
INFANT AND CHILD BIRTH RE-FACILITATION

The work of Dr. William Emerson

by

Shirley Ward

Dr. William Emerson is a psychotherapist specialising in regression therapy and prenatal psychology, in Petaluma, California. His theories are built on his predecessors' work in this field: he believes behaviour patterns can be changed and that they do go back to very early traumas.

Fifteen years of regression work with adults and children have given him the necessary experience and statistical evidence that birth trauma and stressful pregnancies are responsible for life scripts or schemas. Emerson describes these as attitudes in life resulting from early experiences. Emerson (1984) stresses that many of birth's harmful experiences can be substantially reduced or eliminated by certain kinds of postnatal care and treatment.

It is also my own hypothesis that the type of work Emerson is pioneering could well eliminate later behaviour disturbances and emotional problems which cause learning difficulties in school and adult life.

Emerson (1984 page 4) quotes Verny (1981) who points that there is a growing body of empirical studies which show significant relationships between birth trauma and a number of specific difficulties: violence, criminal behaviour, learning difficulties, epilepsy, hyperactivity, and child alcohol and drug abuse. The high incidence of these in our society and cultures lends inferential support to birth as a traumatic antecedent.

Emerson also stresses that through the work of researchers (Lake (1981, Grof 1975) it was found that birth affects a broad range of human phenomena; physical, spiritual, emotional and social. The experiences which recall early memories do not appear to be 'just' memories. They are vivid 'relivings' of the sensations, feelings and perceptions which seemed to be occurring at the time.

Emerson (1978) found that regressive memories are accurate factually, although interpretation of the facts may vary among those

present. He gives an example of one woman reliving a prenatal memory of being hit on the head. She interpreted this as her mother attempting to abort her. Factually the mother confirmed she had been involved in a car accident when seven months pregnant and the foetal head had been hit by the compacted steering wheel. The mother's fear was that her baby might be injured and die. This does stress the importance of factually checking wherever possible, in order not to misinterpret the facts.

In a similar way to Lake, Emerson divides Grofs BPM 1 into three trimesters. This means that Grofs BPM 1 which is from conception to birth is divided by Emerson as:

- 0-3 months - IT 1
- 4-6 months - IT 2
- 7-9 months - IT 3

In fifteen years of undirected open ended regression with adults Emerson found the following statistics of spontaneous regression by adults:

To:-	<u>IT 1</u>	<u>IT 2</u>	<u>IT 3</u>	<u>Birth</u>
<u>Conception</u>	0-3 months	4-6 months	7-9 months	
% of adults:-	2%	15%	70-80%	30%
				75%

He explained briefly that his format of regression therapy was done in a 1½ to 2 hour period. Within this time he includes five stages. The first fifteen minutes is taken for Focusing, or conceptualising the problem as the client sees it at that moment. Relaxation is then necessary for four to five minutes to help the client to be still and go inside themselves. Promoting the regression takes forty-five minutes and very simply the client is asked to go back to the times and places where they can better understand where the problem is. It is important for the client, after the regression is over, to have a meditative time, to relax and do nothing as this is often when people have spontaneous insights. The rest of the time is for the integrational step where talking about the experience helps to connect the present life situation.

In his research Emerson is also beginning to tabulate as Lake did, the possible effects of trauma in each of the three trimesters and their recapitulation in adult life.

I would like to point out that my interpretation is very much simplified. My interest is educational and therapeutic. I am specifically looking to behaviour disturbances, emotional problems and learning difficulties. Emerson's research like Lake's is very much concerned with psychosomatic diseases and their root causes. For example, IT 1 is where there is rapid cellular growth and any trauma in the first three months could be connected to cancer later later in life, where there are devastating losses. This is purely hypothetical, but again could be connected to cellular memory. Research is also connected to psychiatric and

psychological problems where trauma before birth could cause body-mind splits and so be the root of the schizoid, hysterical and paranoid personality disorders.

Emerson believes that in IT 1 there is rapid cellular growth and an energy decrease. The time should be an uninterrupted, dreamy, sleepy time with a cosmic sense of belonging. There is a will to live and basic organs and functions are present. Emerson states that thoughts start at two weeks, the heart beats at three weeks and respiration is present at four weeks. It was in IT 1 that mothers find they are pregnant, and the foetus for a time believes that 'nobody knows I'm here'. One of the areas that also concerns me is teenage suicides and attempted suicides. My own research in this area is providing evidence for birth difficulties such as the cord round the neck and difficulties with not being able to be born without a struggle that lead to suicidal tendencies. Emerson quotes the work of a Pennsylvanian doctor specialising in suicides; he did some regressive and medical research on repeated suicide attempts. 75% were associated with abortion attempts while in the womb, as recorded in medical files and it does appear that this is one of the top traumas. Emerson places the development of the ego in IT 3. He claims that if ego identification is called upon too soon owing to trauma in IT 1, serious identity problems begin. I also believe this, as if foetus and embryo live through IT 1 and IT 2 without being disturbed, then the place of 'I amness' - or 'I am OK' is reached. The negative occurs for example, if a failed abortion attempt in IT 1 is so

terrifying for the foetus the experience of terror and withdrawal go on throughout life.

IT 2 is the place of the focus of the psyche. Here the emotional feelings of the mother are being dealt with. It is interesting that Lake (1981) saw negative umbilical affect and maternal emotion as being the same. Emerson sees them differently, although at present he is not too sure, he has the hypothesis that if a mother owns her feelings, the foetus will not experience feelings as its own. In IT 2 the embryo is not developed enough to deal with experiences like dietary deficiencies, bereavements, family crises, conception to save the marriage and threatened miscarriages.

In IT 3 develops the boundaries between self and others. The research of Emerson does link with Lake (1981) and Grof (1975) but Emerson does mention associated learning and developmental processes as being in IT 3. The example given a little later in this section, of a girl who was diagnosed as learning disabled is a typical example of birth trauma and early experiences causing learning disabilities.

Emerson (1984 page 2) claims that the re-living (called regressions) and integrating of memories and events tend to create profound changes in physical, emotional and mental wellbeing. The effective treatment of adult disorders with regression therapy has been well documented (Grof 1975: LAKE 1981: EMERSON 1978) but similar treatment of children or infants has not been evaluated. Emerson believes it is a natural treatment for children, claiming that regression is a

spontaneous process with children and aspects of regression do appear in more traditional work with children such as play therapy (see Aviva ben Sira's article which follows.)

Regression requires sustained, repetitive and intensified inductions in order to be effective. Emerson states that sustained treatment of children with regression therapy is promising. He believes that the therapy is ideally suited to reveal and uncover experiences from the earliest years, as children have close access to the early years, particularly the pre-verbal years (0-2). It was Johnson (1971) who claimed that the earlier the specific trauma or primary experience, the more severe the degree of adult disorder or psychopathology. So treatment of children with regression therapy may be a way of preventing the development of the severest types of adult disorders.

It is interesting to note that the main impetus to exploring regression therapy with infants and children came from parents who had undergone their own regression therapy.

For some, the thought of regression therapy with infants and children may appal, but this can be expected from those who have not had practical experience. As Emerson states, the theoretical basis for therapeutic work with children has been well described by Ginnott (1961) and Axline (1969), and is applicable to regression therapy with some elaborations. He emphasises that early experiences can often be intense and frightening.

If such experiences occur they may reinforce the trauma and result in the formation of defensive patterns. He advocates indirect methods such as dreamwork and artwork - and play, to allow the child to be in direct control.

Emerson's work began with children before infants. It was during the children's Seminars that parents began to ask whether their newborn infants could be worked with. Parents began to experiment with gentle nudging and touching of their young infants and began to create specific abreactions and catharsis in the infants themselves. It became evident that infants who went through these specific abreactions were calmer and more centered than other infants, and seemed to have less complications around feeding, sleeping, toilet training and other infant activities.

Emerson's major way to structure infant birth refacilitation is demonstrated in his video film *Infant Birth Refacilitation* (1984). His aim is to de-stress impacts of traumatic births or stressful pregnancies. The method involves five stages including massage, touching, and physical re-creation of the infants' birth pressures and schematized birth movements. The first step includes very gentle massage procedures where the emotions come up, the massage is stopped for a short time and the mother loves and affirms her baby. Gentle pressures - Emerson states that knowing the type of birth can help find the pressure points. Piaget's work helps in that infants learn from internalising everything and then put it into action, often

repetitive actions. A deeply empathic atmosphere needs to be created for the infant in order to reduce or eliminate trauma to change behaviour.

Emerson demonstrated this work in an evening workshop in London (June 1985). Rory, a 14 month old infant, was brought along for Birth Re-facilitation by his parents. He was one of the unlucky babies whose parents wanted a natural childbirth but things went wrong. Labour began at 6 pm. and continued for 22 hours until 4.30 pm. the following day. After 5 hours in hospital the medical staff were not happy about how things were going. The mother was given gas, air and drugs. Rory was eventually a forceps delivery as his birth was a very long transition period of pushing and withdrawing.

He was in a place where he could not move and when he was born he stopped breathing and had mucous in his throat. The cord was cut very quickly and he was taken to intensive care immediately for fear of the mucous going into his lungs, he was fed by tubes for three days. The mother had the placenta removed by anaesthetic.

This resulted in Rory later displaying distress and anger: agitation; kicking a great deal when he was fed; giving his mother a very tough This resulted in Rory later displaying distress and anger; agitation; kicking a great deal when he was fed; giving his mother a very tough time; going into great rages; going very hot and sweaty; and very panicky if put on his back to change his nappy. Over the last weeks the family had moved house and Rory had developed a nasty cough. If

taken to the doctors, he screamed the place down.

Emerson assisted the parents in recreating the birth movements to help de-stress the impacts of the traumatic birth. Rory lay quietly in his mother's arms and Emerson felt with his hands round the head, particularly the front occipital lobe. The father had both hands under Rory's feet and exerted a little pressure. There was agitation from Rory and the physical schema appeared, the head went back, the back was arching and the whole body pushing. It recapitulated gradually the place where he could not move, the sense of getting nowhere, the breath was being held and being stopped. Emerson then turned it into a game, allowing Rory to kick against his arm and have a great time. Along with affirmation and loving from the parents Rory was able to communicate also the level of sadness and anger over about being stuck. Pushing and not getting anywhere stimulated the anxiety, fear, panic and distress. Emerson talked to Rory all the time and mother comforted Rory and breast fed him. With the parents continuing this over a few weeks with Rory, Emerson believed that the de-sensitization of the birth trauma would eventually lead to harmony and a change of behaviour in Rory. The dynamic reconstruction could alleviate bronchitis, asthma, rage and pain.

To develop and research the effects of regression therapy with children Emerson (1984 page 5) initiated weekend seminars with parents, and children ranging from 3 to 12 years. Emerson collected dreams and artwork of the children in order to

develop appropriate games and procedures. It was interesting to note that children with the greatest difficulties tended to have a greater percentage of prenatal and birth trauma in their dreams and artwork. He quotes an example (1984 page 6) of a girl who was diagnosed as learning disabled. She had repetitive dreams of herself pushing against a brick wall, trying to get through. Her dreams were accompanied by a high amount of anxiety, and her drawings involved being penned up or chained. When asked to elaborate on the content she would say, 'No one's there, she's all alone, she's probably going to starve, she's crying for her mummy'. From data such as this Emerson developed a series of games in order to help children deal with experiences of their birth and other early experiences.

The **done-to** games were activities provided for the children, in which they participated. An example of this was a game called 'legs between' in which the child would crawl through the legs of the mother who could make it difficult or easy to get through. This could recapitulate the experiences of birth. Emerson (1984 page 8) lists the following games with a brief description of each:

1. Crushing earth mother; the child topples mother, who crumbles onto the child and makes crushing sounds.
2. Earthquake; both parents surround the child, making earthquake rumbles and movements, and encourage the child to escape.

3. Cave-in; children surround the child, and cave in. The child attempts to escape through the tunnels provided by children's arms and legs.
4. Tunnel Crawl; all adults form tunnel by arching back whilst on hands and knees. Children crawl through whilst the adults contract tunnel by dropping abdomens - often accompanied by darkness and heartbeat music.
5. Tunnel talk; This is a gestalt dialogue between child and tunnel, child and adults, child and parents.
6. Tunnel walk; This is similar to tunnel crawl and tunnel talk, except adults and children stand up so that tunnel is higher. It allows walking through and more empowerment.
7. Legs between; Parents spread legs and the child crawls through. The parents kneel and spread legs and the child crawls through.
8. Underwater guided fantasy; A group guided fantasy for the children, to uncover prenatal influences on the birth process.

The **doing-to** games were simply reversals of the **done-to** games, whereby children would do to other children or parents what was done to them. For example:

Crushing mother
 Making earthquakes
 Cave-ins
 Tunnel crawls
 Tunnel talks
 Tunnel walks
 Legs-between
 Giving back fantasies: child describes what he/she would like to do to the world or parents to make things even.

The third type of games developed by Emerson were **healing games**. They were designed to ameliorate the negative effects of birth and to provide positive reliving experiences. The games were specifically created for each individual and involved activities around his or her specific difficulties. They were all accompanied by touching, hugging and encouragement. Emerson (1984 page 7) states that these activities proved to be deeply nourishing and were positive re-living experiences for most of the children. The following list was specifically created for each individual and involved activities around their particular difficulty. It is interesting to note that behaviour modification is very much a part of the activities.

1. For agoraphobia: open space activities like kite flying and beach walks.
2. For claustrophobia: closed space activities.
3. For procrastination difficulties: blanket crawls, monkey bar climbs.
4. For abandonment issues: separation activities like bus rides alone to a new place; leaving pets behind, all followed by reunion and celebration.
5. For social withdrawal and isolation: activities like underwater swimming; forest walks; breaking in and out of a play group with physical holding each way, all followed by joining and support for contact.

Emerson (1984 pages 10-14) proceeds to give examples of children re-living their birth experiences and the effect the original trauma had on their lives. He provides evidence where birth refacilitation resulted in a remission of symptoms. For example, a young girl's learning disability was found to correspond to stage three of birth (Grof 1975), in the struggle to get out, where the success of her efforts was thwarted for twenty-six hours by a partial transverse lie and broken waters. This resulted in severe anxiety about 'getting through' anything, and resulting in mental blocking. Her difficulties had been diagnosed as having a neurological basis and birth refacilitation proved this was not so.

Emerson writes that parents often ask whether birth can cause lifelong changes in personality and behaviour. Emerson says the answer is both yes and no, depending on the degree of impact, and whether the impact occurs depends upon several factors:

1. The extent of trauma or difficulty around the birth itself.
2. The degree to which life experiences continue to support or re-inforce the birth experience.
3. The quality of prenatal emotional and prenatal care, especially nutrition.
4. The quality of maternal and paternal infant bonding.

Whilst I was on Emerson's course (England 1985) a female psychotherapist from Israel, Aviva ben Sira was present. She generously gave permission for me to print a case study that she had brought with her. I print it verbatim without comment - its contents may disturb anyone sceptical of womb trauma and foetal consciousness.
