

HEEDING THE BODY'S MESSAGES:

PHYSIOLOGICAL IMPLICATIONS OF PRENATAL TRAUMA

by Marcy Wineman Axness, Ph.D.

The following is an interview with Raja Selvam, Ph.D., a senior trainer in Somatic Experiencing. He is based in Los Angeles where he can be reached at 310-306-1462 and RajaSelvam@earthlink.net. His background includes body-oriented psychotherapy systems of Somatic Experiencing and Bodydynamic Analysis, Jungian and Archetypal psychologies, and the Intersubjective and Object Relations schools of psychoanalysis. His larger understanding of the psyche is informed by his background in Advaita Vedanta, a spiritual tradition from India. He lectures and teaches internationally.

The interviewer is also based in Los Angeles and comes to the realm of pre- and peri-natal psychology from her experiences as an adoptee. She writes articles and conducts seminars nationwide on addressing and healing myriad adoption issues, as well as more universal pre- and peri-natal issues. She can be reached at axness@earthlink.net.

M: If you had just a few minutes with an adoptee, or anyone who has suffered severe stress in the womb—

R: What would I tell them? Well, on the emotional level, it's very reasonable that they would feel not wanted, that they wouldn't belong. On the physical level, people who have had this kind of trauma will have symptoms like--we're talking about how it would affect the physiology in the future--a lot of problems around the stomach. They often will have curvature of the spine, they may have eye problems. These are all physical symptoms, and what they really are is the body's early attempt to deal with high, high levels of excitation that they cannot discharge, which is the trauma. We categorize prenatal trauma as global shock trauma, which is the most severe in its impact.

What happens in the womb is the following: The child is very visceral. It has more of the sympathetic, or excitation, branch of the autonomic nervous system and less of the parasympathetic, or calming, branch in place. It depends on its mother's system, and when it senses that it's not wanted, it's distressed, it's extremely distressed, with no end in sight. The level of physical excitation is so much that they can't handle it, that it's almost like they're going to fragment into a thousand pieces if they're allowed to have it, so the reptilian brain, which has the wisdom of billions of years of evolution, is going to do something about it, right? So what it's going to do is that it's going to disorganize itself--tighten the stomach, for example, twist away from the uterine wall, because at some level, the wall of the uterus itself becomes an enemy, if you think about it. There's no warmth there. So they sort of twist away from it. Often the breathing function gets affected, so the child breathes little. Then it doesn't have to feel, sense the energy.

M: Yes, I've had this sense for so long, about not breathing deeply.

R: And it will tighten the umbilical cord area, the viscera, enough to cut off from the mother's rejecting energy, or whatever energy or substance that the child doesn't want--if the mother is drinking, any number of things. It like, "can I cut myself off from the mother who's distressing me?" Unfortunately, no, because the child's completely in the mother's energy system, totally dependent on it, but it's going to try to.

M: So that constriction in various central parts of the fetus is an attempt to—

R: It is an attempt to hold back this tremendous excitation and escalation that threatens to fragment the autonomic nervous system and to threaten its very survival.

M: This sensing by the fetus that it's not wanted--is it primarily a telepathic communication?

R: No, I'm talking about physical.

M: Chemical?

R: It's biochemical, but it's also the tissue. For example, if a mother does not want the child, what will happen is that the walls of the uterus will not be friendly for the child.

M: In what way?

R: Sensate loss. For example, if I work with a client who does not have energy in the legs, the legs are really cold. So, at some level--what do we do when we want to forget pain in a certain part of the body, or we don't want to feel certain parts of the body? Sometimes women who have shame about their breasts will draw energy from the breasts- they won't even feel them. In that way, the mother will try to avoid even feeling, and the child senses it-- the communication is totally in the sensate realm. And remember, that the mother and the baby are one at that stage, so as the baby is trying to get away from its mother, it's really trying to get away from itself. Can you imagine the existential dilemma of it? So the only way it can survive is by going deeper into its core.

Have you heard of the schizoid structure, in bioenergetics? In Bodydynamics--that's a body psychotherapy system that was developed by Lisbeth Marcher in Denmark--it's also called the mental existence structure. The vacant look, the 'nobody home' look, there's absolutely no energy in the body, and they will be extremely intellectual. Very much in the head. That's because it had to be incredibly painful for the fetus to be otherwise. When the child is not wanted at all, it will be very hard for them to be in their feelings as they grow up.

But if they feel wanted, and then something suddenly happens during the pregnancy--the mother has a difficult experience, or severe stress--then they go into a defense of a very emotional nature. That's a different survival strategy, what is called--in Bodydynamics--the emotional existence structure. Often they will have a lot of energy. Janis Joplin is a classic example of emotional existence structure.

M: Do you think the fetus differentiates between types of negative energy, between direct rejection by the mother and, say, more general acute stress in the mother, or her negative feelings toward someone other than the baby? Was this sped-up autonomic nervous system response I experienced in my mother's womb in response to just stress, period, or was it me, on some level, as a fetus, knowing--or interpreting--that my mother had rejected me?

R: Cognitive?

M: Not cognitive, but maybe on some telepathic level, or more on a spiritual level--it's essentially spiritual, I believe.

R: The fetus doesn't know, I'll give you an example. A loving mother, she was painting the baby's room. The fumes from the paint were poisonous--the mother did not know it, and she was inhaling it, and the baby was getting slowly poisoned. So out of which came this notion that it was an attack on her life, and that translated into her feeling of her mother not wanting her. This child grew up with the emotional existence structure. She's very emotional, she was fully in her feelings a lot, and she always had the feeling that the world, and people in it, the animals in it, would disappear from her life any time. And this was the child of a mother who really wanted her. So fetuses are capable of misunderstanding what's going on.

M: Misinterpreting.

R: Yes, exactly. So on some level, stress is stress. But the thing is that it affects the physiology. The meaning is born of the distress in the physiology. It's all happening in the realm of sensation. At this point in time, in the fetus, the emotional, cognitive capabilities are not as developed as the sensate capabilities, so it's all happening in the realm of the primitive brain. And so it will twist away from the wall of the uterus, and that's where scoliosis might come from, and it has a purpose. When we can twist our spinal column in that way, we can often block the energy, the energy in the body, so the excitation can be blocked.

M: So that is the reason--the blocking of the energy, regardless of the model, it's about stopping what it is that's hurting, which is this over-excitation, over-flow of energy.

R: Over-excitation is actually close to death, it's like putting your finger into the electric socket.

M: So the constriction is like jamming a stick into the gears. It makes everything shut down, but at least it shuts down the threat—

R: But the energy is bound in the gears that have been stopped. So you're looking at somebody running at, let's say 80 miles per hour and then stopping suddenly. If you stop a machine going at the rate of 80 mph all of a sudden, then the potential energy is still stuck in the machine. So when we take the stick out, there's an amazing amount of energy. You have to take it out slowly, if you take it out quickly, it's going to throw another stick into itself to prevent--in fact, the excitation will be at a higher level. Because at least the initial build-up was gradual. Yet, if you're going to take the stick

out and all of it is going to be allowed to come out, it actually will be a higher level of energy. So we take it out very slowly. And you take that excess energy, we take that into the person's life, and see how they can use it.

M: Right, because that's the flip side, because I've been chronically low-energy all of my life, and I've always had this sort of idea that the low energy, the blocking of the energy, had to do with--if I block the energy from flowing, then I block whatever the real feelings are that are underneath it all. I mean, if my energy is going to start flowing--if the juices are going to start flowing, I'll start feeling what I'm trying not to feel all my life. Is that right?

R: Yes, absolutely. And the point is, traumas this early in life very often get lodged in the physiology.

M: And that's the whole point of this kind of work. That's the whole point of my having gone through all this emotional work for years, and finding that I still have this revving in my stomach. I've done a lot of cathartic work—

R: And it helped, I'm sure. The emotional work is extremely important to bring about connection to the rest of the world, but at the same time, to be fully in the body, to experience the pleasure of daily life, to have the energy available, it's important to do the physiological work. The extra advantage is the following: sensations often provide the container for the emotions, so often when people are able to resolve the physiology, they're able to then contain more of their emotions, and somehow feel more fulfilled in their life. Because ultimately, life is about how you feel about your children, your spouse, your life every day.

M: Right, that's why I've experienced so much relief with the work I've done. But it's why I'm left with this residue of physical responses.

R: The effects of early over-stimulation--it's really over-stimulation that the equipment couldn't handle, that's what trauma is to a fetus, because it has no cognition as to what has happened. No idea what was happening, it only senses massive over-stimulation. So it's going to permeate everything, it's under everything, any issue that is there in the client's life. Another symptom of early trauma is that any time any kind of excitation starts to happen, good or bad, it will tap into the anxiety.

M: Right. Say a little bit more about that.

R: Anytime you have a good thing happen to you, what does that mean? Excitation. Anytime you have something bad happen to you, what does that mean? Excitation. It will immediately tap into that prenatal anxiety. It's almost like any other issue finds a trap door, a shortcut to this kind of state. It permeates everything, it really permeates everything. It's what people generally describe as "feeling anxious". But it isn't about present-day. It's really the anxiety of death. It's really not emotional anxiety, but the anxiety of the reptilian core. And that does not come from a thought in the new brain, it comes from this very early experience, and that's why it often doesn't make sense, you know what I mean?

M: Absolutely. You can't put your finger on it. That reminds me of the issue we once spoke about--the experience of not being able to focus, to concentrate on one task. When I get into that revved-up state, I'm often also very scattered in that way, bouncing from one thing to another.

R: It's called the orienting response gone awry. A typical orienting response for an animal in the wild will be what? It hears a noise and it crouches, tightens the stomach, goes down on its haunches, turns around and looks. There's a good deal of excitement, of physical arousal, and then it sees that it's just a feather or something, and so it just releases, and goes on its way. That's the classic orienting response, and we need that in order to deal with danger.

What happens is that when we have traumatized physiology, it means that there is arousal--when we talked about this, you'd experienced the arousal after hearing your birthmother's voice on the phone--and what happens is then, there's arousal, so the reptilian brain looks around--'Where's the danger, where's the danger?' You cannot focus on one thing, because you know that the danger is elsewhere, because there is really no danger. The danger is internal. So that's why it gave you relief to go from one activity to the next, but as soon as you start to focus on one, there is again increased arousal because at some level you see that that book, or project--whatever you were trying to focus on--was not the danger, it must be elsewhere. So the reptilian brain keeps trying to make you figure out where the danger is.

So it has to do with the ability of the autonomic nervous system to be flexible enough to handle varying levels of energy or excitation. So we have to calibrate it, so to speak, over time. It's almost like, you have a body, and it can handle, let's say, 5 watts of energy at a time, but it's potential is something like 80 watts or 90 watts. And I cannot go from 5 watts to 80 watts in one day.

M: But that's what doing catharsis is.

R: Yes, catharsis, what it could do--does--although it may be resolving other things at other levels, emotionally--it could release so much wattage into the system, that physiologically the system might get more re-traumatized. And one thing that I noticed, when I worked with you, you were in a state of arousal, so it was very easy to work with that, as opposed to when it actually becomes symptoms.

For example, if you come to me with some tension in your shoulder that is really bad, that would have been a symptom that the arousal had been split off and stored in a certain part of the body to manage the excess activation. And that is what spinal curvature is about, and most fetuses that have fetal distress develop some degree of that. What they're really trying to do is to somewhat store that energy someplace around the spine. And as the scoliosis straightens, energy is released into the system. But if they went and got deep-tissue work on the scoliosis, it would release so much energy so fast that the body would get re-traumatized again, and the scoliosis would come back. So that's why it's important to release a little at a time...

M: One therapist I spoke with feels that people may need to have some catharsis in the beginning--and she used the analogy of an oil well--to release that initial pressure, so you can then get in there create how to let that energy flow so that you can channel and utilize it.

R: That might be the case, but it can be done in different ways and in a different order. It depends on the person. It's not that the cathartic model is a bad model, I think all those conclusions that they make have to be addressed emotionally, that 'I'm not wanted' or 'I don't have a right to live', things like that. And catharsis really comes from that realm. It's just that intense breathwork has to be avoided when it is contra-indicated by the presence of an unstable nervous system. It is pumping a lot of energy into the nervous system, and here's a system that cannot handle it. So in the catharsis, it could actually get re-traumatized. And the worse thing is that people actually get addicted to the catharsis; there are biochemicals secreted during catharsis, so that's another problem. For example, holotropic breathwork might be a bad idea in some respect when there is severe early trauma with shock in it while it might also give the person a connection to their early past for the first time something they had not been able to get to prior to it.

M: Like what they do for re-birthing, and things like that?

R: Right. Which is not necessarily bad. It works for some people, and it doesn't work for some people. We need to also monitor what is happening to their survival physiology, is it getting worse or better? I have run into a number of people who have developed severe symptoms like auto-immune disorders and chronic fatigue after engaging in prolonged cathartic work with early trauma.

M: In talking to a few therapists about re-birthing, it seems like it can be a very un-integrated experience. You take someone, not knowing what their history is, or their past experience with any healing work, and you charge them up with all the breathing, and they can just go into all sorts of intense experiences, and—

R: Get very fragmented. Yes, what might happen there is that people dissociate. They go into the transpersonal realm, they go into altered states, like their astral body, and start seeing archetypes. And that is really not the human level. It is not bad and for some people they have such larger experiences of themselves for the first time and that is good as long as it is not a habitual place they go to in order to defend against being also human. But again we need to monitor whether they are getting re-traumatized on a very basic level of the body and brain and experiencing traumatic stress in the process.

M: That's where a lot of us have lived all our lives.

R: The harder thing to do is to be—

M: In your body.

R: Yes. That's where the pleasure is. The idea is to really allow the person to have as much energy as possible in the body, so that they can have as much pleasure as life is capable of giving. And charging the system with as much energy as possible and as much emotion as possible might be indicated when there is enough capacity in the nervous system enough stability in the physiology to handle that so that it can organize itself into even a more complex container for good as well as bad experiences that are part and parcel of human life.

M: Right, and that is my lifetime experience, of not being able to have enough energy. There are times when I think of all the things I would do--especially with my kids--if I had more energy. Isn't that ultimately what the defense was against?

R: Exactly.

M: So let's say you've got someone who comes to you who's done some work on later developmental stages in their life, but hasn't addressed any deeper or earlier, foundational trauma. I would imagine that had I come in here at that stage--three or four years ago--and started doing the kind of quiet, reflective, inward-looking work you do, I would've just started crying, like the oil well that needs to have the pressure bled off.

R: And what would I do in that case? I would absolutely follow that, but I would monitor you to make sure that your physiology is not getting traumatized at the same time. And birth trauma is a physical trauma as well, and that has to be dealt with, and if that isn't dealt with, people can actually go into more and more shock as they go into more and more catharsis. So just having that in one's consciousness is good, because—

M: That will allow you to notice if all of a sudden you're feeling numb or speedy, or disconnected, whatever.

R: Exactly. See, the idea is to really keep you here in the present. Take an issue that you're dealing with--noise, children, whatever--and then use that to open up the energy a little more. It goes through a cycle, and very often I'm just waiting for the physical body to kick in, the self-regulation to kick in.

M: Tell me about the self-regulation. It's something very heartening to me to know that it isn't all just me having to do it with my mind, that there is an actual physiological process going on.

R: You're looking at the reptilian brain, which governs all the autonomic processes, which really has billions of years of stored wisdom. And it regulates the heartbeat--slows it down, speeds it up, etc.--it does all these things with no conscious input. It is that system that goes awry in trauma. Self-regulation is somehow thwarted. And it is not able to come back into homeostasis, because what happens is, in trauma, the autonomic nervous system is pumped up with a high level of energy, which is the reason for the stress, and it somewhat disorganizes itself to protect itself, but it's not able to go back to the normal state.

So all that we do here is that we try to bring the self-regulation back over a period of time, so that it's on its way. We give it support, with some understanding, some knowledge of how to do it, how slowly to do it, what to watch for, so on and so forth.

M: But it does learn, the nervous system can still re-learn?

R: Yes, of course. Now the new brain can come in and spoil it as much it can help heal it. For instance I had a client, and I didn't know that she was doing chanting. And she was getting better, and then she would come back and say that she was getting worse. And I didn't know what happened, and then I found out she was chanting four hours a day, and really pumping so much energy into this nervous system, when it was healing. So you can interfere with it by wanting to do too much.

M: If someone wants to address these issues, but doesn't have the opportunity to work with someone who's familiar with it, is there anything that can be done on one's own?

R: Take time out, and if you have a garden nearby, some place that you like, go there. See, one way to bring back the self-regulation is to go to nature.

M: That's something that I've always heard, and yet I have always had this disinclination to go out into nature, even though I know it's supposed to be healing.

R: You see, in trauma all connection is broken. The connection to nature is broken, the connection to the healing resources is broken. And we try to reestablish that. Ida Rolf said once, "If you did not get it from your mother, get it from the Mother, the earth." So that connection is broken, so it's not surprising that there is some resistance there.

M: Yeah, it's like I want to just stay in the house, and look at the trees from inside.

R: That's fine, to start with, to connect with it from there. You see, nature's rhythm is so strong, that it can, when we start to vibrate with it--You know when people who are really hyper go to the ocean and conk out? Because the natural rhythm of the ocean is overwhelming, so their mechanism that is resisting self-regulation gets pulled into the natural rhythm and it starts to self-regulate itself.

M: When we were doing this work one day, I was a little surprised to get these very vivid, rather dramatic [snakes in my stomach, chest filled with wet clay] images, when I don't consider myself to have a particularly vivid or soaring visual imagination.

R: You're working in a very subconscious dream space. It's very non-linear, like snakes and mud. In dream space there's no time logic and no space logic. And in this healing, on the reptilian level, there's no logic. It's a place of infinite creativity, but it's your creativity. In trauma, it is this connection to the creativity that is broken, and which we seek to restore. This work is really about empowering the client, re-connecting them with their creative--and physiological--resources.

© 1995, by Marcy Wineman Axness
Author retains first rights