BIRTH TRAUMA. PSYCHOLOGICAL IMPLICATIONS OF THE NEWBORN CHILD

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Abstract: The idea that events in pregnancy and during birth could affect the child is supported by recent scientific discoveries. There are two types of traumas that mark the psyche of the future child: trauma involved in prenatal life and birth trauma. Through love or rejection, the mother will shape the emotional life of the child who will be born, so that if the fetus is not desired, his zest for life and his confidence will be affected.

Birth trauma is the first anguish, the birth process is the first dangerous situation because the danger is double: the difficulty of passing the uterine passage and the separation from the mother. The memory of what birth meant for each of us is populated by imagery from the unconscious.

This paper represents a foray into pre and perinatal psychology and an invitation to awareness regarding the types of traumas that can occur during the nine months of intrauterine life as well as during birth.

Keywords: trauma, prenatal, perinatal, birth, caesarean birth.

Introduction

MOTTO: „We don't leave our feelings about our birth at the hospital. The feelings we bring home about the birth can affect everything that follows. These feelings can infiltrate all areas of our lives as a new family. That is why birth is important.”

Melissa Bruijn

Trauma means a split in the psyche itself, it is the result of an unbearable or unmanageable level of stress which causes dissociation out of fear for life itself. Trauma can start very early in life and is cumulative, unresolved trauma becomes multigenerational, passed on from one generation to the next. Adult trauma patterns may reflect a reoccurrence of very early learning, extending back to intrauterine life (Chamberlain, 1994).

It is important to know that the greatest percentage of adult traumas has roots in utero and in the others early experiences. Many cultures have had an inherent awareness that the time we spend in the womb is of critical importance not only regarding our physical development, but also regarding our psychological and spiritual development.

There was a common misperception that the prenatal period of development is an ideal time of life, when all needs are met and prenatals are joyful, peaceful and quiet. Actually, prenatals have a rich world of experiences which can range from unhappiness to ecstasy.

In these latter days, neuroscience, modern biology, psychology and spirituality are coming into agreement with the basic principle of pre and perinatal education: that prenatal life is rich with situations that result in persistent consequences and patterns of behavior later in life. Pregnancy and birth profoundly affect women, babies, fathers and families.

If for uncounted centuries, newborns have been separated from the rest of us by a veil of ignorance, in the last 35 years, researchers in this domain have really flourished and the territory of life before birth has also been charted as never before.

A host of neuroscientists have discovered the timetable for development of the entire nervous system, the fact that myelination begins in some places only a few weeks after conception and even it is not completed until adolescence, learning and memory before birth has been demonstrated. Furthermore, the fetuses can dream according to studies of brain waves and they dream a lot.

Thanks to ultrasound imaging, scanning electron microscope and other devices and laboratory techniques we can have a comprehensive picture of development of all parts of the physical system before birth.

So, babies and fetuses are aware, conscious, interactive and social human beings, they can react to signals from their environment and can be traumatized by overwhelming input to their system.

Roots of prenatal and perinatal psychology

- The most systematic and brilliant attempt to incorporate birth trauma in psychoanalytic doctrine belongs to **Otto Rank**. It will develop the idea that originates from Freud, that all anxiety goes back originally to the birth anxiety. He will devote term “*trauma of birth*” as the first human experience full of pain and warning for all the pain which will come into life. With publishing of O. Rank's book „*The Trauma of Birth*” in 1924 it had been given a priority to the birth process regarding the roots of the psycho-emotional and physical disorders. He considered that real trauma is leaving the maternal matrix, a calm and secure place and throwing in a cold and hostile world.
- In 1927 **Sandor Ferenczi** made an association between claustrophobia and the idea of being inside the mother. Claustrophobia is not just a fear of enclosed spaces, but also blocking a way out.
- **Donald Winnicott** (1940), English psychiatrist and psychoanalyst, believes that the material of birth is of vital importance and states that in certain cases and at certain times should be accepted birth material before other traumatic events. In contrast with Rank, Winnicott deny that the birth would be always traumatic. He insists that a normal birth is constructive, nontraumatic and increases the ego strength and stability, but a traumatic childbirth leaves permanent scars.
- In 1949 **Nandor Fodor** went further than O.Rank and emphasised the importance of the prenatal period as well as birth. Fodor believed that a pregnant mother could communicate with the mind of her unborn child. He specifically focused on how adverse life experiences from these early periods are reflected in dreams. He designed specific interventions to resolve and process the effects of early trauma.

- In the 1950s **Frank Lake**, a psychotherapist began using LSD in his clinical regressions with patients. He discovered that clients would regress to traumatic experiences in their birth, or to even earlier during their time in the womb.
- **Francis Mott** (1960) took this awareness one step further and was able to trace the impact of events and the origins of consciousness back to conception. He also further developed Fodor's work in dream interpretation.
- **Arthur Janov** (1969), founder of primal therapy believes that perinatal trauma are buried deep in the development of the infant's nervous system and can emerge in difficult situations in life and influence the response to stress. Another discovery was the fact that the most influential prenatal events are mother's emotions which passes to the fetus through hormonal pathway.
- In the 1970s **William Emerson**, another psychotherapist has become one of the leading world authorities in the field of early trauma resolution. Drawing from its rich experience with regression for children, he claims that the trauma of birth is related to medical procedures and their other interventions (anesthesia, induction of labor and caesarean birth). Emerson speaks about an osmotic experience, suggesting that the fetus might be traumatized by mother's own birth trauma. He discovered that prenatal experience of trauma can affect the experience of fetus to be born.
- In 1971 dr. **Gustav Hans Graber** founded the International Society of Prenatal and Perinatal Psychology and Medicine (ISPPM) in Vienna.
- In the 1970s and 80s **Graham Farrant**, an Australian psychiatrist and primal therapist developed a pioneering approach to the field of cellular consciousness.
- For **Stanislav Grof**, the main physical and emotional traumatic human experience is the trauma of biological birth which is a potentially life-threatening event. Grof's material is drawn from over 4000 psychedelic sessions and 30.000 holotropic Breathwork sessions with people from different countries and cultures. Grof divides human consciousness into three parts: biographical, perinatal (around birth) and transpersonal (beyond the biographical aspect). He believes that each stage of delivery is associated with a distinct experiential pattern which is characterized by a specific combination of emotions, physical feelings and symbolic images. He refers to these patterns of experience as "basic perinatal matrices" - BPM (Grof 1975). He describes four perinatal matrices. The first (BPM I) is related to the intrauterine experience preceding birth and BPM II, III and IV to the three clinical stages of delivery. All these experiences leave deep and unconscious imprints in the psyche of the fetus.
- **Athanassios Kafkalides** (1980). His major work „*The Knowledge of the womb*” is based on the subjective experiences of 17 individuals suffering from neurotic symptoms in psychotherapeutic sessions with doses of psychedelic drugs (Kafkalides A., 1980 Kafkalides Z. 1998). He summarized his researches as following:
 - The womb is the first external environment.
 - The womb is the first acquaintance with life.
 - The womb provides immortality through the offspring.
 - The womb provides safety for the accepted.
 - The womb is the safest refuge for the rejected; the womb is relatively safe because it is the only thing he/she knows and through he feels he exists.
- In 1981 The North American equivalent of ISPPM, the Association for Pre and Perinatal Psychology and Health (APPPAH), was founded, largely due to the efforts

of **Thomas Verny**, author of „*The Secret Life of the Unborn Child*”. He considers the followings:

- fetus has access to all the feelings, thoughts and dreams of his mother
 - prenatal attachment determines the quality of mother-child relationship
 - love forms a protective armor around the fetus, which can diminish the impact of external tensions
 - birth and prenatal experiences form the foundation of human personality
- **Franklyn Sills** in 1984 incorporated both pre and perinatal issues into Craniosacral Therapy. Sills has particularly focussed on a detailed understanding of the forces involved in embryological development.
- **Ludwig Janus** (1991), physicist, psychoanalyst and professor thinks that traumatic birth effects can be offset by how the child is received by parents. In his book, „*The Enduring Effects of Prenatal Experience: Echoes from the Womb*” illustrates the lifelong effects of premature and difficult birth experiences and their relationship to psychological problems such as phobias and depression.
- **John Rowan** (1996), transpersonal psychotherapist considers that the birth trauma has the same pattern as posttraumatic stress disorder.
- **Karlton Terry** (2005) is one of the most highly recognized teachers and experienced therapists for pre and perinatal psychology. He studied under and worked for more than 10 years with William Emerson.

Types of trauma

There are two types of traumas that put imprints on the psyche of future child: prenatal trauma and birth trauma.

I. Prenatal trauma:

Intrauterine life experiences leave memory traces in the body and in the nervous system.

1. the conditions of conception, especially rape, the emotional mother's shock
2. the mother might be in a physically abusive relationship
3. maternal ambivalence about pregnancy
4. rejection of the fetus
5. attempted and failed abortion
6. the baby having surgery in-utero
7. death of someone very close (spouse, parents)
8. loss of a twin

Christiane Northrup (2005) shares that if a pregnant mother is going through high levels of fear it creates a “*metabolic cascade*.” Hormones known as cytokines are produced and the mother’s immune system is affected, including her child’s. **Chronic anxiety in the mother** can lead to prematurity, complications of birth, death, and miscarriage. The opposite is also true. When the mother is feeling healthy and happy, she produces oxytocin.

American biologist W.B.Cannon (cited V.Boțiu 1994) proves that fear and anxiety lead to increased the secretion of catecholamines in the mother's blood, which crosses the placental barrier and disrupts the fetus. A child with an irritable autonomic nervous system overloaded will tend towards anxiety, tendencies manifested by abnormal gastrointestinal motility and functionality. Also one of the causes of low birth weight is excessive neurohormonal secretion at mother who overloaded the autonomic system.

Many mothers are **ambivalent about pregnancy**, one from three babies are unwanted at conception.

A study in Prague made by David Dytrych, Matejeck and Schuller (cited by Ludwig Janus, 1996), follows the development of 2290 children born between 1961-1963 (from refused twice abortion) and a control group of subjects aged between 9-23 years. This investigation leads also to the conclusion that prenatal rejection prone to developing psychological and social handicaps. Mental retardation and cerebral palsy is markedly among unwanted children than among those who are wanted. In addition, increased of crime rate is correlated with maternal rejection during pregnancy.

Children born from unwanted pregnancies are twice as likely to die one month after birth than those from wanted pregnancies (Burtan and Coker 1994). Also, unwanted children can be born with autism. Children welcome have at three month a higher cognitive level and a stronger attachment to their mothers than those unplanned.

Also, the notion of **maternal rejection** is lately the headlines of psychosomatic research regarding the causes of allergies in children. Abramson (cited by Jacques Cain, 1998), describes **the complex of Cronos**. The child who lives a situation of rejection by the mother may respond by somatic reactions (allergies).

In clinical work, subjects can remember if in intrauterine life were aggressed by an attempted abortion. Sometimes images appear in dreams, accompanied by the feeling that someone wants to kill them. When they trying to verify or validate such experiences, often their mothers confess: "*I have never told anyone, how do you know that?*"

The child experiences the abortion attempts as a veritable „*sword of Damocles*” that will hang the whole life on him and will have as consequences an attitude of fear and distrust in women and can obliterate the sexual life of the adult, especially if it is male. The uterus can be experienced as a toxic place when previously here happened miscarriages and of course, the toxicity from ingested drugs.

Children who lose their father while are in the womb are posing a serious risk of mental illness, alcoholism and crime. The father's death before the birth of the child causes him psychotic disorders more frequently than if such an event occurs after birth (M.Huttunen and P.Niskanen, cited A.Munteanu, 1998).

It is estimated that **4% of all conceptions are twins**. The consequences of losing a twin through death and absorption can lead to severe depression and feelings of survivor guilt. Sometimes it's difficult for a twin that survives to develop attachment to another person of the same sex with the twin lost (that conclusion was reached after 2000 hours of therapeutic work with survivors twins).

The baby having surgery in-utero

Prof. Stuart Campbell says that, using 3-D ultrasound images, it is possible, even in the womb, to recognise from the facial expression of the unborn child if he feels physical pain or is feeling unwell. (Campbell, 2005). Neuro-anatomical studies show that after 23 weeks of gestation, there are connections between the nerve endings and the spinal cord, and between the thalamus and the projections to the cortex (Fitzgerald 2005). So it is suggested that this rudimentary circuit may be sufficient to provide the "*minimal necessary pathway to feel pain*" (Derbyshire 2010).

II. Birth trauma

At no other time in life does the human body produce as much adrenalin as at the time of birth, neither are so many impacts on the brain as during the hours of birth. Birth conditions

leave an imprint quite obvious that conditions our way of existence, our way of reacting to situations or to endure. Birth is a real pattern, after which all subsequent events or trauma will be adjusted.

From a psychological point of view complications at birth can be traumatic for different reasons. Every human intervention changes and influences the natural birth process.

The most common injuries caused by infants from birth are:

- birth too long, too painful and exhausting for the child;
- too much noise;
- light too strong, glare (child born in semiobscurity sees immediately, while another, born under the bright light is blinded for a week);
- temperature difference between the intrauterine environment (37 degrees Celsius) and in the hospital room;
- injections to speed up or slow down event (which disrupts the participation of both mother and child at birth). Pitocin, for example, which is a synthetic form of oxytocin (the hormone that stimulates uterine contractions) plays a major role in shortening labor, but the biggest risk is for the fetus: increase the pressure of contractions and often compress the umbilical cord and cut off the oxygen supply to fetus. The consequences are: fetal bradycardia, followed by deprivation of oxygen and cerebral ischemia, causing severe neurological sequelae. Besides this, Pitocin increases in intensity and frequency the pain.
- mother's anesthesia

The application of drugs or labour-forcing and labour-reducing medicines have a negative effect on the perinatal and postnatal bonding between the mother and her newborn child, on the breastfeeding and bonding relationship). From regressions it is known that applying drugs can be very painful for the baby. Clients have described it as "*it burns like fire*" or "*it shoots into my belly and my head so quickly that I'm afraid it's going to burst.*" If the baby comes anaesthetized or in a mental shock into the world, he is not able to bond positively. When the mother "disappears" as a result of the medicine the baby feels left alone. According to Karlton Terry, the impacts on future life patterns are influenced by the frequency and the exact timing of giving drugs during the birth process.

Studies on children whose mothers received medication during the labor have demonstrated, repeatedly, adverse effects associated with nervous system problems:

- weakening sensory and motor response;
- reduced the ability to process new stimuli and respond to them;
- interfering with the feeding, sucking and rooting;
- lower scores on development test;
- increased irritability;

The most common physiological changes include:

- respiratory depression, weakness and general fatigue, change in muscle tone (rigidity or weakening);
- abnormal EEG patterns and sleep;
- increasing nervous tremor.

It is suggested that analgesics can lead to slowing labor (which will lead to the administration of Pitocin or if the woman has already received, increasing the dose).

- forceps deliveries or vacuum extractor (what is the origin of many cases of epilepsy). Using the forceps it can cause a feeling of terrible physical aggression that may last a lifetime. According to William Emerson (1998) birth trauma's caused by obstetrical

interventions, have three long term outcomes on the psyche of the baby: deficiencies bonding, chronic shock and invasion control complex.

- child suspended upside down;
- immediate cutting of the umbilical cord;

From a psychological perspective cutting of the umbilical cord immediately after birth has the following consequences (Rene Sidelsky, 1995):

- ❖ Falsification of the newborn's relationships with life. This cutting (when the umbilical cord is still swollen of blood circulation) requires the child to face death. Being deprived of oxygen is sentenced to death or to breathe. Choosing life in a state of emergency, into a brutal way, fighting against imminente death is causing great pain in the lungs. Moreover, the bronchi fluid aspirated from inspiration, amplifies the beginning of asphyxia, causing a state of suffocation, blocking breathing.
- ❖ This first experience resulting in the installation of a fundamental anxieties. For him, life and death overlap partly because of negative feelings and emotions, imprinted at nervous system.

Crisis of tetany is associated, often by the one who experiences it, with some fragments of the moment of birth, especially in terms of sensations: tension, anxiety, fear of dying, shortness of breath, feeling of crossing a tunnel very narrow, dizziness and pain. We see the similarity with symptoms of panic disorder that may have originated here.

In conclusion, cutting too early of the umbilical cord leads to stopping the supply of oxygen from the placenta before the functioning of the lungs and also to interruption of placental transfusion.

- hunger and thirst (do not give the child anything to drink for 24 or 48 hours);
- hitting the child to scream out first without being allowed to follow his own ritm;
- separation of mother's body will generate immediate the feeling of abandonment.

He later will react dramatically in every situation of separation, will live a sense of solitude and will have difficulty of communication.

Stanislav Grof (2000) reveals in chapter three of "*The Psychology of the Future*", some guidance on the hidden origins of psychosomatic and psychiatric disorders. Certain events, pre and perinatal may represent a vulnerability toward occurrence of future psychopathology.

- **too long separation from the mother** because the bonding relationship occurs immediately after the birth. Some mothers become physically and emotionally ill and have to go away for their own wellbeing; the baby or young child can't understand any of that. When the mother has a traumatised psyche herself, her own lack of contact with her body, her needs or internal pain means she can't meet the baby's need for love, warmth, attention, so she is unable to provide safety to the baby who is overwhelmed by fear.
- many neonates are nursed for long time in an **incubator**
- **caesarean birth**

Caesarean birth

Most prenatal researchers and baby therapists consider caesarean birth traumatic, both physically and psychologically. Compared with vaginal birth, babies born by cesarean section are more likely to experience:

- accidental surgical cuts, sometimes severe enough to require suturing;
- being born late or preterm as a result of scheduled surgery;

- complications of prematurity, including: breath difficulties, digestion difficulties, liver function difficulties, dehydration, infection, feeding problems, and regulating blood sugar levels and body temperature. They also have more immature brains, and are more likely to have learning and behavior problems at school age;
- development of asthma, sensitivity to allergens, or type 1 diabetes in childhood
- death in the first 28 days after birth

William Emerson's clinical research for over more than thirty years indicates that caesarean birth can result in immediate symptomatic effects in babies such as:

- ❖ nocturnal awaking
- ❖ hyper alertness
- ❖ extensive and prolonged crying (trauma crying)
- ❖ feeding difficulties
- ❖ digestive difficulties
- ❖ tactile defensiveness and bonding deficiencies

In his pioneering work „*The secret life of the unborn child*” Thomas Verny (1981) already called caesarean birth a shock for the baby, a deprivation of the physical and psychological stimulation associated with vaginal birth.

Firstly, the caesarean shock results from the sudden, unexpected invasion of the babies intra uterine world by forceful hands because this is a severe crossing of boundaries, so the entire body is functioning in an extreme anxiety state. After the caesarean birth the baby's muscles, connective tissues and nervous system remain contracted by shock and the deep relaxation that can happen after vaginal birth is not happening.

There are two types of caesarean birth:

- **non-labour birth**

The timing of the non-labour c-section is determined in accordance with the needs of the medical staff.

- **labour caesarean birth.**

Babies born through caesareans experience a strong state of separation, because the process of labor is curtailed by surgery so, the task of being born naturally is interrupted.

Conclusion

- ✓ the period from conception to birth is a critical period for the physical, emotional, and mental development of every baby
- ✓ the period from conception to birth is the period when the intimate relationship between parent and child is given form and quality, with long-lasting consequences.
- ✓ the greatest percentage of all adult traumatology can have its roots in utero or during the birth
- ✓ trauma to the psyche is cumulative, a traumatised psyche is vulnerable to further fragmentation

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