

William Emerson

# Life, Birth, and Rebirth: The Hazy Mirrors

Life and birth have some amazing and interesting interconnections. Because of this, re-experiencing one's birth (i.e. rebirth) can be insightful and profound, and ordinarily is an extremely liberating and potentially growth-producing experience.

The purpose of this article is to clarify the relationship between birth and rebirth, to share an essential theory in understanding birth and its impact, and to discuss the potential effect of birth on life. It is clear from research that birth is a traumatic and difficult experience for the neonate, and that birth is an experience which sets the tone for much that occurs later. Furthermore, it is clear that rebirthing (if done with proper integration) is an extremely valuable therapeutic tool in *rectifying and/or preventing the basic traumata of birth*.

My observations on rebirthing and birthing have been collected over the last five years. During this time I conducted approximately 2500 hours of one-to-one rebirthing, and either tape recorded and/or had observer transcripts of each rebirth session. In addition, rebirthing sessions were followed up to determine the degree of subjective and objective changes in the rebirthed person. Where possible, information about the validity of the rebirth experience as representative of the actual birth was also obtained. In such cases, either the mother, parents, and/or those present at birth were questioned to determine correspondences between the experienced rebirth and the actual birth. The major technique used to facilitate rebirthing was hypnotic age regression, although psycholytic methods (Stan Grof) simulation methods (Frank Lake), breathing techniques (Leonard Orr), and other approaches were occasionally used. What has culminated from these efforts are the following basic conclusions and issues.

## Relationships Between Rebirth and Birth

*"The world breaks everyone and afterwards many are strong in the broken places". Farewell to Arms - Hemingway*

Birth is a traumatic and a basic foundation experience. It is clear from a process called sequential regression, that current difficulties in living are often resolvable only through natal or perinatal primal work. In addition, other and very powerful changes often take place after a person has completed rebirthing. These changes are not only subjective, but also objective in the sense of behaviour change as well as alterations in how others perceive the rebirthed individual.

A good example is a man whose condition had been very resistant to treatment, and who was diagnosed as a "schizoid personality with strong delusional

and paranoid tendencies". The primary delusional aspect was his paranoia, which had been very chronic and static. When regressed to perinatal scenes, he experienced himself as being "pursued by those of the outside, invaded by toxic substances, and poisoned by the dark ones". Following this experience, his paranoia was rapidly eradicated. Retrospective checking of his actual birth indicated, to his amazement, that he was a traumatic caesarian birth (pursued by those on the outside), and that his mother had attempted suicide with drugs in the last trimester of her pregnancy. These themes were obvious in his life pattern as well. He worked as a detective, was obsessed with following and being followed, had minor brushes with drug usage, and was seen by co-workers as a bit overzealous in drug cases. After finishing his prenatal primal work, he was perceived as more normal by his peers, and began to express interest in other aspects of detective work here-to-fore unexplored.

In general, the relationship between rebirth experiences and the actual birth are surprisingly consistent. Taking cases where the birth facts were not likely to be conveyed directly to the child (thereby biasing the rebirth experience), the correspondences are amazingly accurate. Low bias situations are cases where: (a) both parents had died shortly after birth, (b) where the parents denied ever mentioning the birth facts, or (c) where the mother was unaware of certain occurrences at birth (e.g. cord around neck) and which were experienced by the rebirthed person and written in medical records.

The experiences of the rebirthed person often correspond to what actually happened at birth. But there are generally two types of experiences characteristic of birth, objective and subjective. That is, there is an objective view which seems surprisingly accurate (e.g. my father is not here, I'm stuck here in this canal), and a subjective or interpretative experience which may or may not be "accurate" (e.g. he does not love me, they don't want me to come out). One rebirthed girl experienced forcep delivery, cord complications around her neck and negligence by doctors and nurses who were busy with other births occurring at the same time. In this girl's subjective experience, the cord was seen as an attempt by her mother to hold onto her, and the forceps were seen as an attempt to have her comply with "their way" of doing things. Her reason for referral into therapy was rebellion, and after her rebirth experience, her subjective perception of coercion and entrapment softened greatly, and her therapy proceeded rapidly.

Most people's subjective experiences of birth are highly consistent with reality, but where reality and subjectivism differ, it is the subjective experience which forms the basis of psychopathology.

### **Rebirthing as an Ongoing and Complex Process**

People often remark that they've been "reborn" after one or two rebirthing sessions. This is rarely the case. Complete rebirthing usually takes about

four times the number of hours that the actual birth was. Most people finish their birth work in about 30 hours spread over 6 months. Six months are often necessary because of the integration work that rebirthing requires (see last section of this paper). Furthermore, rebirthing is a complex process which naturally evokes and calls up other experiences which may seem unrelated to birth, but which need to be dealt with to finish rebirthing. Stated differently, traumata at birth often reflect previous (e.g. prenatal) unfinished trauma, and may in turn be channeled or sublimated into later (postbirth) experiences. For example, one rebirthed person had placental deficiency channeled into suffocation during birth and a drowning experience at the age of two. Dealing with rebirth requires dealing with experiences where the trauma from rebirth may also be cathected and/or complicated.

### **Life as a Basic Recapitulation of Birth: Life as Therapy**

The theory of recapitulation has evolved from rebirth work, and contends that any experience which is cut off and/or not completed will continue to reside in the system. Furthermore, the psychological homeostatic mechanism of the organism requires that these elemental experiences be completed and released from the system. Recapitulation means that the individual unconsciously arranges much of their life around dealing with these early and formative experiences. Recapitulation has active and avoidance qualities. In an active sense, recapitulation means that the individual unconsciously *chooses or manipulates* life scenes in order to re-experience and release incomplete primal feelings and experiences. In an avoidance sense, the individual unconsciously avoids any life scene which symbolises or activates the original primal scene. These two basic patterns have been observed again and again. The primary quality of both types of recapitulation is that the individual is not free to be and act in a way consistent with personal need and desire. In an active sense, the individual chooses or manipulates to experience pain, and in a passive sense spends his life avoiding situations which symbolize the primal scene. For example, one woman while being rebirthed experienced the pain of being touched and held, particularly the coldness of the touching. She was a forced caesarian, and had been held and removed with cold instruments and hands. This was a particularly releasing experience for her, as she realized how her life was built around not being physically touched (she was a nun living in a convent). In an active sense, another woman experienced deep rejection and abandonment by her mother at birth, and spontaneously saw how she was choosing other women as lovers who would also reject and abandon her. With repeated sessions, she became free of this need to experience rejection and abandonment through life choices.

The active aspect of recapitulation implies that the individual can be and often is his or her own best therapist. If a person actively recapitulates scenes highly similar to the original scenes, with some awareness, then it is likely the traumatic energies will be released. My observations show that some individuals accomplish this. However, it is more often the case

that individuals fail to connect their recapitulations to the original scenes, and/or fail to recapitulate a context close enough to the original, and so their attempts are useless. The theory of recapitulation also implies that experiences should be completed when they originally occur. In terms of birth, it seems unlikely that the foetus or neonate would be able to experience all emotions and trauma to completion, primarily because of all the activity and trauma surrounding birth. However, a research resolution to this question may soon be possible, since a technique has been developed to measure the emotions which occur during an experience, and to show whether these experiences are completed and released in a somatic sense. (B. Goodfield, paper presented at Counsel Grove Conference, April 1977).

### **Rebirthing While Giving Birth**

It has become increasingly obvious that mothers who are giving birth often experience significant aspects of their own birth, especially for their first child-bearing.

I was originally introduced to this idea when mothers who were rebirthed would remark how similar their rebirth experience was to that of giving birth, at least in certain respects. Furthermore, it is equally obvious that the experiences of the mother and the foetus are sometimes one - the experiences of the mother literally translating themselves into the experiences of the foetus. This process is called osmotic experiencing, similar to the scientific process called osmosis which is something like what occurs when a sugar cube is held slightly submerged in a cup of coffee. Even though the cube is only 1/20th submerged, the whole cube becomes infused with coffee in a short time. Similarly, the foetus at birth (and certain other perinatal stages) seems to osmotically infuse the experiences of the mother. This means that any unfinished birth traumata in the mother may be experienced through her own giving of birth, and infused into the child. While this has a creative growth potential for the mother, it is likely to be a destructive process for the child. For example, one rebirthed mother said that her rebirth experience and her giving of birth were almost identical, except the latter was more intensely felt. In both cases, she experienced herself as "being crushed, bound, imprisoned, and left to die". While this appears to have been so during her own birth, there was no obvious relationship to the actual child-bearing scene, which was a natural birth setting. She was not bound, there were no stirrups, and the birth was relatively short and easy. In spite of an "easy birth" and short labour (especially in BPM II, see Grof), her daughter's rebirth experience was essentially that of her mother's. This implies that the mother's own birth experience can be re-experienced while giving birth, and infuse itself into the experiences of the foetus, with little actual environmental support for such experiences. There are other examples of osmotic experiencing. For example, one woman's daughter was rebirthed and experienced extreme shock and anxiety during the seventh intrauterine month. It was experienced as an ominous and imminent danger to the life of herself and her mother, with extreme anxiety

and fear. This corresponded exactly in time with an actual and enforced placement in a concentration camp during her mother's seventh month of pregnancy, which had never been mentioned. This is supportive of osmotic experiencing, and also raised the possibility of recapitulation on the mother's part - the mother's experience of the concentration camp was highly similar to that of her own birth, and there is evidence that she could have avoided placement in the camp (this might then represent unconscious choice on her part). In terms of the daughter, she had no specific idea of the objectives (i.e. concentration camp images), although many rebirthed individuals do. It may be, and it does seem to me, that when mothers are not open to what is happening objectively, the child may not be either. It is in such cases that the subjective experiences of the child are likely to follow the subjective experiences of the mother, corresponding like a mirror which fails to clarify who is who.

While child-bearing mothers may experience their rebirth (or aspects of it), they are only likely to be dimly aware of it. This is because the rebirth experience tends to be circumvented and distracted by the birth-giving process. Furthermore, rebirthing is a deep process where the birth images and experiences tend to fade quickly from memory, just like dreams fade from memory upon awakening. In addition, the actual manifestations of the rebirth experience (such as calling out for mummy or crying like a baby) are often mis-interpreted by those attending birth as "delirious" actions and overlooked in terms of their significance. Were we more open to rebirthing during the birth process, we might better handle birthing in the best interests of the mother and child. Even better, it would seem advisable to rebirth prospective mothers and to make sure that all pregnant women take the time to feel and deal with all their life experiences throughout the pregnancy. These and other procedures have been evaluated, and the results will be shared in subsequent papers and a forthcoming book by this author.

### **Rebirthing as an Essential but not Sufficient Process**

During the past ten years, I've carefully observed individuals going through primal-type therapies (inclusive and exclusive of rebirthing experiences). From these observations, it has been determined that: (a) in some cases no change or growth takes place; (b) often there are positive changes in the behaviours and feelings that brought the individual into therapy, but these are sometimes not stable; and (c) positive and stable changes can be accomplished through proper integration work. Stated differently, rebirthing can bring about positive and stable changes. However, most often it is necessary to do certain integration procedures to ensure that positive and stable changes occur. In this case, integration refers to therapist-initiated procedures directed at specific processes which co-occur with birth (and other traumatic experiences as well). *There are approximately eight such processes (depending on age and other factors), and if these are not dealt with, they are sufficient to cause continued pathology of the type that brought the individual into therapy.* These processes are rarely dealt

with in primal-type work, including Primal Therapy, although Primal Integration Therapy includes several of the processes as well as others which are also required. Not only do these processes need to be brought into the client's awareness, but certain procedures need to be done to integrate these processes. *The processes requiring integration have been clarified elsewhere (Emerson, 1977, 1978), and the techniques to integrate these have been the subject of professional training groups which are being conducted by myself and others in Europe and the United States. These articles and others mentioned are available from the Stichtung Center, Krommewaal 14, Amsterdam.*

**William Emerson** Ph.D. conducts a private practice and Primal Integration workshops in Britain and Holland.

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### **Nearly Free**

One night I woke and was aware  
of being half asleep,  
and in a semi-conscious state  
I drifted back in time,  
beyond the age when I was young,  
before a time remembered.  
I was in a dark place,  
nothing could I see  
and nothing did I know;  
just aware of being,  
I existed in my touch.

My breath is coming faster  
I am panting in distress  
for I am holding something  
in the vagueness of my touch,  
something thick and indistinct,  
a band across my chest.  
I heave and push . . . but is it me?  
I am emerging, nearly free  
. . . the dream is slipping,  
soon I'll wake . . . not yet,  
oh, please! not yet . . . but there,  
it is too late, I am awake  
and still as yet half born.

**John Sheen.**