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Resolving Late Consequences of Prenatal Stress with Dynamic Tandem Hypnotherapy (DTH)

József P. Vas [α] & Noémi Császár-Nagy [σ]

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I. Introduction

In 2009 we, the two authors, were working with a supervision group consisted of hypnotherapists, when, by accident, someone's prenatal trauma become resolved by an unusual setting in a way that the trauma-patient was hugged by a co-therapist (Noémi Császár-Nagy) while the hypnosis was managed by József Pál Vas. It was a discovery of a new hypnotherapeutic, more correctly, a recent psychotherapeutic method: a proximate one, which set had become relegated to the background of therapies since Freud had refused hypnosis. Then we used Dynamic Tandem Hypnotherapy more than 150 patients, whose individual psychotherapies had an impasse because we realized a cathartic and a catalyst effect of this method (Vas & Császár-Nagy, 2019). Actually, after an impasse resolved individual psychotherapy can be continued. The therapeutic effect seems as a joint attunement evolving between participants being in tandem trance.

Prenatal stress (Huizink, 2000) is viewed to lead to dysregulation of psychobiological functions caused by traumas of an expecting mother and her fetus in the form of either of the following: intrauterine infection (e.g. flu), the mother's severe somatic illness, intoxications, physical exhaustion and surgical intervention (Bergh, 2002; Chamberlain, 1993), Blighted Twin Syndrome (Robertson, 2010), the mother's negative emotional attitude toward or neglect of the baby. In addition important factors are death of family members (Austremann & Austermann, 2008), attempted artificial abortion and prenatal medical interventions, etc. (Champagne, 2008; Emerson, 1996; Hugo, 2009; Janus, 1997; Piontelli, 2010; Seelig, 1998; Seguí, 1995; Share, 1996; Veldman, 1999; Verny, 1996).

The epigenetic condition for the building up of a fetus' organism is the presence of the mother, who unfolds the fetus' genetic program. By this means, every pathological impact suffered either the fetus or the mother, a disturbed pathological development will take place in the mother–fetus bonding in the intrauterine phase (Carr, 1993). Prenatal pathological influences can all be considered as relational traumas, for prenatal stress always occurs within the context of the mother–fetus bonding (Blum, 1993; Raffai, 2002). Relational trauma leading to some flaw in the meeting of needs in the evolving fetus will act as an injury hindering the biopsychological maturation of the nervous system and the personality, with the archaic cerebral regions, such as the brainstem and the hypothalamus affected most.

According to the data of human developmental neurobiology the earlier the trauma occurs, the more archaic the cerebral region that might be involved in the resulting structural/functional disturbance leading to illness (Schore, 2003; Siegel, 1999). As a result of the damage, regulatory processes between the evolving corticolimbic regions will be disturbed (Schore, ibid. p. 33). The upset regulation may bring about enduring overstimulation and under stimulation and insufficient stress coping leading to severe psycho- and somatopathology. This disturbance of coping processes are viewed as implicit somatic memory, which will be repeated at the level of functioning against new forms of stress, which can lead to somatic, psychosomatic and psychological dysregulations and in the worst cases, disorders (Ferenczi, 1933, 1988).

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Interpersonal neurobiology views a mutual relationship between social interactions and gene expression. By virtue of this conception social interactions exert a direct effect on gene expression. This effect in turn modifies synaptic strength influencing the way social experiences affect your brain (Rossi, 2002). The psychotherapy of illnesses rooted in the prenatal periods must target the same developmental level on which the trauma occurred. Over the past decade's body-psychotherapies have been developed, which place their focus on the body (Balint M, 2001; Bálint K, 2005; Hertenstein,Holmes & McCullough, 2009; Meyer, 2010; Monzillo & Gronowicz, 2011; Phelan, 2009; Young, 2007; Zur & Nordmarkan, 2011). DHT developed by the authors in recent years is one of the techniques belonging to this group (Vas & Császár, 2011a, 2011b; Vas & Császár, 2013a, 2013b).

II. Method

By tandem, we mean an acronym for Touching Ancient & New Descendants Experiencing Mutuality (TANDEM). DHT involves the participation of more than two persons: the client, the co-therapist, and the hypnotherapist. During DHT, the co-therapist and the client go into a trance while touching each other. However, the hypnotherapist keeps the distance. DHT aims to elicit a positive, corrective experience with the potential of resolving the client's trauma. Touch is considered as having the possibility to create calm, safety, and love, which are viewed to be lost or confined by unbearable emotions of prenatal traumas (Heller, 1997; Hermann, 1934/1984). Thus, the essence of DHT seems to be a joint attunement evolving between participants being in a tandem trance. The attunement is viewed to have a therapeutic effect due to creating calm, acceptance, and love, which is shared in patient and co-therapist.

Some forms of DHT are used as

1. natural mother/father–child tandem hypnotherapy;
2. virtual mother/father–child tandem hypnotherapy;
3. virtual twin-type tandem hypnotherapy;
4. real twin-type tandem hypnotherapy;
5. patient–therapist dyad tandem hypnotherapy;
6. family tandem hypnotherapy with either real or virtual members of a family;
7. group tandem hypnotherapy with 5-10 participants.

This time more than 150 cases are under clinical investigation, which are viewed as suitable to study how the DHT works. All of the participants we will introduce in case vignettes were members of a psychotherapy group in which the therapist was Dr. Vas, and the co-therapist was Dr. Császár.

III. Results

Case vignettes

1. DTH with Virtual Mother and Son

One of the members of the group named Bill, is a 52 years old teacher, an anxious and perfectionist man, who has never been satisfied with himself. His statement about himself figures a specific character feature: "I start to do everything but never come to an end. I feel a continuous lag about it." As his mother told him he hadn't turned in time and was born from postponed labor. He knew that his father had wanted him as a girl. His father had never developed a close relationship with him.

He wanted to experience DTH to relive his prenatal period with a successful coping of destructive authority relating to his gender identity. From among the group members, he chose a woman to be his "mother" in tandem hypnosis, who exerted an impact on him with her tenderness. During tandem trance, he imagines to be a fetus in her mother's uterus and feels well. He wants neither to move at all. An original context occurs again since the therapist takes the role of his father, who didn't want him to be born as a boy. Thus his reluctance being born imaginatively in this hypnotherapy session is interpreted as resistance against his father's wish. Then the therapist takes his head with two hands and turns to initiate his movements necessary for being born. Bill needs this initial impulse to carry through his birthing process symbolically.

After being born in hypnosis, he said that he wouldn't have been able to do this on his own. At the moment, he realizes that he has ever needed a man of authority, who gives him an impetus. An excerpt is cited from Bill's one-year inquiry:

"An understanding and elaboration of my birthing trauma were possible in the group. However it seemed yet as a first step... Several events and experiences of my life came to a new light, and what was the most important to eliminate obstacles felt as immobile and unchangeable was set in motion due to psychological work occurred in the tandem hypnotherapy group."

2. DTH with Virtual Twins

At the beginning of pregnancies, 10-30% are considered as twin, but some days or 1-2 weeks later, one embryo vanishes according to research data (Sandbank, 1999). The sign of "Blighted Twin Syndrome" seems unconscious and unspeakable sense of loss, deeply felt despair and rage (Emerson, 1996). We suppose that similar emotions can be felt in the case when the gender identity of the fetus is the opposite as expected by one or both parents.

We have known Bill as his life is full of failed things. His virtual mother–son tandem hypnosis was already mentioned. Later in the course of the group

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process he took part in virtual twin-type tandem hypnotherapy with a 60 year old lonely woman named Betty, whose grandmother had died very early, and after her mother delivered her divorced soon. Both her mother and she were orphans as her matrilineal message would be: "You have to survive alone!" When going into tandem hypnosis, they were sitting back to back supporting each other (by touching each other's back).

The therapist felt Bill tense, so he asked him how to feel. Bill claimed that he wanted to share this place with nobody, he was disturbed by the appearance of his imagined twin-sister, and he wished to possess his territory alone by his right. The therapist asked him to thank his twin-sister for sharing in her place. At the moment, Bill relaxed and began to smile. Then his symbolic being born happened spontaneously without the therapist's helping intervention. Here is an excerpt from his diary:

"I was disturbed by Betty's joy. Why she so happy is if this is no place for her at all! The resort is mine! My anger began to resolve when hearing the suggestion to thank her for having entered me here. I guessed that she also had the right to exist, and she would have had the right to protest against me to have been here, but she didn't do so. Why am I such angry and selfish?"

While being in tandem hypnosis, Betty felt joy and floating in a sunny space close to Bill as if two beans in the uterus. After she imagined being born, she felt moving happiness, and in a strange way of her, laughingly, she wanted to caress Bill's head as if she imagined brother's tiny round head.

3. DTH with Virtual Mother and Daughter

In this tandem trance, two women, members of the group took the role on the one hand, of a virtual mother, and, on the other hand, of a virtual daughter. The daughter's part was of Alice, who had social phobia and depression, and the mother's one was Charlotte, who sometimes had anxiety attacks. Some parts of their family's history seems being impressive to be cited here.

Alice's great grandmother arrived from the Balkans to Southern Hungary to try her fortune, became pregnant, and was rejected by her environment has given birth to Alice's grandmother out of wedlock. She died at the age of 24, in shame, as the family legend goes. The daughter, Alice's grandmother, was a dependent, helpless person all her life, also giving birth to a child, Alice's mother, out of wedlock. As a child, Alice had to care for her grandmother and mother, who both suffered from being regularly sick in the street due to their agoraphobia and panic disorder. Alice's mother showed some talents, and she also found a kind husband, but the matrilineal heritage of "women are always losers" did not let her abilities become manifested; she became ill, developed anxiety–depression disorder, which was followed by cancer, and died after a long period of suffering. Alice developed severe psychosomatic illnesses twice in her adolescence, possibly as a manifestation of the matrilineal "curse", and she was forced to give up her career as an artist.

The second participant was Charlotte, whose grandmother married the man she loved, gave birth to Charlotte's mother, then died in tuberculosis at the age of 24. The mother was brought up in an emotionally cold climate and later gave birth to Charlotte with whom she had a disharmonious relationship.

Before DTH Alice, "the daughter" was lying in "the mother" Charlotte's lap. During hypnotic induction, expression of tense can be seen on Alice's face, who was asked by the therapist about her feelings. Alice said that they were in the uterus with Charlotte, and she felt sad, which was located outside the uterus. Then the therapist made Alice imagine a good fairy who was capable of using charm sunshine be in the womb.

After tandem trance, Charlotte reported that when she had entered into the womb, she had seen rolling darkness and had felt endless sadness could have come from Alice's mother. Despite of good fairy's efforts, this endless sadness, was only temporarily resolved. Returning to the tandem hypnotic session at the moment when Charlotte felt this sadness she began to swing on the side of Alice as a mother rocking her baby. Alice had burst into tears and laughter at the same time. After tandem trance, she said that sadness was resolved with this burst of tears and laughter. Alice felt that she had someone, who was accepting and loving her, who didn't keep her own feelings more important than of Alice. Finally, Charlotte said that she received and hold Alice's emotional needs during tandem hypnosis.

In a two year inquiry, Alice reported that symptoms of her social phobia were relieved, and Charlotte wrote about a better relationship with her mother and daughter, whom she more accepted than ever.

4. DTH with real twins

Here we report on the case of a 27-year-old lady (gymnastics trainer), Nancy, who explicitly sought hypnotherapy. She gave birth to two children, and it was after the birth of the second child when she began to suffer from irrepressible obsessions. These included fears of not being able to swallow automatically, or of not being able to articulate words, or automatically breathe. Furthermore, she had a fear of going mad, or blind, and a fear of objects exploding the minute she would look at them, that is of unintentionally destroying the world, and others. All these fears emerged in the presence of retained reality functions, that is, as totally bizarre recurring thoughts. Nancy was born in a small country town from a twin pregnancy. Her twin sister, let

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us call her Judy here, had an immature personality and conducted a self-destructive lifestyle. She didn't finish her schooling and gave the impression of an unborn fetus living up her resources greedily without a need for compensation.

The girls' father, a car mechanic, was a rigid and violent man dominating the whole family, by keeping those who challenged him under control with drunken abuses. He continuously physically abused all her daughters. His small business had been successful, and he had always used excessive control over his wife and daughters. Later he developed Parkinson's disease, which can be regarded as a symbol of the extension of his exaggerated psychological inspection to the control of movements and died.The mother was a submissive woman who worked as a shop assistant, and who was living like a little mouse in her introverted world. She acted as a subordinate to her husband and was always willing to be dictated and arbitrarily commanded by him. In the business, she was in charge of taking orders, handling the customers.

The girls were looked after by relatives, in line with the father's will. Nancy has clear memories from the time when she was between one and two years old, explaining to Judy that the uncle was unsuitable and so had to be hated out. And that's how it happened until a pedantic aunt turned up who met their expectations and who looked after them as late as their teenage years. Nancy remembers clinging to the aunt's skirt, begging her not to leave the house because she was dreading the return of her unyielding father from work. When the aunt unexpectedly died, they were twelve years old. The new helping lady (a neighbor of them) seemed to ignore the rules of hygiene, and Nancy began to develop a disgust towards her. She refused to eat, lost weight, and had to be hospitalized on suspicion of acute colitis. Nancy, who had been a self-assertive person, controlling her environment and putting herself into the center, already from a young age, was increasingly becoming compulsively accurate, a perfectionist who excelled with her achievements both in academic subjects and in sports.

As if to offset her aggression, she supported and patronized those close to her, making them her twins, so to say, and organizing their lives. With Judy, she did the same. Despite all Nancy's achievements, it was Judy who received more acknowledgment from the father. Her first anxiety state developed when she was sixteen, and she has had anxiety states accompanied by the symptoms of the stiff neck ever since. After being physically abused by the father at the age of sixteen, Nancy moved out of home and has never returned. She feels disgust with any object coming from home and sees it as a source of "infection." This sense of disgust has extended to her mother, rendering their relationship permanently tense.

Judy's life has been hit by even turbulence. She refused to obey her father's will, struck up relationships with men of dubious background, used drug, and alcohol, did not finish her schools, and has lived in poverty, relying on casual work. As Nancy's and Judy's mother's history: she was an unwanted child raised in a cold and achievement centered family climate, receiving little love. This handicap was able to compensate for a life of hard work. When she became pregnant, her husband proclaimed that they were to have no more than one child. The twin's mother never thought of having two children. After the delivery of the twins, she could not breastfeed and the babies showed symptoms of prenatal stress as excessive screaming, apathy, less sleep, increased irritability, states of extreme restlessness (Janus,1997; Sandbank,1999).

During her intrauterine regressive hypnoses, Nancy reported on the following experiences: While she was perceived herself as an embryo only a few millimeters long, she suddenly noticed a formidable creature occupying the whole space, which was there motionless, and it was impossible to know whether it was dead or alive. Maybe Nancy's conception is considered as a superfetation some weeks after Judy's conception.

In the therapy, Nancy started to feel anxious, and by using her adult cognitive operations, she realized that she suspected that perhaps the others were not aware of Judy. It was her who had to raise her mother's attention by foretelling, so to say, that "Mummy, there are two of us." During hypnosis, she noted in despair that she did not succeed in this. When her twin turned to face her, she looked disgusting and frightening. In an awake state, Nancy associated this feeling with her disgust relating to the mother and the home, a womb symbol. In the hypnosis, she lived through how the space available for her was becoming less and less as they were growing, which finally forced her into a pose in which her back was stretched backward, a feeling that might have been the underlying cause of stiff neck. She felt to be responsible for keeping Judy alive, and this was why she had to help her in getting born. This feeling might be the reason why Judy was to be come into being first. At this point in the hypnosis, Nancy felt that she was able to stretch out and relax at last, as she had to stay on to become mature enough to be born.

However, the gynecologist insensitively reached into the womb, seized her leg, and her protestation notwithstanding dragged her out into the open. She saw two gynecologists, a young one and another who had white hair, a description which was later confirmed by the mother. Here in the therapy, Nancy's obsessions had become more intense, while actual distress elicited a feeling of shame and social phobia. At this point, her mother and sister began to be included in the DTH sessions. In the joint tandem hypnosis with her mother, Nancy was reassured that she was not responsible for

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the fact that Judy was not expected. In contrast, while the mother could experience that at a deep psychological level, she had indeed been aware of having twins and had been looking forward to having them. Judy, like Nancy, exhibited high hypnotic susceptibility and was able to live through intrauterine experiences as early as her first individual hypnosis.

Judy reported on elementary sensual experiences, such as the velvety stroking of the amniotic fluid, its viscosity, particular taste, the waves which caused vibration on her skin, and enabled her to communicate with Nancy. When noticing that somebody else was also in the womb, she got surprised, not knowing first what it was, then she swam over to it and found her cute and wanted to play with her. On the therapist's suggestion,Judy chose a guardian spirit, a dolphin, who helped her get born by leading the way and exploring the birth canal, and Judy followed the dolphin. When she was born, she sent the spirit back to help Nancy, too.

In the course of Nancy's and Judy's mutual tandem trance, Nancy kept being passive, letting her twin take the initiative. Later Nancy explained that she would have had a contemplative nature had the intrauterine context not demanded activity from her; the organizing and governing of other people's life as a gymnastics trainer at a High school. Judy, on the other hand realized that she had to initiate contact with her mother if she wanted her to know about her existence.

During the next therapeutic session, all three of them got into a trance. To transcribe stressful experience, they attempted to live through every single event in the most natural way. It was very exciting to see how – in the wake of a therapeutic intervention following they're born – they jointly recollected events of their lives at 2, 5, 10, 20 years of age, in the spirit of positive change. During a future pacing, Nancy was preoccupied with her school-age children, while Judy, wearing an elegant costume, was organizing some company events on her mobile.

As the treatment centered around Nancy's problems, we would like to give a short account relating to the interpretation of her illness. The precise etiology of the obsession was revealed in the executed DTH sessions. According to Roland Fischer, thinking is rooted in movement, as he put it an experience of moving is the moving experience (Fischer,1986). This idea gets support from the fact that the neural pathway of thinking and movement control is equally the circuitry of cortex-thalamus-cerebellum, the subcortical section of which is already in operation in the fetal phase. It is logical to assume that self-generated movement can only be designed by anticipating its outcome. What was the course of development concerning the interaction between Nancy's self-generated movement and "thinking" when she was around ten weeks old after conception? As she was growing, her motivation to move was increasingly hindered by the presence of Judy. In the joint tandem trance involving Nancy and Judy, Nancy's feeling of being pushed out was successfully overwritten by an intervention suggesting that the fact that the mother knew about Judy's existence meant that Judy had a right for being, so she did not need to take over Nancy's space to call the mother's attention to herself. On an unconscious level, the mother expected two babies, which meant that Judy and Nancy equally had the right for being.

Nancy must have had doubts not only concerning the hindrance of her movements but also as to her right for being. "So, who is it now, who exists, who has the right to being, she or me? Am I supposed to move at all? Can I show the signs of living? May I call attention to myself, and do I deserve to live at all, or should I quietly let her take away resources and die?" This grave doubt is still manifest in her existential anxiety, and in her obsessions, sense of disgust and social phobia. Her constraints revolve around life and death; "Can I breathe, that is move?, Can I speak, that is communicated?, Can I and am I permitted to live?, If not, may the world be destroyed, may everything I look at exploding, including Judy!". Murderous aggression possibly elicited instant guilt and through reaction formation caring, love, as demonstrated by her overprotective behavior. At the same time, her rejection of the womb carried a kind moral judgment, as if saying, "I reject you as you have not acknowledged my right for being!" (Seguí,1995).

A hypothesis based on evolutionary psychology provides us with further insights contributing to the interpretation of aggressive urges. Following MacLean's idea Ricarda Müssig (1995) put forward the proposal that the first trimester is characterized by the territorial instinct domain of the fish–reptile phase in phylogeny. The baby reptiles, following a short period of maternal care, acquire a territory of their own, attacking and killing strangers transgressing the territory's borders even if coming from the same brood, or alternatively, they flee away. Then in the second trimester, the emotional bond which is being formed between mother and fetus makes the murderous aggression and persecution anxiety of the reptile phase to be overwritten. However, the dramatically intense impulses may stay on at the most primitive level of the mind's functioning like fossils to be integrated into an unconscious dynamic representation of an expectation suggesting that the important other would relate to her or him in a similarly exploitative or persecution manner. This hypothesis offers an alternative interpretation for the disgust Nancy felt, namely as an emotional self-reflection on archaic hate stemming from the fetal reptile phase (Share,1996).

After DTH finished, individual psychotherapy was continued. During three years course of the therapy concerning the symptoms, it displays a fluctuating course with a strong tendency of improvement. Nancy's

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obsessions, stiff neck, and social phobias still appear in stress situations, but she has increasingly more effective means to overcome them. Now she is symptomless. Her relationship with her mother has become more harmonious, and her sense of disgust towards her has considerably diminished. No doubt, her personality has become more mature, her handling of aggression, her empathic skills have both improved while her need to control others and her perfectionism has lessened. She has become more open to emotionally mutual relationships than she was before. She would simply like to become an emotionally harmonious and contented woman and is eager not to pass on the gloomy intrauterine experiences which she integrated into her character.

IV. Discussion

According to the Turners' "Emotional DNA Theory" (Turner & Turner-Groot, 1999) it is postulated that in cases of turning points of course of pregnancy, from the beginning of conception via invasive interventions, i.e. amniocentesis and complicated delivery to intensive perinatal care, every positive or negative thought, emotion, wish or act the parents have got relating to the unborn baby are supposed to be built up to the fetus' psychobiological regulation and determines how to cope with stress. The way how to battle with stress becomes an implicit somatic memory as a fractal, which can repeat itself along with life-time either.

The second case seemed to address to intrauterine territorial instincts (Müssig, 1995). It was known that Bill was expected to be born as a girl by his father. If we accept Emotional DNA Theory, this expectation might function in such a way as if Bill, being a boy of his right, would have got an imagined twin-sister. Nevertheless, Bill would have had identified with the female gender role, but that wasn't the case. Thus it was clear to the therapist that positing twin-type tandem hypnotherapy with a woman could recall Bill's early implicit somatic memory of his dubious feelings about his expected gender role. It is what happened exactly. The twin position provoked Bill's jealousy against Betty, his symbolic twin-sister. He felt that Betty wanted to possess his territory in the womb. Bill's usual attitude and behavior is reinforced probably, in his social relationships in a recursive way that he is not good and acceptable enough since he is not a girl. In vain, his activities would be born he wouldn't positively be reinforced at all, and for this reason, he has to act and delay doing something at the same time because of both rivalry and frightening feelings stem from imagined twin-position he has got in his unconscious mind. Tandem hypnosis gave him a possibility to correct his implicit memory: a repeated virtual twin-situation made Bill accept a girl's potential appearance close to him in social space in the way of neither being threatening nor rivaling him.

Betty lived her own life alone, sharing her intimate emotions only in a few friends. During twin-type tandem hypnosis, she relived experience of oneness with Bill as if they would have been two beans close to each other. This experience moved her so much that it seemed as if she wanted to flood Bill with all of her unfulfilled wish and love. Betty wasn't disturbed by Bill's anger and jealousy at all, which probably means that she corrected partly destructive authority and invisible loyalty of her mother and grandmother, which based her female fate on.

The third case is viewed as an illustration of how can destructive trans-generational messages be elaborated by virtual mother-daughter tandem hypnosis. Alice has yet never realized that sadness and mourning don't exist inside her, but they are outside in her ancestors' life. Therefore the matrilineal heritage can't be considered as her fortune. Thus, the trans-generational message: "You couldn't be who you are!" can be eliminated, and her social phobia was relieved.

The difference in efficacy between individual and tandem hypnotherapy (Bányai, 1998) can also be seen in the way how Alice's imagined rolling darkness became resolved. It is obvious that the suggestion of a good fairy's sunshine in the womb, which couldn't be considered as effective therapeutically, is viewed as the same technique as used in the frame of individual hypnotherapy. To make the difference, tandem hypnotherapy gives a possibility by the tandem partner's physical appearance, who is capable of resolving the patient's unbearable emotions by his/her direct feelings and acts, as happened in the third case.

Consequently, your mind can remember fetal stress situations when faced with regulatory dysfunctions similar to those in the fetal condition (Dowling, 2002). The impact of the traumas suffered in the fetal phase is shown to be the incorporation of the fetus' response to stress into its regulative processes, its coping system, and, in particular, into its coping with stress, with a consequence of deforming or modifying them (Bergh, 2002). Severe or recurring traumas such as attempted abortion or neglect might result in the structural damage of the brainstem and the limbic system and in synaptic pruning, which results in reduced synaptic connections among the various areas of the brain (Schore, 2003). These damages may then be manifested in extra-uterine life as chronic deficiencies of psycho-autonomous regulation, in somatic illnesses, or in psychosomatic and mental disorders, as illustrated using the fourth case (Siegel,1999).

Implicit memory seems to be characterized by a fractal or self-similarity principle, whereby it can be repeated and multiplied at the various hierarchic levels of personality functioning. Fractal refers to an organizing

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principle of your emotional and cognitive processes, characterized by a capacity of creating unconscious working models, with which you will be primed towards future experiences by experiences not yet consciously lived through in the past outside the womb; which results in the fact that "you can remember the future," so to say (Fedor-Freybergh, 2002; Stern, 2004). By implicit memory, the mind remembers the early stress situation in such a way that the actual stress situation precipitates the original visceral–somatic dysfunction, which was brought about in the fetal age by the damage.

In this sense, implicit memory represents a defective mechanism of self-regulation relating to the historical and relational dimensions of human life, which activates identical deficient processes in all situations, which are analogous with that in which the original damage occurred. For example, when prolonged labor complicated with suffocation has formed the base of implicit memory, the memory might be evoked later in distress situations either as fear of suffocation, or cardiac arrest or panic attack or agoraphobia. As a matter of fact, agoraphobia can be regarded as suitable to be an implicit or bodily memory of coming out of the birth canal to the threatening open space of extra-uterine life. Also claustrophobia can be seen as the implicit memory of the fear of being locked into the narrow and engulfing birth canal (Gabbard, 1994). Actually, this tendency for the pattern of turns of life to be repeated again and again along the lifespan is called recursion, since these patterns have been engraved into your body and mind through the mother–fetus bonding during the intrauterine phase (Share, 1996).

The theoretical framework of the previous case vignettes may be based upon multifaceted experiential and meaning dimensions of touching. Touch is said to be "the mother of perceptions," and the first language (Montagu, 1986). Tactile mode of perception has been functioning before the central nervous system would develop. It is the reason why conscious memories of touch experiences originated from the embryonic period of life couldn't be available. However, these touch experiences are maintained as implicit somatic memories by skin receptors. Moreover, they are supposed to build up to somatic and nervous regulation of the embryo's developing organism. This regulation might be viewed as a specific pattern of stress-coping processes, which may be repeated when facing new stress situations along with life-time either.

During tandem trance, a mutual physiological, emotional, and experiential attunement is established between the participants in tandem via mirror neurons and adaptive frequency oscillators as stating by scientific researches (Bauer, 2010; Dash, Hebert & Runyan, 2004; Righetti & Alii, 2009). The hypnotherapist prompts a specific division of attention, whereby the participants in a trance, instead of focusing their attention on themselves, focus on the "meeting points" of their observations. The therapist builds upon the experiences that originated from joint bodily communication, creating calmness, warmth, and security. This way, mutual emotional and experiential focus will be developed, which can lead to a sensorimotor attunement between the tandem participants via touching each other (Vas & Császár-Nagy, 2013a & 2019).

Meanwhile, reading the text, you can take up the question of whether fetal consciousness exists.The human organism is capable of making several kinds of systems work based upon physical, chemical, biological psychological and, social self-organization (Wilber,1996). Nowadays, researchers' attention is being directed to the order of subatomic, nano-scale systems (Bókkon, 2005 & 2009). Supposedly, an embryo, even in an early phase of development, can emit such coherent resonances generated by means of bio-piesoelectric crystals by which she/he could send information to those cells of the maternal organism which contain special crystals – those in the hypothalamus, epiphysis, ovary and so on. Excited cells can, on the one hand, trigger a conversation of neuroendocrine regulation in the maternal organism, and, on the other hand, they can react with resonances of specific characteristics. The aim may be a functional attunement of the two organisms both to undue the genetic program in an environment–dependent way and to build up the fetal constitution (Vas, 2013a & 2013b; Vas & Császár-Nagy, 2013a & 2013b).

In other words, the beginning of our existence can be considered a sort of joint resonance, tuning to each other not in a material sense but terms of wave-resonance. It's probably not by chance that the skin has mechanoreceptors able to detect sound pressure spreading in amniotic fluid. Fetuses can hear by their skin before their cochlea evolves. Mind you, the human organism can create more and more complicated structures to detect physical resonances.

To engender seems to be an eternal mystery of body-soul unity. To be conceived is analogous with spiritual conception (refers to the verb "incarnated"). An essence of mother–fetus interaction is considered to be a specific human relationship to be created, and in the course of this interaction, a human being can be transmitted from a biological to a spiritual dimension. The aim of this interaction is two-fold: on the one hand, to provide energy for fetal regulative processes to maintain a balance of organization to build organs, and on the second hand, to give information as to how the control has to take place and how the genetic program has to be undid. The flow of information and energy is secured by the neuromodulatory system.

No one knows what happens during the conception of a fertilized ovum at a "subjective" level. You can evoke cellular and fractal memories which, supposedly, are different designations of the same

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processes. However, they can not be brought into consciousness since they can be re-lived at a symbolic level only. All of the cells from a later evolutionary stage in the human organisms are engendered from the single zygote. Thus, we inherit the zygote's experiences using the genetic memory since our implicit or fractal memory is used to re-live the formal pattern of previous occurrences at an unconscious level (Laing, 1962). So, an experience gained can be re-lived again and again using the fractal memory. Illustrative examples of this are when children re-live their birth by playing hide-and-seek or when an adult individual can re-live his/her premature birth unconsciously each time he/she leaves things unfinished or half done (Janus, 1997). So, you can "remember to future" due to fractal memory, which inform us of the past (Siegel, 1999).

Ontogeny repeats phylogeny in some respect; therefore, it seems logical to go back to the unicellular state of your existence. More and more researchers think that a fertilized human egg has a "self-conscious journey" through the oviduct to the womb, to find the best possible place for implantation (Piontelli, 1987 & 2010; Seelig, 1998, Verny, 1995). That kind of biophysically/chemically controlled awareness reminds us of the behavior of protozoon used to live in the Archaic Ocean. Before someone would say that this is far from the reality of a zygote's wandering let's ask ourselves the question: why is it that many cultures isolated from each other in place and time describe, in their myths and tales, a hero's journey from the beginning to the consummation with the same turns of phrases? (Janus, ibid, p. 163.).

It can be assumed that a hero's wandering in myths and tales means such a symbolic concentration of different dimensions of objective and subjective realities that can be likened to condensation of dream-work (Freud, 1985). After all, the sense and aim of a symbol's emergence are to connect matching subjective and objective elements of reality. We might say, as an objection, that the fetal ultrasound technique can detect and explore only the developmental and behavioral processes, which can be monitored from the outside. That's true, but having said that, nobody conclude the conclusion that a fetus could not have awareness. In Ken Wilber's opinion (2009, pp. 80-84.), what the ultrasound device can experience is an objective outer quadrant of reality, rather than the subjective inner quadrant representing individual consciousness or the collective intersubjective dimension of cultural symbols.

There are such psychotherapeutic methods during which a client can re-live his/her conception, accompanied by ecstatic experience (Share, 1996; Wilheim, 1998). Whether only the phenomena observable in an objective way could be considered real? – the question is raised. The first phase of the struggle for life is the zygote's implantation (Chamberlain, 1993a & 1993b; Fedor-Freybergh, 1996a, 1996b & 2002). An immune coalescence and war have begun with that event. On the one hand, this phase can be regarded as a sort of coalition between the mother's immune system and the fetus by using such resources, for example, as releasing choriogonadotropin hormone to maintain the required maternal progesterone level so that menstrual cycles be put on hold. On the other hand, it is a struggle of the maternal immune system against the zygote, with the latter being treated as a partly foreign body by the mother's organism that is trying to push the zygote out. This is a life-threatening struggle for the zygote to avoid annihilation.

However, in such cases, when fetal development is in danger, the placenta depletes the mother's organism of nutrients. If that balancing function of placenta collapses due to toxic, infective effects, or lack of the mother's resources, the fetus' fight for possessing and retaining resources will become more and more useless and its fight to hold and safeguard his/her body and territory will fail. Even if an intrauterine fetal demise does not necessarily occur, the fetus pays a very high and unfair price for survival with possible developmental disorders in the organ systems. At the same time, the mother can also suffer from her state of deficiency, lack of necessary resources by developing diseases like disturbances and malfunctions in the endocrine, circulatory, immune, and neuropsychological systems.

It has been confirmed and supported by recent research data that maternal distress, mainly anxiety and negative emotions make adverse effect on the health of both the fetus and the baby to be born (Bergh, 2002; Blum, 1993; Gordon et Alii, 2010). It is delineated by research studies how deeply an unborn vulnerable baby is affected by the mother's mental imbalance (Hepper, 2002; Hugo, 2009; Huizink, 2000). MacLean's theory (1970) about the human brain has been repeatedly mentioned. According to this theory, the human brain consists of three phylogenetic layers: the brainstem originated from reptilians, the limbic system emerged in birds, and the limbic-cortical region stemmed from mammalians. The way how an embryo's genetically programmed behavior is formed depends on the functions of the above brain regions, that's what some researchers suppose to be a valid explanation, at least (Müssig, 1995). Accordingly, an embryo's behavior is controlled by a territorial instinct program in the first trimester of pregnancy.Therefore she/he reacts to any source of danger affecting his/her territory with territory-protecting, counteroffensive; fight or flight behavior.

Twin pregnancies can be 10-30% of all pregnancies (Sandbank, 1999), but in the overwhelming majority of cases, one of the twins dies prematurely within a short time. So there is a life-and-death struggle in the womb in many cases. For the fetus to be able to fight this battle successfully, the so-called archaic

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"mistrust" already mentioned, i.e., the fear of destruction and an aggressive "reptilian behavior" of defending territory are required. In the second trimester, the fetus comes to a closed eyes' state, characteristic of newborn rodents. This phase is characterized by blind trust and care as well as by emotional attachment – a state almost exceeding the territorial horror and cruel aggressiveness controlled by the hypothalamus of the fish–reptile period. The third phase of the rivalry and the coalition between the mother and the fetus can be called a representative period. The stake of that phase is likely to gain bodily and mental unity of his/her own, and to possess his/her subject, i.e. to have got his/ her own self-representation. It looks like the biological communication of a fetus is mirrored in the mother's mental functioning.

It is worth considering Raffai's (1996, 1997, 1998, 1999, 2000, 2002 & 2010) argumentations about how a fetal sense of self is formed by the mother's subjective mirroring. Using that such pattern of interaction is evolved between them that seems "telepathic" in the sense that beyond words uttered, a fetus' behavior and reactions are highly influenced by his/her mother's images, emotions, visions, and expectations relating to her fetus (Cheek, 1986 & 1993).

As to the baby's reactions, the mother embraces them in the same sensitive and reciprocal manner as the fetus does her maternal signals. To gain a sense of self-identification for the fetus, it is fundamental to reflect the existence of the baby by the mother not just as a foreign object but also such a being not identical with her, who is capable of reflecting the existence of his/her self. That is to say the mother has to reflect her fetus as a subject, too (Vas & Gáti, 2006). The evolving self-reflectivity of the fetus is an effect of the mother's mirroring behavior. As an effect of that reflection of the mother, an awareness emerges in the fetus that she/he exists for his/her right while practicing functions of his/her self and for his/her joy. The fetus'reflective function can be identified as a sense of self (Stern, 1985), and the relationship in which that is evolved is called as a unity bond (Dowling, 2002; Krens, 1999). Reflection is considered to be a rather vague concept to name what is happening here: The situation seems to be even more complicated at the level of regulations since any individual pattern of the genetic program to be expressed can only be given via mother–fetus relationship.

The relationship between the mother and the fetus is formed using biological, psychological, and social effects. A healthy mother, whose relationship with her mother might have been attuned from her fetal period, has a good chance of forming a tuning relationship with her fetus as well. That is the precondition to transmit genetic inheritance smoothly. Any kind of trouble to occur in their relationship can derail either the transmission of genetic code, or the optimal building of organs, organic systems, or regulatory functions. Mother's stress appearing as an effect of unfavorable psychological and social issues impact the fetus in an unshielded way because, if the mother can not set the baby at ease, stresshormones can get across the placenta. It has been made clear, through ultrasound observations, that it is not enough for the mother to cope with her stress. If she fails to secure emotional protection for her fetus as well, it continues to be overwhelmed by stress experienced as emotional strain or extreme excitement (Piontelli, 1987 & 2010).

What gives the fetus emotional security is an intimate and lovely caring and togetherness that regulate hormonal processes taking place between them. It is a verified fact today that some modification of the mother's inner state can evoke similar mode of functioning in the fetus. When the mother is happy, anxious, or smokes, the fetus "does" the same. Is this mirroring, or copying? It is a phenomenon somewhat similar to copying a DNA molecule containing genetic code, so essential regulatory processes are transcripted in such cases. The concept of mirroring is not used here because it is misleading since it suggests a passive process. Whereas a copy or, better still, a transcription can be an exceedingly active process on the part of the fetus.

It's highly probable that initially, the regulation of intercellular relations, then the regulative processes like metabolism, circulation, and others, are transcripted within potentialities determined by genetic patterns. The appearance of self-initiated movement seems to be an essential precondition of both consciousness and the thinking process; the latter is to evolve from the control of movement. The fetus is surrounded not by a sort of sterile growth medium or nutrition solution but by a conscious being, the mother. She can exert control over her fetus with her neuro-hormonal functioning and emotions, and even with her thinking. Initially, fetal consciousness is embedded in an unconscious or more correctly in the not yet conscious, i.e., not emergent regulatory processes; then it will be gradually rising from that to become emergent.

These kinds of regulations will survive in the form of vegetative and visceral functions attuned in different emotional states, to the end of our life. They are examples of unity of bodily–visceral and mental functions. Such oneness is likely to be a fetal sleeping position. A response to be given to the question of the emergence of awareness depends on what development level of the neural structures' functioning consciousness is to be assigned to. If Cartesian Cogito ergo sum is our starting point, then conscious phenomenon can exclusively be assigned to the functioning of the left anterolateral part of the frontal lobe in an adult Homo-sapiens. If this is the case, not only

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the animals but little children as well will be excluded from its "benediction" or endowment.

If, however, we consider the numerous transitional primitive forms of awareness of phylogeny, we have to accept the possibility that the human fetus can possess consciousness in the earliest possible period. In all probability, this is because, in that aspect, the mother's conscious attention and emotional reflection relating to the fetus secures an exceptionally, ideally favorable possibility or condition for this. Consciousness is regarded to be a relational occurrence, and as such, it is accepted undisputably by both evolutionary psychology and philosophy as well. Therefore, it sounds logical, and also confirmed and supported by ultrasound observations, that fetal awareness, already present at some level of preconsciousness from the very beginning, is considered to be the essence of mother–fetus relationship.

The essential feature of preconsciousness can be related to what is considered to be the reproductive ability of a living being. The nature of reproduction is to transmit information from its own existence to successors. As far as we know, it is unthinkable to do without a DNA molecule (Buss, 2001; Cosmides & Tooby, 2001). This is the crucial difference between a living being and a nonliving thing. Even a protozoon is capable of reproduction, so this is a sort of "trademark" of cellular memory. The other specificity of preconsciousness is supposed to occur in more sophisticated organisms, where and when specific cells get differentiated to regulate metabolism through centralized control of hormone functions. Later, cells with even more specialized processes get relieved from carrying out metabolic functions of a living organism to create the neural ganglion.

Can it be possible that this is the very point at which we find the most important peculiarity of consciousness: the capability to self-reflection? Is this the point at which the passive not-reflected floral existence is separated from a self-reflected animal being? Self-reflection and movement are related to each other in a special fashion. Supposedly, Roland Fischer's (1986) note that relations is pertinent, saying that experience of moving is the same as a moving experience. It is because the neural system to coordinate sophisticated movements is identical with the neural organization responsible for controlling our thinking (i.e., a net interconnecting the frontal lobe, thalamus, and cerebellum). So, could an embryo with evolved musculature and capability to move and change its location be considered a conscious being?

There are several transitional phases in this research area, from the most primitive sense of motion of his/her self to an evolved self-reflection, with the latter the basis of consciousness. A living being needs to be connected to the outer and the inner environments to be able to compare the genetic information with the surroundings, and to facilitate their mutual interactions, accordingly. A prerequisite of that is the emergence of a highly refined regulatory system of energy and information processes called consciousness. It is the kind of regulation that makes possible rise in the degree of freeness of a living being as energy-using and producing system (negentropy), his/her survival, coping with environmental challenges, growth, and reproduction. Biological reproduction transmits information held in DNA about organization of the body, however, it is in a living being's interest to make the information obtained energized, i.e., put into action.

In practical terms, this process is being performed under the operating principle of self-organization, self-regulation, and flow of information, as mentioned previously – a formula that seems to be the most significant one in the emergence of preconsciousness. You can see the way; how a unit of information and energy, i.e., "infoergy" generates consciousness. From our standpoint, awareness from its most primitive manifestational phases to the most complex, sophisticated forms serves one single purpose: to enable a living being to be released from the "predestined fate" determined by natural laws. To put it another way, we can say that consciousness or conscious existence is the ultimate objective or mission of the genetic program itself, so awareness can be considered preprogrammed genetically. Surprising as it may seem, this is the way how Fedor-Freybergh's (2002) notion makes sense, becomes comprehensible. According to this notion, a fetus's awareness precedes the process of building the fetal organism itself, i.e., consciousness precedes existence.

V. Conclusions

DTH sets a frame of therapy, which is similar to the original mother-fetus bond. The implicit bodily memory has a fractal nature. If there was a prenatal stress the same context might be repeated all through somebody's life in stress situations. If it is the case psychotherapy has got a problem solving possibility. Insomuch as social interactions exert a direct effect on gene expression DTH can play an important part in that implicit somatic memory stemmed from fetal trauma be resolved. According to the authors DTH belongs to transpersonal psychotherapies (Grof, 2000). DTH can be viewed as a special hypnotherapy context in which fetal visceral–somatic patterns of experiences leading to later suffering in life can be worked through with the help of the therapist and the co-therapist – a healing team – who can cooperate for the client's benefit.

Authors Note

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