

EARLY PSYCHO TRAUMA

Singapore, 04.9.2015



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The act of procreation, pregnancy
birth and first years as traumatizing
experiences

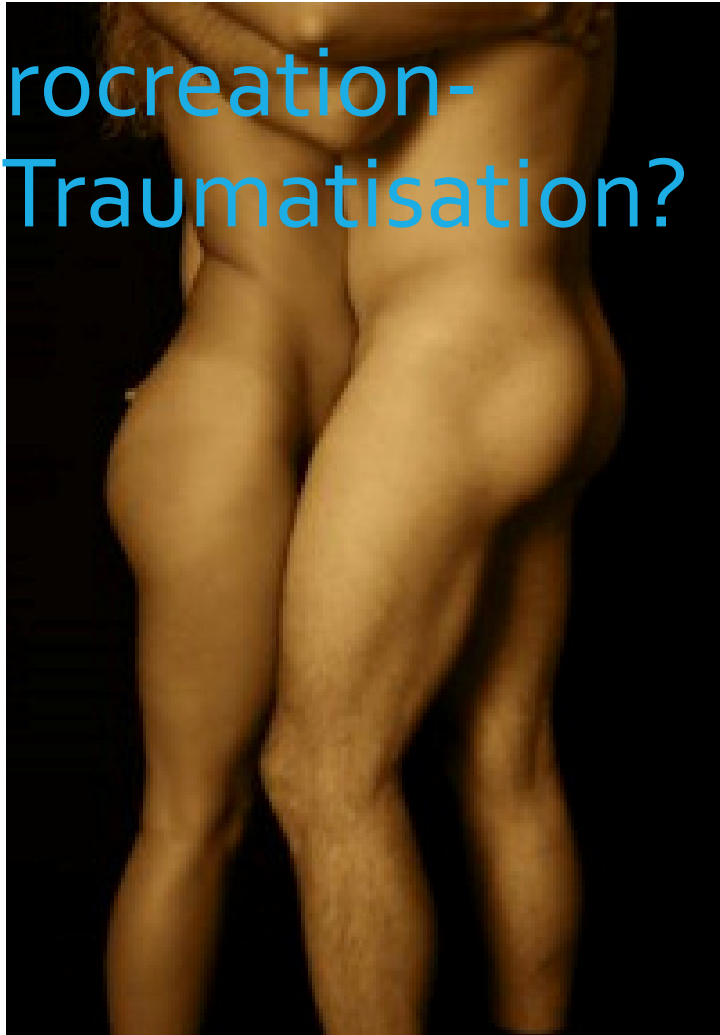
AGENDA

- Wanting to have children
- Act of procreation
- Abortions
- Pregnancy, time in mother's womb
- The process of birth
- Bonding processes after birth
- Further types of Early Psychotrauma
- Early Psychotrauma and trauma of the mother
- "Early Psychotrauma" and "Trauma of Love"
- Prevention of Early Psychotrauma

Wanting to have Children

- Wanting to have children is an instinctive and natural desire of women and men
- There can be social, political and religious pressure to have children (e.g. a male child)
- Financial reasons may prevent to have more children
- The wish for a child is very often ambivalent
- Not wanting to have children can, under traumatizing circumstances, also be a healthy decision
- The wish to have children can be a psychotrauma-surviving-strategy (distraction, compensation, child as an illusionary mother, hoping to prove to be healthy ...)

The Act of Procreation- Love or (Re)Traumatisation?



- Sexual desire and lust?
- Act of Love?
- Rape?
- Incest?
- Child out of marriage?
- Unknown father?
- Assisted Reproduction (IVF, ICSI, egg-, semen-donation, surrogate mother ...)?

Abortions – a normal procedure or a trauma?

- WHO: 25% of all pregnancies are interrupted (appr. 46 millions per year)
- Self-induced abortions (by poison, needles, hot water, accidents...)
- Illegal and legal abortions done by mothers, grandmothers, medical doctors
- Abortion is a psychotrauma for the mother
- To survive an abortion is one of the biggest psychotraumatas for the child

Time of Pregnancy



- Normally lasts between 37 and 42 weeks
- Child can grow in a relaxed way as long pregnancy is not detected
- The mothers womb is the first home of a child
- What stresses the pregnant mother (e.g. alcohol, nicotine, coffee, noise, violence), also threatens the child



Development within the womb

- Child finds his own proper place in the womb
- She creates her own living space (amniotic sac), her connection with her mother (umbilical cord) and her logistic base (placenta)
- First the baby creates her intestines
- After 4 weeks the heart is developed
- After 5 weeks the arms and legs are there
- After 6 weeks the brain is active
- After 10 weeks all of the basic structures are there



Development of the Psyche within the Womb

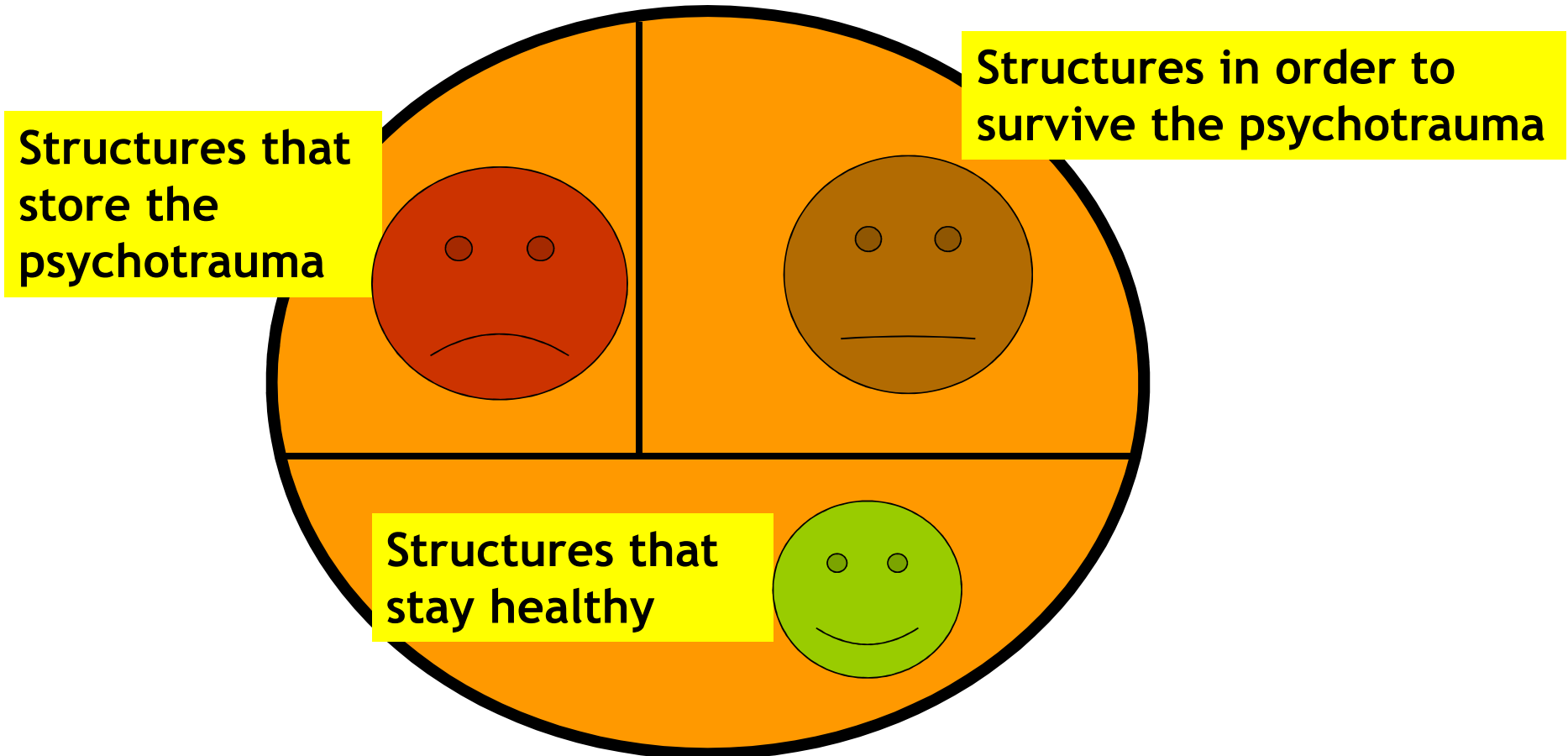
- 2nd month: sense of balance is available
- After 2 month: Child reacts when the skin of his face is touched by a hair
- 3rd month: Child sucks his thumb
- His mimicking reactions can be filmed
- 7th month: his neocortex works
- The unborn child can sense, feel, hear, taste
- his visual sense works
- he associates, thinks and learns

Conclusions:

- The unborn child owns a human psyche
- The terms „embryo“ und „fetus“ are objectifying a human being
- The younger someone is, the less he is able to protect himself from potentially traumatising experiencies
- Therefore we can be traumatized already before our birth
- We then have to activate the trauma-emergency programs of our psyche already in our mothers womb
- We have to split in order to survive



Splitted-Structure of the Human Psyche as a Trauma-Emergency-Program



The process of Birth

- The child gives signals for starting the labour
- In a natural=vaginal childbirth: high amounts of stress-and rewarding and bonding hormones (adrenalin, oxytocin, dopamine) are produced by the mother and the child
- Birth is given by a muscular reflex
- Child passes through the birth canal by a rotation and pressing his feet actively against the placenta



Birth Complications



- Transverse or breech presentation
- Rupture of the amniotic sac too early
- Child gets stuck in the birth canal
- Umbilical cord is wrapped around the child's neck
- Vacuum and forceps extraction
- Caesarean section
- Birth complications are often the consequence of psychotrauma before and/or during birth

Risks for giving birth in a medical clinic



- Stress (time pressure, lack of intimacy) in the clinic prevents the release of sufficient oxytocin for a quick labour
- Medication often confuses the natural processes
- Mother and child can come quickly into an emergency situation
- This easily is creating a situation for caesarean sections even against the will of the mother



Arguments for caesarean sections

www.youtube.com/watch?v=vIeZjmUuHk8

- Life of the child is at risk
- Mother doesn't feel the pain during the birth process
- No tearing of the perineum
- Later on no problems with sexual intercourse (due to birth related injuries)
- Clinics can plan the childbirth
- Clinics do earn more money by the operation compared to a vaginal birth

Arguments against caesarean sections

<http://typischich.at/home/wienerin/liebenleben/4603105/Film-Meine-Narbe-uber-Kaiserschnittgeburten-in-Osterreich>

Ein Film von Mirjam Unger und Judith Raunig (in German)

- Is only necessary in 2-5% of cases, but is made in 32-80% of cases
- Birth becomes a surgery for mother and child
- No release of stress, rewarding and bonding hormones
- Mother and child do not have a common experience of success
- Risk of infection and wounds healing, long lasting pain after birth
- Complications for further birth processes
- Mother and child become traumatized by the process.

What the Phenomenon „Cesaeran Section“ may show us

- Psychotrauma tends to be normalized in societies
- Already traumatized humans are likely to be victimized again
- The fact who is a perpetrator and who is a victim is easily reversed



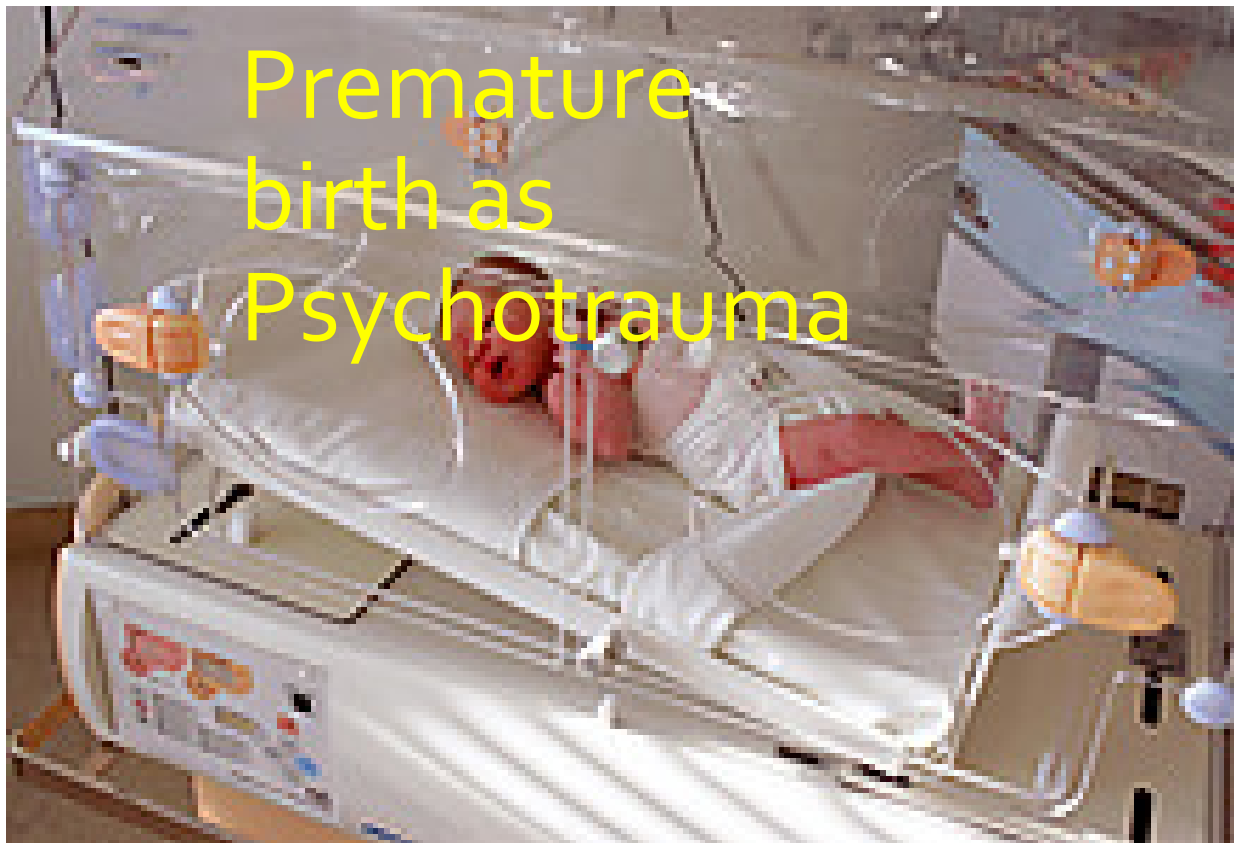
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Time immediately after birth

- Highly sensitive phase for bonding through body and eye contact, mother's voice, smell and taste
- The umbilical cord should have the time to pulsate out
- Importance of continuous mother-child-contact
- Importance of immediate breast feeding
- Child should not be washed, measured, or medically treated before being in a secure bonding contact with his mother

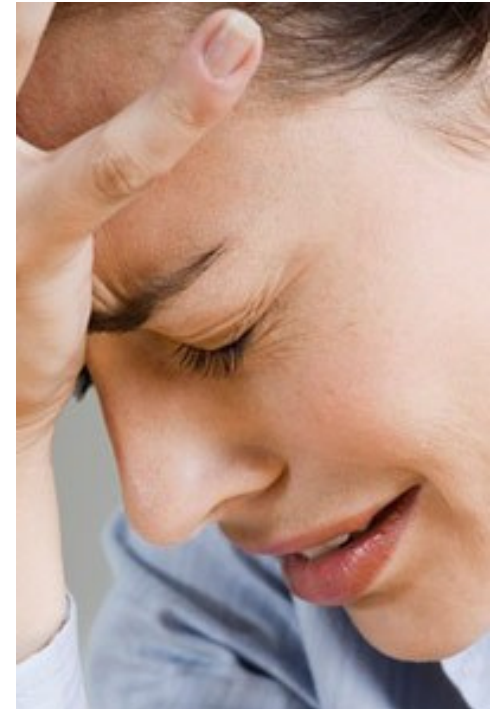


Premature birth as Psychotrauma

- Definition: before 37th week and less than 2.500 gr weight at birth
- Can be the consequence of assisted reproduction or a trauma of the mother
- Chance for survival after 24 weeks of pregnancy
- High risk of lasting physical and psychological damage
- Time in the incubator is traumatizing for the child, because of loneliness, panic and pain
- “Kangarooing” can improve the situation for parents and children

Miscarriages and Stillbirth

- Can be a consequence of Trauma in the environment of the pregnant woman
- Can be a consequence of the pregnant woman's own psychotrauma
- Is itself a Psychotrauma for the pregnant woman
- Easily causes further Early Psychotrauma and Trauma of Love in later pregnancies





- In many cases two eggs are fertilized and nest into the wombe, but one child dies early
- If two children develop simultaneously a bonding process between them may start before birth
- If a twin dies before pregnancy full term this may be a psychotrauma of loss for the surviving child
- The “lost twin” idea may be a form of distraction from another psychotrauma, often the “Trauma of Love”

Early Psychotrauma and Psychotrauma of Mothers

Procreation, pregnancy, birth and bonding processes after birth can become a psychotrauma for the mother and the child if the mother is already traumatized

Pregnancy and birth can trigger the mother's own psychotrauma from her own childhood

The mother's sexual trauma can especially be triggered by the birth process and the confrontation with her baby (see Simkin & Klaus 2004)

Further causes of Psychotrauma after birth

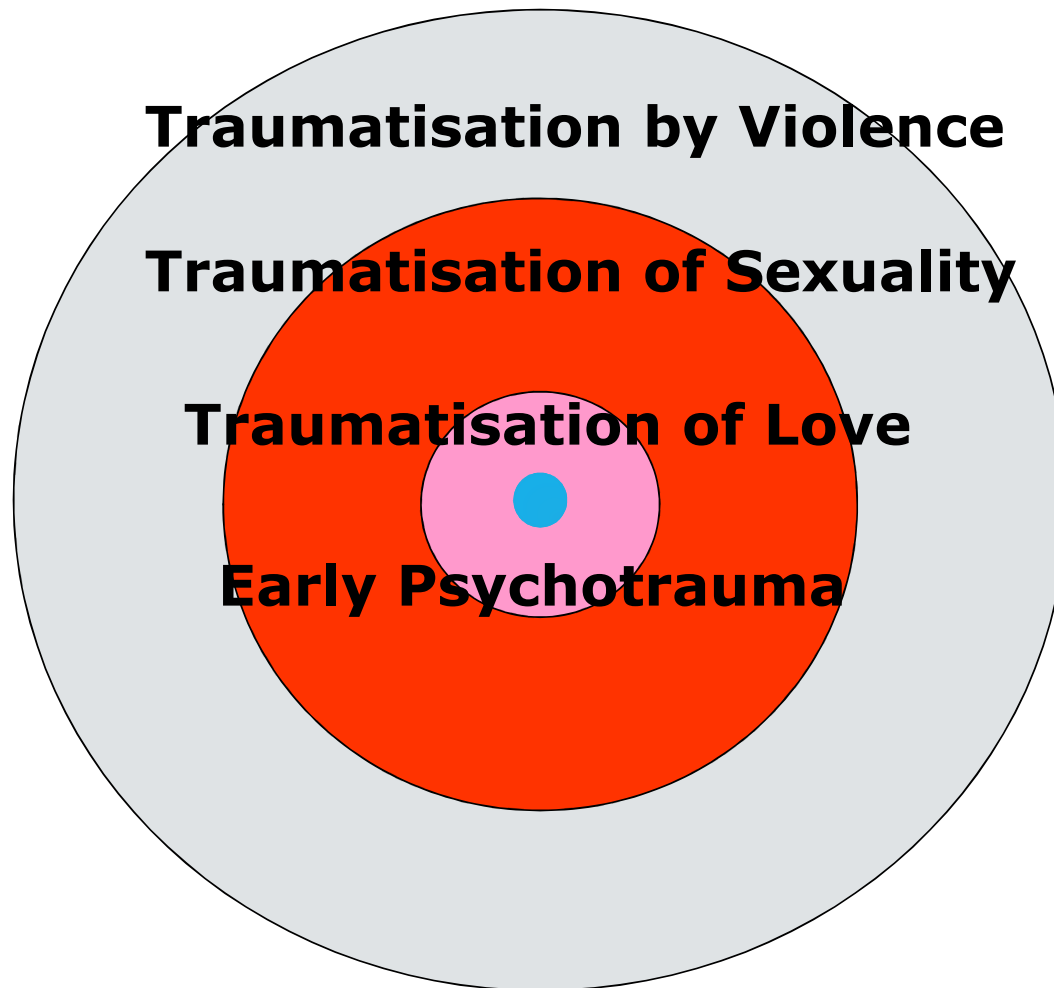


- Separating the child from his mother (e.g. give him to grandparents or to adoptive parents)
- Neglecting the child (e.g. lack of food, no protection against heat or cold, low hygiene measures)
- Medical Operations
- Being left alone in a hospital
- Violence against the child (e.g. beating, circumcision of genitals, sexual abuse)

Psychotrauma and early nonmaternal child care

- Early nonmaternal child under 12 months of age induces permanent stress in children
- Severe bonding disorders develop if the mother is not able to offer emotional bonding
- Poor quality of nonmaternal child care increases the potential for early trauma within the first two years of development





“Early Psychotrauma” and “Trauma of Love”

- An “Early psychotrauma” is an existential trauma and always confused with the “Trauma of Love”
- The “Trauma of Love” normally is the predominant one in the consciousness of clients
- Therefore the “Trauma of Love” has to be addressed and integrated in traumatherapy before an “Early Psychotrauma” can really be seen, felt and understood in its full dimensions

What “Early Psychotrauma” means ...

- Losing early contact with one’s own life forces
- Losing early the contact with one’s own body
- Feeling homeless from the very beginning
- Losing early the potential to feel
- Losing early trust in others
- Losing early a sense of the meaning of life
- Losing early contact with reality
- Developing early a substitute I
- Developing early an alienated form of wanting and willing
- Losing early contact with one’s own identity

The “Constellation of the Intention” (COI)

- COI can help to access Early Pyschotrauma
- It cannot help to undo an Early Psychotrauma
- However, early split-off parts can be reintegrated if we are prepared to take the risk

All that we need to remember during our psychotrauma therapy is stored within us (in our body and our brain).

It will show up, if we are prepared for it.

Prevention of Early Psychotrauma

- Clear decision of parents for or against having a child
- Contact and communication between mother and father with the child should already start during the pregnancy
- More confidence of pregnant women in their own feelings and abilities
- Less intervention by the medical system
- Social and psychological support by midwives and experienced women involved in the birthing process
- Giving birth should not be an operation
- No disturbance of the early bonding processes between mother and child before and after birth
- Women take their own traumas serious when becoming a mother
- Men take their own traumas serious when becoming a father

Possibilities for Prevention in the Health care and obstetrics system

- Encourage pregnant women to talk about their psychotrauma
- Be aware about the (re)traumatizing potentials of your way of talking and acting
- Explain what you are doing and don't bring pregnant women in a situation they can't control
- Talk carefully with traumatized women about emergency procedures for the birth process
- Take the unborn serious as a human being with a human psyche
- Give the needs for love and bonding of un- and newborn children the highest possible rank

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