

Healing Prenatal Traumas with Tandem Hypnotherapy

Császár-Nagy Noémi^{1*} and Vas P József^{2*}

¹Head of Psychotherapy Department and Psychosomatic Out-Patient Department, National Center for Spinal Disorders, Budapest, Hungary

²Head of Department of Psychotherapy in Miskolc, Hungary

Abstract

Tandem Hypnotherapy designates a group of hypnotic methods which can be effectively applied in the cases of psychosomatic and mental disorders stemming from prenatal relational traumas. All the techniques of Tandem Hypnotherapy involve three persons: the client, the co-therapist, and the therapist. The latter two of them are in a tandem situation. Techniques of Tandem Hypnotherapy have been elaborated by the authors for the following settings: joint trance of natural mother and child; joint trance of virtual mother and child; joint twin hypnosis. The client makes an agreement with the therapist and the co-therapist to go into hypnosis with the aim of re-living the his/her intrauterine experiences and subsequent birth. In the therapeutic setting touches play a central role as they help to resolve the psychopathological outcomes of early relational traumas in a joint attunement evolving between the participants in tandem. This study presents three case vignettes together with some conceptual issues raised by their analysis.

Keywords: Tandem hypnotherapy; Prenatal trauma; Joint trance of real mother and child; Joint trance of virtual mother and child; Joint twin hypnosis

Introduction

Long ago in the archaic tribes the shaman viewed the illnesses as some kind of imbalance between spiritual powers that cause pathological effects on the body & soul unit. For the 20th century this type of holistic approach has gradually vanished from doctors' practice due to an incredible development of the medical science [1]. As a matter of fact there is a great urge to view body and mind/soul as a whole again even in western cultures. This new synthetic viewpoint secures up-to-date data provided by scientific research and integrates these data into a coherent theory and practice [2]. This standpoint seems especially important in treating disorders that stem from a very early period of life, since the condition for the building up of foetus' organism is influenced by the presence of a social environment, primarily the mother, which is to unfold the foetus' genetic program [3-5]. Thus biological and psychosocial facts are viewed to be in close interrelationship with each other. This is the reason why developmental somato-psychopathology are badly in need of such theories and therapies that represent a holistic viewpoint and a scientific base at the same time [6].

Keeping in mind the body-soul unit prenatal pathological intrusions can all be regarded as relational traumas, for a prenatal trauma always occurs within the context of the mother-foetus bonding [7-9]. The relational trauma leading to a flaw in the providing for the needs of an evolving foetus will act as an injury hindering the bio-psychological regulation of the foetus' organogenesis, and the maturation of the nervous system, and that of the personality. The earlier the trauma occurs, the more archaic the cerebral region might be (for example the brainstem or the hypothalamus) that is involved in the resulting structural/functional disturbance leading to the illness [10]. As a result of the damage regulatory processes between these regions and those to be developed subsequently will be disturbed. Disturbances of coping processes are viewed as an implicit procedural somatic memory, which will be repeated at the original level of functioning when facing new forms of stress, which can lead to somatic, psychosomatic and psychological deregulations and in the worst cases, disorders [11-14].

Prenatal trauma occurs when an expecting mother and her foetus have distress in the form of either of the following: intrauterine infection (i.e. flu), intoxications in the form of smoking, alcohol and/

or drug addiction, the mother's severe somatic illness and/or surgical intervention, starvation or physical exhaustion, Blighted Twin Syndrome [15], the mother's insufficient mourning of a previous or current loss, the mother's negative emotional attitude toward or neglect of the baby, death or dire life situations of family members [16,17], attempted artificial abortion, or prenatal medical interventions like amniocentesis, etc. We can speak of a perinatal trauma when some form of complicated delivery occurs such as a Caesarean section, intensive perinatal care, etc. [8,18].

It is by now accepted knowledge, that social interactions, including those taking place in psychotherapy, exert a direct effect on gene expression, which in turn modifies synaptic strength influencing the way social experiences affect our brain [3]. The psychotherapy of illnesses rooted in the prenatal periods must target the preverbal phase, the preverbal province and bodily experiences. This is why these disorders need to be treated by a therapeutic approach that functions on the same developmental level on which the trauma has occurred [19,20]. Over the past decades numerous techniques, designated jointly as body-psychotherapies [6], have been developed, which place their focus on the body. Tandem Hypnotherapy (THT) developed by the authors in the past few years is one of the techniques belonging to this group [21-23].

***Corresponding authors:** Császár-Nagy Noémi, PhD, ECP; Head of the Education Board of the Hungarian Association of Hypnosis (H.A.H), clinical psychologist, supervisor hypnotherapist, psychotherapist, Head of Psychotherapy Department and Psychosomatic Out-Patient Department at the National Center for Spinal Disorders in Budapest, Address: 1126 Királyhágó Street 1. Budapest, Hungary, Tel: +36 30 754 8427 or +36 30 7548434 (secretary: JuditTamás), E-mail: mmarquezini@lim05.fm.usp.br

Vas P József, MD, ECP; former president of the Hungarian Association of Hypnosis (HAH), supervisor hypnotherapist, Head of Department of Psychotherapy in Miskolc, Hungary, Address: H-527. Soltész Nagy Kálmán u. 1. 1/5, Miskolc, Hungary; Tel: +36 30 687 2993; E-mail: vasjosef@palmail.com or nyelvmuhely.bt@upcmail.hu

Received April 29, 2013; Accepted July 06, 2013; Published July 08, 2013

Citation: Noémi CN, József VP (2013) Healing Prenatal Traumas with Tandem Hypnotherapy. J Clin Exp Cardiol 4: 256. doi:10.4172/2155-9880.1000256

Copyright: © 2013 Noémi CN, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Method

Tandem Hypnotherapy (THT) developed by the authors recently, designates a group of hypnotic methods that can be effectively applied in the case of psychosomatic and mental disorders stemming from prenatal traumas. The word tandem has two meanings: (1) a multi-seated bicycle; (2) an acronym for Touch of Ancient and New Generations with a Dialogue Experiencing Oneness of Minds (TANDEM). THT involves the participation of more than two persons: the client(s), the co-therapist(s) and the hypnotherapist. The co-therapist, who can be the patient's natural mother/father/sibling, makes body contact with the client, e.g. by touching his/her arm or having him/her sit on his/her lap, or assumes a symbolic mother/father/sibling role (if the relative is not available or doesn't want to participate). The co-therapist can also take the role of the patient's imagined twin brother or sister when twin-type THT is used.

Thus the co-therapist(s) goes into trance together with the client(s) in a tandem situation to elicit a positive, corrective experience, with the potential of coping with the client(s)' traumas, while the therapist keeps distance from those being in tandem trance. Techniques of THT have been elaborated by the authors for the following settings:

- (1) joint rebirth trance of two clients by taking the role of mother and daughter or son;
- (2) joint twin-type tandem trance in which natural or virtual twins go in trance to resolve intrauterine traumatic experiences;
- (3) some forms of intergenerational hypnodrama, for example three persons taking the roles of members of a clan.

All the techniques of THT involve hypnosis with the aim of reliving an imagined communication between parents and children or between siblings/other relatives including intrauterine experiences and the subsequent birth. In the therapeutic setting, touch plays a central role as it helps to resolve the psychopathological outcomes of early relational traumas, because touch is viewed as the first sensory mode of the embryo after conception in the womb. The therapeutic effect is based upon a joint attunement evolving between the participants being in tandem, which means for them a capacity to relieve each other's physical, emotional, and narrative experience as will be demonstrated by case vignettes.

Although THT is treated as an original therapeutic method it has several theoretical and methodological roots which are the following:

- (1) ancient shamanistic practice [24,25],
- (2) Jungian archetypal therapy: archetypal symbols are used during THT [26],
- (3) hypnotherapy [27],
- (4) psychodrama and hypnodrama: Jacob Levi Moreno dealt first with hypnodrama [28],
- (5) contextual family therapy [29],
- (6) Hellinger's Systemic Approach designates a combination of psychodrama and family therapy, in which the protagonist's trauma (the person whose problem is acted by some members of a group), and the transmission of this trauma to the descendants are represented [30],
- (7) evolutionary psychology [31],
- (8) ethno-psychology: there are two types of spatial settings in therapies: first, proximate types which are characterized by physical

closeness; and the second types are distal or distancing therapies, characterized by spatial distance [32],

- (9) developmental neuropsychology [4,10],
- (10) prenatal and perinatal medicine and psychology [8],
- (11) ranspersonal psychology [33].

It is known how proximate therapies have changed in the history of modern psychotherapies when Freud refused proximate hypnosis for the sake of distancing analysis. Freud's follower, a Hungarian analyst, developed a proximate method and made the patient sit in his lap. Wilhelm Reich's orgone therapy was based on [34] bodily massage, later Frank Lake, Leonard Orr and Stanislav Grof practiced psychotherapies called re-birthing therapies to relive the birthing process [35]. Currently proximate types are somato-psychotherapy, bio-energetic therapy, movement and dancing therapies, and haptonomy [36,37].

Touch is viewed as a normal action among people expressing friendship, closeness and intimacy. As a matter of fact, ethics of therapeutic touch are fundamental to be kept. For the sake of human dignity this rule must be respected both by therapists and patients. Zur and Nordmarken have recently collected developmental, neurophysiological, clinical, ethical and legal data on therapeutic touch [38]. Based on investigations they claim more value and use of touch among psychotherapeutic tools.

Results

At the moment more than 50 cases are under clinical investigation, which are considered to be suitable for studying how the THT works. The participants described below made reports based on their own experiences and gave their written consent for publication. Client names mentioned in this paper are fictional and non-identifiable.

Case vignettes

(1) Patient-therapist dyad type THT

The method can be applied during supervision of difficult or stuck individual psychotherapies. Sheila, 36 age, being treated for some months by her therapist, has had panic disorder from her childhood. She was told, at the beginning of her teens, that she had a twin sister who died some days after birth. Sheila has cancelled several sessions because she could not go out to the street. Her individual therapy was stuck.

At a supervision session, Sheila's therapist decided to undertake the patient THT with the leadership of Dr. Vas, a supervisor psychotherapist. According to the plan, Sheila gets the chance to meet and take her farewell of her sister in her imagination. Sheila's therapist takes the role of the patient's mother. Sheila agreed with this type of psychotherapy. As an induction, a story was posited, in which a mother and her daughter, left the past together to return to the period when Sheila was a foetus.

After an imagery of conception, the supervisor asked about her feelings. Sheila told that she felt strong and she enjoyed being there with her mother. Her therapist reacted that she enjoyed it, as well, and she was looking forward to giving birth. Listening to the suggestion referring to the birth, Sheila spontaneously turned toward her 'mother' and embraced her with opened eyes. The atmosphere of the closing discussion was relaxed.

After some days of THT, Sheila told her therapist that her mother had never touched or embraced her, therefore she had never been able to

accept any embraces. As an effect of THT, she experienced the embrace that everybody deserves, and she realized that she can be loved and accepted, just because she exists. Sheila got better by leaps and bounds during her individual therapy, her panic attacks disappeared, and she became independent. Sheila wrote in her diary, cited word for word: „I am worthy of love because I was born, just because I AM ALIVE!”.

This kind of psychotherapeutic frame can be easily questioned, because after Ferenczi (1933) therapists hardly ever embrace patients. Although the rule of abstinence can serve both the therapist's and patient's defence in a twosome situation, the therapeutic setting discussed before is a group-situation, where different psychodynamics are supposed than in an individual therapy. Experiences during tandem hypnosis are transcendental, conveying not seduce or occupancy but ontological love. For the sake of human dignity this rule has to be respected both by therapists and patients as well. Moreover, Sheila has respected her therapist still more after that session.

(2) Virtual twin-type THT

If working with twin-type tandem hypnosis we can focus on resolving pathological splitting, which can cause serious somatic, psychosomatic and psychic disorders. Let's see an astonishing recovery of a woman, who had a pulmonary cancer.

Christine, 42 age, married, has two sons. She was not wanted to be born as her parents had already had a son and a daughter. Her mother hid pregnancy with Christine from her husband by compressing her belly with a belt. Christine would have liked to be a boy, she dressed like a boy but she was not able to satisfy her father's expectations. Her life was a continuous apology for her being a girl. Some years ago her sister had a pulmonary cancer, and after a long agony, she died. Christine became emotionally numb because of loss. After some month she began to cough, and a pulmonary cancer was also diagnosed with computer tomography. She neglected treatment and hid into her loneliness and depression. She wanted to have an experience of tandem hypnotherapy for she wished to relax and feel better. Several sessions of THT were accomplished while Dr. Vas was the therapist, and Dr. Császár was the co-therapist at one time as her virtual mother, and another time as her imagined twin-sister.

During the twin-type tandem hypnosis she and her co-therapist lay in a position that their backs touched each other. They imagined being twins in uterus, and then the co-therapist began to feel a strong pain exactly in that area of her back that was identical with Christine's cancer. The co-therapist talked about this pain. Then the therapist gave a suggestion which was word by word as the following: „In this moment a frontier has opened between you: this can be viewed as a channel of communication through which, you Christine can gain the healing power from your tandem partner, Dr. Császár, who is now your twin.” Dr. Császár's pain gradually vanished while Christine felt well. The therapist gave another suggestion, too: „You as twins are able to learn from each other how to cope with problems of life. You are able to maintain a balance between renewal and death. You are able to bear loss and destruction in order to be integrated with survival, with life. Since you know that equilibrium of cell's destruction and division will hold you.”

Three month after that twin-type THT Christine's coughing gradually ceased, and the repeated computer tomography was negative, that is, the pulmonary cancer has vanished. For four years she has been in good health, and feeling fine.

(3) Natural mother-daughter THT

Candy, 42 age, divorced, has a son, has no siblings. She suffered from symptoms of panic and severe depression including helplessness and sometimes psychotic level of ego-disintegration for several years. She takes antipsychotic and antidepressant drugs. She says that she knows her mother had an ectopic pregnancy before expecting her. She was told that she had been born from a postponed and prolonged labour. As her mother was an artist she often left home in the evenings, and, if it was the case Candy felt lonely and very sad without her mother. Her father had a great influence on her in adolescence. In this period of life she thought her mother to be of weak character, who doesn't take responsibility for child-rearing. Since her father would have preferred a son be born Candy became an engineer, and married a strong-minded man, 10 years older than. She felt helpless and being unable to decide in the marriage. She had a serious depression after delivery, and later she divorced. Since then her partnerships have failed. Once men recognize her helplessness and needs for dependency they abandon her.

She sought psychotherapy because of anxiety states. An individual psychotherapy with guided affective imagery was initiated by Dr. Vas. She imagined a meadow with lots of flowers, where it was nice to lie in grass. Happily, with an astonishment she reported that the earth held her, she felt power being given to her. There was a lovely, clear stream of drinking-water. After she had started towards its spring she had a panic attack. This was the same anxiety what she felt when she was going up to an imagined hill. Then Dr. Vas, the therapist supposed that Candy had suffered prenatal trauma since the symbol of spring meant birth. Candy's mother was invited, and she agreed to take part in tandem hypnotherapy.

In a tandem session Candy was asked by the therapist to change herself into the stream. She, as stream enjoyed very much to cope easily with obstacles since she possessed huge energy and fluidity. She was glad and lively after this tandem hypnosis for the first time. In a next session she was asked to change herself into a tree. As a tree, she had very strong roots to hold on to earth, which fed her. She imagined herself as a peach tree in blossom, which was pollinated by bees. She bore fruits, the branches were weighed down with the peaches. People came to pick the fruit, and she gave them her fruits with pleasure.

Next time Candy and her mother imagined Candy as a foetus while her mother caressed Candy's back. The therapist asked them to tell him how they felt. Candy reported to feel relaxed. Her mother claimed that she was glad to expect Candy, whom she considered as the previous baby's substitute, who had been lost because of the ectopic pregnancy. Promptly, the therapist told them that Candy couldn't be considered as a substitute as she was an autonomous individual existing on her own right, and she did not substitute anybody: Candy was worthy of as much respect and love as the lost baby. At the moment the therapist accomplished an age-regression to return Candy and her mother to the period before Candy's conception to meet her sibling in the realm of unborn babies. She saw a boy, called Peter. Then, the therapist told Candy as following: “You and Peter love each other so much, and therefore you would like to be born from the same mother. Now you can choose a mother from among the women who live on Earth.” After Candy had chosen their mother the therapist followed: “Good. Now Peter tells you that being born from the same mother seems to be very difficult to come true. It would be possible that Peter won't be born because of a problem. If it is the case you, Candy be sure that Peter won't envy you for being born, however, his concern and love will accompany and guard you throughout your life for you to be able to live on your own right as a woman on Earth. Now, repeat to Peter the same, please!”

Candy's face was clouded while she repeated the same to Peter.

Then she returned in her imagination to the womb and was born. She opened her eyes with a lovely smile, Candy and her mother smiled at each other, and, both of them were in tears. Candy said that she didn't feel lonely for the first time in her life since Peter loved and supported her. An excerpt is cited from Candy's diary:

"In the realm of spirits I and Peter belong to each other. I love him very much. He is older than me. He is very kind, funny and warm-hearted. We talk about the time to be born on earth. We would like to be born from the same mother. I choose the loveliest young woman whom I can notice. When Peter starts he tells me: 'If some trouble would happen during my travelling to the Earth, and I have to return to this place, I shall love you, I always will be with you in soul, and I will help you to live by your female authority in your life on earth.' I say good bye Peter with the same thoughts. Then it is time to go to the kindest woman's womb. It is warm, nice, and I feel caressed by amniotic fluid, I can hear bubble of blood. Everything is nice and safe. Suddenly, I feel pressed on my shoulders. It is time to be born but I would like to be here for a while. How defenceless I will be on the outside! The program of movements start, I turn around spontaneously and submissively, and, finally, I come to earth. I see my mother's face and she is smiling, I cling on to her arm. This is my only safety. I feel fine. Later I can remember Peter, and I realize to be alone without him. I can't find him anywhere. It hurts me very much. I must mourn for him. Then I can feel his love along with me, and I feel relaxed."

Her mother had an insight that she always thought of Candy as a substitute of the lost baby, that is, Candy couldn't have had the full right for existence. When she changed her mind Candy's prenatal trauma became resolved. Symptoms of her depression and anxiety have been significantly reduced, and now she is more confident.

Discussion

According to developmental neuropsychology, touch appears to be the mother of perception and thus the first language. Touch is called skin-ego. In the foetal period of our life touch is absolutely necessary to establish the frontier of the body, and to evolve the boundaries of ego and not-ego upon which attachment and relations are built. The touch of the amniotic fluid on the skin is a stimulus essential for the development of the nervous system and it also provides a continual proof for the foetus of its existence [20]. Before central nervous system evolves so-called primary nervous networks were in function as skin receptors, autonomous neural groups of heart and other viscera [13]. We propose that early nervous system functioning which is usually suppressed by ego processes to be preconscious or unconscious in the normal waking state can be relived via bodily contact in THT. This foetal heritage represents the basis for any personal attunement, the state of being loved, or the state of sexual or emotional fusion [39,40].

The experience of touch is processed in the right hemisphere which represents relations and contexts. Thus touch is responsible for reliving spatial regression that is an attunement with partners, which means to be protected, to be in security, to have warmth and love. Neurochemistry of social support emphasizes the role of oxytocin which is excreted when people get close in order to touch each other. Touch is said to have the effects of anti-stress, calming and love [41].

As a matter of fact pathologic consequences of prenatal traumas are preserved by virtue of a deregulation of primordial embryonic nervous system as a form of down/overregulation of brainstem/hypothalamus, i.e. a hypersensitivity of skin and viscera to certain stimuli. As in the first case vignette the prenatal trauma seemed to be the lack of close

relationship with an unviable twin foetus that died short after delivery. Sheila, the patient remembered the period of her early childhood, when she experienced the lack of "something" on her left side; and, when she was alone, she was running anxiously through the house with a panic searching "somebody", who could calm her. So the rapture of bond to her twin-sister has been unelaborated. Her mother had told the story about her twin-sister's death before she herself had died, thus the therapist—a lady at the age of her mother—took the responsibility to facilitate Sheila's psychological overcome of her lost twin.

As relating to the second case, Christine's recovery is likely to have no complete interpretation about what has happened. Nevertheless, there was also unravelled prenatal trauma with maternal neglect: she was unexpected, and unaccepted as a girl. She ought to have been born again, more accurately; she would have been conceived as a boy. However, as she couldn't identify herself as a zygote she might have evolved an ever-dividing cell-population, that is, a pulmonary cancer. In the course of THT sessions she can imaginatively experience acceptance and love on an early prenatal level of development, which can help identify her as a women.

In the third case, Candy couldn't exist on her own right; she was treated by her mother as a substitute for her brother who had died earlier. Here is the very powerful effect of THT, when her natural mother was involved who was able to change her mind regarding Candy's constructive authority for existence [29].

To give a theoretical framework to the previous case vignettes seems to be a little difficult. A cornerstone of our hypothesis may be the multifaceted experiential and meaning dimensions of touching. During rapport, induction and trance of THT a mutual physiological, emotional and experiential attunement are established between participants in tandem, which can recall the foetal period of experiencing.

The participants in THT used to mention regularly that they had never relived such experience in individual hypnotherapy as experienced during tandem situation which could not be expressed with words. That is one of the several reasons why we propose that a very early functioning of nervous system is relived via bodily contact in THT, which is usually suppressed by ego processes to be preconscious or unconscious in normal waking state. The functioning of the *foetal primordial nervous system* may become conscious in the following ways: tactile and heat information is processed through skin receptors; proprioceptivity is processed by receptors of skeletal muscles and emotional information is processed by the autonomous neural network of the heart and of the other visceral organs [42]. Nevertheless, the experiences relived during THT may be considered to be a recall of foetal cell memories as well [43]. At the same time the embryonic nervous system used to work certainly the same way as it works in adulthood.

It is proposed that the earliest sensorimotor level of functioning seems to have an *associative mode of experiencing*. Since the central nervous system is not yet developed before there is no ego-consciousness which is regarded to be necessary for subject (inner reality) and object (outer reality) to be differentiated. This way every sensory moments continuously associated with each other, and experiences and consciousness can be treated as one. It is called as "*primary oneness-experience*". After central nervous system has developed ego-consciousness occurs, which is viewed to be able to dissociate experiences from consciousness to create a separation between outer and inner reality. In the course of a therapy conducted by guided affective imagery method, the therapist can ask the patient to imagine

a stream, which is regarded to be suitable as a dissociative mode of experiencing for the patient and the stream are not seen as identical. On the contrary, if the therapist asks the patient to imagine that (s)he is to be changed to be this stream (s)he is capable of experiencing how does it feel at a bodily level to be this stream, as we saw it in Candy's case, which means to be in an associative mode of experiencing recalling implicit sensorimotor somatic and visceral memories from the earliest embryonic period of life. As this experience can only be told by virtue of ego-consciousness it is called as "secondary oneness-experience".

To be touched seems to be an associative functioning as well in which all of sensori- and visceromotor experiences are collected. According to the „bodymind theory” [44] all of our body cells, especially skin receptors preserve traumatic experiences, which are processed at an associative level, and that is the reason why they can be resolved by skin-stimulations as acupuncture and other methods. So touch in THT also can influence those traumatic experiences preserved in skin receptors. It is an analogy between the tandem-partner's touch felt by the patient during trance and the caressing of the amniotic fluid once experienced. Thus, THT can help patients relive positive experience at a sensorimotor level as once being in the womb before trauma. *This positive sensorimotor associative experience can be regarded as a replacement of prenatal or perinatal traumatic experience with a sense of acceptance, safety and love.*

Conclusions

From Freud's time on there has been a debate about how catharsis works in healing [45]. We suggest that THT is a cathartic and a catalyst method where the patients need to use their power to work through emotional and relational difficulties of their everyday life. Because of that THT can be used in case an individual psychotherapy comes to an impasse because of pre/perinatal traumas, and after resolving them the individual therapy can be continued. Since we only have preliminary results this time a research is planned in the recent future to understand the efficacy of THT.

Finally, as a new method, THT belongs to transpersonal therapies. Instead of being symptom-oriented it is characterized by a holistic, existential-ontological approach which places its focus on the meaning of our life and its marked events. The physical presence and mutual touches of those being in a joint trance can facilitate the resolution of traumatic experiences from the past not only at an imaginary level but also in reality, with the capability to eliminate pathological outcomes originating from relational traumas of prenatal and perinatal period. The aim of the method is viewed as instead of traumatic experiences be repeated rather they are to be replaced by the positive mutual attunement, which is called as "communication of ontological love".

Author note

The authors agree to publish this paper, which is an original, unpublished work not under consideration for publication elsewhere. Correspondence regarding this article should be addressed to NoémiCsászár-Nagy, Psychotherapy Department and Psychosomatic Out-Patient Department at the National Centre for Spinal Disorders in Budapest, Hungary, e-mail: noemi.csaszar@areus.hu

References

1. Eliade M (1993) Myth of Eternal Return. Budapest: Európa.
2. Vas JP (2007) Some Thoughts Upon Unity of Mind and Body in the Period of Neuroscience. Pszichoterápia 16: 179-183.
3. Rossi EI (2002) The Psychobiology of Gene Expression: Neuroscience and Neurogenesis in Hypnosis and the Healing Arts. New York: W. W. Norton Professional Books.
4. Siegel DJ (1999) The Developing Mind. Toward a Neurobiology of Interpersonal Experience. New York: The Guilford Press.
5. Verry TR (1996) Isolation, Rejection and Communication in the Womb. The International Journal of Pre- and Perinatal Psychology and Medicine 8: 287-294.
6. Meyer R (2010) La Somato-psychothérapie, dans la mouvance deFerenczi. Budapest: OrioldésTársai.
7. Blum T (1993) Prenatal Perception Learning and Bonding. Berlin: Leonardo Publishers.
8. Janus L (1997) The Enduring Effects of Prenatal Experience. London: Jason Aronson.
9. Raffai J (2002) Prenatal Mother-Baby Bonding Analysis. In L. Janus (Ed.), The Significance of the Earliest Phases of Childhood for Later Life and for Society, Heidelberg: 75-80.
10. Schore AN (2003) Affect Dysregulation and Disorders of the Self. New York: Norton.
11. Hugo S (2009) The Fertile Body Method. The applications of hypnosis and other mind-body approaches for fertility. Carmarthen, Wales: Crown House Publ.
12. Piontelli A (1987) Infant observation from before the birth. Int J Psychoanal 68: 453-463.
13. Piontelli A (2010) Development of Normal Foetal Movements: The First 25 Weeks of Gestation. München: Springer.
14. Vas JP (2011) Establishing Neuropsychoanalysis. Budapest-Imágó 1: 23-38.
15. Robertson T (2010) Fertility and The Mind-Body Connection.
16. Austermann AR, Austermann B (2008) Drama in the Uterus. Budapest: Hellinger Institute.
17. Bergh VDB (2002) The effect of maternal stress and anxiety in prenatal life on fetus and child. In L. Janus (Ed.), The Significance of the Earliest Phases of Childhood for Later Life and for Society, Heidelberg: 37-46.
18. Chamberlain DB (1993) Prenatal Intelligence. In T. Blum (Ed.), Prenatal Perception Learning and Bonding, Berlin: Leonardo Publishers: 9-31.
19. Turner J, Turnet-Groot T (1999) Prebirth Memory Discovery in Psychotraumatology. The International Journal of Pre- and Perinatal Psychology and Medicine 11: 469-485.
20. Veldman F (1994) Confirming Affectivity, the Dawn of Human Life. The International Journal of Prenatal and Perinatal Psychology and Medicine 6: 11-26.
21. Vas JP, Császár N (2011a) Transnatal Tandem Hypnotherapy (TTH): A New Method for Resolving Prenatal Traumas. International Journal of Psychotherapy 15: 55-64.
22. Vas JP, Császár N (2011b) Multipersonal Tandem Hypnotherapy (MTH): A New Method for Resolving Intergenerational Traumas. International Journal of Psychotherapy 15: 38-48.
23. Vas JP, Császár N (2013) Tandem Hypnotherapy. International Body Psychotherapy Journal 12: 74-86.
24. Krippner S (1993) Cross-cultural perspectives on hypnotic-like procedures used by native healing practitioners. In W. Rhue, S.J. Lynn, and I. Kirsch, (Eds.), Handbook of clinical hypnosis, Washington D.C.: APA, pp. 691-717.
25. Jilek WG (1988) Indian Healing. Surrey, Canada: Hancock.
26. Jung CG (1978) Man and his Symbols. London: Picador.
27. Bányai EI (1998) The interactive nature of hypnosis: Research evidence for a social-psychobiological model. Contemporary Hypnosis, 15: 52-63.
28. Moreno ZT (1987) Psychodrama, Role Theory, and the Concept of the Social Atom. In J.K. Zeig (Ed.), The Evolution of Psychotherapy (pp. 341-366), New York: Brunner/Mazel.
29. Böszörményi-Nagy I, Krasner BR (1986) Between Give and Take: A Clinical Guide to Contextual Therapy. New York: Brunner/Mazel.

30. Hellinger B (1994) *Ordnungen der Liebe. EinKursbuch*. Heidelberg: Carl-Auer SystemeVerlag.
31. Ray WJ, Tucker DM (2003) Evolutionary approaches to understanding the hypnotic experience. *Int J Clin Exp Hypn* 51: 256-281.
32. Hermann I (1984). *Primordial Instincts of Mankind*. Budapest: Magveto.
33. Wilber K (2003) *A Brief History of Everything*. Budapest: Európa.
34. Ferenczi S (1933) Trauma in Psychoanalysis. In *Final Contributions to the Problems and Methods of Psychoanalysis*, New York: Brunner/Mazel: pp. 210-233.
35. Grof S (2000) *Psychology of the Future*. New York: State University of New York.
36. Phelan JE (2009) Exploring the use of touch in the psychotherapeutic setting: A phenomenological review. *Psychotherapy (Chic)* 46: 97-111.
37. Young C (2007) The Power of Touch in Psychotherapy. *International Journal of Psychotherapy* 11: 15–24.
38. Zur O, Nordmarken N (2011) To Touch Or Not To Touch: Exploring the Myth of Prohibition On Touch In Psychotherapy And Counseling. *Clinical, Ethical and Legal Considerations*.
39. Heller S (1997) *The Vital Touch. How Intimate Contact With Your Baby Leads To Happier, Healthier Development*. New York: Henry Holt & Company.
40. Montagu A (1986) *Touching. The Human Significance of the Skin*. New York: Harper & Row.
41. Varga K (2009) Sexuality, delivery, attachment: psychoemotive effects of oxytocin. In Bagdy E, Demetrovics Z, Pilling J, eds. 'Polyhistory' —compliments and studies on the occasion of Béla Buda's 70th Birthday, Budapest: Akadémiai Kiadó: pp. 449–476.
42. Pihko E, Lauronen L, Kivistö K, Nevalainen P (2011) Increasing the efficiency of neonatal MEG measurements by alternating auditory and tactile stimulation. *Clin Neurophysiol* 122: 808-814.
43. Dash PK, Hebert AE, Runyan JD (2004) A unified theory for systems and cellular memory consolidation. *Brain Res Brain Res Rev* 45: 30-37.
44. Pert CB, Marriott N (2007) *Everything You Know to Feel Go(o)d*. Budapest: ÉdesvízKiadó.
45. Gravitz MA, Gerton MI (1984) Hypnosis in the Historical Development of Psychoanalytic Psychotherapy. In W.C.II. Wester, A.H.Jr. Smith (Eds.), *Clinical Hypnosis—a multidisciplinary approach*, Philadelphia: Lippincott: pp. 1-17.