

Accessing Pre-Traumatic Prenatal Experience Using EMDR: Uncovering a Powerful Resource of Equanimity, Integration, and Self-Esteem in the Pre-Traumatized Self

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This article is a preliminary report on the remarkable results some of my clients and I have been achieving using EMDR to target prenatal trauma, with a focus on the discovery of an experience of the self prior to any trauma occurring, and the enormous healing power that derives from revisiting and reactivating this extraordinarily positive pre-traumatic experience. It is with some hesitation that I am reporting my experience with prenatal trauma processing, as I do not wish to be seen as on the fringe or even over the edge by my colleagues. However, I realize that I was able to overcome my prejudices (through examinations of the facts) about the nature of prenatal experience, when memory begins, and how it can be accessed.

I have found there is a body of scientific investigation and knowledge on prenatal experience and trauma, and that indeed we do experience and are influenced by our environment in the womb. We can learn from such experience, and therefore, can be traumatized prior to birth. The prenatal self can feel and record this experience. I refer the reader to www.birthpsychology.com/resources/index.html for a list of publications on this matter. The various kinds of pre- and perinatal trauma and the deep healing that results when processed with EMDR will be the object of other articles by myself and Dr. Heather Pearson, who is also investigating this same field.

What I intend to focus on here is the discovery of a pre-traumatic experience at the embryonic stage, which I have found to be a remarkably powerful internal resource for healing, already developed and installed, simply requiring reactivation. When I saw the powerful healing results of reactivation of this pre-traumatic experience in a number of relatively “stuck” clients, I felt ethically bound to report this immediately to other clinicians using EMDR so that others may benefit.

To illustrate this phenomenon, I will describe the case of the first person with whom I used this embryonic neural network reactivation (memory retrieval?) technique.

I have been seeing Miss A, a 53 year-old retired school teacher, for a number of years on a twice weekly basis for chronic depression and generalized anxiety. The pertinent details in her history are as follows. She was the first born to a very anxious and emotionally immature mother and a post WW-II veteran father, who appears to show signs of PTSD. At a very young age, Miss A took on the role of caretaker of her mother's and father's emotional well-being. She subsequently became a mother substitute for the three sisters that followed, and naturally, came to feel excessively responsible for the well-being of everyone around her in later life, at the expense of her own well-being.

The entire family was dismissive of feelings of suffering, and when Miss A was diagnosed with rheumatoid arthritis and fibromyalgia as a young adult, she found little support from her family, who remained her main social contacts. She had been deeply hurt by her father's focus on himself, and the physical beauty of her sisters, and lacked confidence that she could be attractive to a man.

In preparation for EMDR treatment, Miss A could not find a safe place no matter what we tried, and the light stream and other relaxation exercises failed to work. Nonetheless, we targeted numerous traumatic memories from her childhood using EMDR, and she progressed and made many positive changes in her life, including spending less time and energy taking care of her mother and father's emotional and physical well-being, and feeling less guilty about taking care of her own needs. But somehow, the processing never went to complete adaptive resolution, with the SUD (Subjective Units of Disturbance) never going down below 3, and the positive cognition never going higher than 4 or 5 (out of 7) on the VoC (Validity of Cognition) scale, no matter what the target.

We tried processing blocking beliefs, with the unfortunate looping of blocking beliefs that block processing of other blocking beliefs. We tried processing feeder memories, including early babyhood targets, but again to less than full resolution. I had discovered through the perinatal psychology literature that some clients' trauma starts in the womb when maternal anxiety is transmitted via adrenaline (and cortisol) transfer across the placenta to the fetus (producing the equivalent of a panic attack), and I had seen remarkable unblocking and successful deep processing (i.e., symptom resolution) in a number of clients with chronic anxiety, panic, sleep, eating and other disorders when we targeted this prenatal trauma.

Miss A and I found that this prenatal transplacental adrenaline transfer was indeed the tip of the root of her anxiety, and her sense of neither belonging nor being special, but none of the maneuvers I have been using for other clients, such as the ‘physical interweave,’ worked for Miss A (see my website www.voc7.com for further elucidation of this and other techniques used).

As I reviewed embryology, I noted that before 5 or 6 weeks gestational age, the placenta has not developed a connection between maternal and embryonic circulation that would allow for such transplacental transfer of the molecular

** This rendition has been edited in an attempt to improve comprehension.*

mediators of the fight, flight or freeze response. Therefore, I decided to ask her if she would try to go back to the stage prior to placental connection; i.e., to less than 5 weeks gestational age. We started with the light stream exercise (which Miss A had never derived any relaxation from), in combination with computer-generated tactile alternating bilateral stimulation, and some suggestions about going back to a time prior to trauma, when the primitive nervous system (we have a brain at the end of the fourth week gestational age and about 125,000 neurons in total) presumably stored the experience.

Within minutes, to her surprise (and mine), she experienced deep relaxation, and exclaimed, "This must be relaxation, which I have never experienced before!" Indeed, as a chronic pain sufferer, Miss A has tried virtually every relaxation technique, including deep relaxation exercises, massage, physiotherapy, biofeedback, wax immersion and warm floatation baths, and yet nothing had ever worked. I encouraged her to stay in this new found state of relaxation for the entire appointment, and when I asked for a positive cognition half way through, she said, "I belong" and later, "I am important" with a VoC rating of 7 for each. I was astonished at the knowledge of self worth that she had accessed so quickly through this process. At the time of writing, I have guided her back to that pre-traumatic experience 7 times, and each time she re-experienced a profound sense of peace and well-being, and the positive cognitions remain completely valid to her.

In terms of symptoms, we are seeing a generalizing effect. Miss A is reporting new behaviors that were previously outside her repertoire due to anxiety, such as spontaneously calling on neighbors for a visit, and feeling comfortable the whole time. She is reporting enjoying (for the first time in her life) activities, such aquatic fitness, that are centered on self-care, not other-care. She reports feeling more rested and content with her life. She said the other day, "I think I'm happy!" and "I have been thinking about how I am getting all my needs met." These are extraordinary statements from this previously melancholic and pessimistic person.

I have tried this technique with other clients, having them close their eyes and using alternating bilateral tactile and/or audio stimulation (using a "Heartbeat" sound for the latter). I have found that most clients rapidly experience the same profound sense of equanimity and self-worth. Each reports the experience using their own frame of reference; thus, for example, some report a detailed "spiritual" experience while others report it being like a state of deep meditation, or as a remarkable mental clarity. Some cannot get to this state of tranquility, but I have found that the pre-traumatic neural network storing this experience seems to have been activated whether they feel it immediately or not.

Therefore, when I encourage these clients to let whatever happens happen, I have observed profound unblocking in their healing process (such as the sudden de-repression and successful processing of memories containing blocking beliefs like, "I deserve to be punished and therefore not to heal") as if a higher level of self has taken over and is driving their mind towards healing resolution. I have been experimenting with the use of this experience to enhance therapeutic results. I have used it with others in the same way as I have with Miss A, i.e., simply assisting them to get to this mental state each appointment. I am seeing a generalized effect in each client that I do this with, with reports of positive shifts in day to day functioning occurring. In others, I have started with helping them get deeply into this state to use it as a resource, and then suggest that they take this positive knowledge and feeling about themselves as we proceed into processing the next trauma targeted. I use a strategic developmental model, targeting traumatic experience chronologically.

Some clients spontaneously move from the positive cognition that comes up for them in the pre-traumatic state along a channel of memories that contain the corresponding negative cognition, processing rapidly and deeply as they go. Some people report a perfectly clear and logical frame of mind in which problem solving becomes straightforward and efficient. Others report a higher level of creative thinking.

I am describing this phenomenon as activating embryonic neural networks, and therefore, accessing embryonic memory, although there is no way to prove that such is actually the case. It could be argued cogently that what is happening in these clients is due entirely to suggestion. I am leaning towards the explanation that clients are (via suggestion) accessing embryonic neural networks containing actual memory (stored as feelings) with an overlay of adult interpretation of these feelings. The fact that Miss A was not previously at all responsive to deep relaxation or hypnotic suggestion argues in favor of this conclusion.

The fact that single neurons in vitro demonstrate the ability to record experience of stimuli makes plausible the idea that a developing human embryo whose brain and spinal cord contain around 125 thousand neurons can store experience. The idea that we start life with a primordial sense of our worth and power fits with evolutionary survival of the fittest, since the fittest are those with the highest realistic self-esteem.

Our abusive or misguided upbringing and other negative experiences may result in a burial of this primordial authentic self under a deep layer of negative self-conceptions. While these questions are being sorted out, I will continue to use this remarkable, powerful, and accessible resource because of the depth of healing that I am seeing in my clients. As is true for EMDR itself, knowledge of the mechanism is not necessary for the achievement of extraordinary results.

Note: The theories contained in this article are anecdotal in nature and have not been proven through research or controlled studies.