

Shrinkrap Radio # 208, May 15, 2009, 'Pre and perinatal Psychology with Dr. William Emerson'

David Van Nuys, Ph.D., aka "Dr. Dave" interviews Dr. William Emerson
(transcribed from <http://shrinkrapradio.com/?s=perinatal+> by Fiona Donohoe-Bales)

Excerpt:

"I looked deeply into my own clinical research and found out that there are levels of trauma and in the most severe levels of trauma catharsis is contraindicated because it re-overwhelms the person, or overwhelms their physiology, their neurology their hypothalamic pituitary adrenal axis that drives the emotional system, so, basically for about a third of the people you must use much much gentler approaches that involve titration, moving into your physiology and tracking it and moving back out, so if you're having the memory you move into the memory in your physiology then you move back out."

Introduction: That was my guest, Dr. William Emerson. William R Emerson Ph.D., is a renowned workshop leader writer and lecturer in pioneer in the field of pre and perinatal psychology. He is among the first of the world to develop prenatal and perinatal treatment methods for infants and children and is also an expert of treatment methods for adults and is recognized worldwide for his contributions. He is also co-president of the Association for pre and perinatal psychology and health. As an acknowledgment of his contributions to psychology he received an honorary Fellowship from the National Institute of Mental Health. Dr. Emerson practiced psychotherapy for 25 years specializing in psychotherapy and regression therapy for infants, children and adults and lectured domestically and internationally on these topics. He has retired from the practice of psychotherapy and is currently writing a book on spirit and soul wounding finishing a book entitled 'The Dark Side Of Childbirth And Its Effects On Our Children', and conducting workshops and training programs in the US, Canada, Mexico and Europe.

Now here's the interview

Dr. Dave: Okay, well I'm sitting here on a very nice piece of country property, and would this be Petaluma?

William Emerson: This is Petaluma.

Dr Dave: Petaluma, California with Dr. William Emerson. Welcome to Shrinkrap radio.

William Emerson: Thank you, thank you very much

Dr Dave: And we're all wired up here. I'm trying out a new setup for in-person interviews. As my listeners know, most of my interviews are over the phone, using Skype. We're wearing little sun visors with little microphones clipped to the ... what do you call this part?

William Emerson: The visor.

Dr Dave: The visor, thank you.

William Emerson: Yeah, we look like we're at a baseball game - need some popcorn and a beer and we'd be all set (laughs).

Dr Dave: Yeah, I think it's gonna be okay. Well, I'm particularly pleased to have this opportunity because I must confess that the whole area that you are in which is pre-and perinatal psychology is new to me. So, how did you get involved in this area in the first place?

William Emerson: Well ... I was a graduate student at Vanderbilt University and in psychology - clinical psychology - and they strongly advise all students that if we're going to practice psychotherapy and be a practitioner they wanted us to experience the process first. So, off I went to the faculty lounge and I had a faculty therapist and started seeing him weekly.

Dr Dave: Did that present any like conflict of interest issues?

William Emerson: Hmm. Potentially, sure. Of course of course. But they separated the faculty therapist so I wouldn't have them as teachers until the last year ... the fourth-year.

Dr Dave: Okay, so that helps a lot.

William Emerson: But, anyway we weren't getting along so handsomely. Somehow I didn't open up to him or trust him so much. So he asked me to one day just to lay down and he had a couch and just to breathe. And lo and behold, little did I know or he know that's actually a very common technique for what's called regression therapy. Where people can just lay down and breathe and they can quite easily access memories from the childhood. So, I just lay down there breathing, and all of a sudden my body started to writhe then sweat and I was having some very compelling somatic experiences which were so compelling I thought, 'I'll stick with this for a while'. Then I started coughing and choking, my head felt compressed and I had no idea what was happening and I got a little scared, so, I just stopped. And I thought I'm gonna sit up and see if I'm in control this process or not. I thought, 'am I losing it here?' 'am I psychotic?' 'whats' going on?' (laughs)

So, I sat up and sure enough I was fine and I calmed right down, so I thought I'd try that again, so I lay back down and started breathing again, and the same somatic feelings came back in after three over three or four sessions of very compelling somatic experiences - the body really taking over and my body having all kinds of sensations hot and cold and compression - I thought to myself, "I wonder if I'm being born?" I've never heard of this before. "Maybe this is a birth memory". And the moment I thought that, it just quadrupled and I started choking and spitting up stuff and I vomited for 10 seconds or so. It was an amazing experience.

My therapist, when he asked me what I thought had happened, I said I think I've just had a birth memory, and he says "that's not possible - the nerves aren't myelinated, the central nervous system is not functioning. You couldn't possibly remember birth.". So, he consented to be my therapist for while longer, and I kept having birth memories and I had some prenatal memories. Finally he says, "I've talked to my colleagues and they said you're just having fantasies. This is not possible."

So, I was a little bit offended by this, so I thought I am going to continue this on my own with my colleagues and we were in psychotherapy training together, so I asked my colleague and fellow students to sit for me and I kept track of all my "memories" that came up for me.

Dr Dave: Were you aware at the time there was literature on hypnotic age regression and so on?

William Emerson: No, I was not aware that all. This is 1970, when was this? This was in 1970 or 1968.

Dr Dave: Okay, but, there was some literature at that time.

William Emerson: Of course, I've come across that since then

Dr Dave: Controversial literature I might add.

William Emerson: Yes of course. Well, bottom line is that I kept a track of all of my memories and I listed them. And then I went to my birth records and obtained those and I talked people who were present at the birth or around the time of my birth and asked them what they been told had happened, and it was almost 100 degree correspondence between my quote 'fantasies' which were memories and with the medical records.

Dr Dave: Had you had some kind of birth trauma during the process of birth that maybe would've made this stand out?

William Emerson: Yeah. Absolutely. One of the things that happened, which I knew I been told this by my parents. I had a twin sister who died 12 hours after birth.

Dr Dave: Oh my goodness

William Emerson: On top of that my memory was that I weighed 15 1/2 ounces ... that's the number came to me and that she weighed like 13 1/2 ounces and that's why she didn't survive and why I survived. I had a few more ounces of weight.

Dr Dave: And those turned out to be accurate. Those memories?

William Emerson: My memory was that was an incubator in intensive care for somewhere around six weeks - just short of six weeks. And when I checked the records it was five weeks and 6 and half days. So all the memories were absolutely correct.

Dr Dave: Amazing. Well, I can see how starting with that experience, I know you're familiar with the idea from Freud and his followers that personality development is set in the first years of life. But it seems like as a result of this experience, you start much further back, is that right?

William Emerson: Yes, ah ha, yes.

Dr Dave: You point out that both Otto Roch - I read some papers you sent me some of your writings which I really appreciated and you point out that Otto Roch and Donald Winnicott were important theoretical forbearers maybe so you can say a bit about their contribution in this regard.

William Emerson: Well, actually, the base starts with Freud. Freud actually named the trauma birth and he said basically that birth creates anxiety - he called it birth anxiety - and that that anxiety is pervasive throughout life. Then Freud began to get some static from his colleagues that this was way too controversial ... and this is the Victorian age and he relied on his private patients in his practice so basically he gave up the trauma of birth in favor of dream analysis and dream work. Otto Rank was a disciple and students of his. He then took up Freud's trauma of birth and wrote a book called, 'The Trauma of Birth'. He wrote that book in 1932 I believe, something like that.

Dr Dave: I knew that Otto Rank was associated with birth trauma, I didn't know that Freud had started in that direction and had drifted away from it. That's interesting. What about Donald Winnicott? He is part of sort of the new wave of Freudian thought. How does he fit into this? Did he pick up that banner somehow?

William Emerson: He did and he really detailed in fact in great detail how birth impacted the relationship between the mother and the baby and bonding - and he didn't call it bonding at the time - but he just basically had a very deep and very neat theoretical perspective on how birth can, in fact, have the impacts it does. He's well worth the read

Dr Dave: Okay, you know this is reminding me of a previous interview that I did work with my friend and colleague, Tony Madrid, who I believe you have met and so for listeners they may want to listen back to that episode in conjunction with this one. And in reading some of the other papers that you sent me, I was surprised to see that Arthur Janov's 'Primal Therapy' and Stan Groff's 'Holotropic breath-work', play an important role in this movement so take us through that, starting with Janov. Who, you know, there was a while during which he was so big, if you will, on the scene with his book claiming to have *the* cure for neuroses, and then he got into spirit - I don't know what happened.

William Emerson: Well he's been around. He's still around. He still runs the Primal Institute and he fact took on a neurologist and he did some research and actually made a huge contribution to the field. He basically established by research what clinical theory had been stating for years and the basic clinical theory is that when a person has a trauma, it takes a lot of psychic energy to keep that trauma repressed and so it diffuses throughout the whole system and is very deeply buried that all kinds of behavior patterns and personal patterns are build on top of that. They're basically adaptive and defensive. And the theory was that in order to heal traumas the person needed to uncover the traumas remember them and then deeply experience them actually for the first time, 'cos when the trauma happens it's dissociated and split off so it's really that the theory was that the deeper the catharsis, the deeper the memory and emotional release, the more thorough the healing. And so he and his neurologist did some research and proved that the deeper the catharsis, the deeper the healing from trauma.

But, I broke from the Primal Association and is is an organization called the International Primal Association which was formed at the time in reaction to Janov, saying that his approach was far too limited, that to heal trauma, you need broader and more thorough approaches including the all kinds of eclectic methods such as sand-tray therapy and artwork in art therapy so forth. So what we found out was there was a phenomena called the *primal rut* and this was established by some people in International Primal Association. And what they found was that certain people would do everything just correctly - they have these deep memories and experience these memories and could cathart them deeply and feel better afterwards. But in fact they didn't get better, some of them got worse, so of them where more static and didn't shift, and some ... basically, it was-

n't healing and so we explored this, I explored this, deeply in terms of my own clinical research and found out that there are levels of trauma, and in the most severe levels of trauma, catharsis is contraindicated because it re-overwhelms the person - it overwhelms their physiology, neurology the hypothalamic-pituitary-adrenal axis that drives the emotional system. So, basically for about a third of people you must use much much gentler approaches that involve titration, moving into your physiology, tracking, moving back out, so if you're having the memory, you move into the memory in your physiology and you move back so your system learns how to detach from the trauma, not just cathart it.

So there's many procedures like that. There's the book and CDs I think I sent you, it is called 'Shock: A Universal Malady: Prenatal and Perinatal Origins Of Suffering' (<http://www.worldcat.org/oclc/48155197>) .

There are six CDs and the 35 page booklet that explains displaying trauma versus shock, and the methods that work for severe trauma and so forth - so, it might be a good read for the listeners.

Dr Dave: Okay, as you're talking about that I find myself thinking about PTSD, and that maybe some of the same issues might apply. I know that exposure therapy is supposedly the therapy of choice right now with PTSD but I wonder if there might be a similar issue that for some people it would be too raw, too much.

William Emerson: Well, PTSD is the most severe level of trauma. PTSD is a kind of psychological wound like soldiers experience on the battlefield. Very very debilitating. I don't know if you know of this fact or not or whether this answers your question but various studies show that between 2% and 7% of mothers who give birth in this day and age have first-time PTSD so that childbirth itself is a very traumatizing situation for women to go through. Other studies show clearly that 30% of women who give birth actually describe themselves as traumatized and name at least one or more traumas. There's a lot of data suggesting that technological birth is not as benign is often thought.

Dr Dave: Ah ha. Well ... certainly as a man I haven't gone through birth. I've always been grateful I was a man so I wouldn't have to go through that (laughs). It seems like it's really something. So what about Stan Graff - where does his work fit into this?

William Emerson: Well he was a mentor for me in many ways. Gosh, I met Stan - he I were in a conference in Bombay in the 70s and so I got his book at that time and he did what was called psycholytic psychotherapy and basically that meant that he used LSD to help patients uncover whatever memories came up and he found out that when people took LSD that they reported

memories not only from birth but from the prenatal period and also lots of spiritual experiences and they also reported many symptoms that they had in life that they felt were strongly connected to the experiences they had at birth or before birth and it also turns out that reliving these events under LSD actually solves many of the problems and the symptoms they brought to psycholytic situation. So pretty convincing research, very controversial at the time.

Dr Dave: And then he developed another technique getting away from LSD he found, I guess, was just as powerful, is that right, which he called “holotropic breathing”

William Emerson: Yes, hmm ... hmm

Dr Dave: Which sounds like it maybe relates to that first experience that you described in your first therapist where somehow breath was involved.

William Emerson: Yes the kind of birth work that he teaches people is difference that the breathing I did. It turns out any kind of breathing process can help them uncover memories but he combines the breath work - holotropic breath work - with various kinds of music. It's very evocative - the music is evocative and it works very well.

Dr Dave: I've had just a little bit of exposure to that approach and I did find to be very powerful. At same time I felt like I was going into hyperventilation. Is hyperventilation a part of that phenomenon, do you think, or is it really something different?

William Emerson: It's actually something different. Hyperventilation actually ends up in huge shifts in oxygenation in your system and it can be quite defensive. Your body can become quite numb.

Dr Dave: Yes that's what happened to me - numb and tingly and a bit dissociated.

William Emerson: Yeah, a bit dissociated. So that's not a particularly useful form of breathing, not useful for childbirth, not useful for regressional therapy.

Dr Dave: Okay, well maybe I was doing it wrong then. So all of this has led to an approach that in your papers was called *somatotrophic* therapy. Is that your coinage or is that something somebody else developed?

William Emerson: That's actually my term and I use that term occasionally but not frequently. I use it mostly for academic writing, research writing, because I define it as very body oriented, and we measure outcomes in terms of physiolo-

gy and cortisol and so forth, so it's an arm of what it do. It's not all of what I do.

Dr Dave: Well what are the central concepts of your approach?

William Emerson: One would be that with severe trauma, you need to go very slowly and resource a person and to titrate them as I mentioned earlier. The person comes back with a wound from war, a mother is traumatized by childbirth or when a child is traumatized by sexual abuse. That is so overwhelming that literally it activates a physiology. I found out something very interesting, that with severe wounding the neurophysiology in the system changes. There is something called the *hypothalamic-pituitary-adrenal axis*. Memories are stored in the lateral hypothalamus. All kinds of memories, especially traumatic memories. There's no receptors at the level the hypothalamus when there's high degrees of agitation in neurophysiology. When there is high degrees of cortisol which is a stress hormone, the neuro-receptors are supposed to read that and then switch off so the cortisol production ceases. But with severe wounding, like shock, that loop continues so a person's continually in a loop of creating high or abnormal levels of cortisol. That's one most unhealthy thing your system could possibly contain. Cortisol at appropriate levels is very adaptive, but if its abnormal levels - either too high or too low - it wreaks havoc with your system, with every single system.

Dr Dave: Putting chronic stress on various different organs.

William Emerson: Absolutely, the immune system decreases and depresses so you are more likely to get sick. There's hypertension that can develop, metabolism changes, digestion is less. It just wreaks havoc. So what I do with people I work with is give them a saliva test at various points of treatment and we can very reliably measure the abnormal loads of cortisol becoming normalized and adaptive in the system. So it's scientifically based, I can definitely show people and they can see that they're making progress. The person with a lesser level of wounding, it's still wounding, but that HPA axis it remains functional and that is not on overdrive all the time. What that really means is that a lesser level of wounding, still traumatic, needs more intense approaches like deep catharsis, intense catharsis, like Janov did. But for people with severe wounding like PTSD, so forth, needs to be a much gentler approach. You need to help that system, teach that system, and support that neurophysiology to, in fact, unlock, disengage.

So what in fact would be the therapeutic interventions in those two cases? I must say, for example, a mother has has been traumatized by childbirth. She felt overpowered and unconsidered by the physicians and was given many intervention she didn't want without permission. First of all she needs time to talk through some of it. It's not a cathartic processes. She

talks about feelings, like verbal talking therapy. When she does regress and go back to that childbirth situation she'll just titrate, we'll drop into the experience for three or four to five minutes, invite her to come back out and to sit up and drink some warm water or warm tea to walk around. So it's supporting her to touch into it and move out of it, so her system learns to engage and disengage. So slowly they become separate from the trauma, and it can release from their bodies quite naturally. Very important difference.

Dr Dave: How would you induce that regression, if you will?

William Emerson: I use breathing methods sometimes, Sometimes I use hypnosis. Sometimes I use a yoga procedure, it's called depth relaxation and verbal instructions. Just go back to any time and place in your life that will better help you understand the symptoms. I don't direct them to birth or to childbirth. It's a research-based treatment approach where I let people uncover whatever comes to them rather than dictating and guiding them. I prefer that because it's not imposing my theoretical perspective on anybody's ... it's actually inviting their system to find their own truths

Dr Dave: Well that's good because I think the first place an outside skeptic would go would be to suggest that may be you consciously or unconsciously directing people in a certain direction.

William Emerson: Exactly, so that's why the method is called *open ended regression* and basically you ask a person - let's say you came in and saw me for 10 sessions. Every session I'd say, "Okay what problem in living or you have having, what are you concerned about, what are your hopes and dreams, what is it that you want to work on?" So let's just say you told me, "What I really want to work - I just feel I don't get anywhere in my spiritual practice and I wish I could go deeper into that." I say, so OK let's see what what comes up. So I'd invite you to regress back to any time and place in your life that will better help you to understand how to become more spiritual and what blocks there were in that process.

Dr Dave: And see what comes up?

William Emerson: Yes, exactly. And take good notes and do follow up and see what outcomes came. Were you able to increase your contact with your own spirituality?

Dr Dave: How do people find you? Do your clients sort of know about your work and self select? Do people come to you because they are suffering from some sort of trauma?

William Emerson: Well, you know, I'm co-president of the Association of pre- and perinatal psychology, I've been on the board of directors for years, I'm in public a lot, we have conferences every year - three or four times every year, major congresses every two years. Also I publish in their newsletter and in their journal. I go all over the United States and Canada and Europe and the teach courses there. I write a lot and publish a lot. I'm just out there. People trip over me (laughs).

Dr Dave: Yes, trying to set up an appointment with you I found that I had to wedge in between your travels, workshop and so on.

William Emerson: I could tell you a story that was eye-opening for me as well. When my wife and I were pregnant - when my wife was pregnant with our son, Jamie, because my wife was 40 years old, there was some chance that he could have been a Down Syndrome child, and we would've kept him and given birth anyway. But just to be sure we had some genetic testing done. So at 12 weeks of gestation they inserted a needle to take some samples of the chorion which is a precursor for the placenta because that contains the genetic cells from the unborn baby. So I'm sitting there for this ultrasound and there's Jamie on the screen and he looks like a piece of dead meat. I can see little boom-boom, boom-boom and I could see his little heart beat in his chest but I was surprised how unconscious he looked because I had the belief that any experience in the first 12 weeks of pregnancy, I had dreams were I thought where I thought that were his dreams and I had felt connection with him, I would talk to him and I had a sense of being with him, I could feel his presence. So I asked the nurse, I said 'Do you think that my baby is conscious?' and she put her hand on her hip and looked at me as if like I was the most stupid person in the world and she said 'Of course not. They don't have a brain yet.' and she said that very hostilely and I thought well okay they finished sample. And they left the room to go to check on the sample and no sooner had they left the room that Jamie sat up in the womb and turned right at Myrtle and I and he jumped up and leaned down and did three very slow somersaults. It was very graceful. And I said 'Myrtle, did you see that?'. 'Yes!' she said, 'that's the second one and oh my God he's doing a third one'. It was like time stopped and he came down to the bottom of the uterus and he bounced bump bump bump. And then he had little arm buds at the time and he wiggled his little arm buds and then he bowed as if to say 'Hi mom and dad.' And we were just in ecstasy. And we were like 'Hi Jamie, sweetheart, we're so glad to see you.' and he's wiggling and stuff and the door opened and he conked back down on the ground and looked like a piece of dead meat again.

Dr Dave: Oh my goodness.

William Emerson: I've had personal experiences not just my own of as my own of prenatals being very conscious. This is a piece of research. There's a Doctor (Alessandra) Piontelli, she is an Italian I believe ... a psychoanalyst and a psychiatrist and she wrote a book 'From Fetus To Child' and you can buy that off Amazon [<http://www.amazon.com/From-Fetus-Child-Psychoanalytic-Psychoanalysis/dp/0415074371>]. What she did she filmed through electron microscopy (ultrasound) ... she filmed unborn twins and found out that they had very distinct very articulate concrete relationships. For example one twin, I think the boy's name was, Arthur, I think, I can't remember the girls name. But, in the womb she took up all the space and she had her space and when ever he came into her space she would kick at him and scratch him. She was very hostile to him. And what she found out was that the twins how they behave in utero is exactly how they behave after birth because she followed them up in childhood and she said basically personalities form prenatally and prenatals are very conscious and they form behavior patterns and perceptual perceptions and they form beliefs in the womb and they occur in life. For example, Arthur in utero what he used to do when she would bang on him and hit him he would go put his head on the placenta like a pillow and calm himself down. As a child ... as a young child his favorite things weren't trucks like boys have or boy kinds of toys and they weren't dolls or anything, it was a little placenta shaped pink pillow (laughs) which he saw in a store one time when he was a baby. He pointed at it and his mom bought it and he took it to school he took it everywhere and they had the same room and when ever she bopped him or got hostile with him again he would just go get his pillow and go put his head on it and calm down. Personalities form prenatally and they start long before birth.

Dr Dave: That's fascinating to me particularly as the father of twins.

William Emerson: Ah ha ... you had twins.

Dr Dave: Yeah, I had twin boys and one is clearly sort of more dominant, aggressive and pretty much ... I think he claims to have been dominant in the womb (laughs).

William Emerson: He was first born probably.

Dr Dave: It was a c-section, but he claims that he was first even though it was a c-section. And he claims that he's the oldest and that (laughs) and he is a real alpha male (laughter) from start to finish.

William Emerson: That's very typical.

Dr Dave: And you go even further, you believe that not only is there prenatal awareness but also that memories are formed in the prenatal state.

William Emerson: Oh, absolutely, absolutely ...

Dr Dave: And are remembered into adulthood. What's the evidence for that?

William Emerson: Oh, there's massive amounts of evidence. We know for sure now that prenatals do remember the prenatal period. I'll share just a recent study. A real simple study. Mothers for I think the beginning of the middle of the second trimester they began to read Dr. Seuss's *A Cat In The Hat* to their babies. And then after the birth they gave babies little pacifiers non-pacifiers and those babies could choose from about a dozen stories to be read to them and they would learn to suck at whatever rate the researcher dictated or wrote down to hear the 'The Cat In The Hat' but not to listen to the other stories. So clearly they had a memory of what they had been read and could choose it when they were babies even before they could talk and crawl.

Dr Dave: Wow! Do you remember the author name or anything in case anybody wants to try and track that down.

William Emerson: If people could send me a self-addressed envelope and I will send them all the citations ... all the evidence they want, I've got it.

Dr Dave: Okay, great. I'll put a link to your website in the show notes and then people could contact you if they would like to. So, I gather you feel that there are a variety of previously unrecognized factors that could traumatize the fetus. What are some of those?

William Emerson: Well, some of them are things that might surprise you that would be traumatic and the reason ... what I want to point out ... is that the prenatals are very vulnerable in ways that children aren't. They don't have sophisticated psychological defenses. They can only contract, withdraw or strike out aggressively using their bodies but they don't have sophisticated defenses. So, what is stressful to parents who are carrying a baby might in fact be traumatic to unborn babies simply because they are not very highly defended. We've found, for example, that many times when parents have a first born they are often just getting together in their relationship and like the father has to work more to help or the wife quits her job so she can give birth and stay at home and they have to find a house and move into it ... all those factors that are stressful for parents can actually be minimally traumatizing to unborn babies. And what happens is that when mothers and fathers have that kind of stress in their lives then the risk and frequency of birth complications are very much higher. So it has a direct impact on childbirth as well and later personality development in life. There's all kind of things; drinking, smoking, that go directly into the baby. The fetal alcohol syndrome, cigarettes are very toxic, sexual abuse

memories. If a woman is sexually abused during gestation or if there is domestic violence during the pregnancy those memories go into the baby. There's something called the false memory syndrome, you've probably heard about it ...

Dr Dave: sure, sure ...

William Emerson: I've got documented cases of children who had evolving into adolescence who had recurring dreams and memories of being sexually abused or physically abused when they were not at all abused. What happened is that their mothers were abused and she had the memory and because unborn babies and as Dr Frank Lake said unborn babies 'marinate' in the emotions and the memories of the mothers so basically they were carrying the unresolved abuse and physical abuse memories of their mothers that was transferred during the pregnancy. So, there are many many things that can be traumatizing to unborn babies.

Dr Dave: Similar to Buddhists you say lack of awareness is the cause of suffering but you have a fairly specific spin on that don't you (laughs). What is your spin on that?

William Emerson: Well, put it this way, it would be lovely if unborn babies were not aware because there would be ... ignorance is bliss, put it that way. If they're not aware and there is no memory that would be quite protective but the truth is that unborn babies are in fact very conscious and aware. In fact, they are more conscious and aware than they'll be as children and adults. They are very close to spirit. They come from spirit and spirit is cognition and knowingness and beingness ... it's very Buddhist. Buddhist's say babies are conscious and they know. And I wish they didn't in certain ways ...

Dr Dave: yes ... because they are so sensitive and so open

William Emerson: Exactly, yes ... when Jamie, my son, was unborn, he was so conscious that when he wanted a massage he would take his elbow and would go (thump thump) two or three times on Myrtle's belly and she would say he wants his massage now so I would walk over there and he would turn his back and would push it out against the wall of her uterus and there's his back and I would start massaging his back. And he did that and he had probably five massages from me before he was born.

Dr Dave: Well, I read in the papers that you sent me that you do work with babies ... that you do work directly with babies and with parents so what sort of things do you do?

William Emerson: Again, unborn babies are conscious. What do you do, for example, if a baby is breech and his butts down, that's considered a birth complication and most obstetricians would prefer to do a caesarian section.

Dr Dave: yeah ...

William Emerson: Guess what? Twenty years ago I went to Sweden and midwives were turning breech babies by simply placing their hands and making an energetic connection with the baby by touching the mothers skin and just saying 'turn baby, turn' and forming an image of a baby turning and 65 per cent of those babies turn head down.

Dr Dave: So, is that one of the things you do now?

William Emerson: Yeah, yeah, of course ... There's a group in Europe now, a group of psychiatrists ... psychoanalysts who are doing research on some things I've actually taught psychiatrists in Europe how to do and that is they can prevent ... for example, pre-birth is one of the most significant complications in this culture. It is around 11 or 12 per cent of babies are preterm. That's high risk for babies to die. So, we've developed a way whereby a mother can form a communication with her unborn baby and basically they can communicate in images. So the mother will put on her inner screen an image like a question mark and maybe basically saying 'how are you?' and the baby will send a picture back like a sheep's face that's smiling so the mothers come to understand their babies are conscious and give information about how they actually are doing. Skip forward now to childbirth, the fetal monitor goes off and the doctor says 'oh, there's fetal distress' and the mother has confidence that she can communicate with her unborn child so she sends a question mark image 'how are you, sweetheart?' and the baby sends an image back of a smiling cows face, a lot of times they're animal faces that come back, and so the mother knows the baby's okay and says to the doctor 'don't worry about it, he's okay'. She has confidence that he's okay and in that moment the fetal monitor normalized. It went back out of distress into normal range. Fetal monitors are highly inaccurate. What I'm trying to say is mothers and unborn babies can communicate and both mother and baby can be very informing to doctors and midwives about what actually is going on for the baby ... is the baby breech, is he transverse, is he in a clinically bad position to get born, and so forth. So, it's a logical extension of the theory and research showing that unborn babies know what's going on and they can tell us.

Dr Dave: And we maybe hearing from some mothers ... maybe some anecdotal reports.

William Emerson: I will give you something to take home ... I will give you the two research studies. They're quite interesting.

Dr Dave: Okay

William Emerson: Anyway, preterm births in Germany have gone from 7 percent down to less than 1 percent using this communication system between mothers and their unborn babies.

Dr Dave: Wow. So, going back to Otto Roch and birth trauma, I know you have some strong opinions of your own about birth trauma, babies, parents and medical personnel and what's wrong with the childbirth system in America. So, this is an invitation for your rant (laughter).

William Emerson: First of all, there is a very good book out there ... what's it called ... it's by Marsden Wagner and it's called ... I've got it over there on the shelf. It's called 'Born in the USA; How a Broken Maternity System Must Be Fixed to Put Women and Children First' [[Born in the USA: How a Broken Maternity System Must Be Fixed to Put Women and Children First by Marsden Wagner](#)]. Basically he is an obstetrician who is providing scientific research that shows that ... it's insane ... that we as a culture have over 99 percent of our babies born in hospitals. He says that's absolutely insane. He says 90 percent of mothers are low risk. Ninety percent of mothers can actually give birth at home and it will be as safe or safer than in the hospital. What's wrong with the hospital is that it medicalizes a natural process and it makes mothers into patients. So, mothers end up feeling over-powered, unconsidered ... they perceive that they have lost total control. Right now 10 percent of mothers have first time clinical depression. That's not postpartum blues that's clinical depression which needs to be treated by psychotherapy and medication. We need to give women more choice and help them to realize that they can give birth at home or wherever they happen to be. Women have given birth in amazing places; airplanes, and cars and fields. One of my teachers was born in india ... his mother was in the garden gardening and she squatted over this ceramic bowl of warm water in the garden and he flopped into the water and she picked him up and put him on her back and went on working.

Dr Dave: Wow!

William Emerson: So, basically speaking the more interventions that are used the more traumatic birth tends to be and conversely the more conscious ... what we really need in this day and age we need midwives and obstetricians to understand and to believe and to perceive that babies are conscious with what's going on and that their interventions are not benign and so they should use as much caution as possible.

I've seen very clearly that when obstetricians or midwives deliver babies and they believe ... they accept the research that perceptual paradigm shift prevents birth trauma from happening. It's quite amazing. I never believed or thought I would say such a thing. But, all it takes is a perceptual shift in the caregiver, in the midwife or the doctor. Who suddenly, then realizes that what he is doing is having impacts and who then manifests some caution. It's quite wonderful. So, we don't have to completely reform the maternity care system but we need to make some significant shifts and we need to educate doctors about all the research we have so they know that babies are conscious and a lot then can begin to shift.

Dr Dave: That actually makes sense to me. It wasn't so much of a rant after all. It sounds very sound. And it brought to mind David Cheeks research around people who are having research and are anesthetized and his reports that, in fact, they're conscious and that it's important what the surgical staff says in the room during the room. So if they say pessimistic negative things it can lead to a very poor consequence.

William Emerson: Exactly, the same is true with birth. In fact, David Cheek did some research with birth and regressed and he used hypnosis.

Dr Dave: ... with birds?

William Emerson: with birth ...

Dr Dave: Oh, with birth (laughs)

William Emerson: Yes, he did some research. He hypnotized some patients and regressed them to the birth and found that over 90 percent of them accurately reproduced the physical movement patterns and postures of their own birth. I forget the journal ... some hypnotic journal. But, ah, yes, there's tons of evidence that people remember birth and that it has long term effects. For example, babies who are born by forceps tend to be very anti-authoritarian and to feel very yanked around in life and they tend to feel they lose their power easily. It's a classic. Twins who are born first tend to be dominant. They tend to be heavier and more dominant and the caretaker in the relationship. And the second born tends to be the one taken care of and the dependent one and the 'weaker' one or the more intuitive one and so forth. I am sure your twins are probably somewhat like that.

Dr Dave: Well, this is all been really fascinating. As we wind down is there anything else you would like to add. Maybe there's some question I failed to ask.

William Emerson: I think I want to qualify ... I use the word trauma a lot like birth trauma or prenatal trauma. But, birth, for example, birth is not ever entirely traumat-

ic birth is also ecstatic. It's a miracle. So, what is true is incidents or moments of time during childbirth or during the prenatal period can be traumatic but other parts of the prenatal period or birth can be ecstatic and highly spiritual. We're very spiritual creatures so I really want to make sure people understand that I know that there's a lot more to life than healing trauma. One of the values of healing trauma is that trauma and shock are very very dense energies and the moment that they're healed and out of the bodies people become more religious or more spiritual. Their systems are finer. They function with less effort. It's quite amazing what happens.

Dr Dave: Okay, well that's a very interesting place for us to close. Dr William Emerson it's great with connect to you and thanks so much for being my guest today on Shrinkrap Radio.

William Emerson: Thank you for having me. I'd love to come again.