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The Mother as the Child's First Family: II. Regression Under Hypnosis

R. D'Amelio, M. Scardino, E. Gsell, A. Cilumbriello, and L. Zichella

The First Chair's Department of the Obstetrical and Gynaecological Clinic, Rome University "La Sapienza", Rome, Italy

Abstract

Our experience of psychotherapeutical work with pregnant women in the First Chair's Departement of the Obstetrical and Gynaecological Clinic at Rome's University "La Sapienza", has shown us that regression in hypnosis, which allows the mother to reach the deepest levels of the psyche, to thus relive moments of one's birth and intrauterine life, gives her the chance to work through prenatal and perinatal traumas, to have a new psychological birth and therefore improve her psychological balance. Such a balance is essential for establishing a good prenatal and postnatal relationship between her and her baby. In our opinion and experience, a good delivery is only the result of a positive restructuring of one's prenatal and perinatal experience and of a solid relationship between mother and child during pregnancy. We believe that the regression in hypnosis, through which the woman may recover a "forgotten" unconscious language she knew at birth, enables her to speak the same language as the child on a psychic and somatic level, a necessary element for an optimal relationship between mother and child and for a serene and natural delivery. After a brief description of our hypnotherapeutic method (which is always cognitively integrated through group analysis) we will mention its clinical applications (e.g. ultrasound scanning and cardiotocographic monitoring on women under hypnosis in the third trimester of pregnancy).

Correspondence to: R. D'Amelio, The First Chair's Department of the Obstetrical and Gynaecological Clinic, Rome University "La Sapienza", Rome, Italy

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Zusammenfassung

Unsere psychotherapeutische Erfahrung mit schwangeren Frauen in der ersten gynäkologischen Klinik der Universität „La Sapienza" in Rom hat uns gezeigt, daß Regression in Hypnose der Mutter erlaubt, die tiefsten Schichten ihrer Psyche zu erreichen, Momente ihres pränatalen Lebens und ihrer Geburt wiederzuerleben und somit eventuelle pränatale und perinatale Traumata zu verarbeiten. Die sich daraus ergebende „psychologische Neugeburt" führt zu einem besseren psychologischen Gleichgewicht, was für das Zustandekommen einer guten pränatalen und perinatalen Bindung (bonding) zwischen Mutter und Kind äußerst wichtig ist. Wir glauben, daß nur die Aufarbeitung der eigenen pränatalen und perinatalen Erfahrungen, der Mutter einen tieferen Kontakt mit dem Ungeborenen und ein positives Geburterlebnis ermöglichen kann. Durch die Regression in der Hypnose kann sich die Mutter auch wieder an jene „vergessene" unbewußte Sprache erinnern, die sie bei ihrer Geburt kannte und somit, auf der psychischen und somatischen Ebene, dieselbe Sprache des Kindes sprechen, was wiederum für Bonding und Geburt äußerst wichtig ist. Nach einer kurzen Beschreibung unserer hypnotherapeutischen, durch Gruppenanalyse kognitiv integrierte Methode, werden wir einige Beispiele deren klinischen Anwendung anführen (z.B. Experimente mit Ultraschall und Kardiotokographie mit Frauen unter Hypnose im dritten Schwangerschaftstrimester).

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As stated by Janus (1989), since the Twenties, when psychoanalytical therapy first started to take into account prenatal and perinatal experiences, therapeutical technique has progressively changed. From that moment onwards, past traumatic events could no longer, as in the early days of psychoanalysis, simply be remembered and understood, but they had to be lived through again in order to produce a new and regenerative experience. From that new approach several psychotherapeutical as well as psychoanalytical streams have arisen, whose aim is to treat psychological damage caused by traumatic prenatal and perinatal experiences. In this context, hypnotical regression has proved to be an important therapeutical instrument.

In our experience of psychotherapeutical work with pregnant women in the First Chair's Departement of the Obstetrical and Gynaecological Clinic at Rome's University "La Sapienza", regression in hypnosis, which allows the mother to reach the deepest levels of the psyche, to thus relive moments of one's birth and intrauterine life, gives her the chance to work through prenatal and perinatal traumas, to have a new psychological birth and therefore improve her psychological balance. Such a balance is, in our previously-stated opinion, essential for establishing a good prenatal and postnatal relationship between her, as the child's first family, and her baby. In our opinion and experience, a good

delivery is only the result of a positive restructuring of one's prenatal and perinatal experience and of a solid relationship between mother and child during pregnancy.

Many authors ask themselves about the way hypnosis functions, what it resembles. So, according to Tobey and Vacchiano (1972), there is a similiarity between hypnotic induction and Freud's free association technique. Nash (1987) states that during hypnotic age regression the subjects do not go back in time but experience a shift towards more prelogical, primary processes and modes of thinking. On the basis of Rorschach test, drawings and handwriting samples, Orne (1951) confirms that during age regression the personality remains adult and that the changes observed in the behaviour may be viewed as a rôle taken on a primarily emotional basis. However, neither author denies the diagnostic and therapeutic properties of this technique and the validity of the life history that emerges from hypnotically-obtained data, Miller (1983) makes a distinction between "revification", which he defines as recall and experience of a historically-accurate event or effect and "regression" as the stimulation of a pattern of behaviour from the past in the context of present relationships.

Several authors refer to their experiences of prenatal memories recovered by means of hypnosis. Cheek, who has observed the occurrance of obstetrically-appropriate sequential head and shoulder movement during age regression in light hypnosis, states in two different studies (1974, 1975) that ideomotor responses often precede verbal reporting and that the discovery of these responses permits the reassessment of the origins of misplaced guilt and disabling imprinted reactions to environmental stimuli. According to an interesting theory of Dowling (1991), hypnosis could, however, be successfully adopted only for the study of positive prenatal experiences, because if a person has suffered too many negative experiences in the intrauterine life, he can develop a strong resistance against an attempt to hypnotize him, because a prenatal regression could be induced. Mehl (1989) stresses that the reliable existence and demonstration of prenatal birth memories in the neurologically-undeveloped fetus argues for an expansion of our concept of individual consciousness, which can include experience from the past in which we were, at that time, too poorly equipped neurologically to biologically partecipate. Olejar and Hrdlicova (1987) finally state that the mother is capable under hypnosis of establishing a communication with the unborn child and of developing a deep relationship with the new life within her.

We agree totally with this and believe that the regression in hypnosis, through which the woman may recover a "forgotten" unconscious language she knew at birth, enables her to speak the same language as the child on a psychic and somatic level, a necessary element for an optimal relationship between mother and child and for a serene and natural delivery.

Janus (1989) stresses that there is a systematic attempt to clarify the structure of early childhood memories, the reason for their amnesia and the possibility of recovering them. Let us just quote three authors on this subject. Kruse (1969) speaks of mnestic fragments, he calls engrams, which are traumatic imprintings, which can be induced by a perinatal experience, characterized by fear, anguish,

defense, that can be "ecphored" i.e. brought to consciousness through a particular energetic act, as in regressive phenomena, dreams and cryptomnesia. According to Verny and Kelly (1981), two systems of memory serve our psychic functions. One depends on a developped neurologic network (after the sixth month of conception) and follows chemical laws. The second is a paralogic, anorganismic one, whose memories are stored and transmitted through single cells and can be recovered through hypnosis, drugs, stress and psychotherapy. According to Rascowsky (1977), the knowledge of inherited psychism is hindered by primal repression, caused by the great intensification of anxiety coming from the trauma of birth which, with the interruption of the flux of oxygen, limits the primitive relation between the Es and the Ego, the Ego needing to be split to come into contact with external objects.

We would now like to come back to our hypnotherapeutic work with pregnant women, introducing you briefly to our method in its theoretical aspects (Edelstein 1982; Erickson 1979, 1982, 1989; Mosconi 1974, 1987) and clinical applications. We would like to remind you, as we have shown in our first work, that we always give hypnotherapy a cognitive integration through group analysis, i.e. hypnotherapy is always followed by a session of a group analitical verbalization. We think that this global composition between group analysis and hypnosis best permits the establishment of a solid relationship between mother and child. Our hypnotic methodology aims at training the woman to achieve hypnotic trance through four exercises of hypnosis, which must be carried out in the Clinic during the therapeutic session and then repeated at home as selfhypnosis, several times a day and in particular before falling asleep.

During the session in the Clinic, the woman is invited to perform these four exercises, i.e. to visualize images with closed eyes, to listen to her breathing, to hear her heart beating, to control the diaphragmatic movements while, at the same time a hypnotic induction is provoked. The woman is asked to imagine situations, places, colours, to remember moments, events, smells, to concentrate on a specific organ (the uterus for example) and establish a contact with it. She is then asked to raise the left arm if she feels a particular sensation and to close her fist if she feels she can control that particular organ with her unconscious mind or to raise her right arm if the situation is under the control of her conscious will.

This technique, which we have described in an extremely simplistic way, allows the woman not only to regress and relive past moments of her life-story, back until her birth or prenatal existance, or to succesfully determine the day of her delivery, but also to understand the messages coming from inside her, to keep her body, organs, muscles positively under control and to harmonize them with those of her child, this being of extreme importance during the pregnancy but especially in the course of labour and delivery.

A particular aspect of hypnotic work with pregnant women which we would like to stress, is the hypnotic induction of a dream in the mother who will, in her turn, induce it to the fetus during her regression. Through the feedback she will receive from the fetus in an unconscious, psychic or somatic language, she will also be able to verify its well-being.

At the end of this paper we will present you with a case history, which will show you practically the effect of hypnotherapy on a pregnant woman, Lia, but let us first briefly mention to you one particular clinical application of hypnosis.

We carried out ultrasound scanning and cardiotocographic monitoring on women under hypnosis in the third trimester of pregnancy. Ultrasound scanning allows to evaluate fetal movements, fetal cardiac frequency and metabolic oxygen transmission, whereas through cardiotocographic monitorizing we can see fetal heart frequency and maternal uterine contractions. We aimed at determining if a woman under hypnosis is able to modify fetal heart frequency and metabolic oxygen transmission and to provoke fetal movements.

We obtained variations of fetal heart frequency superior to ten heart-beat a minute, but could register no significant variations in the metabolic oxygen transmission to the fetus, measured with Doppler flowmetry. We succeeded in obtaining fetal movements on command (e.g. the fetus answered the hypnotically induced command of the mother to rotate to free himself from the umbilical cord wrapped around his neck (a few minutes before, the mother had discovered, under hypnotic regression, that she had herself had the umbilical cord wrapped around her neck).

From the cardiotocographic point of view, we registered that following a uterine contraction induced under hypnosis, the uterine tone went back to levels which were inferiour to the base tone.

Even if some authors, as Grace (1983), deny it, we agree with Fletcher and Evans (1983), Campbell et al. (1982), Sparling et al. (1988), that ultrasound scanning, through the direct visualization of the fetus by the mother, fosters attachment and improves the experience of pregnancy. However, again in agreement with the two abovementioned authors, we consider it absolutely necessary that ultrasound scanning is carried out by competent professionnels and that specific and detailed feed-back, and in some cases reassurance, is made available to the mother. The way in which information is shared with the parent appears to make a great difference in the parent's adaptation to the pregnancy and relationship with the fetus.

The relationship between the doctor and the patient has even more bearing in the case of ultrasound scanning under hypnosis, a situation in which the mother has to entrust herself totally to the sanitary personnel because in that moment she does not visualize the fetus directly, even if she later retowards and hears what happened during the experiment.

If we have seen that ultrasound scanning under hypnosis proves visibly to the mother her capacity to dialogue with the fetus, we can also hypothezise that the messages of the therapist reach the child directly and influence him positively from prenatal time. Even if De Casper and Prescott (1984) state that the voice of the father, on the contrary to that of the mother, is not perceived by the fetus because it is masked by the louder sounds of the mother's cardiovascular system, our group analytic experience has shown us, as we have stressed in our previous work, that the voice of the therapist induces reactions in the fetus.

II. Case History: Lia

Lia starts the hypnotherapic and groupanalytic work before her pregnancy. Nine months after beginning the therapy she becomes pregnant. She is 31, works and is married. Like her mother, she suffers from hypertension in pregnancy. At the beginning she is visibly scared: she is not able to relax during hypnosis, she doesn't follow hypnotic commands and has a closed attitude towards the other members of the group. The experience of hypnosis and of ultrasound-hypnosis allows her to bring out the "skeletons from the cupboard," in particular those linked to her own birth and intrauterine experience. The first visualized images are dramatic – blood boiling in a big room – but they are slowly substituted by feelings of pleasant experiences: swimming in water without fear, feeling rocked. In the sixth month of pregnancy she is able to relive some difficult moments of her birth and intrauterine life: she feels tight in her mother's uterus, she sees the room of her grandparents' house where she was born, the cupboard, the blue bedspread, and she knows that in the other room her mother is sick. Immediately after her birth, Lia's mother suffered several bouts of hypertension, which came again 11 years later, when she gave birth to the second daughter. This regression into places and moments that caused her her actual fears, their new elaboration of it during the session, permits her, she says, to control her anxiety due to constant fear of repeating her mother's experience. She no longer believes, and we shall see that she was right, that she might be affected by a hypertensive crisis during or after the delivery. Even if this should happen, she feels adequately equipped to cope with it. The hypnotic and group analytic experience has also allowed her to recognize the child within her as an autonomous entity, and to set the basis for a solid relationship with him. She is happy to be calm and to be able to transmit positive messages to the baby, because she feared for a long time that her fluctuating blood pressure would harm him. During one of the last sessions before the Cesarian delivery, on her gynaecologist's advice, Lia visualises a hot air balloon whose ropes escape from her hands. She feels that her life has changed forever, that she cannot go back, that she will have ever-increasing responsabilities. However she feels prepared for it. As we had hoped and expected, Lia had no hypertensive crisis during or after the delivery. She is now a very happy mother of what seems to be a very good tempered and serene little boy.

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