Volume 24, Issue 4
July/August 2012

the Therapist

...ne of the Ca... ...ssociation o... ...and Family Therapi...

Working with Children and Adolescents

Regression Therapy with Children: Birth and Prenatal Trauma

Christine Alisa, LMFT

When children ask for our attention they do not always know how to communicate their distress. In their struggle to be understood, they behave in ways that are derisive and difficult for others to comprehend. The children are trying to act out, deflect or mask their inner pain. There are many varieties of behaviors and symptoms that they utilize to grasp our attention. Some of the problematic behaviors include school related issues such as lack of concentration, poor grades or aggressive behavior. Many of the children are labeled with various diagnosis, most common being Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder or Oppositional Defiant according the DSM IV. However, these labels have the potential for creating a rippling effect on the children causing them to believe that there is something intrinsically wrong with them. Other children are faced with a variety of issues, including divorce in the family, death or separation from a parent, abuse from inside or outside of the family, anxiety and phobias.

Negative behaviors of children are usually the first indicator that something needs attention. They are trying to tell us something is wrong. Sometimes causes of the behaviors are unknown. Regression Therapy is a process that uncovers the source of symptoms or unwanted behaviors in children. Regression Therapy helps children release unconscious memories that are creating negative behaviors in their lives. A child may have experienced trauma in their early lives that they no longer remember. The use of Regression Therapy allows the child to enter a light alternative state of consciousness whereby she can re-experience the traumatic event in a safe environment and release the effects of that trauma. It is a therapeutic modality that deepens the mind/body process and allows for a comprehensive release of the cellular memory.

During the past twenty-five years as a Licensed Marriage and Family Therapist I have developed a specialty of working with children and adolescents. I spent several years training and utilizing Gestalt Therapy With Children and Adolescents developed by Violet Oaklander, Ph.D. Her work and my clinical background became the structure upon which I built and formulated my model that integrates Regression Therapy with children into my practice. Dr. Oaklander's book, *Windows To Our Children,* is a masterful work that encourages the children to "be" in the experience of therapy with all their senses engaged. Her use of sand tray scenes to help children identify themselves with the issues in their lives gave me a strong understanding of the many facets of child therapy. I created a play therapy room full of sand tray figures, drawing supplies, toys, puppets, games, props and dress-up clothes for dramatic play so children have many choices in the kinesthetic world of experiential therapy. The incorporation of Regression Therapy became a natural addition to the process.

Both Regression Therapy and Gestalt Therapy with children and adolescents have a directive component in the basically client centered

> "Negative behaviors of children are usually the first indicator that something needs attention. They are trying to tell us something is wrong. Sometimes the cause of the behaviors is unknown. Regression Therapy is a process that uncovers the source of symptoms or unwanted behaviors in children. Regression Therapy helps children release unconscious memories that are creating negative behaviors in their lives."

approach to the therapeutic process. This similarity of approach enabled me to begin addressing particular aspects of deeply held patterns such as traumatic birth, prenatal absorption of the mother's experience, surgeries and repressed traumatic experiences, including all forms of abuse. In order to create a safe, disclosing environment, I developed a story-telling methodology that allows children to feel some distance from the issue they are addressing. I often use the word metaphor to bring the story into the framework of the children's own lives. The story reveals some aspect of their own life and helps children identify with the feeling or issue.

One of my favorite ways to work with children is through the use of sand tray. I have two sand trays side-by-side, one for the child and one for me. The child can create his/her own scene made up of figures chosen from a wide selection on my shelves. While they are doing that, I start to ask the child questions about themselves that eventually evolves into a story. I put figures into my sand tray that match the answers from the child. I continue to ask questions and use his/her answers to build a story. It is a process of taking turns until a story unfolds. We re-enact a traumatic event, a birth or pre-natal experience. While we "work" on the story, the child is also continuing to build his/her scene in his/her tray. He/she then tells me about his/her scene. Often times, the scene holds some rich exploration into their feelings and their life, which we explore as well.

A seven year-old girl I call Lela came to me because she and her mother were not getting along to the point that Lela was hitting and kicking her mother. Lela would show extremes in her behavior where she would erupt into a temper tantrum when her mother asked her to do something or she would hide in a book and read for hours. Though she performed well in school, she was not developing friends and isolated herself during recess. She had a younger sister that required a lot of attention from her mother and a father who was busy with his own business and grew impatient with Lela's unresponsive/acting out behavior.

I learned from Lela's parents that there had been problems with her birth. Lela's mother had four miscarriages before conceiving Lela through an in vitro fertilization procedure. At six months, contractions began and Lela's mother was put on bed rest and given injections to stop the contractions. Two weeks prior to the delivery date, the doctor decided to give mom a spinal and do a Cesarean Section birth which had not been planned before. The doctor indicated that she had run out of amniotic fluid so the baby was at risk. When he lifted Lela out, her mom started feeling more pain and was given more drugs. Lela's mom felt that the doctor gave her too many drugs because she said she just "zoned" out after that. She wanted to nurse Lela, but there were problems with nursing.

I based some of my sessions with Lela on this birth experience utilizing the sand trays. While Lela was creating her own scene, I placed various hospital figures in my sand tray. There were nurses, doctor, mother, baby, hospital bed and equipment in my scene as I began a story about her birth. I said, "This is a scene about the birth of a baby which is such an important event. It's the beginning of a person's life. Can you help me with it? While you are creating your scene, could you answer some questions about my scene?" Lela agreed. I asked her, "This baby has been inside of mom's tummy and now is going to be born. What direction is the baby going? Is her head pointing towards mom head, her arms, her feet?" Lela moved the baby figure so the baby's head was facing mom's feet. Then I told Lela, "The doctor does something to mom to start the birth. He decides he needs to give the mom something so he can numb her. Then he started to cut the mom's tummy." While I say this, I am demonstrating with a small knife pretending to cut the mom figure's tummy. "When he starts to cut, what happens?" I ask. All of a sudden Lela's shoulders shake and she starts to shudder. She is standing right next to me continuing to move figures around in her sand tray. I then switched the focus to her rather that the objects in the sand and asked, "What part of your body does he touch to get you out?" She answers by pointing to her back. Then I asked her, "Now when you just shook your shoulders, let's continue that in your birth, what does he do to get you to breathe?" "I just breathe," she answered. "Let's go to the point where the doctor cuts the belly cord. How does it feel to breathe on your own?" I asked. "I just breathe," she told me. "Will you breathe with me for a minute?" I asked. Lela agreed and I breathe with her helping to ground her. "So what do they do with you next?" I asked. "They wrap me up in a blanket," Lela said. We close this part of the session with my saying, "Now you know that it's over and you are breathing on your own."

When Lela had the shudder response, I believe that this is what I call emotional shock, the shock of the cut. Even though her mother was given a spinal, Lela was having her own physical experience of the birth. Prior to being pulled out she had been in a

warm womb and then all of a sudden she was taken from her mother. This startle response originated from the physical reactions to her birth. Shock is a reaction to stress, a way the body can get through the trauma. However, that shock remains in the cells unable to shift or release the affects of the shock. Hence, Lela is re-experiencing the shock with me while re-enacting her birth in the sand tray. When we breathe together, I actually ask her to breathe out shock as the breath is a powerful tool to help children feel free of the effects of the trauma.

After that session, Lela's mother reported to me that Lela had broken down and cried when the whole family was playing a board game together. She said Lela didn't understand the rules and didn't want to play anymore. However, her mother held her until she stopped crying, thus healing some of the interruption in their early bonding experience as mother and baby. Lela did not kick or scream which was a change in her behavior. I continued to uncover more of Lela's prenatal and birth experience in subsequent sessions, as well as helped her with situations at school to help her develop more friends. I also worked with Lela's mother in a couple of adult Regression sessions, including her own birth which helped her mom feel great empathy for her daughter and herself. We discussed the trauma that she and Lela had both experienced in Lela's birth, which had kept them from each other.

I asked mother and daughter to come into a session together for the purpose of doing what I call a re-birth dramatization. I had her mother hold Lela's head while she lay on the floor on some pillows. We put pillows on top of part of Lela's body to create a womb effect. She said she would like to be born head first, so I was at Lela's feet pushing her gently while her mom caught her. They hugged each other and we all giggled. Her mother also explained to Lela about the reasons for the Cesarean birth in that session which gave Lela a greater sense of positive connection with her mother.

Lela's story is an example of how the bonding process between mother and child can be negatively impacted by a prenatal and birth experience. We are all grateful for the medical procedures that can save a child and her mother in our modern age. However, it behooves us to look at completing the task with the process of therapy. Lela's anger and isolation behaviors were the unconscious acting out of the trauma and distance that was created between mother and daughter. When Lela's conscious mind knew the material causing the block, her symptoms fell away and her relationship with her mother greatly improved. I had a few family sessions as well to help Lela's father understand her better. Lela was able to tolerate and get along better with her very active four-year-old sister and was a much happier child.

This is the case of an eleven year-old girl named Cassidy who was brought to me by her father and step mother because it was appearing that Cassidy was losing the will to

live. She had dark circles under her eyes, was very lethargic and had been put on several medications in the last eight months. She had been diagnosed with Attention Deficit Disorder, Inattentive Type. Her schoolwork was suffering and she spent many a night wandering around the house taking things from each member of the household's room. Her father had custody of Cassidy because her mother was an alcoholic and drug addict who had lost her maternal rights through the court system. Cassidy had spent the first five years of her life with her mother and father until he divorced her mother when she was six years old. Her father remarried and Cassidy lived in a step-family environment with a loving stepmother, her father and two stepbrothers.

Due to the fact that her mother was abusing drugs and alcohol and her father was not, Cassidy witnessed many fights between her parents. There were times when the father took his daughter and went to stay with friends or a motel, to avoid an even worse argument. On one occasion, Cassidy's mother called the police on her father. When they arrived, she forced Cassidy to tell the police that the father was the one using drugs and alcohol, which was not true. As a result, the police took him to jail. Cassidy had memories of these incidents and of the times her mother was "passed out" on the couch for hours while Cassidy was a small child and alone.

Even though much of the therapeutic process with Cassidy focused on these early childhood traumas, I also utilized Regression Therapy to uncover some unconscious material from her prenatal experience. Cassidy's father said that her mother abused alcohol during her pregnancy, which was a source of strife between the two of them. After the separation from Cassidy's mother he entered his own treatment. He subsequently learned about addiction and his own past use of alcohol. When I met him, he had worked a program of Alcoholics Anonymous and was more present in his daughter's life. However, her stepmother was the most instrumental in finding me and helping her stepdaughter achieve some kind of a normal life.

The structure of the prenatal work with Cassidy in our sessions was based on uncovering several aspects of her experience. Both the mother's and baby's physical and emotional experience, as well as the words mother is thinking and words being said by mother and father are included in the therapeutic process. All of these aspects have been recorded into the child's unconscious mind and stored by way of the Amygdala in the brain. I utilize a style of Regression Therapy that was developed by Dr. Morris Netherton whereby the questions I ask the child are very clear requiring the child to just answer the first thing that comes to mind.

In a prenatal regression session with Cassidy, she molded sculptures out of clay while I depicted a baby inside a clay mother figure. I asked her, "What was the most distressing part of the pregnancy, just the first thing that comes to mind?" She answered, "Her smoking drugs." "What happened with mom when she was smoking?" I asked. "Her breathing was harder, like she was choking," she answered. "How did you feel when mom was choking?" I asked her. "I felt scared and helpless," she said. "What else?" I asked. "She's controlling everything and the smoking is making me feel dizzy," she stated. "Let's take a moment now to breathe out drugs and dizziness," I told her. After we breathe together, I asked her, "What finally happens with mom?" "She's feeling sick in her stomach and falls asleep," she answered. Cassidy was feeling very dizzy and I spent some time grounding her. From my experience and training, if the mother uses any type of drug during pregnancy the infant absorbs the drugs into her system. My goal with Cassidy was to separate her physical experience from her mother's. The drugs were creating dizziness in Cassidy and contributing to her inability to concentrate at school.

In further prenatal sessions with Cassidy, she uncovered her mother's attitude toward having a baby. Cassidy found that her mother preferred to drink or use drugs during the pregnancy and would do anything to "sneak" around to keep it from her husband. One of the most hurtful revelations for Cassidy included her mother saying, while Cassidy was in utero, that she didn't want Cassidy. This awareness, though devastating, helped Cassidy in future sessions to confront and grieve the choices that her mother had made—the choice of drugs over Cassidy. The profound rejection and abandonment was buried under the effects of drugs making it difficult for Cassidy to access her feelings. The seriousness of her prenatal experience was illuminated even more when we worked with her difficult birth where the doctor said, "This baby was lucky. If she stayed any longer she would have had a birth defect." Cassidy has come a long way in the year that I have seen her. She no longer has bags under her eyes, sleeps through the nights, smiles and laughs, is doing very well in school and is only on one medication.

My work with children has been very rewarding and I have had the privilege of training other therapists in Regression Therapy with children in the United States, Europe and Brazil. My hope is that this article about my model of therapy with children will be of interest in the field. How many adult clients of mine have said, "Oh, if I had only found you when I was a child, I could have had a different life." As we work to heal our children, we exponentially help our whole culture. I welcome any comments or questions.

Christine Alisa, MS, LMFT has specialized with children in her private practice for over twenty years. She has created an effective therapeutic process based her knowledge and experience with Gestalt Therapy with Children and Adolescents as well as Regression Therapy. Christine has trained therapists in the United States and abroad and is a Continuing Education Provider for the Board of Behavioral Sciences in California. Her book, Turning The Hour Glass, about her work with children, is currently being published. She can be reached through her website: www.healingthroughalternativetherapy.com

References:

Oaklander, Violet, Ph.D. "Windows to Our Childhood," Real People Press, 1978.