

INTRODUCTION

Emerging from the Shadow

What we have called “karma” or “shadow” may, today, be called “trauma,” since the effects of trauma propagate as dissociated and denied energies, frozen in shadow, bound to repeat. Trauma creates incoherence, fracturing us from ourselves and separating us from others. Its broken memories resurface repeatedly through exterior eruptions that are not directed by free will but by that part of the self that is held in darkness.

THOMAS HÜBL,
HEALING COLLECTIVE TRAUMA (2020)

SELF-KINDNESS ON YOUR JOURNEY

Before proceeding to discuss the profound effects of trauma at a very young age, I want to pause for a moment. This book introduces potentially challenging material. It could be activating because it may touch memories that have been held in shadow and not previously named or processed. I encourage you to take your time, pause as you need to be with your feelings and bodily reactions, and seek support to process what arises. I suggest reviewing the end of the introduction to this book, entitled, “Tips for the Journey,” to support you in your reading.

Here, I want to appreciate that you may be a parent reading this.

You may find yourself feeling judged or criticized, which is not at all the purpose of the discussion. Or you may experience feelings of guilt or regret for what you now realize your child was exposed to and experienced in their earliest days. It has never occurred to me that prenatal or birth trauma is the fault of parents. If I blamed anyone, it would be doctors (particularly obstetricians), but I have always been more interested in acknowledging the cultural denial that underlies insensitive relations with babies. That is no individual's fault. There is, however, culturally generated ignorance about how exquisitely sentient and intelligent little ones are, and how we can meet them with the respect and empathy they need and deserve. Please, please, don't blame yourself for whatever may have happened in the past, and please consider that while repair is most effective early on, healing is possible at any stage of life.

I also apologize to any readers who may find my references to *mother*, *her*, and *she* as offensive. I acknowledge that this may not resonate for those who prefer terms such as "birthing person," "they," or "them," but I have not been able to find a way to use alternative language that communicates the content as clearly. I'm still learning! Please know that hereafter when I use such language, I am referring to the person in the *mothering role*. This caregiving position can and is intended to be inclusive of a variety of experiences.

MEETING THE SHADOW

Many years ago, I had a dream where I was being chased by monsters. I was running down a hallway and came to a locked door at the end. I could not escape. Suddenly, I remembered the common advice to face your monsters. Heartened, I turned around, where I beheld the three ferocious cartoon character-type monsters who had been chasing me. Holding out my hands, I dared to ask, "Do you want to dance?" The monsters were delighted! We all joined hands and danced together.

The *shadow*, a term coined by Carl Jung, refers to unacceptable aspects of ourselves that we have pushed down into the unconscious mind. Although buried and out of our own sight, our shadow aspects

never disappear. Like any rejected child, they long to be loved and welcomed. Inviting them to dance, as I did in my dream, enables them to come home. We return to wholeness.

Fortunately, at the time of this dream, I had already done a fair bit of therapeutic work on myself. I had some ability to face and welcome my monsters into the dance. As shadow expert Robert A. Johnson writes, “We are advised to love our enemies, but this is not possible when the inner enemy, our own shadow, is waiting to pounce and make the most of an incendiary situation. If we can learn to love the inner enemy, then there is a chance of loving—and redeeming—the outer one.”¹ The monsters in my dream represented my inner enemy, but they were often reflected in my outer life. I felt chased by the demands of a family and culture apparently requiring perfection. I often feared the criticism or judgments of others, and these three monsters represented angry, aggressive, and even violent aspects of myself that would have been dangerous for me to own or express as a child. My critical and mentally ill father was too unstable to tolerate anyone’s anger besides his own. I could easily point to this time as when my monsters went into hiding in the shadow.

Shadow work commonly addresses the roots of painful experiences within our childhood. As I immersed myself in learning about pre- and perinatal psychology in the 1990s, I began to understand that the origins of this trauma were even earlier than I realized. *Prenatal* refers to the time before birth, generally considered from conception to birth. *Perinatal* refers to around the time of birth (the prefix, *peri* means “around.”), including the actual birth as well as the period just before it, usually involving labor, and the postpartum time that can be defined as hours, weeks, or even a year after birth. This field of study has been amassing evidence of our memory, learning, and intelligence from this very early time in our lives. As we sense and respond to the context in which we form the physical body, we are also forming the psyche.

As a little one in the womb, I marinated in the psychic field of my mother, who was stressed and often frozen in the presence of my father’s irrational outbursts. Prenates are intelligently preparing for the

world their mother perceives. I was clearly entering a dangerous world where it was best to be a good, quiet, possibly frozen, child. Along with forming arms, legs, organs, brain, and muscles, I was also forming an unconscious home for my monsters. Later childhood experiences served to bolster, rather than to create, my shadowy patterns.

Personal shadow, which I have referred to here, differs for each individual and nests within a larger collective shadow. Though some aspects of collective shadow are universal, each culture strongly influences and expresses it differently, relating to their unique social mores. Pre- and perinatal experience, which profoundly affects our personality, relational tendencies, and other behaviors throughout life, is almost by definition shadow material, at least in the modern Western world. Cultural denial of early consciousness has only recently begun to shift in response to advances in research, development of more age-appropriate research methods, and ample clinical evidence of the effectiveness of addressing this early time in therapy. As a result, attempts to express prenatal or birth memories are just beginning to be reinforced and integrated into consciousness. Within a field of denial, aspects of us associated with these memories tend to be judged, rejected, and relegated to the realm of shadow. Now, we can begin to meet and integrate them, returning to our original wholeness.

DENIAL, RESISTANCE, AND COLLECTIVE SHADOW

The purpose of shadow is to protect us. There can be fierce resistance to efforts to reveal these parts of us in hiding. New information tends to be met with emotional reactions, generated by defensive hormones as we sense our beliefs and as the identity founded on them is being threatened. Fueled by the stress hormone cortisol, we are likely to react emotionally, often with anger.

Within the field of psychology, Sigmund Freud and his student Otto Rank discussed the effects of birth experience, but these ideas were not popular and continue to be widely unknown a century later.

Otto Rank's *The Trauma of Birth* (1929) is a classic in the field of birth psychology, yet I recently spoke with a psychoanalytic therapist who was shocked to learn that Freud and Rank had met and acknowledged this material in their patients.

Collective shadow is responsible for this ignorance.

Several of Freud's students, including Frank Lake, Otto Rank, J. Sadger, and Donald Winnicott, saw Freud as unknowingly being on the verge of perinatal work, and built upon his theories.² Freud acknowledged birth as "the prototype" of anxiety in later life. He initially focused on the physiological trauma of loss of oxygen at birth, but later included the trauma of separation from the mother.³ He recognized birth symbolism in dreams and saw sleep as like being in the womb.

Freud, however, lived and worked in Victorian Vienna. So, when his patients revealed sexual abuse, he eventually renamed these memories as fantasies due to their unacceptable nature in Victorian society.⁴ If these memories were imagined, surely memories of even earlier, prenatal and birth experiences must also be fantasy.⁵ Otto Rank's *The Trauma of Birth* (1929) was first published in German in 1924, and "initially celebrated by Freud as the greatest advance since the discovery of psychoanalysis,"⁶ but within the context of Victorian society, Freud then rejected this work by one of his favorite students, delaying its publication in English until five years later. The birth theory in the book was officially laid to rest.

DEVELOPING AWARENESS

Prenatal and birth trauma present so ubiquitously and unrelentingly that it was natural that others, including Nandor Fodor, M. Lietaert Peerbolte, and Frank Lake to later address birth trauma and the idea of prenatal consciousness. These ideas are still not fully accepted within the field of psychology but are becoming increasingly appreciated as the field of pre- and perinatal psychology grows. I am inspired by the increasing number of psychotherapists and psychologists inquiring about this work and participating in my workshops and trainings.

In 1971, the forerunner of the International Society of Prenatal and Perinatal Psychology and Medicine (ISPPM) was formed in Vienna by European psychiatrists.⁷ Its former president, Dr. Ludwig Janus, a German psychiatrist and psychotherapist, published a courageous book in 1997 called *The Enduring Effects of Prenatal Experiencing: Echoes From the Womb*. This book explicitly described the cultural denial of prenatal consciousness and its profound effects in our patriarchal world. Another professional organization, now called the Association for Pre- and Perinatal Psychology and Health (APPPAH),* was formed in North America in 1983. These associations, each with their own conferences and professional journals, provided a place for researchers and professionals from many disciplines to present their work, so often rejected by established professional associations. The field of pre- and perinatal psychology, which had been struggling down the birth canal for some years, was finally born.

The first popular book on the topic, *The Secret Life of the Unborn Child* by Thomas Verny published in 1982, was soon followed by *Babies Remember Birth* by David Chamberlain in 1988[†] These two founders of the American association paved the way for many of us also encountering prenatal and birth material in our work with clients. As awareness of very early sentience and its effects has spread, how birth and babies are treated has also changed. For example, as recently as 1985, parents discovered that their baby had received surgery with a paralytic drug but no anesthesia.⁸ This was a common, although not publicly known, procedure, based on the erroneous belief that consciousness begins with speech around the age of two. That we have a reaction to this news today is evidence of our intuitive knowing that little ones, even before they can speak, are aware, sentient beings with feelings and experiences. As the heavy pressure of cultural shadow begins to lift, we can listen to and trust this knowing.

*APPPAH's Birth Psychology website provides excellent information and relevant resources.

†*Babies Remember Birth* was re-published ten years later as *The Mind of Your Newborn Baby*.

Intuition and our ability to trust it are associated with the right cerebral hemisphere, which excels at perceiving wholeness and connectedness between all things, in contrast to the divisive dynamics that create shadow. These feminine qualities have been squelched in the modern world in favor of more masculine linearity, analysis, and control. In this context, the feminine has been in the collective shadow. It has been feared, denigrated, and dominated by the overly educated “left-brained” patriarchy. Intuition, pregnancy, gestation, and birth all belong to the realm of the feminine, as does the womb and life within it. Birth has largely been taken over by Western doctors with a masculine approach focused on disease, replacing traditional female midwives, and ancient Indigenous practices familiar with supporting and trusting the inherent health in natural birth. Fortunately, natural birth (birth without routine medical interventions, such as pain medication), which honors and supports the natural and instinctive progression of the birth process, is celebrating a comeback. As a collective, we are beginning to remember and return to the feminine as an essential aspect of ourselves.

I have observed this awakening over the thirty years I have studied and worked in the field. At the same time, I see other cultural shadows coming to light. Recently, for example, the Me Too and Black Lives Matter movements have worked to shine the light on what has previously been unspeakable. White bodied people previously in denial are beginning to listen, with at least some making attempts to acknowledge their privilege and learn to perceive and interact differently with an intention to address and reduce racism. It could not be addressed when it was not acknowledged. Now, the existence and effects of rampant racism, as well as other forms of ethnic, religious, sexual, and gender discrimination, are being more readily named. Similarly, attempts in the 1990s to report incest or sexual abuse tended to be met with denial, judgment, and shaming. It is now much more accepted that these phenomena occur and are frequent. Children are encouraged to set boundaries and to tell a trusted adult if they have experienced abuse. With this attitude, the potential for change arises.

My passion is shining the light of awareness on pre- and perinatal

experience, which has likewise been held in shadow for too long in the West. In other cultures, there exists more acceptance and integration of this important time of development. For instance, prenatal consciousness has always been acknowledged in the far east, where it has been detailed in religious texts, such as the Hindu Garbha Upanishad. Forerunners of modern psychology, such as Aristotle and Locke, also appreciated this influential period.⁹

Other cultures acknowledge and respect prenatal intelligence. For example, Malidoma Somé reports that among his people, the Dagara of West Africa, a ritual, called a “hearing,” is held a few months before a child is born. The purpose of the ritual is to allow the soul of the unborn child to communicate with the people, so that they can prepare for the newcomer. The soul takes over the body of the mother and speaks through her, answering questions posed by the priest. The people are informed of the infant’s life mission and gender, as well as objects that must be prepared to help them remember his or her true identity after birth. Based on this communication, a name is chosen which represents the child’s “life program.”¹⁰ When the child is small, the grandfather, who attends the prenatal ritual and has an intimate relationship with the grandchild, reminds them of what was said during the ritual.

This is quite different from how fetal intelligence is met in modern Western culture. As science has begun to acknowledge prenatal brain functions, parents have been encouraged to begin educating their baby in the womb. This may be as simple as talking with their baby to support prenatal language development. More specific prenatal studies have shown that unborn children learn and respond to prenatal “lessons,” and show signs of remembering what they have learned.* A 2013 study involved pregnant women listening regularly to a short recording of sounds on a CD not found in their mother’s native language. After birth, the babies’ brains responded to these sounds as familiar whereas

*For examples please refer to an article by David Spelt, “The Conditioning of the Human Fetus in Utero,” and a book by Rene Van de Carr and Marc Lehrer, *While You are Expecting: Creating Your Own Prenatal Classroom*.

babies who had not heard them in utero responded to them as unfamiliar. It was not mentioned in the research article if the women listened to the CD via headphones or speakers, but I recently met someone whose doctoral research was in this exact area. She agreed with me that the fetus would experience the vibrations and the mother's response to the sounds, regardless of how the mother heard them.

Clearly, babies also begin learning their mother's language in the womb. Singing or playing music to babies in the womb may support language learning, and newborns recognize lullabies they have been exposed to before birth.¹¹ Such efforts may also foster prenatal bonding once the parents can sense the baby's presence.¹²

Before the quickening (feeling the baby's movements), or perhaps earlier, when seeing the baby on ultrasound, there is often negligible acknowledgment or understanding of the baby's receptivity to what is around them. Older siblings are often aware of and communicating with the fetus before the parents even consider this possibility. We know from client reports that they may feel rejected or unwelcome when their presence is not acknowledged.

~ Prenatal Memories ~

Maria was adopted at birth. When we first met, her speech was rapid without apparent pauses for breath. She wanted to be more in her body, but her efforts tended to be hijacked by her busy mind. Maria's first mother had already been a single mother with not much income and no support when Maria was conceived. She could not manage another child. Maria reports feeling a sense of being paralyzed by dread and anxiety in the womb, knowing that her mother did not want her. She wisely attributed her tendency to be dissociative (not fully inhabiting her body) to this early terror experienced as her body was forming. She felt she stayed quiet in the womb so as not to contribute any more to her mother's anxiety. To be so quiet, she had to disconnect from her natural impulses to sense and move. Throughout her life, Maria had never felt like she had enough food and carefully guarded what food she had.

We recognized together that, in the womb, the food coming to her was insufficient and tainted with her mother's stress hormones. For Maria, some of her memories were somatic, in how she related (or didn't relate) to her body, and some were behavioral, as in her rapid anxious speech and her relationship to food. These were implicit, nonverbal, unconscious memories that Maria and I worked together to integrate into her conscious understanding. As we did so, her speech became more relaxed, and she began to become more aware of sensation in her body. With conscious awareness, she no longer needed the behaviors to remind her of her early beginnings.

Even as the pregnancy nears the time of birth, the fetus is usually not included in interactions the mother has with others in her family or life in general. Babies are generally assumed to be relatively passive passengers through the birth canal, despite their ability and willingness to respond to communications from parents and birth practitioners. For example, if a baby is in a breech position, which tends to lead to caesarean section (C-section), they will usually turn if someone explains to them that they can do this and why it would be helpful. Similarly, if a mother explains lovingly to her baby that it is not yet time for them to come, the fetus often chooses to leave via miscarriage, rendering an abortion unnecessary.¹³ A mother recently described to me how her baby cooperated when she explained during premature contractions how much easier it would be to wait for the due date. The contractions stopped until the evening of the due date.

Even if babies receive operations nowadays with anesthesia to protect them from the shock of the pain, their sentience is still not fully acknowledged. This responsiveness to context does not require a mature brain, or even a brain at all! Every cell responds to the conditions around it, withdrawing from threat and opening to receive nourishment. A young baby's nervous system goes into shock, just as we would as adults, if exposed to intense pain. Even as recently as 2015, a UK newspaper article stated that, "although these babies experience an average of 11 painful procedures per day, 60% do not receive any kind of pain medication."¹⁴

The same article reported research demonstrating that babies are probably more sensitive to pain than adults, not less. This is reminiscent of the horrors of babies being operated on without pain medication. There are many other procedures that can also be very painful, even more so for delicate babies than for us as adults. Babies in intensive care, for example, receive multiple heel pricks, as well as having tubes inserted, and numerous other invasive procedures.

How does this relate to shadow? How could it take so long to stop performing surgery without anesthesia and continue applying painful procedures without pain medication when it was already known that babies would feel the pain of an operation? Consider this comment from Terry Monell in her article, “Living Out the Past: Infant Surgery prior to 1987”:

Doctors trained in surgery and anesthesiology adhered to an entrenched protocol and dismissed the reality unfolding in front of their eyes, every day for 140 years. The continuance of unquestioned belief kept the medical community from accepting their own humanity by consistently denying the primary language of the human race.¹⁵

Do you recognize the collective resistance here, reminiscent of defending shadow? As well as that the shadow permits such cruel treatment of infants? Babies clearly sense and suffer from the pain of surgery and other interventions, with potentially lifelong changes to their neurological and behavioral development.¹⁶ Monell goes on to say, “Since no parental consent was needed for a ‘standard of practice’ and the pre-verbal infant could not self-report, the barbaric experience was lost to implicit memory. Today there are generations of people left to endure posttraumatic symptoms from a cause they cannot identify.” I am reminded here of a client who is still resentful forty years later that his mother had her appendix removed during pregnancy without anyone acknowledging that it naturally affected him in the womb.

This is a description of personal shadow. It is unspoken, in this case

because babies are preverbal and the adults around them either didn't know or didn't acknowledge the painful trauma. To assume that the grimaces, screams, changes in heart rate, and other responses to pain in infants represent only inconsequential mechanical or reflexive reactions must require severe dissociation in the practitioners making these claims. They are most likely acting out of their own very early trauma history that has yet to be resolved.

More specifically, babies exposed to the painful experience of circumcision without analgesic relief, demonstrate increased aversion to pain.¹⁷ The same is true of premature, low birth weight infants who endure countless painful, invasive procedures in the Neonatal Intensive Care Unit (NICU). Such early pain exposure can not only generate higher sensitivity to and experience of pain, but also lead to Post Traumatic Stress Disorder (PTSD), depression, anxiety, altered immune function and digestion, impaired bonding, and delays in healing, learning, and development.¹⁸

Denying that babies are suffering and being harmed interferes with helping them. We now know that premature babies manage and recover from painful procedures better when they have their mother nearby and can hear her voice. This also may affect cortisol levels related to the stress response and positively affect development. Music has also been found to be a simple, kind intervention that reduces pain reactions in newborn babies during painful procedures.¹⁹ Infant pain level is easily recorded by observing their facial expressions, as well as measuring heartbeat and levels of oxygen.²⁰ Is this not common sense? How do *you* feel reading this? Without acknowledgment, babies needlessly suffer, and continue to be affected by this experience throughout their lives. Therapists like me continue to see them as clients 20, 30, 40, 50 or more years later!

Take a moment to consider the following:

JP Emotional Responses JP

Do you ever feel like emotions come at you, as if out of the blue? Do you feel powerless, at the mercy of life conditions or other people? Do

you have allergies or food sensitivities? Do you have strong reactions to other people engaging in smoking, drinking, or drugs? Are you extremely careful about your diet? Are you sensitive to pollution, electronics, perfumes, or other chemicals? Do you tend to get depressed, anxious, or easily overwhelmed? Do you have a sense of unexplained grief, loss, or fear? Are you highly empathic? Do you feel compelled to help people? Do you tend to have low self-esteem, feel like you don't belong or aren't welcome, like there's something wrong with you?

These are just some of the impacts that one might experience as a result of pre- and perinatal trauma, which we will explore in more detail together. The shadow, though unseen, infiltrates life, body, and psyche, and will not relent until acknowledged and appreciated. My hope is that this book can enhance awareness of these early experiences, including specific events in development, that are held in shadow, both on a personal and collective level.

- Chapter 1 introduces the concept of prenatal and birth shadow and its profound significance in our lives and our world.
- Chapter 2 explores how little ones who don't even have a nervous system and may not yet have much of a physical body can have experiences that they learn from and remember, although usually the memory is not conscious or verbal.
- Chapter 3 invites the reader to consider that shadow is not necessarily all bad, that it may include what I call our original embryological potential, the potential demonstrated when a unicellular organism at conception develops into a complex human being.
- Chapter 4 delves into the challenges of the journey through the birth canal, including prenatal influences and potential trauma that may arise at this time, along with how unresolved birth trauma may manifest later in life.
- Chapter 5 considers common issues related to the postpartum period and bonding, with their potential shadow material.
- Chapter 6 concludes our journey by addressing how to heal our relationship with primal shadow material and return to our potential.

TIPS FOR THE JOURNEY

In reading this book and exploring your own prenatal and birth shadow material, I have found it vital to practice mindful presence. Briefly, this can be summed up as having an intention to be oriented to present time.

Resourcing

Take a moment to consider, are there supports or practices that help you to feel present, safe, and curious? Curiosity is a sign of mindful presence. It tends to disappear when we are sucked into the defensiveness of shadow. In trauma therapy, we talk about resources. A resource is anything that supports you in being present, feeling safe, being able to be with your experience or memory, rather than becoming it. Little ones are not able to access resources themselves. They need others to help them. Usually, their primary resource is mother, but she may also have been a source of threat, danger, or fear. As adults, we can choose to focus on what supports us. That may be something in your body, like your sense of breath or ground. It could also be an object you love, an activity, a place in nature or elsewhere that you enjoy and feel safe in, a safe relationship with a person, pet, ancestor, or even a spiritual or imaginary being. Consider what is resourcing for you. If this is new to you, you may wish to take a moment and make a list that you can refer to and add to over time. This may be useful to you to keep on hand as you consider the content of this book.

Reading about prenatal and birth events can be activating. It can stimulate prenatal and birth aspects of yourself, which can lead you to begin reacting as if you were a helpless little one, which you are not. Please consider that the little one that you were may still be within you. Usually, it is in shadow. Essential to healing early trauma is being able to be present with these aspects of yourself, rather than becoming them. Orienting to resources can help you to differentiate between the little one you were and the capable adult you are now. Even if you don't think of yourself as capable, I can assure you that, if you are reading this page or hearing these words, you have abilities you did not have as a little one!

Journaling Prompts and Guiding Questions

Throughout the book I have included occasional exercises and questions that break down the shadow work in more detail and outline practical steps. You may find it useful to keep a journal throughout the course of this journey. This way you can take notes and react to the reflections as you go. You can also include poetry or artwork in your journal or create artwork as a way of processing and integrating what you are reading and experiencing. This draws on the right, more intuitive, integrative side of your brain, which can help to balance the collective left-brain, analytical focus. You might also find it useful to record dreams such as the one I described earlier, or other memories and sensations that pop up.

Please take your time responding to and journaling about any questions that resonate for you. Feel free, as mentioned, to draw as part of your journaling. Be curious about what is happening in your body—your breath and your sensations—as you journal. Somatic responses can offer valuable information.

This guidance is designed to help you understand and integrate your early history. Please pause to consider your answers. You may find this process therapeutic or possibly challenging. If you are uncomfortable with any of the questions, feel free to leave them for later. It may be helpful to review these questions with a trusted friend, partner, or therapist, particularly someone trained and experienced with prenatal and birth psychology. Remember that it is always helpful to begin an exploration by orienting to your resources—ask yourself what supports you now, assuming your current age and strengths.

You have already survived any challenges from your early life. Trust your intuition and consider all your responses simply as information, to be potentially explored further. Take note of how your body responds to each question. For example, does your heart begin to beat faster? Do you feel faint or dizzy? (If so, please pause and take some time to ground and resource yourself.) Perhaps you have a response in a particular part of your body, like a pain in your head or hip, or a tingling in your shoulder or heat in your umbilicus. Take note of such responses and allow yourself to be curious about them. Similarly, remain curious

if you have a strong emotional reaction or resistance to any of the questions, or this entire process. If you find this too difficult, I encourage you to seek professional support from a trauma-informed therapist. It may just take a few sessions to enable you to be able to work with this material more gently.

Equipped with your sense of resource, support, and your current age, you are prepared to begin to become acquainted with prenatal and birth-related shadow. May these pages enlighten you and shine the light on primal aspects of you that have been held in darkness.