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## Psychological Treatment of Birth Trauma with Hypnotherapy

Some of the primary research in the field of psychological consequences and treatment of birth trauma utilizing hypnotherapy is reviewed below.

Psychologists and psychiatrists for whom birth trauma is central to therapy are indebted to several pioneers: Otto Rank (*The Trauma of Birth*, 1924), Arthur Janov (*Imprints: The Lifelong Effects of the Birth Experience*, 1983), Stanislav Grof (*Realms of the Human Unconscious*, 1976), David Cheek (*Mind-Body Therapy: Methods of Ideodynamic Healing in Hypnosis*, 1988), Thomas Verny (*The Secret Life of the Unborn Child*, 1982).

John Rowan, Ph.D., psychologist and Fellow of the British Psychological Society (*The Transpersonal in Psychotherapy and Counselling*, 1993), writes extensively on the trauma of birth and its treatment. He has stated:

For almost seventy years, birth trauma has been considered a real and important factor in human personality, with a flurry of new research and information substantiating its effects coming out in the last few decades. In general, researchers and theorists have proposed a pretraumatic and undisturbed state, associated frequently with our time in the womb, that—one way or the other, at some time or other, but oftentimes at birth—gets disrupted. This disruption is often severe and traumatic, resulting in a split. In a primitive and almost instinctual way, we dissociate into a hurt and vulnerable self that is hidden away and a less sensitive self that is pushed forward. This process is called the primal split, and it may in fact be that this is the crucial move that differentiates us from the animals. Once this split has occurred, its effects usually continue for a lifetime, as it pushes the individual to re-create repeatedly, in a myriad of ways, the original trauma, in failed attempts to master it. The way that birth or early trauma occurs, persists, and is repeated indefinitely shows the same logic and pattern as that characterizing adult post-traumatic stress disorder (PTSD). The trauma of birth for the baby and of war for the soldier affects them similarly. (1996, p. 36)

Addressing the question of birth trauma, Psychiatrist Michael Scheeringa and his team of researchers summarize their empirical findings as follows:

The clinical importance of these findings is that a post-traumatic syndrome does appear to exist in infants and children exposed to traumatic events. The sequelae can be severely debilitating and last for years if untreated. Any lingering notion that infants cannot be affected by trauma because of their limited perceptual or cognitive capacities ought to be dispelled by these empirical findings. (Scheeringa et al., 1995, p. 199)



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Theodore Slotkin & Frederic Seidler, Duke University Medical Center, have studied the universal stress response in human birth and found that "birth and its attendant hypoxia, represent the first major stress to which all mammals are exposed. Even a normal, otherwise uneventful vaginal delivery is accompanied by a surge of stress hormones, including catecholamines and corticosteroids. Far from representing a non-specific stress response, then, the profound rise in catecholamines in the newborn is responsible for key physiological processes in the adaptation to extrauterine life" (1988, p. 283). They summarize the role of catecholamines in neonatal physiological adaptations, and speculate about how abnormalities of development of these responses could contribute to vulnerability of the newborn to pathology.

Jeffrey Gray and Raymond Dean, Neuropsychology Department, Tri-State Regional Rehabilitation Hospital in Evansville, Indiana, have compiled and edited *Neuropsychology of Perinatal Complications* (1991), a book especially helpful to pediatric neuropsychologists and school psychologists. This book provides a comprehensive examination of the cognitive, educational, and behavioral implications of perinatal complications. One chapter, by Christopher McCurry, Leigh Silverton and Sarnoff Mednick presents recent studies suggesting that genetic factors interact with less-than-optimal pregnancy and birth experiences to set the stage for later psychiatric difficulties, including schizophrenia (pp. 186-203).

In a paper resulting from a presentation at the First International Congress on Pre- and Peri-Natal Psychology in Toronto in 1983, Barnett (1987) describes previous research into the negative birth experience (NBE) and notes that the incidence of NBE is constant at about 30%. The article abstract states:

The prominence of NBE in the production of certain symptom complexes is detailed and some NBEs are described. NBE is considered a potent inhibiting factor to be treated therapeutically. Statistics are presented indicating that almost 20% of all patients attending for psychotherapy suffer from symptoms due in part to prenatal trauma, and it is believed that they will remain inaccessible to psychotherapeutic approaches if the role of prenatal trauma continues to be ignored. It is concluded that prenatal influences can markedly shape destiny but that these influences can, by hypnotic techniques, be modified. (p. 191)

There is significant research recently to support the contention that birth trauma, in fact, contributes to various physical and psychological problems later in life. For example, birth trauma is positively correlated with anxiety (Banner, 1969; Gemmette, 1982; Ritzman, 1988); behavior problems in children (De Sousa, 1974); bipolar disorder (Kinney, Yurgelun, Tohen & Tramer, 1998); childhood neurosis (Van Zyl, 1977); conduct and antisocial personality disorder (Modlin, 1991); criminality (Arseneault et al, 1997); drug and alcohol abuse (Hull, 1984; Hull, 1986); dysfunctional relationships (Givens, 1987); infantile autism (Verny, 1977); insidious trauma (Zimberoff & Hartman, 1998b); learning disabilities (Grotberg, 1970); mental illness (Randolph, 1977);



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psychosis (Janov, 1974a; Taylor, 1969; Wilcox & Nasrallah, 1987); psychosomatic illness in children and adolescents (Koelling, 1984); schizophrenia (Cannon, 1998; Gray and Dean, 1991; Hultman & Oehman, 1998; Kinney, Levy, Yurgelun et al, 1998; Lenzenweger & Dworkin, 1998; McCurry, Silverton & Mednick, 1991; Rosenthal, 1966; Torrey, 1977; Zomberg, 1998); schizotypy (Bakan & Peterson, 1994); stress (Ritzman, 1984; Slotkin & Seidler, 1988); suicide (Jacobson, 1987; Janov, 1974b); violence (Chamberlain, 1995); and youth suicide (Allen, 1987).

Not only is birth trauma a causative factor in adult self-destructive behavior, the form of trauma is related to the form of self-destructive behavior (Feher, 1981). Bertil Jacobson and associates at the Karolinska Institute in Stockholm, Sweden, gathered birth record data for 412 forensic victims comprising suicides, alcoholics, and drug addicts born in Stockholm after 1940 and who died there during 1978-1984. They compared the subjects with 2,901 controls, and

mutual comparison of categories showed that (1) suicides involving asphyxiation were closely associated with asphyxia at birth, (2) suicides by violent mechanical means were associated with mechanical birth trauma, and (3) drug addiction was associated with opiate and/or barbiturate administration to mothers during labor. Results suggest that irrespective of what mechanism may transfer the trauma from birth to adulthood, obstetric procedures should be carefully evaluated and possibly modified to prevent eventual self-destructive behavior. (Jacobson, 1987, p. 364)

Research indicates that hypnotic age regression to birth and prenatal experience is possible and useful (Barnett, 1981; Barnett, 1987; Cheek, 1974; Cheek, 1975; Cheek, 1980; Emerson, 1998; Givens, 1987; Scott, 1984; Zimberoff & Hartman, 1998a).

Research documents that birth and prenatal memory contents are generally reliable and suggest a sophisticated level of physical, mental, and emotional consciousness at birth (Chamberlain, 1980; Chamberlain, 1983; Chamberlain, 1986; Cheek, 1986; Ewin, 1994; Grof, 1976; Hau, 1979; Hendricks & Hendricks, 1987; Klaus & Klaus, 1985; Liley, 1972; Liley, 1977; Meltzoff & Moore, 1977; Rovee-Collier & Lipsitt, 1982; Salk, 1966).

Winafred B. Lucas, Ph.D., Diplomate of the American Board of Professional Psychology and core faculty member of the California School of Professional Psychology, has researched regression therapy for many years, and states:

Research into the prenatal period and birth has been more comprehensive than in any other area of regression work. Because such memories can often be validated, exploration of prenatal and birth memories has appeal for the researcher. . . .

Scripts of anxiety and violence may be stamped into the personality of the fetus at any point during the nine months of gestation or while the child is being born. They may have many sources and leave deep gouges in the psyche. . . . Our material suggests, however, that unborn babies sense clearly whether they are wanted or not, whether their



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sex is acceptable, and that those who experience uncompleted abortion attempts go through violent emotional upset. (1993, pp. 4-5)

Alice Givens, Ph.D., (*The Process of Healing*), a psychologist who specializes in working with deep fear and trauma, writes:

Releasing the trauma, or giving it up, occurs as a result of re-living the incident. Trauma that is stored in the unconscious mind contains energy, and as it is re-lived and expressed in regression therapy, the energy is released, whether it relates to childhood, infancy, or to prenatal and birth memories. (1993, p. 24)

Claire Etheridge, Ph.D., Diplomate in Clinical Psychology and faculty member at Pepperdine University and the University of California at Irvine, specializes in prenatal psychology, dissociative disorders, and clinical hypnosis. She writes:

With the advent of hypnotherapy, especially as a tool for regression, therapists have begun to hear reports that have made sense only within the context of prenatal recall. . . .

At present, it cannot be proved that prenatal consciousness exists or that a person's prenatal recollections are true. The validity of a person's early memories, while in hypnosis or otherwise, can always be questioned, even when verified by a third party. What is certain is that therapeutic change occurs after a person re-lives his/her traumatic early experiences and heals the memories of them with the help of a qualified therapist. (1993, p. 41)

In their classic book *Mind-Body Therapy: Methods of Ideodynamic Healing in Hypnosis*, psychologist Ernest Rossi, Ph.D. (co-author of numerous books with Dr. Milton Erickson), and gynecologist/obstetrician David Cheek, M.D. (Past President of the American Society of Clinical Hypnosis), explain in great detail the way in which state-dependent memory is activated through clinical hypnosis to access and heal early trauma, including birth trauma.

When accident victims recover from their acute trauma and return to their 'normal' psychophysiological states a few hours or days later, they find to their surprise that the details of the accident that were so vivid when it took place are now quite vague and more or less forgotten. This is because the special complex of stress-released information substances that encoded their traumatic memories has changed as their mind-body returned to normal; the memories are thus not available to normal consciousness. We say they are now experiencing a traumatic amnesia. That the traumatic memories are still present and active, however, is evidenced by the fact that they may influence the accident victim's dreams, for example, and/or be expressed as psychosomatic problems. Clinicians typically hypothesize that the memories are *dissociated* from normal consciousness and encoded on '*deeply imprinted physiological levels*' where they form the nuclei of psychosomatic and psychological problems.

Essentially similar psychobiological processes of stress-encoded problems can take place in many other traumatic life situations. These range from what has been called the 'birth trauma' to child abuse and molestation, from 'shell shock' under battle conditions to the extremes of social and cultural upheaval and deprivation. There can be widely different responses to each of these situations, depending on the age of the person, the



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degree to which the traumatic situation is acknowledged and reviewed within oneself or with others, and the type of emotional support received. An effective mind-body therapy must take all these factors into account.

We hypothesize that the repeated 'mini stress' involved in the ideodynamic reviewing of the sensory and emotional circumstances of a traumatic event in hypnosis can partially reactivate the stress-released hormonal information substances that originally encoded that event in a statebound condition. The statebound information is thus brought into contact with the patient's ordinary cognitive and verbal ego processes that are usually still present during light and medium states of hypnosis. This allows the statebound or dissociated memories of the traumatic event to be accessed, discussed, and therapeutically reframed. (Rossi & Cheek, 1988, pps. 7-8)

Aletha Solter, Ph.D., a developmental psychologist who studied with the Swiss psychologist, Jean Piaget, at the University of Geneva, Switzerland, holds a Ph.D. in psychology from the University of California. (*The Aware Baby, Helping Young Children Flourish, and Tears and Tantrums*). She writes extensively about the causes and treatment of birth trauma.

Birth itself can be an extremely painful, confusing, and frightening experience for infants. The major kinds of birth trauma result from being drugged, removed by forceps, cesarean delivery, experiencing prolonged labor, and oxygen deprivation. After birth, it can be terrifying and confusing for the newborn to experience sudden coldness, brightness, rough handling, harsh sounds, or separation from the mother (Janov, 1983). Medical interventions such as electronic fetal monitoring, heelsticks, eye drops, and circumcisions are also distressing to infants. Unfortunately, birth trauma appears to be fairly common. Dr. William Emerson found that fifty-five percent of a sample of two-hundred children showed signs of moderate to severe birth trauma (Emerson, 1987).

Traumatic births have a potential for causing lifelong problems. It is now known that there is a correlation between perinatal complications and later susceptibility to emotional and behavioral problems, including schizophrenia, violent crime, and suicidal behavior (Batchelor et al., 1991; Mednick, 1971; Roedding, 1991).

The research supports the assertion that birth trauma pervasively affects later life, and that hypnotherapy is a legitimate and useful therapeutic tool for treating the manifestations of birth trauma.

#### References

- Allen, Bem P. (Summer, 1987). Youth suicide. *Adolescence*. Vol 22(86), 271-290.
- Arseneault, L., Boulterice, B., Tremblay, R. E., Saucier, J. F. A biosocial exploration of the personality dimensions that predispose to criminality. Raine, Adrian (Ed), Brennan, Patricia A. (Ed) et al. (1997). *Biosocial Bases of Violence*. NATO ASI series: Series A: Life Sciences, Vol. 292. (pp. 313-316). New York, NY: Plenum Press.
- Bakan, Paul & Peterson, Kim. (Winter, 1994). Pregnancy and birth complications: A risk factor for schizotypy. *Journal of Personality Disorders*. Vol 8(4), 299-306.



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- Banner, Ronald H. (1969). Anxiety, personality and birth delivery. Dissertation Abstracts International (Colorado State University). 29(10-B), 3906.
- Barnett, E. A. (1981). *Analytical Hypnotherapy: Principles and Practice*. Kingston, Canada: Junica Publishing Co. Ltd.
- Barnett, E. A. (Spring, 1987). The role of prenatal trauma in the development of the negative birth experience. *Pre- & Peri-Natal Psychology Journal*. Vol 1(3), 191-207.
- Batchelor, E. S., Jr.; Dean, R. S.; Gray, J. W.; and Wenck, S. (1991). Classification rates and relative risk factors for perinatal events predicting emotional/behavioral disorders in children. *Pre- and Perinatal Psychology Journal*, 5(4), 327-346.
- Cannon, Tyrone D. (1998). Genetic and perinatal influences in the etiology of schizophrenia: A neurodevelopmental model. Lenzenweger, Mark F. (Ed). Dworkin, Robert H. (Ed) et al. *Origins and Development of Schizophrenia: Advances in Experimental Psychopathology*. (pp. 67-92). Washington, DC: American Psychological Association.
- Chamberlain, David B. (July, 1983). Consciousness at birth: The range of empirical evidence. Paper presented at the First International Congress on Pre- and Perinatal Psychology.
- Chamberlain, David B. (December, 1986). Reliability of birth memory: Observations from mother and child pairs in hypnosis. *Journal of the American Academy of Medical Hypnoanalysts*. Vol 1(2), pp. 89-98.
- Chamberlain, David. (Winter, 1995). What babies are teaching us about violence. *Pre- and Perinatal Psychology Journal*, 10(2), 57-74.
- Cheek, David B. (1974). Sequential head and shoulder movements appearing with age regression in hypnosis to birth. *American Journal of Clinical Hypnosis*, 16, 261-266.
- Cheek, David-B. (October, 1975). Maladjustment patterns apparently related to imprinting at birth. *American Journal of Clinical Hypnosis*. Vol. 18(2), pp. 75-82.
- Cheek, David B. (1980). Ideomotor questioning revealing an apparently valid traumatic experience prior to birth. *Australian Journal of Clinical and Experimental Hypnosis*, 8, 65-70.
- Cheek, David B. (Winter, 1986). Prenatal and perinatal imprints: Apparent prenatal consciousness as revealed by hypnosis. *Pre- & Peri-Natal Psychology Journal*. Vol 1(2), pp. 97-110.
- De Sousa, Alan. (January, 1974). Causes of behaviour problems in children. *Child Psychiatry Quarterly*. Vol 7(1), pp. 3-8.
- Emerson, William R. (1987). Psychotherapy with infants. *Pre- and Perinatal Psychology News*, 1(2).
- Emerson, William R. (1989). Psychotherapy with infants and children. *Pre- and Perinatal Psychology Journal*, 3(3), 190-217.
- Emerson, William R. (Fall, 1998). Birth trauma: The psychological effects of obstetrical interventions. *Journal of Prenatal and Perinatal Psychology and Health*, 13(1), 11-44.
- Ethridge, Claire. (1993). Treating psychological problems through prenatal recall, *Regression Therapy: A Handbook for Professionals, Vol. 2: Special Instances of Altered State Work*, pp. 43-55. Crest Park, CA: Deep Forest Press.
- Ewin, Dabney M. (January, 1994). Many memories retrieved with hypnosis are accurate. *American Journal of Clinical Hypnosis*. Vol 36(3), pp. 174-176.
- Feher, L. (1981). *The Psychology of Birth*. New York: Continuum.



THE WELLNESS INSTITUTE  
800-326-4418

- Gemmette, Elizabeth V. (June, 1982). Anxiety associated with birth trauma. *Psychological Reports*. Vol 50(3, Pt 1), 942.
- Givens, Alice. (Spring, 1987). The Alice Givens approach to prenatal and birth therapy. *Pre- & Peri-Natal Psychology Journal*. Vol 1(3), 223-229.
- Givens, Alice. (1993). Prenatal and birth reprogramming, *Regression Therapy: A Handbook for Professionals, Vol. 2: Special Instances of Altered State Work*, pp. 20-31. Crest Park, CA: Deep Forest Press.
- Gray, Jeffrey W. & Dean, Raymond S. (Eds.). (1991). *Neuropsychology of Perinatal Complications*. New York, NY: Springer Publishing Co, Inc.
- Grof, Stanislav. (1976). *Realms of the Human Unconscious*. New York: E. P. Dutton and Co.
- Grof, Stanislav. (1992). *The Holotropic Mind*. San Francisco: Harper.
- Grotberg, Edith H. (June, 1970). Neurological aspects of learning disabilities: A case for the disadvantaged. *Journal of Learning Disabilities*. Vol. 3(6), pp. 321-327.
- Hau, T. F. (1979). Psychosomatic aspects of the prenatal, perinatal and postnatal situations. *Therapiewoche* (Germany, West), 29/12, 1930-1935.
- Hendricks, Gay & Hendricks, Kathlyn. (Spring, 1987). Techniques for dealing with prenatal and perinatal issues in therapy: A bodymind perspective. *Pre- and Perinatal Psychology Journal*, 1(3), 230-238.
- Hull, William F. (January, 1984). Prenatal oxygen deprivation, the source of birth trauma. *Medical Hypnoanalysis*. Vol 5(1), 7-16.
- Hull, William F. (Winter, 1986). Psychological treatment of birth trauma with age regression and its relationship to chemical dependency. *Pre- & Peri-Natal Psychology Journal*. Vol 1(2), 111-134.
- Hultman, Christina M. & Oehman, Arne. (Jun-Jul 1998). Perinatal characteristics and schizophrenia: Electrodermal activity as a mediating link in a vulnerability-stress perspective. Special Issue: The Impact of Stress on Nervous System Development and Naturation. *International Journal of Developmental Neuroscience*. Vol 16(3-4), 307-316.
- Jacobson, Bertil, Eklund, G., Hamberger, L., Linnarsson, D., et al. (October, 1987). Perinatal origin of adult self-destructive behavior. *Acta Psychiatrica Scandinavica*. Vol 76(4), 364-371.
- Janov, Arthur. (Spring, 1974a). On psychosis. *Journal of Primal Therapy*. Vol 1(4), pp. 331-341.
- Janov, Arthur. (Winter, 1974b). Further implications of "Levels of consciousness": On suicide. *Journal of Primal Therapy*. Vol 1(3), 197-200.
- Janov, Arthur. (1977). *The Feeling Child*. London: Abacus.
- Janov, Arthur. (1983). *Imprints: The Lifelong Effects of the Birth Experience*. New York: Coward-McCann.
- Kinney, Dennis K., Levy, Deborah L., Yurgelun-Todd, Deborah A., Tramer, Sharon J., Holzman, Philip S. Inverse relationship of perinatal complications and eye tracking dysfunction in relatives of patients with schizophrenia: Evidence for a two-factor model. *American Journal of Psychiatry*. Vol 155(7), Jul 1998, 976-978.
- Kinney, Dennis K., Yurgelun-Todd, Deborah A., Tohen, Mauricio, Tramer, Sharon. (Sep 1998). Pre- and perinatal complications and risk for bipolar disorder: A retrospective study. Special Issue: George Winokur. *Journal of Affective Disorders*. Vol 50(2-3), 117-124.
- Klaus, M. H. & Klaus, P. (1985). *The Amazing Newborn*. Reading, MA: Addison-Wesley.



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- Koelling, Lloyd H. (January, 1984). Birth trauma and psychosomatic illness in children and adolescents. *Medical Hypnoanalysis*. Vol 5(1), 34-41.
- Lake, Frank. (1980). *Constricted Confusion*. Oxford: Clinical Theology Association.
- Lenzenweger, Mark F (Ed), Dworkin, Robert H. (Ed). (1998). *Origins and Development of Schizophrenia: Advances in Experimental Psychopathology*. Washington, DC: American Psychological Association.
- Liley, A. W. (1972). The foetus as a personality. *The Australian and New Zealand Journal of Psychiatry*, 6, 99-105.
- Liley, A. W. (1977). The foetus as a personality. *Delta*, 21, 2-10.
- Lucas, Winifred B. (1993). Regression to prenatal and birth experiences, *Regression Therapy: A Handbook for Professionals, Vol. 2: Special Instances of Altered State Work*, pp. 3-7. Crest Park, CA: Deep Forest Press.
- McCurry, Christopher, Silverton, Leigh & Mednick, Sarnoff A. (1991). Psychiatric consequences of pregnancy and birth complications, in Gray, Jeffrey W. & Dean, Raymond S. (Eds.). *Neuropsychology of Perinatal Complications*. New York, NY: Springer Publishing Co, Inc., 186-203.
- Mednick, S. A. (1971). Birth defects and schizophrenia. *Psychology Today*, 4, 49.
- Meltzoff, A. N. & Moore, M.K. (1977). Imitation of facial and manual gestures by human neonates. *Science*, 198, 75-78.
- Miller, Alice. (1987). *The Drama of Being a Child*. London: Virago Press.
- Modlin-C-Trevor. (June, 1991). The origin and treatment of conduct and antisocial personality disorder. *Medical Hypnoanalysis Journal*. Vol 6(2), pp. 69-76.
- Randolph, Bonnie M. (Jan-Mar, 1977). Birth and its effects on human behavior. *Perspectives in Psychiatric Care*. Vol 15(1), 20-26.
- Rank, Otto. (1952). *The Trauma of Birth*. New York: Robert Brunner. (Originally published, 1929.)
- Ritzman, Thomas A. (May, 1984). Stress and the birth experience. *Medical Hypnoanalysis*. Vol 5(2), pp. 51-56.
- Ritzman, Thomas A. (September, 1988). The cause and treatment of anxiety. *Medical Hypnoanalysis Journal*. Vol 3(3), pp. 95-114.
- Roedding, J. (1991). Birth trauma and suicide: A study of the relationship between near-death experiences at birth and later suicidal behavior. *Pre- and Perinatal Psychology Journal*, 6(2), 145-167.
- Rosenthal, D. (1966). The offspring of schizophrenic couples. *Journal of Psychiatric Research*, 4, 169-188.
- Rossi, Ernest L. and Cheek, David. (1988). *Mind-Body Therapy: Ideodynamic Healing in Hypnosis*. New York: W. W. Norton.
- Rovee-Collier, C. K. & Lipsitt, L. P. (1982). Learning, adaptation, and memory in the newborn. In P. M. Stratton, (Ed.), *Psychobiology of the Human Newborn*, pp. 147-190. London: Wiley and Sons.
- Rowan, John. (1988). Primal integration. In J. Rowan and W. Dryden (Eds.), *Innovative Therapy in Britain* (pp. 12-38). Buckingham, England: Open University Press.
- Rowan, John. (Spring 1996). The trauma of birth, *Primal Renaissance: The Journal of Primal Psychology*, Vol. 2, No. 1, pp. 36-44.
- Salk, L. (1966). Thoughts on the concept of imprinting and its place in early human development. *Canadian Psychiatric Association Journal*, 11(suppl.), 295-305.



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800-326-4418

- Scheeringa, Michael S.; Zeanah, Charles H.; Drell, Martin J.; and Larrieu, Julie A. (1995). Two approaches to the diagnosis of post-traumatic stress disorder in infancy and early childhood. *American Academy of Child and Adolescent Psychiatry*, 34(2), 191-200.
- Scott, John A. (January, 1984). Age regressions to birth. *Medical Hypnoanalysis*. Vol 5(1), pp. 17-33.
- Slotkin, Theodore A. & Seidler, Frederic J. Stress in the fetus and newborn, in Chrousos, George P. (Ed). Loriaux D. Lynn (Ed). et al. (1988). Mechanisms of physical and emotional stress. *Advances in Experimental Medicine and Biology*, Vol. 245. (pp. 283-294). New York, NY: Plenum Press.
- Solter, Aletha. (1984). *The Aware Baby: A New Approach to Parenting*. Goleta, CA: Shining Star Press.
- Stern, Daniel. (1985). *The Interpersonal World of the Infant*. New York: Basic Books.
- Taylor, M. A. (1969). Sex ratios of newborns associated with prepartum and postpartum schizophrenia. *Science*, 164, 723-724.
- Torrey, E. Fuller. (1977). Birth weights, perinatal insults, and HLA types: Return to "original din." *Schizophrenia Bulletin*. Vol 3(3), 347-351.
- Van Zyl, D. A. (Fall, 1977). Traumatic birth symbolized in play therapy. *Journal of Primal Therapy*. Vol 4(2), 154-158.
- Verny, Thomas. (November, 1977). *The Psychic Life of the Unborn*. Fifth World Congress of Psychosomatic Obstetrics and Gynaecology, Rome.
- Verny, Thomas. (1982). *The Secret Life of the Unborn Child*. London: Sphere.
- Wertheimer, M. (1961). Psycho-motor coordination of auditory-visual space at birth. *Science*, 134, 1692.
- Wilber, Ken. (1980). *The Atman Project*. Wheaton, IL: Theosophical Publishing House.
- Wilcox, James A. & Nasrallah, Henry A. (1987). Perinatal distress and prognosis of psychotic illness. *Neuropsychobiology*. Vol 17(4), 173-175.
- Winnicott, Donald. (1958). *Collected Papers: From Pediatrics to Psychoanalysis*. London: Tavistock.
- Zimberoff, Diane & Hartman, David. (1998a). The Heart-Centered Hypnotherapy modality defined. *Journal of Heart-Centered Therapies*, 1(1), 3-49.
- Zimberoff, Diane & Hartman, David. (1998b). Insidious trauma caused by prenatal gender prejudice. *Journal of Prenatal and Perinatal Psychology and Health*, 13(1), 45-51.
- Zomberg, Gwen L. (Sep-Oct 1998). Identifying critical periods of neurodevelopmental risk: The turning point in schizophrenia research. Special Issue: D. *Harvard Review of Psychiatry*. Vol 6(3), 171-174.



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