

Healing and Birth

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Full Text: Headnote ABSTRACT: Franz Renggli, Ph.D. presents an in-depth discussion of his work as a psychoanalyst and body psychotherapist in Basel, Switzerland. This discussion is enhanced by the inclusion of several case studies. KEY WORDS: body psychotherapy, birth psychology. INTRODUCTION The first thing I would like to relate from a two-day birth seminar¹ is about a friend and colleague. Thomas (all patients' names have been changed in this article) seeks my help because he intuitively feels that the beginning of his life was difficult and that he arrived too early for his parents who were then still young. As an introduction he tells us about a skiing accident he had when he was 18, as a result of which he lay in a coma for 10 days. Up to this point Thomas had been very rebellious, afterwards he was as docile as a lamb. He worked intensively on this skiing accident during his trauma therapy training and recalled many old fragments of memory into the daylight of his consciousness. My assistant in the birth seminar, Cornelia Hofer remarked spontaneously: "It's good you're still here." Right from the beginning he feels a deep and gentle love for her. Asked about how he is feeling, Thomas experiences a light vibration and trembling in his whole body that sometimes grows stronger and then disappears into the background again. He finds this trembling pleasant, as though something is resolving or relaxing itself. I strongly sense an aura of death or fear of death that surrounds him. In this situation I decide to address his resources, the sources of his strength and joy in life and to anchor them well in his body. From the beginning of the meeting it was the play of his hands that caught my eye, how he gently stroked one hand with the thumb or finger of the other. This inconspicuous hand play, I believe, conceals an enormous tenderness. Thomas stops immediately, full of shame, and tells us that for years he has wanted to stop this habit of his, which he has had since childhood. I spontaneously remark that he would be crazy to give this up, because with this movement he displays, at the physical level, a deep love and tenderness for himself as well as a beautiful security, in how one hand rests in the other. Thomas notices how difficult it is for him to accept this because the basic feeling that he has had his whole life long is that he shouldn't be here. Everything that happens in his social environment he interprets as proof that he is being rejected. Now, however he feels a cheerful and life-affirming underlying feeling and the trembling in his body gets stronger. This peaceful silence and slowness in the flow of our discussions is suddenly interrupted for him by a loud rumbling and buzzing, something he hears not with his ears, but with his whole body, with every cell, combined with a pain across his chest. Inner images of his still young parents emerge, they realize that he is there but they are not yet ready for a child.² Thomas is thus suddenly confronted with death and being destroyed. At this point I suggest I could sit a bit closer to him. He agrees, but at the same time asks me not to touch him. Intuitively, I ask him whether he could accept being touched by Cornelia. And slowly, very slowly, he feels the tenderness and security of his own hands in the relationship with Cornelia, whose hands he begins to tenderly stroke. For the first time in his life he can connect being loved and destroyed, his softness and vulnerability on the one hand, his inner power and strength on the other-for him an incredible experience. He had never been able to reconcile these two opposing aspirations in his life before. But then there was another breakdown in this tender flow of love and security. He suddenly felt an enormous hatred towards Cornelia, simply because he cannot believe that she is truly happy about his presence. Thomas is completely shocked about the strength with which his love can suddenly turn into rejection, fury and hatred. He is deeply disturbed, yes shocked about it, because he recognizes how the same thing has happened again and again in his life. What it boils down to, he thinks, is that he is not capable of loving. At the same time he realizes that this is a reflection of the beginning of his life: how

he was received by his mother and his father, or rather his powerless fury that his parents were incapable of rejoicing over his existence.³ At the same time he now feels a close tie to Cornelia and me, with an ideal mother and a good father at his side. And, in his experience, he had never been able to experience such a deep and innocent love for a woman. A couple of days after this birth seminar Thomas had a powerful body-image in a cranio-meeting. He experienced himself in a flow from left to right. But then suddenly there is a powerful current like, for example, people leaving a church. Then he experiences a downward current through a very narrow channel. Afterwards it widens again, yes becomes huge. He searches for warmth and light making sideways searching movements with his head till he feels connected by his forehead to a safe, steady place. His prenatal well-oriented craniotherapist asks him whether he can sense what he has just described to her: the journey after his conception up to the moment of implantation in the womb. Another half a year later, after staying awake all night, he has the following insight: because of his particular situation in life, that he was not wanted from the very beginning, he experienced everything that opened up in him, everything that stretches, that means softness, as weakness, and spent his whole life trying to suppress it. On the other hand, everything connected with a contraction of his muscles he experienced as strength, will, and control, a contraction to survive. He used up a large proportion of his energy doing this-an absurd waste of energy. Now he senses the ability to accept himself and to love. He can be soft, open himself up without any effort. He experiences a new feeling in life: to just be there. With this introduction to Thomas complete, I would now like to make a couple of comments about these birth seminars, and about my work in the practice. * I work primarily at a deep body level where language is often just a vehicle for staying in contact with a person. Or put another way: wherever there is speechlessness, where people can no longer express with words what they are experiencing, there they have probably submerged into an earlier level of their experience: into infancy, birth, or their time in the womb. * I work largely without interpreting. I actually only pose questions as to a person's immediate experiences in their own body, or what is changing in the feelings of that person at that moment. On the whole, it is internal images which emerge. These are not memories as we all know them; often these internal images, bodily sensations or impulsive movements are accompanied by fine nuances of feelings. * We live in a sick society.⁴ My main focus is therefore not pathology but the resources, sources of strength, joy, and a sense of purpose in the life of each person. These resources and the good and pleasant physical sensations associated with them I try to deepen, to anchor, to spread. It is very important to slow down the therapeutic process as much as possible. From this solid basis the trauma can later be carefully approached, step-by-step, and possibly healed. * In the therapeutic process I put my entire faith in the body: it knows the path to healing. It knows what it needs and what it cannot and will not accept. Here and now, in the sheltered space of the group, in a "good mother's womb"-with my assistant and myself as the "ideal parents." MY PERSONAL BACKGROUND I was originally a zoologist, but personal problems led me first to psychoanalysis and then body-psychotherapy. And yet, despite almost 25 years of self-discovery I could not free myself from my depressive moods. Sometimes I was on the edge of despair and considered giving up my practice when I could not cure myself. 1993 I came into contact with two Dutch reincarnation therapists who revealed my pregnancy trauma to me. My mother, who already had two daughters, did not want a third child. For religious reasons she could not consider an abortion. However, in the middle of the pregnancy her fears became so unbearable that she attempted suicide. During the birth we both almost died. These "inner images" emerged in me as I worked along a life-threatening pain in my lower left abdomen. All of this was a key to understanding my dreams: my subconscious had known my history for a long time. At the same time I understood why I had always become almost psychotic at the start of a love affair: "If I open my heart I shall die" was my inner conviction. With this experience in the back of my head, I learned that there are therapists in America who have been working with babies since 1970, to help them resolve their birth and pregnancy traumas: William Emerson and his student, the cranio-therapist Ray Castellino. In conjunction with Markus Fischer of the IBP Institute in Winterthur (Integrative Body Psychotherapy) I invited them both to Switzerland to give training in pre-natal psychotherapy. This entire essay is full of their thoughts and their wealth

of experience. From a personal point of view, I was at last in a position to resolve my old traumatic experiences, to let the first wounds in my life heal. I "awoke" from my depression. TECHNICAL ASPECTS OF MY WORK

The trauma healing of Peter Levine has also become an important method in my practice. At the core of a trauma is concealed an experience of death, a near-death experience. When threatened, animals react either with fight or flight, until the threatening danger has disappeared, or been overcome. Levine's starting point is to ask why animals which live in the wild where they are constantly threatened with death, have no traumas, while we people, on the other hand, are almost all poly-traumatized. And his answer is at first astonishing; for example, if a gazelle is chased by a leopard and senses that escape is no longer possible, there is one chance left to it: it falls to the ground as if dead, the reflex of "feigning death" (Todstellreflex). This immobility, the freezing of every movement, this "shock" has a high survival value. If the leopard is not totally starving he may well spring over the gazelle. It was too easy a prey for him and old animals are tough or often sick and he prefers to find himself a younger prey.⁵ If the gazelle, which was under the threat of death, recovers consciousness again after a while, it begins to breathe heavily and trembles in its whole body for as long as the death threat had lasted. Then it gets up and starts grazing as though nothing had happened. It has freed itself from its death-shock, from its trauma. In people this breathing and trembling only occurs very seldom. Their feelings, which threaten them, remain "frozen in." They can be felt in the stiffness or cramping in specific groups of muscles—a sign of blocked life energy. If, on the other hand, feelings are experienced as too dangerous, too close to the original trauma, then the soul has a tendency to "leave the body." A part of the body then becomes numb, or loses sensation, or the person affected has a tendency to faint. In technical terms this is described as dissociation, as a "split-off": the soul leaves the body. Psychoanalysis tried to describe this state with the term "fragmentation." Contraction to the point of pain on the one hand or, on the other hand, dissociation, the "not-being-connected" with the body of certain emotional states belong together, they are two sides of the same coin. If one works at this body level, trauma is comparable to a black hole: all energy is sucked into it with an enormous intensity. A therapist's most important task is therefore, probably, to slow down the therapeutic process. A re-traumatization, as Peter Levine (1996) stresses, should be avoided at all costs. The old imprisoned or frozen life energy can only be gradually approached and released step-by-step in a state of healthy body sensations and with a feeling that one has resources. Feeling states which have been torn apart or split off should only be reconnected very carefully with the body's experiences. Most people have experienced not one but several traumas and these are wrapped around a common core like the layers of an onion, or interlocked with each other like a telescope. Stanislav Grof (1985) has described this phenomenon as Coex-system (condensed experiences). Viewed from a pre-natal standpoint it is highly likely that in every trauma is concealed a near-death experience from the pre-verbal, baby period; from the time of birth or in the womb. The English psychiatrist and theologian Frank Lake experienced, during experiments with LSD, that the first 3 months are the determining phase in a person's life: how a person is conceived, how the 7 day old person implants itself in its mother's womb and how it experiences the moment when the parents discover that they are going to have a baby.⁶ Prenatal psychology and psychotherapy nowadays has recognized an even earlier trauma, that of separation from the other side, from the Origin from which we all stem. And because this letting go is so difficult most people come with a twin from the other side—comparable to a guardian angel.⁷ This twin usually abandons the growing human baby in the first days or weeks—which as we now know is also a traumatic loss.⁸ A trauma experienced during adulthood can, in some circumstances, remain hidden for a long time. In the American film "The Pawnbroker" (directed by Sidney Lumet 1964) a Jewish pawnbroker is mugged, and as a result very unpleasant suppressed memories, so-called flashbacks, from his time in a concentration camp, about 20 years ago, begin to haunt him. Once memories of past traumas have forced their way into consciousness they become extremely intrusive and overwhelming. It is almost impossible, to control them. A "nothing" on a gear lever and the Vietnam veteran is suddenly confronted again with a burning village, with all those helpless mothers and children and his orders to kill. The Americans call this type of disorder posttraumatic

stress syndrome (van der Kolk, Macfarlane, & Weisaeth, 2000). They are often difficult to understand, especially if the trauma is not something obvious like torture or a war experience: why is it that some people react so strongly to something insignificant, in certain cases with a "the end is nigh" mood? It is precisely this which is characteristic for an early trauma. And it is precisely with these early traumas that pre-natal psychology and psychotherapy deal. With all the background experience available they come to the following conclusions: * A baby is a fully sentient human being from the very beginning, from the moment of conception (Emerson and Castellino, 1996, also In Press). * Experiences from the first 3rd of the pregnancy-or until the parents discover that they are going to have a baby-play a central role in the rest of the pregnancy of that person, and in the way that he/she is born. These earliest experiences are like the red thread that runs through a person's whole life and experiences (Emerson, 1996/2000). * A baby during pregnancy is an extremely sensitive, vulnerable creature-it takes upon itself and feels all the unresolved feelings and fears of its parents, which in turn come from their respective families. Or it senses the resulting tensions between the parents. It is helplessly exposed to these wounds. But it is also already concerned about both parents, the father just as much as the mother. * People who have been hurt and abandoned so early on are not just sad and despairing, they are also full of fear and, therefore, anger and fury. The greater the trauma, the greater the fury. Almost everyone, men and women, have an enormous respect for this murderous fury. The more archaic the wound, the more quickly can sorrow change into fury and the other way round. Such people need a great deal of support and closeness, bodily contact is often the only language they understand. But, then again, they need just as much room and respect because their boundaries have sometimes been severely violated. Finding a balance is not always easy. * When we start from the premise that a human child is very vulnerable at the beginning of its life, that it can only remain bound to its parents or withdraw itself completely, then we may understand better why people cannot expel traumas out of their bodies as easily as animals. If, later in life, an event occurs which reawakens the early childhood injury then these people tend to revert to their original way of experiencing events. They react again with a retreat into pain or their soul leaves their body. With all the wealth of experience from prenatal psychotherapy I now hear other "stories" in my practice, which I used not to pay any attention to or for which I could offer no emotional space. Like a patient who wishes to discuss her spiritual experiences but finds no resonance, no understanding with her atheist therapist. She feels very strongly, "I am not understood here, I will never get any help or support here." EXAMPLES FROM MY PRACTICE Hannes comes to me in my practice because of his recurrent delusions of grandeur and the depressive disgruntlement behind them, as well as occasional panic attacks and chronic pains in his neck. His childhood memories are dominated by his father who tyrannized the whole family, who beat him a lot, and of whom he was very scared as a child. After many years of hard work on himself, a first childhood memory re-emerges which changes his image of his father fundamentally. He is playing peacefully in his parent's garden. He turns around and suddenly sees a huge black dog behind him. He is scared to death and screams as loud as he can. He only calms down again when he is sitting on his father's lap, who plays the accordion for him. When he told this story to his much-feared father shortly before his death he broke down in tears. Father and son could find reconciliation. Even deeper in his body lies hidden his birth story. His mother almost died then of a heart insufficiency. In the process of his long self-discovery, Hannes realizes that he not only suffered under his father: his depressive, servile mother was the necessary opposite to this patriarchal man. She experienced anxiety and distaste before every erotic sexual contact. During his own gestation, he must have experienced this change from love to hate many times, a key to understanding his own deep ambivalence. Hannes often dreams of beautiful landscapes, only to find a step further that he is midst of the terror and horror of a concentration camp. This conflicting nature lies like a shadow over all his relationships with women. Only now he can forgive his mother and his depressive moods lift, his chronic tensions and pain slowly become less intense. Instead his life energy and his strengths emerge more and more. Rahel comes to me because of her difficult relationship with her husband, which she would like to sort out. In addition, she experienced the last part of the pregnancy with her daughter and the Caesarean

section birth as traumatic. In the therapy meetings she regularly sinks into a deep body process, which she often finds no words to describe and which disturbs her because she does not understand what is happening. She mainly has sensations in the left side of her body, which she experiences as numb or dead. Especially threatening are painful sensations in her head, where she feels as though the left half of her head has been shattered or she experiences a stabbing pain precisely over or around her left eye ... until one day she realizes that her father, who was a pilot in the 2nd World War, was the sole survivor of an airplane crash but suffered severe head injuries and exactly the facial scar above his left eye, which she had to experience during her therapy sessions with me. These traumas from his war experiences had obviously been shouldered by her 9-experiences about which he could hardly speak and which he could not come to terms with. What was even harder for Rahel to bear were the recurring feelings of being anaesthetized in her head. A serious dizziness and a pressure, combined with a tiredness which extended to a feeling of being stunned-bodily sensations which she found difficult to stand. She then finally learns from her mother that she had been pregnant twice before her and had lost both children. This was why her mother was prescribed a sedative during the third pregnancy-so that she could at least keep this child. An earlier dream in which she carried herself in a coffin on her own shoulders thus becomes comprehensible for Rahel. She buried the coffin in the garden below her parents' bedroom. The feeling of being anaesthetized came, on the one hand from her experience of her mother's sedative during the pregnancy which also destroyed the contact to her mother, and on the other hand she has probably stored her mother's unresolved sadness at the loss of the other two children in her own body. In another, deeper layer, Rahel finally experiences in an inner image, in dreams and in the feeling that the left side of her body disappears completely, that she has lost a twin at the beginning of her life: before she implanted she sensed that a twin brother was following her. When she "reappears" in the womb, a couple of days after implantation, her brother has disappeared. She is seized by panic and torpor. She thus learns to understand that in the past she has pulled her current partner into this empty twin's space, in order to replace her lost twin with him. A livable relationship was thus made impossible. The preceding cases were two longer individual therapies. The next two examples are intended to illustrate how with hefty symptoms, correspondingly deep wounds are hidden or imprinted on the body. The greater the original trauma, the harder the fate of the person involved. Miriam sought my help because of recurrent panic attacks, as a result of which she could no longer leave her house. The therapy, which lasted several years, was therefore carried out over the telephone. Her massive attacks of fear started after a car accident in which she was run over, through no fault of her own. The result is a whiplash injury: chronic back pain and headaches that become so extreme that she is also plagued with ideas of suicide. The car accident came at the end of an extremely traumatic divorce, which lasted two years and where she was repeatedly threatened with the loss of custody of her beloved son. How might this relate to Miriam's history? Her mother aborted a baby before her in the 7th month; it was born at home and left to itself for several hours without food until it could finally die. During her whole pregnancy with Miriam, her mother had to vomit so that she lost weight constantly. During the birth in hospital the mouth of her uterus tore so that her mother almost died. The baby Miriam, who appeared to be dead, was left alone, ignored. It was only hours later that someone noticed that the newborn infant was still alive. It should be noted that Miriam's mother suffered her whole life long from her own psychotic mother, Miriam's grandmother. Alessandra experiences death anxieties during the therapy sessions in those moments in which she feels as though she is back in the womb. Was it an attempted abortion or the massive defensiveness and hatred of the mother towards her baby which filled Alessandra with such panic? She is finally born blue, with the umbilical cord around her neck. After the birth her mother falls into a psychosis and has to go into a clinic for three months. She takes medicine for her illness for years. Alessandra already shows consideration for her mother as a baby and hardly ever cries. When she was four her grandfather, with whom she was very close, died and her lifeline snapped. During her puberty a vicar attempted an exorcism because of her many depressions and thoughts of suicide. Only when she wants to throw herself out of a window for the fourth time does she manage to escape his influence. Her

father dies when she is twenty, under circumstances which she finds very traumatic. She seeks help from a priest who, in the end, rapes her. When she is thirty-five a myoma grows so quickly that she has to have her womb removed. A last example should illustrate how I work on such early dysfunctions with my group. Nora comes to me, with her husband, because of her little 3-month-old son. Their nightly sleep is disturbed constantly by bouts of crying. In fact, after the meeting with this charming young pair, I do not expect them to want any further therapy, but Nora soon telephones again and says she would like to come to me for a few sessions. Since she does not find a regular babysitter she often takes her little son with her. In these sessions I see high ideals on the one hand, and her lack of confidence as a mother on the other. But in fact, I do not understand what it is that unsettles Nora so much and what brings her almost unbounded sorrow. I suggest that she comes to my group. Here I experience that when Nora opens herself up, to her sorrow, disturbing images immediately emerge with an ever-increasing intensity. I therefore suggest that she should first choose two protecting women who will just sit next to her before she starts telling her story. Nora agrees to this experiment. Asked about her body experience, she reports that her feet are beginning to relax. She has had cramped feet since she was a child. She always walked on the outer edge of her foot. And according to her mother she was already born with cramped feet. I then tell Nora that this tense state may indicate a threat during the pregnancy. Nora is thus anchored in her body for the first time, before she begins to relate what bothers her so much at the moment: she often needs light when falling asleep because she feels threatened by shadows which try to force their way in through the back window in her bedroom. Nora bursts into tears; this is the first time she has admitted this fear in her whole life and is scared she will be put in a psychiatric clinic or that she will have her son, whom she loves most in the world, taken away from her. She, herself, is searching for a rational explanation of her fears. I however encourage her to take this feeling of being protected by the two women here in this group deep into her body. She should trust her images, which will one day reveal her secret or make it fade away and then disappear.¹⁰ ANNEMARIE Finally, I would like to tell about Annemarie-she moved me very much. She came to me in a birth workshop because she had killed a youth in a car accident more than 20 years ago and afterwards attempted suicide. She was in an excellent therapy for many years, but, 10 years after the death of her husband, still felt a great loneliness, a dread of people, a dread of life. In the birth seminar Annemarie first wants to construct a large wall between herself and all the other participants. She withdraws into a corner, covers herself with several blankets and begins to turn her back on us, trembling in her whole body. Since I can hardly understand what she is saying I ask whether I can come a little closer, which she immediately refuses this as being far too dangerous. The next thing that happens is that she gets a pain in her shin and then a cramp in her calf. I ask her whether she would like the support of my assistant Cornelia. Thanks to being touched, or receiving a gentle massage, she can slowly relax her body again. But then she contracts and cramps even more; first in the area of the small of the back, then at the level of her heart and finally in the nape of her neck. Annemarie is filled with panic, screams for help and has more and more the feeling that her body is breaking at these points. Since the pain has now grown stronger than her fear of proximity, she asks for my support as well. Cornelia and I try together to give her the support she wants from the back. She should feel that she cannot break. But then, I notice that her head is completely thrown back and her whole shoulder and neck area are stiff, as though armored. I know from experience that babies who are completely desperate bend themselves backwards-just as Annemarie is experiencing her body at the moment. William Emerson (1996/2000) has named this "divine homesickness": longing for the connection and oneness with God. After a long time of constantly recurring pain and panic Annemarie's body can finally relax. With a kind of twisting movement she pushes herself out of the protection offered by Cornelia and myself as though in a birth movement. At first I have the impression that this is the end of her work. But then Annemarie suddenly believes that she can see a face over her, which is following her. She crawls through the whole room at great speed into a neighboring room of my practice and remains there in the dark, in a corner. Out of this isolation she forbids me to come anywhere near her. She hates everyone. And at the same time she has the feeling that she is being rejected by everyone-

her primal trauma. But then, given some time, she can accept Cornelia's proximity and support and comes back into the group accompanied by her. I have never witnessed such a peace and relaxation in a person, such an intense change in the direction of joy and happiness in a person's being, as with Annemarie in this seminar. I understood only very little in this birth workshop, but I simply trusted in the potential for healing, which is in the body. After some time, I receive a request from her, whether she can deepen her process in a couple of therapy sessions. Since she lives a long way away, we agree to longer sessions, more widely spaced. Annemarie can now tell me about how she experiences any closeness as threatening; her feelings then only allow her to hit out. For her, being touched would then be an attack to the point of being destroyed, which is why she panics. Her underlying feeling consists of the almost unbearable torture of always being laughed at. For her people are speech-demanding monsters. When she was a baby, her hands, or rather fists, had to be tied to the bed, because otherwise she scratched her face till it bled. And she can remember how, at one and a half years, she sits behind her mother in the kitchen, whimpering, not daring to touch her because she knows that her hand will be hit away immediately. Already in our fourth session she is ready to tell me about her accident as a 21 year old woman. She is driving on a highway at night and wants to overtake a car. In the light from her headlights she suddenly sees two youths on the road. She hits one of them; he is thrown up on the hood of her car. When she goes to see how he is as he is lying on the road, he lifts his head once more to see who is coming. He died immediately afterwards. Annemarie is reduced to a weeping bundle, reduced to a panic. Trying to calm her I protect her head with my upper body and hold my arm over her back. I suspect that the shock she suffered has abruptly released an old trauma from her infancy into her consciousness. In order to make this clear to her, I want to tell Annemarie about the monkey experiment, about the baby monkeys who grew up without mothers. When they were adults and had children themselves they treated them brutally. But Annemarie covers my mouth; I am not allowed to tell her this story. She feels a hole in her stomach followed by convulsions in her whole body. She again gets cramps, first in her calves and then in her thighs. Because I sense from the energy that a murderous fury is caught in her body, I let her push me away with her legs. A baby who has been wounded so early and so intensively is not just sad and desperate but also extremely angry. Annemarie pushes me, screaming in fury and desperation, with all the strength in her body through the room. I am very careful to ensure that neither of us is injured in the process. While she expresses these early childhood traumas I simply hold her close, in my arms, until she can relax and calm down again. Only then does she explain why she held my mouth closed. Her husband once wanted a child with her but she knew that she didn't want to get pregnant because she would not be able to love her child. In the period following this session she realized that her mother had been pregnant ten times, with four surviving children. Annemarie is the third of four daughters. Between all her children her mother had miscarried one or more children, a clear expression of the conflicts in her attitude to being a woman or a mother. Annemarie realizes that she is one of the "survivors," and that at the beginning of her life she had to deal with her mother's hostile side. Now, in the security of her relationship with me, in the new experience of a deep "pre-natal" bond she can gradually calm the panic attacks in her and gradually relax her body. She carefully breaks out of her loneliness at the same time and no longer experiences people as speech-demanding monsters but enjoys being together with them, to being connected with them via speech. She enjoys small things in her everyday life. She feels more and more deeply her strength as a counselor for small children. She helps behaviorally disturbed children to relive their birth and pregnancy and to replay them-with great success. Parents can hardly understand why their children, after only a few sessions, cease their difficult and extraordinary behavior. Annemarie tells me about the fate of these children with much enthusiasm and a great deal of sympathy. And, of course, she feels how much these little patients like her and how much she likes them.

FUTURE PROSPECTS People who are in a crisis or who suffer from depressive moods, panic attacks, and somatic illnesses usually want to be freed from their problems as quickly as possible. The situation is sometimes almost unbearable. And yet, and I assure all my patients of this, these pains are, in the first place, a chance for healing. Because behind all these hard blows of fate are hidden the oldest, the

earliest traumas and wounds. And the greater the pressure of the suffering, the more readily the background opens, allowing us to feel the deep and real suffering in the body and to then let it go. Comparable with a nightmare. Waking up we can be shocked by the enormous fears by which we are mastered. On the other hand a fear-filled dream may be an indication that an older trauma pattern in the body is finally freed, providing a gate to healing. Wounded people need loving support from outside: an open ear from a good friend, the loving touch of a lover, or the benevolent sympathy of a family member. Every experience which gives strength and meaning, and every good encounter can make things easier. Just as do the company and sympathy of a therapist during a difficult period in one's life. And, because the vulnerability at the beginning of life is so huge, traumatized people need a protected space with secure boundaries. My experience has shown that this is most possible in a group, where the confidence slowly grows to be accepted as I am without changing myself. When a person can talk about everything without having to be scared he will be judged, then the group becomes an ideal "womb" and the therapist a good parent. The energy which has been bound up and frozen in trauma or shock can be brought to life again; old imprinted fears can be given up. Thanks to the very careful "holding" in the group there is the possibility of re-experiencing pre-natal and post-natal bonding processes and to therefore catch up on them. Slowly, very slowly, healing can take place on a very deep level-opening to a new way of experiencing the world and one's own body. I have described the techniques with which I work with people. The strongest instrument, however, is my deep connection with them. Or to put it another way, I try as directly as possible to communicate with the "divine core" in each person, there, where they are whole and healthy. I am almost tempted to say that the rest is easy, child's play. To work like this is a pleasure, a joy, and brings great inner satisfaction. Footnote 1 5 participants spend 2 days at a weekend seminar in which they have the opportunity of reliving their own birth and gestation and experiencing the vulnerability of this early phase of life. 2 Later Thomas recounts a recurring dream from his childhood in which this buzzing was a major theme: he is in an extremely beautiful, peaceful landscape when he suddenly hears a loud buzzing, and realizes that huge blocks of snow are rolling down a mountain. He runs away in a blind panic, but then falls to the ground, completely motionless, in the last minute. As the buzzing disappears into the distance he thinks he is dead, but then realizes that he is uninjured. The huge blocks have rolled away above him. He interprets this as his parents arguing after finding out that his mother is pregnant with him. 3 About a year later Thomas told me that two attempted abortions had emerged during his self-discovery: first his mother wanted to get rid of him with knitting needles, and then she tried again with a water pump. He himself can remember as a child that he was always scared of being stabbed from behind or of being swept away by a great mass. 4 See my book on the Plague 1992 and the origin of anxiety 2001. 5 And let us not forget that if an animal is really bitten to death then the reflex to "feigning death" protects the animal from any fears and from all pain-a very intelligent invention of evolution. 6 These days almost a 1/4 of all children are aborted-worldwide that is about 25 million babies. Ambivalent feelings at the beginning of life are therefore an everyday phenomenon. 7 We now know that 70-80% of pregnancies are twins at the beginning of the pregnancy. 8 Mothers do not usually notice this loss; they may have a small interim loss of blood at the beginning of the pregnancy. 9 Although she was born about 20 years after the war. 10 Houses or rooms: (the bedroom) are of course important symbols for a pregnancy. REFERENCES Castellino, R. (1996). Resolving prenatal and birth trauma. Training manuscript. Santa Barbara, CA: BEBA. Castellino, R. (In Press). Prenatal and birth therapy, an approach to re-patterning adverse early imprinting. Emerson, W. (1996/2000). Collected works I and II: The treatment of birth trauma in infants and children and pre- and perinatal regression therapy. Petaluma, CA: Emerson Training Seminars. Grof, S. (1985). Beyond the brain: birth, death and transcendence in psychotherapy. Albany, NY: State University of New York Press. Levine, P. (1997). Waking the tiger: healing trauma: the innate capacity to transform overwhelming experiences. Berkeley, CA: North Atlantic Books. Maret, S. (1997). The prenatal person, Frank Lake's maternal-fetal distress syndrome. Lanham/New York: University Press of America. Renggli, F. (2002). The origin of anxiety: a synopsis. Journal for Prenatal and Perinatal Psychology and Health,

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