

# WOMB TRAUMA

## Between the therapeutical approach and embodied spirituality

Irini Hara

*Azra Bertrand* says: «We can heal our world collective psyche back to wholeness in several generations if we choose to change our culture, and make mother-baby bonding and Womb Consciousness our priority as a society, rather than business and profits».

### 1. INTRODUCTION

**Womb trauma** is a complex topic and still very much “tabu” for many, not only for women. We are used to thinking that is something that affects mainly women as they carry a womb but actually it also affects men, as they were in the womb of the mother while she was pregnant. The epigenetics studies also have shown that the traumas of past generations can be inherited (at least from the past four generations) and it is the matrilineage (the ancestral line from the mother side) that perpetuates the womb trauma at the cellular level (through mitochondria, the cellular energies engines).

Womb trauma, as the words suggests, can be defined as **a trauma related to the womb energy and its functions**. No other organ is so deeply associated with *femininity* and *motherhood*. Therefore, the womb trauma can be circumscribed mainly to the *feminine reality* but also has severe consequences for men’s upbringing and development.

It is a **complex trauma**, with many layers and ways of expression, that affects:

- Our Identity construction process and its development from early childhood to adulthood,
- The way we bond and relate with other people, starting with our mother, then other members of our original family,
- The way we express care, compassion, trust, creativity, love and sexuality in our adult life.

This trauma not only starts in the womb (from conception to the moment of birth) but also includes traumas from past generations, which have not been completely healed. This last aspect can be understood if we visualize the image of Matrioska dolls, where inside one bigger doll you can place other 4 or more smaller dolls (Fig. 1). It is actually the best illustration of our womb storing the memories of our mother’s womb, her mother’s womb, her grandmother’s womb and so on...going back to ancestral times. Our Wombs hold historically and collectively remembered trauma, due to the fact that each of us dwells in our mother’s physical womb for circa 9 months. In addition to the personal experience of the mother while pregnant, we as a fetus are receiving and imprinting in our own womb (or sacral chakra) the energy of the trauma of her mother, grandmother and so on.

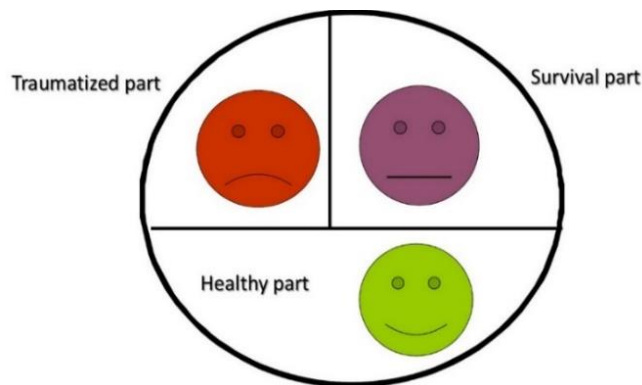
As this happens from one generation to the next all the way down our ancestral lineage, we are ultimately encoding layers of historical trauma from an incredibly violent period of human history where rape, military aggression, sexual torture, war, persecution, genocide, and slavery have been (and in many places still are) common place and normalized. The Womb can be thus compared to a book of many lifetime stories.



**Fig. 1.** Matrioska and her inner dolls

There are many events and ways to generate trauma in the womb, and often external factors (environmental factors, pollution, food contamination, wars or accidents) They overlap the wounding already carried inside us.

A *split* is created inside the psyche (Fig. 1), and *overcoming (survival) strategies* are developed at a somatic and psychological level to ensure survival after the shock and trauma took place. The earlier these traumas happened, the longer the lasting effect will have on our life.



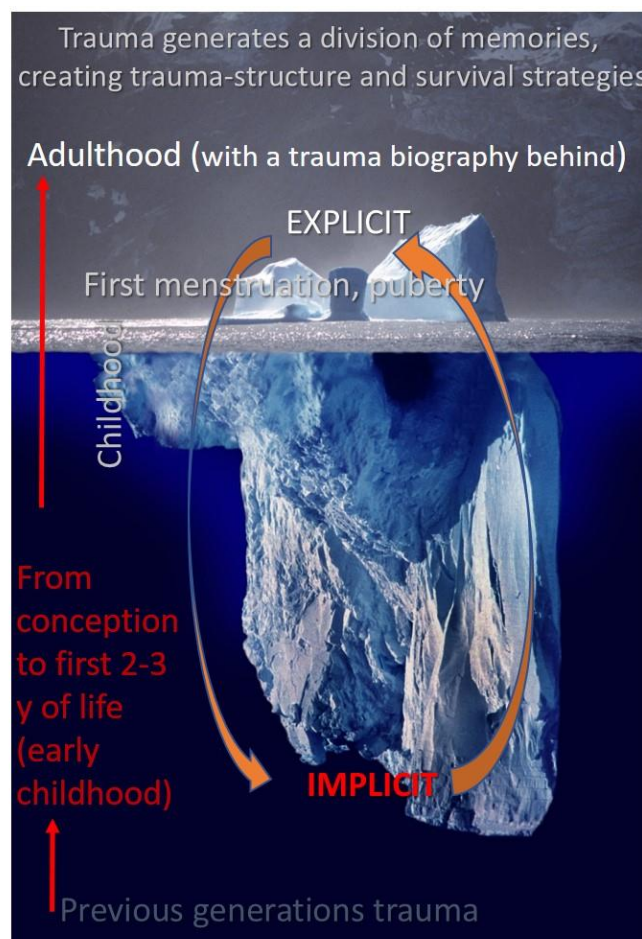
**Fig. 2.** Split of psyche due to trauma (from F. Ruppert)

According *F. Ruppert* **psycho-trauma** is the inability of the human psyche to process traumatic experiences and integrate them into the individual's life and so has to split in order to keep the memory of traumatic experience out of the consciousness (*Ruppert - Early trauma, pp.4-5; Ruppert - I want to live, to love and be loved, p.65*). A traumatized psyche will permanently resist reality by denying, suppressing and not wanting to know about the traumatizing experiences.

**Psycho-trauma** can be the start of personal and collective wake-up from illusions and identifications that harm and negatively influence our development as human beings (*Ruppert –*

*Love, Lust and Trauma*, p.63). The **Intention method** (*Ruppert – Love, Lust and Trauma*, p.165-168) helps each traumatized person to get back to a healthy Identity and recover a sense of wholeness, wellbeing, clarity and integrity never experienced before. This method consists in the formulation of an **intention for IoPT = Identity-oriented psycho-trauma therapy** (as a group or individual session), using the **resonance phenomena** (*Ruppert & Banzhaf*, pp.73-77), where the **Intention giver** (*Intention holder*) will ask participants in a group (or the therapist or himself) to resonate with the elements of the intention (so they become *resonance givers*).

In most of the cases we do not have memories (*explicit*) of what happened, especially if the trauma happened before we took life or during the gestation period and birth delivery. The only way to access these memories is to work at therapeutic level and find the tools needed to go into *implicit memories* field and re-establish the connection lost through the fragmentation of the psyche (Fig. 3). Through the intention method, that formulates an intention as a *statement, question, a drawing, or a combination of a drawing with some word*, the implicit memories are accessed and that will bring to light the split into traumatized part and survival parts (*Ruppert - Love, Lust and Trauma*, p.166-167).



**Fig. 3.** Implicit versus explicit memories in the trauma processes

In our individual lifetime many of us have sustained **Womb traumatization** including:

- Difficult childbirth or birth by non-natural ways (as c-section);
- Abortion, miscarriage, stillbirths generating grief and depression;
- Sexual violence and abuse;
- Distorted and unloving sexuality;
- Difficult upbringing situations, leading to deep survival stress and the fear of not having or being enough.

The way that **Womb trauma** manifest can include:

- Uncomfortable feelings and beliefs around own identity as gender and sexual behavior;
- Unhealthy or abusive sexual relationships;
- Low sexual or physical drive and self-esteem;
- Addictive behaviors around sexuality and relationships;
- Being overly mind or intellect driven or “spaced out” (diassociated) and ungrounded (or disconnected);
- Physical illness and symptoms: painful menstruation (dysmenorrhea), endometriosis, fibroids, uterine or ovarian cancer.

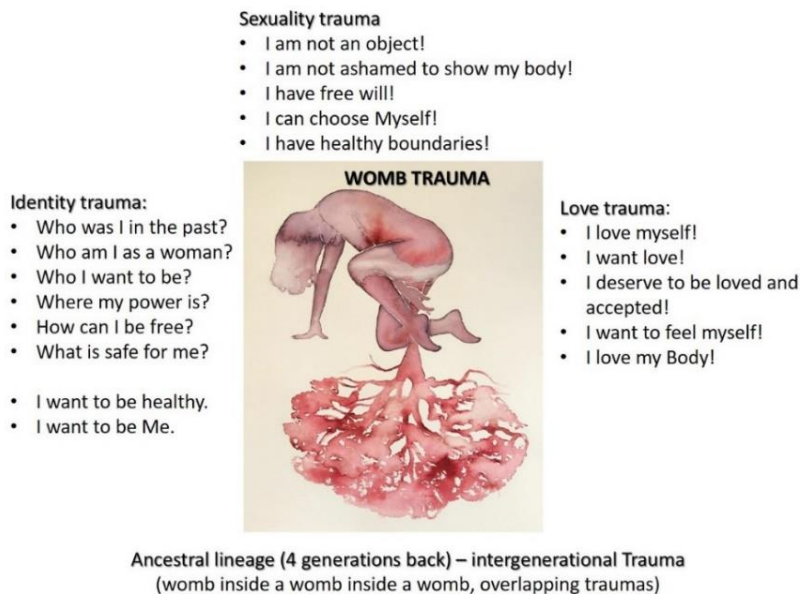
The traumas that humans experience in their life can only be fully understood and healed if they are able to access and heal the traumas they were subject to in prenatal period, at birth and also after early childhood. Broadly, **womb trauma** includes and can manifest as **4 types of traumas** (Fig. 4):

- Inter-generational trauma specifically the one transmitted through our mother lineage (matrilineage) up to the 4<sup>th</sup> generation (great grand-mothers) back;
- Identity trauma;
- Love trauma;
- Sexuality trauma.

The therapeutic approach using different methods (IoPT, trauma constellation, art therapy, somatic therapy, Gestalt therapy) is necessary to uncover the hidden dynamics behind womb trauma and to re-connect and integrate the fragmented parts of the psyche.

Reconnecting with the womb is the key to understanding our trauma triggers, the mechanisms of overcoming the split and acquire a different and healthier perception of how past events affected us. It is often a long lasting journey with many processes that once open will lead to other processes. But it is the only way to get back to who we truly are (*healthy Identity*), to our authority, free will and healthy boundaries as a human being.

In addition to the therapeutical approach, the womb holds also clues to how we live and embody our spirituality. The Womb holds a spiritual dimension, not only physical, biological and psychological, because the womb (not only the uterus, but also the rest of the reproductive system) has a cyclic way of functioning according to the cycle of the Moon and is through the matrilineage, closely connected to the energy of the Earth. “*From earth we came and to earth we shall return*” Therefore, awakening and restoring the womb’ healthy energy is fundamental to the experience of our own fertility, our motherhood, our family life, our professional life and so on.



**Fig. 4.** Components of Womb trauma (and related intentions from IoPT perspective)

For a long time women were considered dirty or sinners because they had a menstrual flow and needed more rest or to retire in groups inside their communities while menstruating (an ancient practice that nowadays came back as Red Tents communities). In some religions women are not even allowed to enter the church for a rite or mass if they are menstruating. In other times women who dared to be single parents or to abort children would also be seen as different or even dangerous and punished for their choice. Sexuality, if expressed in a free and disinhibited way in some cultures, is also seen as forbidden or as prostitution.

Therefore, in our times women are given again the possibility of taking back their power and authority and learn to respect their own cycle, by also re-attuning to the natural rhythm of nature and the Moon. And this is not only about the spiritual revival movement of emancipation of women, the so-called *raising of the Feminine*, but it is about the re-connection with our own body at an intimate level, where therapy and spirituality can work together and propose new ways of action and healing. This reconnection can be made inside the body, in this dark, mysterious and humid place that is our Womb, when we look towards it with compassion, acceptance and love through the lens of our Heart.

## 2. THE THERAPEUTICAL APPROACH

There are many systems and methods of therapy available nowadays to access and heal traumas. In the present work, the focus will be on **IoPT method** developed by F. Ruppert, and includes the *trauma biography model* that he developed since 2016 (*Ruppert – Love, Lust and Trauma*, pp.95-96; *Ruppert & Banzhaf - My Body, My trauma, My I*, pp.35-47), with 4 levels of trauma: **Trauma**

**of Identity, Trauma of Love, Trauma of Sexuality and Perpetrator-Victim dynamics leading to trauma** (from these dynamics we often start to speak about **collective trauma**).

*Doris Brombach* shows that a woman role as life giver and mother is closely connected with the womb (*Ruppert - Early trauma, pp.111-118*). Thus, we can generally affirm that womb trauma is a **motherhood** and **womanhood trauma**. The womb is the first home and intimate environment for human beings and the experiences they have inside this environment can shape all the future experience in the outer world.

*F. Ruppert (I want to live, love and be loved, p. 30)* says that *the first encounter between an egg and sperm is an act of love*, therefore we could say that trauma is a product of the lack of love that starts in the womb, where the first relationship with the mother begins for a child. The child is already a **subject** (not an object) since the conception act and can feel and respond to the feelings of the mother too (*Ruppert, I want to live, love and be loved, pp.30*). If these feelings are negative the child will absorb them as his or hers and its healthy development will be compromised.

*F. Ruppert* speaks about **symbiotic behavior** of the child since the conception (starts in the womb, after conception when the nesting in the uterus is finished), as the embryo and later the fetus and the baby (once born) is intimately connected to the mother and depends for having his or her basic needs met. The baby's ability to love starts from conception and the child depends on the mother's ability to nurture its basic symbiotic needs (to be fed, to have body contact, to be understood, to be loved, to feel welcome, safe and protected; *Ruppert, I want to live, love and be loved, pp.32-36*). A "safe attachment" is defined by *John Bowlby's* (1911-1990) **attachment theory** which, when the child experiences that the mother recognizes the child's needs and abilities to fulfill them (*Ruppert – Trauma, Bonding and family constellations, p.23-24*).

As *Ruppert* affirms "Every child must sooner or later detach from the symbiosis with the mother, otherwise it will not be an independent individual". Building a healthy autonomous behavior is later the basis for creating healthy relationships with others. A mother who supports **the autonomy needs** of her child helps the child to have own healthy I and also develop as a healthy adult (*Ruppert, I want to live, love and be loved, pp.37-42*). The autonomy needs are: to feel, think and perceive for ourselves, to be free, to be independent, to decide for one self, to do things for ourselves (*Ruppert, I want to live, love and be loved, pp.37*).

When a mother is already traumatized and not stable or healthy as a human being, she acts as a mirror for her child but in a distorted, unhealthy way and therefore, the child will remain stuck in **an identification** with the mother figure (and will try to please the mother, to want her attention at any cost, even or save her from danger and disease or death) and this is defined as **symbiotic entanglement** (*Ruppert, I want to live, love and be loved, pp.42*), as a survival strategy. A mother who has suffered trauma will inevitably pass her traumatic experience on to her child in some form (*Ruppert – Trauma, Bonding and family constellations, p.25*).

Children who experience the **divorce** of their parents can live a psychological dilemma in understanding that the father does not respect or want the mother anymore, and therefore their **I (Identity)** will remain underdeveloped and as adults will also have conflicts in relationships, reacting as small, overwhelmed kids (offended, aggressive, angry, panicked, helpless - *Ruppert, I want to live, love and be loved, pp.43-44*).

F. Ruppert also shows the relevance of **identification processes** with people from our family or past lineage (Ruppert & Banzhaf - *My Body, My trauma, My I*, pp.14-20) in creating an **Identity**. In short, we are all products of the people who came before us and their own identities. Some identifications are *positive* (as they accelerate learning processes) but others can evolve into *negative* attributions that prevent a child from perceiving himself (or herself) to feel and think for himself and cause him to identify with something that is harmful.

Children traumatized by their mothers and having their primal needs unmet will develop **fear** and **anger** as **survival strategies** to cope with the pain of not being wanted, loved or cared for (Ruppert - *I want to live, love and be loved*, pp.66-75). New trauma survival strategies Ruppert speaks about are the tendency to be obedient or rebel to the norms or authorities or living as adults a life full of loneliness and developments of dependent patterns in relationships, stemming from compromised relationship with the parents (Ruppert - *I want to live, love and be loved*, pp.9-71).

#### a. **Inter-generational trauma related to mother-child bonding**

Norman Doidge writes: *Psychotherapy is often about turning our ghosts into ancestors* (Doidge, 2008). That means that by identifying the source of generational traumas, our ghosts can change from haunting us to becoming simply part of our history.

Authors as Bert Hellinger (Hellinger, 2014) and Mark Wolynn (Wolynn, 2017) speak about **inter-generational trauma** as part of the **inheritance** we receive from past generations, as a way to share family consciousness with biological members of the ancestral lineage. From their therapeutical observations, *traumatic events* (death of a parent or sibling, crime, suicide etc.) in a family can have a powerful influence over us, leaving an imprint on our entire family system. Ruppert also shows that traumatic experiences are handed down to the next generation via the emotional bonding process, according the model of **multi-generational systemic psychotraumatology** (Ruppert – *Trauma, Bonding and family constellations*, pp. 25-27). The core of this theory lies in the **sympiotic trauma**, that means the trauma of the bond between a child and his or her mother, when she is not able to provide the warmth, contact, nourishment and love the little being needs.

**The ancestral chain of traumatized mothers** (our mother, her mother, her grand-mother and so on) is a line of mothers who did not want or loved or protected their children (Ruppert, *I want to live, love and be loved*, p. 60). Ruppert also speaks about how trauma transmitted inter-generationally creates **collective cultures** in which no one knows who they really are (*I want to live, love and be loved*, p. 71).

Referring to the mechanism of repetition of past wounds and traumas from a generation to another, Hellinger speaks of **unconscious loyalties** as cause of the suffering in families. The healing and ending of suffering can be achieved by including those energies that have been excluded (through abortion, abandonment or crime, divorce etc.) and understanding the hidden mechanisms or events behind the exclusion. F. Ruppert would speak about **identification processes** with people from our family or past lineage (Ruppert & Banzhaf - *My Body, My trauma, My I*, pp.14-20). In short, we are all products of the people who came before us and their own identities. Some identifications are positive (as they accelerate learning processes) but others can evolve into negative attributions that prevent a child from perceiving himself or herself and to feel and think for himself or herself and create identification with something that harms him or her.

Relating to the womb trauma, the bond between a mother and child is also relevant to the way *siblings* perceive and inherit this bond, mostly in cases when the relationship suffered or was broken. Often the siblings with breaks in the mother-child bond or interrupted movements towards the mother will express anger or jealousy, disconnection from one another. Unhealed anger from a difficult relationship with a traumatized mother can be directed towards siblings or other people from family, even own children and the partner in adult life (*Ruppert - I want to live, love and be loved, pp.76*).

**Siblings** may have to compete for the mother's attention and for their source of food. When the gap between two births is short, the mother would not probably be able to give the same amount of attention to the kids. Sometimes a twin loses the battle for life, dying before birth or during it. Even after the death of the parent, siblings might get into fighting each other for their inheritance (*Rupert – Love, Lust and trauma, p.75*).

For women the relationship with their mother and all the women who came before is fundamental for a healthy life and upbringing. Traumatized mothers will transmit their traumas to their daughters and even further on to the future generations of women.

The trauma defined by *Bethany Webster (2021)* as ***Mother Wound*** generates the pain of being a woman passed down through generations of women in patriarchal cultures. It includes the limiting beliefs and dysfunctional coping mechanisms that are used to process that pain. At the macro level, the mother wound is ***a matrilineal wound***. It shows through pain and grief that grow in a woman as she tries to explore and understand her power and potential in a society that does not make room for either, forcing her to internalize the dysfunctional coping mechanisms learned by previous generations of women. The mother wound reflects the challenges a woman faces as she goes through transformations in her life in a society where the patriarchy has denied us ongoing matrilineal knowledge and structures. Therefore, we practically inherited generations of *unprotected, disempowered, uninitiated woman*. For most of us the start of motherhood itself is painful and confusing as we are lacking basic skills and knowledge about this process, about our own womb reality.

In infancy and childhood, a daughter catches the first glimpse of herself in the mirror that is her mother's face. If her mother is loving and attuned, the baby is securely attached in ***a symbiotic need*** to accept all this love and attention; she learns both that she is loved and loveable. That sense of being loveable —worthy of affection and attention, of being seen and heard —becomes the bedrock on which her earliest sense of self is built, and provides the energy for its growth.

The daughter of a disconnected, traumatized mother (emotionally distant, withholding, inconsistent, even hypercritical or cruel) learns different lessons about the world and herself. In the dependence pattern of a human infant towards her mother for nurturance and survival, the result is often an insecure attachment, characterized as either “*ambivalent*” (the child doesn't know whether the good mommy or the bad one will show up) or “*avoidant*” (the daughter wants her mother's love but is afraid of the consequences of seeking it). Ambivalent attachment teaches a child that the world of relationship is unreliable; avoidant attachment sets up a terrible conflict between the child's needs both for her mother's love and for protection against her mother's emotional or physical abuse.



Wolynn speaks of the **core language of trauma** (*Wolynn – It didn't start with you*, pp.55-59). If we should think about a core language or sentences to express and map womb trauma, we have to pay attention to the way we describe **our deepest fears** in relationship to maternity or anything related with the story of the womb (including menstruation, sexual intercourse, and possibility of inherited disease that affects the sexual organs). Core language can come from outside but it is experienced inside us.

One way that is suggested to retrieve the core trauma is to draw and make a **questionnaire** around **the family tree** going down to 4 generations (known as **genogram**). Another way is using a **bridging question** (a question that connect the present with the past), for example:

- *Who in the family had a stillbirth or miscarriage?*
- *Which woman in the family felt betrayed by her own womb?*
- *What terrible thing happened to a woman who got pregnant?*
- *Any of the women in your lineage had post-partum depression or other symptoms after birth?*

#### **b. Womb trauma from conception to the birth process**

**Mothering** process does not merely starts with the birth process but is already a complex transformation and growth process at physical, psychological, emotional and energetic level since the conception of a child. In theory, mothers who desire a child and do everything to assure a healthy, happy pregnancy and birth delivery have all chances to have healthy children.

Ideally, the birth of a child is a time where communities come together and provide various levels of support, strengthening the already established intimate bonds within the community. In this scenario, a mother can fully, physically and emotionally, recover and be honored and supported in her role as a mother.

In reality, families are often distant in both location and in their ability and desire to offer support. Our communities are often not very connected, and today they are more transient than ever before. Interactions between neighbors tend to be superficial and polite at best, with many people not even knowing their neighbors.

Sometimes outside interference or unexpected events (death, hospitalization, illness that keeps the mother away from the child for a while, adoption, work reasons and travel) can generate trauma or activate traumas stored in the generational system. Often the womb of the mother is not the most welcoming environment for the proper development of the fetus for various reasons: stressful relationship with the father, generating fear, stress and anxiety; depression; death of a loved person; a previous abortion or miscarriage in utero. Both unborn and newly born babies are extremely alert to what is happening in their immediate environment and they feel the emotions, needs and body states of the mother (*Ruppert – Love, Lust and Trauma p.80*). In the earliest stages of life (from conception up to 3y of age) a child psychological functions can be easily disrupted and this negatively impacts on long term the life quality for that person.

*Marta Thorsheim* speaks about the act of **conception as a source of early trauma** (*Ruppert – Early trauma, pp.54-63*) showing how traumatised parents can lead to traumatisation of the child, who will replicate the trauma survival strategies of his or her parents. In some cases the act of conception is coming from aggression (rape) or from the need of replacing a lost child. These situations can lead to the development of an entangled identity (e.g. for boys is difficult to access their true masculine identity, while for girls the might feel not free to live their own femininity because of the mother's trauma). Conception in a family of victims and perpetrators is also leading to trauma, through what *Ruppert (2014)* defines as a **bonding system trauma**. Often mothers who have been abused physically, verbally or sexually will become perpetrators of their own children, and this abuse can take the form of bullying, threats, beatings, incest (*Ruppert – Early trauma, pp.63-64*).

Ruppert speaks of **early trauma** (*Ruppert, 2016*) and suggests some basic questions that can point on the conditions for womb trauma to develop:

- Was the conception an act of love or violence (like rape) or an accident?
- Was the gestation period a paradise like one or a kind of hell, with existential or loss trauma, or a trauma of love, or a traumatized bonding system offloading its perpetrator-victim dynamics onto the new life?
- Was birth a gentle transition into life outside the mother's body or was the child pulled out, pushed out, dragged out or cut out (C-section)?
- Were the first hours of life an experience of being welcomed and having his or her primary needs recognized, or was this the first frustration of basic needs, the impact of which will possibly continue throughout the entire life?
- Did the child receive enough care, love and attention in the first days and months after birth?

The four fundamental functions of mothering are: *to nurture, to protect, to empower, and to initiate*. In the ancient legends, archetypal stories show daughters that have been nurtured, protected, and empowered, but denied their initiation or final transformation into womanhood, by their mother or a person representing the mother figure (for example, the stepmother in Cinderella, or the queen in Snow White). Even when they do become mothers a part of them might not be fully and healthy developed because of missing this step. Therefore, working on their own traumas at different levels and layers will be extremely important for gaining the ability to be and live life as a whole healthy woman.

The research on the neuro-endocrine responses in **mother-child bonding**, showed that a disrupted bond can be caused by subtle energetic and emotional disconnections, not just obvious abandonment traumas. It was already proven that a baby is highly sensitive and attuned to his or her environment, especially in the Womb. Results of the research into **the disruption of natural mother-baby bonding** (*Ruppert -Trauma, bonding and family constellations, pp.37-48*), showed a significant increase in:

- Anxiety, depression, erratic and violent behaviour
- Disrupted brain function and hormonal responses (e.g. wired for fear and pain, rather than positive neural pathways and bliss hormones)
- Aggressive and violent or non-consensual sexual impulses

- Diminished social skills and emotional connectivity
- Tense, angry, afraid, distrustful of the world and others.

But if the disruption is healed and a new model of bonding is established, all emotional wounding and bio-chemical damage is reversed and disappears within several generations, thus healing an entire lineage, and potentially the world.

The mother plays an essential role in the healthy development of an **Identity** in the child, as she is the first **You**, the first relationship a child has (*Ruppert - Love, Lust and Trauma, pp.97-105*). And she becomes the basis for the first **We**. A mother who recognizes and loves her child will support him to gain a sense of trust and easiness in creating healthy and strong relationships (*Ruppert & Banzhaf, pp.13-15*).

*Ruppert (Love, Lust and Trauma, p.101)* speaks of three main survival strategies in a **trauma of IDENTITY** generated in the womb and during pregnancy:

- Escape into identification (escape into a *role* as mother, teacher, spouse etc.)
- Hiding behind a **we** (*we are a perfect family*)
- Defining ourselves by a sexual role (*I am a real woman or man*).

A variation of a trauma of identity is when a woman wants a child as a *trauma survival strategy*, a way of escaping her own psycho-trauma. A child can be already depressed while in the gestation period in the womb, because the mother experiences depression or does not want to live herself, and so the womb becomes a cold, rejecting and stressful environment and the child is already traumatized during the pregnancy (*Ruppert - I want to live, love and be loved, p.63*). The feeling of **guilt** is also a consequence of the rejection from the mother, when the child will feel worthless and ashamed, and sometimes as adults will develop *survival strategies* as suicidal acts or committing to saving the world from climatic catastrophes (*Ruppert - I want to live, love and be loved, p.59*).

Author *Alice Schultze-Kraft (Ruppert - Early trauma, 2016)* speaks about the consequences of **maternal ambivalence** on the fetus (later child). Maternal ambivalence during pregnancy is a result of intra-psychological splits caused by symbiotic trauma or sexual traumas. As result of trauma experienced by a mother (stimulated by the pregnancy) a mother can be in a chronic state of overstimulation, which is transferred to the unborn child in the form of stress hormones through the umbilical cord. It can generate also premature contractions and the birth can also be problematic because of the stress hormones. The contractions during birth can be thus experienced as threatening by the child. Pre-natal stress can lead to postnatal anomalies: sudden agitation, motor restlessness and increased crying, increased susceptibility to illness, up to learning difficulties, tics, behavior disorders or retarded mental development (*Ruppert - Early trauma, 2016*). The unborn child is part of the mother's experiences and feelings during the pregnancy, and also connected with all her unprocessed psychological damage and through this with the unprocessed terror of earlier generations.

A child who is not wanted by his/her mother will develop a **trauma of LOVE** and his or her own survival strategy will focus in insisting to have attention from the mother at any cost (to the point of sacrificing his/her own life, becoming a rescuer or her care-taker), in searching and getting love from other people, in wanting fame, in developing eating disorders and so on.

*Symptoms* that Ruppert identifies for the trauma of Love are: *clinging, anxiety, neediness, attention seeking, inability to be alone, constantly being busy, overly concerned about others and trying to dominate other people's life*. The main survival strategies for trauma of Love (according Ruppert) are: immersion in illusion of love (*my parents still love me!*), create love illusions about others, seeking love as a miracle cure, sacrificing oneself for others because all efforts to be loved were always disappointing, being obedient or rebelling, overworking to the point of burnout to meet external expectations, renunciation to love as an ultimate mechanism of self-protection.

Wolynn (2017) also speaks about the trauma generated by the separation from the mother in early phase of life of a child, and assesses few core sentences of early separation:

*I will be left; I will be abandoned; I will be rejected; I will be alone; I will lose control; I do not matter; I am not enough; I am too much; I will be destroyed; I would not exist; I am helpless* etc.

From people with an interrupted bond with the mother is common to hear core complaints and core descriptors, such as:

- *My mother was cold and distant. She never held me. I did not trust her at all.*
- *My mother was too busy for me. She never had time for me.*
- *My mother was weak and playing the victim. I as much stronger than she was.*
- *I do not have a relationship with my mother.*
- *My mother was not present for me, instead my grandmother gave me all her love and attention, she was the real mother to me.*

These sentences can actually be used in a different way (turning it into a positive sentence rather than negative) to formulate an intention for **Identity-oriented psycho-trauma therapy** using the resonance method of F. Ruppert (*Ruppert & Banzhaf, pp.73-77*).

Psycho-trauma can be the start of personal and collective wake up from illusions and identifications that harm and negatively influence our development as human beings (*Ruppert – Love, Lust and Trauma, p.63*). **The Intention method (IoPT)** Ruppert created and developed helps each traumatized person to get back to **a healthy Identity** and recover a sense of wholeness, wellbeing, clarity and integrity never experience before. Thus, *a healthy identity* can be characterized by the ability to:

- ❖ have an own self
- ❖ have an own will
- ❖ use all the senses
- ❖ know all emotions
- ❖ be in contact with the body
- ❖ have own thoughts and words
- ❖ live in constructive relationships.

Once we understood that we can heal from trauma, **the resolution path** can include and combine:

- ❖ Self-observation and inquiry (without self-judgement)

- ❖ Self-knowledge
- ❖ Self-acceptance
- ❖ Exploration of personal resources and psychic wounds
- ❖ Allow others to support and receive help
- ❖ Counseling and psychotherapy - focus on oneself and own personal development
- ❖ Heal the relationship with the mother
- ❖ Further develop / regulate the ability to live in a relationship.

### c. **Childhood trauma - from birth to first menstrual experience**

According to *F. Ruppert*, a source of trauma at the moment of birth can be the **pregnancy management** and **obstetrics**, which are oriented towards medical technology and medication, making the mother and child the *object of treatment*: invasive examinations, stressful interventions before and during birth, c-section, medical procedures that disrupt the natural bonding between mother and child, long separation of the child from the mother for several reasons. *Surrogate wombs* and *artificial insemination technologies* are also potential sources of early trauma. 30% of the births are done through *c-section* and they generate trauma for both the mother and the child as the natural birth and its difficulty can strengthen the bond between mother and new born (*Ruppert, I want to live, love and be loved, pp.35-36*). Maternity and motherhood are delegated to the state, private clinics and hospitals that objectify the body (womb) without no concern for possible sources of trauma (*Ruppert, I want to live, love and be loved, p.120*).

**Post-pregnancy** can often be a time of isolation, confusion, insufficient support, and suffering for mothers and families. When the stressors of modern life are combined with the physical, emotional, and social demands of pregnancy, breastfeeding, and raising a child, plus sleep deprivation, this whole situation creates a fertile ground for postnatal depletion and depression. It is also a way to propagate the mother wound. A new mother who hardly has the physical energy or the mental clarity to take care of herself and her kids is hardly going to have the energy and time to devote to supporting other mothers and sisters in her community. So, it becomes a perpetuating intergenerational vicious cycle.

Mothers with unhealed personal trauma can be categorized according to their own behaviors and survival strategies as follows:

- *The Dismissive mother* often uses dismissiveness as a manipulative tactic to bring the daughter under her control. Often times the daughter is made to believe they are being rebellious and hardly their actions ever that of true rebellion.
- *The Controlling mother* has to have things go her way all the time, by using yelling, blaming, manipulation and acid comments. This is an immature and unhealthy way of dealing with relationships.
- *The Critical mother* is never pleased, no matter what you do and how good you are. And she will always find something to criticize (as a reflection of her own trauma).
- *Self-centered/Narcissistic mother* makes decisions solely based on what is in their best interest, being very good at disguising it as though it is in the best interest of the daughter.
- *Well presentable mother* is charming, she can put on a great act of pretending to be sweet and caring. This is often infuriating for the daughter as she is always met with comments like “you are so lucky, your mom is so great”.

Daughters mothered by unhealthy mothers can exhibit: a lack of confidence and self-worth; a lack of healthy boundaries; a lack of trust; a tendency to form unhealthy attachment in relationships; hyper-sensitivity.

Sometimes we inherit the beliefs (for example: *A good mother puts her own needs last; You should enjoy every moment of motherhood; You are not allowed to have a sexual life until your children are older*, etc.) from our own mothers, sometimes they are fed to us from society, and sometimes they get embedded in our brains without us even knowing.

In some cases, due to outdated beliefs or religious practices and community traditions, even the act of menstruating is seen as something dirty and shameful and many young women grow with this idea, feeling that menstruation is sinful and something that has to be hidden or not spoken about.

#### d. Sexuality trauma

According to the classification made by *Ruppert (2012)*, **SEXUALITY trauma** builds up on *Identity trauma* and *Love trauma* and generally has as associated emotional qualities the feelings of *anger, shame, pride* and *disgust* (*Ruppert – Love, lust and trauma, pp.89-94*). Sexual trauma often occurs in children whose **I** and **want** functions are severely damaged, as it represents the third stage of their own psycho-trauma biography. In fact, Ruppert considers the sexual trauma as a trauma of the whole **bonding system**, when parents drag their children into their own psycho-trauma biography by becoming abusers and perpetrators. He actually sees the sexual trauma as a consequence of the **bonding trauma** in a family, when the mother is emotionally absent or rejects the child (*Ruppert–Trauma, Bonding and family constellations, pp.157-160*). The rejection of the child's love or need for love and care is extremely painful and the child will live in a permanent state of fear and stress, even going into fight mode (*Ruppert - I want to live, love and be loved, p.61*).

When sexually traumatized women become mothers is highly likely they will also traumatize their own children. And it is also highly likely that their daughters can suffer rape or further abusive relationships in their adult life, as their healthy boundaries were severely damaged. They thus develop their own womb trauma condition, disconnecting from their real self, will power and ability to truly love and build healthy relationships.

Some traumatized children will develop *victim attitudes* in adulthood, blaming always others or external situations for their lack of happiness or success - these attitudes often stem from suppressed feelings of anger, hatred and rage towards the mother (*Ruppert - I want to live, love and be loved, p.75*). Men with a repressed anger towards the mother will develop a feeling of rejection towards women and will categorize them as being whores (*except their mother, who is a saint!*), *Ruppert - I want to live, love and be loved, p.77*. They will even search for a partner to substitute their mother or will end by projecting violent and sexually addictive behaviors (as submission to a dominator or sexually harassing/violating women etc.)

*Ellen Kersten (Ruppert & Banzhaf, pp.303-309)* shows that problems in women to relate to their own body (womb) and have a fulfilling sexual life are due to past traumas from childhood. Sexual

traumatization is often part of trauma's biography of a woman. The closer the relationship between the victim of sexual abuse and the perpetrator and the more frequently the assaults happen, the more severe the consequences of the sexual violence will be. A typical characteristic of sexual trauma is that memories and concrete images are deleted, and denial and secrecy are considered as normal behavior. Sexual traumatization is accompanied by feelings of *anger, shame, fear helplessness, disgust* and the *body freezes* as well the feelings which cannot be sustained by the woman. As an adult a sexually traumatized woman will experience stimulation during the intercourse when their fantasies include violence and the sexual desire is accompanied by pain. Then they accept easily to exchange sex for emotional and materials security. They will try to exercise control over their partner and also their children. They often send unconsciously strong sexual messages to men but refuse to enter in long-term relationships.

Sexual traumatization can take different forms (*Ruppert – Love, Lust and Trauma, pp.115-118*):

- Abuse during childhood in the family or near environment (abuse can come from parents, older siblings, other members of the family, educators, friends etc.)
- Child pornography and ritualic abuse;
- Transgression of sexual boundaries in situations of economical dependency;
- Genital circumcision;
- Medicalization and aggressive intervention (use of forceps, c-section, epidural injections) at the act of birth or during pregnancy on women.

*Symptoms* generated by sexual abuse can be:

- Inflammation of vagina
- Infections (fungal or bacterian)
- Cystitis
- Dismenorea (period pains)
- Dry vagina and pain during sexual intercourse
- Migraines
- Skin disease and allergies
- Autoimmune diseases
- Eating disorders (anorexia or bulimia).

Some of the *survival strategies* or severe consequences that can be counted as a result of sexual psycho-trauma are:

- Self-harming behavior (body seen as an enemy)
- Obsession with cleaning, shopping, or being a workalcoholic
- Mental illnesses (anxiety disorders, borderline personality, obsessive-compulsive behavior, schizophrenia, psychosis, psychopathy, narcissistic personality etc.)
- Sexual addiction (sex as a way to fill in a void or to dissociate from extreme pain) and compulsive promiscuous behavior
- Abuse of drugs, alcohol or medicines
- Compulsive rituals (like washing).

### e. Collective trauma and survival strategies of abuser-abused dynamics

F. Ruppert considers that **trauma of Identity** is the basis by which a person identifies uncritically with his or her family, religion, nation, culture, political party or anything else that is available within the environment (*Ruppert, 2012*). Identification of a person with another person or group of people is often seen as normal in a society that rules the individual based on trauma-survival mechanisms. Having a healthy identity becomes something out of the norm and often people who work on themselves and their own traumas are seen as a threat or weird individuals, challenging the pre-established norms and patterns their environment is based on.

Most of the people, not aware of their own trauma survival mechanism after being abused (physically, or emotionally or both), develop feelings and coping mechanisms as such:

- *Revenge*: desire to want to destroy the abuser
- *Rebellion*: to fight blindly the abuser
- *Forgiveness*: Try to take away guilt and shame from the abuser
- *Reconciliation*: Ideas of harmony without integrate own victim or abuser trauma
- *Getting sick* and becoming a permanent "patient" of the medical system.

These behaviors create the illusion of solving the past trauma. The real solution to be able to overcome trauma behaviors/attitudes is:

- Admit the facts and actions (feel the trauma states/emotions and integrate the splitted parts)
- Accept real guilt and responsibility
- Feel their own fear and shame
- Feel empathy for the victim
- Find compensation and make appropriate "correction"
- Give up the need for a lifetime suffering (sacrificing him or herself).

Getting out of the patterns of thought of *a victim-perpetrator dynamic* requires effort to:

- ✓ Regulate own emotions and states;
- ✓ Establish healthy boundaries and keep connection with the Self;
- ✓ Learn self-respect and resolution of conflicts;
- ✓ Strengthen the healthy psyche;
- ✓ Leave systems and relationships that are based on victim-abuser;
- ✓ Create constructive relationships;
- ✓ Create win-win situations and not competitive (win-lose) ones.

In most societies there is a certain loyalty behavior towards the perpetrator and not towards the victim. It is the rule rather than the exception for communities to be controlled and governed by perpetrators. And usually, in a patriarchal society, the man is often described as the one who violates, harasses or bullies the woman, but people often forget that the one who became a perpetrator is often a victim of someone else, in many cases of his own traumatized mother. Hence the importance of a mother's role to become conscious of her own victim-perpetrator dynamic and heal it.



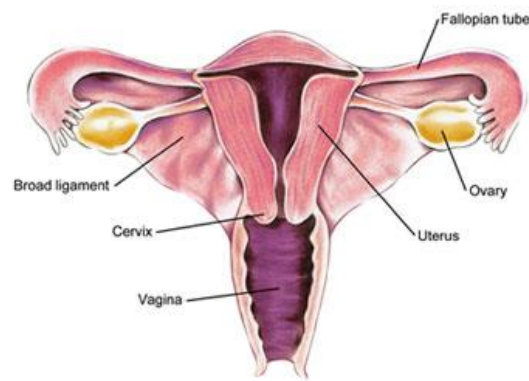
Several authors (*Ruppert - Love, Lust and Trauma*) shown how childhood traumas lead to an increased risk of psychological (psychopathy, schizophrenia, etc.) and physical (e.g. autoimmune illnesses) disorders, and lower the life expectancy. The body keeps the memory of the violence it has suffered. The older a person gets, the less able is to push these issues aside and the more its survival strategies prove futile.

As the memory of the trauma is stored by the body, after working psychotherapeutically is very important that the process of healing and integration is also done in connection with the body, helping the client to restore a safe, social state and interaction with the environment. Thus, the second chapter will approach the womb from a physiological and physical perspective adding also a spiritual dimension coming from the cyclic pattern of functioning of women's reproductive system.

### 3. THE EMBODIED SPIRITUAL PRACTICE

From a spiritual point of view, the **Womb** (in men the Womb is also known as the **Hara**, a Japanese term) is the *centre of creative power* within us, with a dense vibrational frequency.

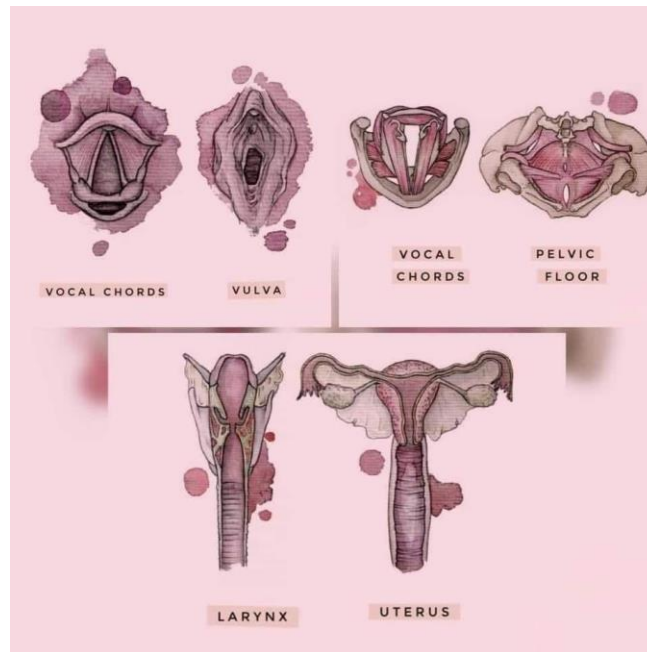
Our womb and reproductory system (ovaries + uterus + vagina, Fig 5.) should thus be seen as a **sacred part of our body**, as it holds the mysteries and miracles of life (and death) and wisdom since ancient times.



**Fig. 5.** Uterus and other sexual organs

When the Womb is energetically healthy and strong, this reflects in us directly through our physical health and particularly the health of our sexual organs and the deep emotional structures of the pelvis including the **Psoas** (known as the “*muscle of the soul*”). The physical connection that psoas has with the rest of the body and the **polyvagal theory** (*Porges, 2011*) show the fact that the Vagina and Pelvic structure are directly related with vocal cords and voice or sound-production mechanism. If we check the anatomic structure of the pelvis, and the mandible, we can see how similar they are (Fig. 6). The relationship between the uterus and the mandible is an early embryonic connection, happening around the 15th day. At this stage, two depressions form in the embryo: one becomes the oropharyngeal membrane that will eventually form the mouth, and the other is the cloacal membrane that will form the openings for the urinary, reproductive, and digestive tracts. Both branches remain connected even as the spine develops and grows creating more space between them. In addition, there is a thin layer of fascial tissue that surrounds and

holds our inner body together and aligned and that includes a **fascial line from the pelvis to the jaw**.



**Fig 6.** Similarities between pelvic structure/uterus and vocal cords

If the jaw and throat are relaxed, so are the buttocks and pelvis. When our body experiences shock, stress, trauma or strong emotions such as anger, it is a totally normal physiological reaction to squeeze our buttocks, contract our vagina and tighten our jaw. 90% of the women with *jaw problems* and *temporomandibular disorders* (bruxism, headaches, etc.) are generally unable to express the voice and anger.

**The polyvagal theory** (*Porges, 2011*) shows the **vagus nerve's** contribution to understanding trauma functioning of the body. Vagus nerve, referred to as the *wandering nerve* in Latin, is one of the longest nerves and is a cranial nerve that originates in the brainstem and innervates the muscles of the throat, circulation, respiration, digestion and elimination systems. The vagus nerve is the major constituent of the **parasympathetic nervous system** and 80% of its nerve fibers are sensory, which means the feedback is critical for the body's homeostasis and balance. The ventral vagus, according *Porges*, forms the physiological basis of the ability of a human being to function and interact socially. The vagus activity is important for a person's emotional and social development: a childhood where a mother is present and loving leads to openness towards a person's own feeling and a high degree of stress tolerance.

Early traumatizations cause the loss of the ability to activate the *ventral vagus*, and thus we are constantly on the defensive, have problems with social interactions and are unable to calm down (*Ruppert – My Body, My Trauma, My I, p.142*). *Heart diseases* can be developed from hypervigilance, unrest and over-sensitivity as results of *early (womb) traumatization*.

In women whose womb (uterus) organ is present, the Womb is a center of energy and consciousness that includes the vibrational aspect of the sexual organs and physical uterus. However, all of us have an energetic center of consciousness that we can call Womb, which operates on *physical, mental, emotional* and *energetic levels*. This includes women who no longer have a physical womb.

When we introduce the spiritual approach to the womb trauma we speak about **embodied spirituality** and **womb consciousness** that has to include the physical aspects of the womb (including here the cyclic functioning because of menstrual cycle), but also the way we connect with its energies on the above-mentioned levels. The connection can only be safe and fully integrated in the psyche if the body is also attuned to the womb's energies and that means living according the lunar cycle.

Women are by nature cyclic because of their menstruation, which follows the cyclic pattern or the **Moon (LUNAR CYCLE)**. A woman body synced up with the Moon's cycle, will menstruate around the **New Moon** and ovulate around the **Full Moon**. When our body and the Moon are synced up, our cycle will not feel difficult or painful and shameful, but an opportunity to «go with the flow».

Each **Moon cycle** has in general **28 days**, and starts with the *New Moon*, followed by the *Waxing Moon phase* until we get to the **Full Moon** and then to *Waning Moon* to return to a New Moon phase. Therefore, along a complete cycle we will have **4 phases** of mental and physical energy: Week of Intentions + Week of Action/*Waxing* moon phase, Week of expansion + Week of Completion/*Waning* Moon phase.

One of the most exciting benefits of understanding our personal monthly cycles is that we no longer find ourselves unintentionally operating outside of our monthly design. An entire female menstrual cycle usually lasts between 24 and 28 days, but the length may vary from cycle to cycle, and may also change over the years. Cycle length changes between **menarche** (when periods first start during puberty) and **menopause** (when periods stop permanently). Sometimes **interruptions** in menstrual cycle happen artificially because the use of contraceptive methods or during therapies over the body that can affect the reproductive system.

In the overall system of 7 chakras (Fig. 7), considered energetic centers in the body, the Womb is associated to the **2<sup>nd</sup> CHAKRA** (“*sacral chakra*”). The more complete affirmation for second chakra can be: *I feel pleasure to my core and allow myself to gain vital life force from it.*

Each chakra is linked to organs in the body, emotional and mental attitudes, physical health or disease, colors, sounds, psychic abilities and many other things.

The sacral chakra (Svadhishthana) lays 2 fingers below navel and governs pleasure, desire, sexuality, sensuality, procreation. It is an energetic center that engages our emotions and senses and symbolically can be visualized as a flower with 6 orange red petals. **VAM** sound can be used during meditation and yoga postures to activate the sacral chakra.



**Fig. 7.** The 7 chakras and their affirmations

At the level of internal organs, this center is associated with ovaries and testicles, uterus, kidneys, circulatory system, prostate, sacral nerve plexus. **Dysfunctions** associated with this chakra are: impotence, infertility, low libido, sex addiction, kidney illness, stiff lower back and anemia, lack of emotion responsiveness, out of control emotions. To support these organs (endocrines: ovaries and testicles) is useful to meditate, practice acupuncture, avoid the contact with xenoestrogens (home products used for cleaning, dry cleaning chemicals, plastics) as they fool the organism and make it believe they are natural estrogens and wear clothes of soft pink-orange.

Clear and healthy Womb energy contributes to a deep sense of grounding and belonging within our physical bodies. For those of us who have been lucky enough to awaken our intuition and move into our **Heart**, the **Womb** represents the next vital step back to ourselves: the return to fully inhabiting our bodies and our feeling of deep emotional security and grounding in our everyday lives. The healed and complete Womb container holds our divinely balanced sexual energies, which are also the fountain of our creativity and inspiration. Therefore, the Womb can be seen also as a Creative Power Center. When this Center is aligned with other energetic centers of the body, it allows the flow of love and abundance invade our life. The kundalini energy, when awakened, is the key towards much fulfillment and connection power.

**The healing of the Womb** is a complex set of practices that are meant to create wellbeing and awareness of the natural rhythms and needs of it. They come from ancient times (like vaginal steaming and smudging, use of jade eggs, rituals and use of flower essences baths, tantric massages and breathing exercises, acupuncture, belly and ecstatic dancing), but also developed in recent times from therapies and practices stemming from studies of the nervous system and trauma mechanisms, such as SE (Somatic Therapy) and TRE (Trauma/Stress Release Exercises) practices.

Each womb is a whole world itself and needs a focused and personalized approach, also considering the personal history (including the type of menstrual cycle or any other information) of each woman. By healing one womb at a time, we start to bring healing to the whole world. And this is a **sacred contribution** to the evolution of humankind.

When we choose to heal ourselves at a foundational root level (starting with the Womb and other energetic centers of the body), we release the trauma from the *epigenetic memory* and thus heal our whole lineage. We can support mothers-to-be to birth a new generation wired to thrive in their natural birthright of bliss, love and wholeness. What this can bring into our lives is miraculous:

- ✓ Radiant health, vitality, longevity, physical healing
- ✓ Ecstatic love and sacred sexual relationships
- ✓ Peace, wholeness, joy, beauty
- ✓ Purpose, abundance, clarity
- ✓ Orgasmic birth, healing a new generation
- ✓ Oneness, interconnection, harmony with the whole.

#### **4. CONCLUSIONS & GENERAL GUIDELINES** **about a combined approach of therapy and spiritual practice**

When women are disconnected from their womb reality, an inner conflict state (split between heart and womb) is built on a subconscious level, as a disconnection from their own and most intimate space. And this conflict is also a reflection of the outdated beliefs and norms that the society impose over women, making them feel ashamed or lacking qualities for being a whole woman and mother.

The society and cultural norms have always had an important impact in the upbringing of women into adulthood and the way they perceive themselves. Women are still considered in many cultures and societies as the weak gender, lacking strength and creativity. Even their intrinsic power of giving birth is often seen as a duty for contributing to the increase of the population rather than a magical act of creation. Women often become mothers before they even know and experience womanhood fully. And when the traumas disconnect them from their true Identity, they risk perpetuating traumas for future generations and living a life of despair, depression and lack of direction.

Thus, womb trauma is *a disconnection and dysfunction of the whole cultural and societal environment* in women's lives and the only way to re-establish this connection and create premises for a healthy living and development of the womb is to heal the trauma connected with the act of conception, pregnancy, giving birth and the post-partum period.

It is always better to prevent traumatization than having to heal from it. Therefore, the care and attention the society starts to place on the act (and techniques) of conception, pregnancy development and birth is fundamental in creating better conditions for healthy humans to come to this world.

A proper approach to a **womb-focused health care system** should consider that a woman, once she starts on the path of motherhood, needs support from 3 main perspective:

- Midwifery and doula services to accompany the pregnancy, the birth and the immediate period after birth and possibly advise on natural practices and remedies rather on medicalization or invasive interventions;

- Trauma psychotherapy to identify causes and survival strategies before the conception and along the whole pregnancy and post-partum period, to also avoid further traumatization or re-traumatization;
- A health coach (it can be a yoga instructor for women or similar) that can accompany the new mother (and also the child) in her recovery after birth and also for avoiding post-partum depression, psychosis or other disturbances.

New or young mothers can be educated about what changes and challenges motherhood can bring. Trauma-informed specialists should support this path or *rite of passage* for women who will make their own womb a container for new life so the potential risks can be mitigated properly.

Women who step into motherhood should be aware that the bond with their own child starts in the womb (or even before, in their matrilineal ancestry heritage). A conscious and mindful way of dealing with their child is to consider as a complete being right from conception with full right to be recognized, loved and understood in terms of his or her own needs for symbiosis and autonomy.

In addition, the medical system, and especially the obstetrics and gynecological specializations, should incorporate trauma-related education and eventually the therapeutical approach, so no more mistakes or wrong decisions would be made at the time of birth and after.

Women who wish to become mothers could start to work on their own trauma prior the conception act. The conception and pregnancy should not be used as a way to bond in a relationship a partner. Abortion should be seen as a traumatizing act for both mother and also her partner and leading to potential trauma in future children, therefore cannot be used as a birth control method. Every abortion (this including miscarriage and still births) needs to be processed in a trauma therapeutical context to prevent future abortions or other health issues. Assisted reproduction methods should also be seen as a source of trauma and therefore the decision to make use of them needs to be thought carefully. Medical examination during the pregnancy and medicalization in the act of birth should be reduced to the minimum necessary. Mothers to be should be supported to use their own gut feeling and life experience when deciding the birth procedure and all the assistance they might need. Creating a safe, informed environment and birth process has more value than medically imposed invasive procedures. In this way the act of birth and post-partum period can be seen and experienced as pleasurable, joyful events and not as traumatizing and painful. The mother and her newly born child should not be separated in the first year of life. Fathers should also be allowed to psychologically grow into their new roles and their support is a valuable asset for the whole process of motherhood.

Violence towards unborn and newly born children must not be allowed at any cost. Practices as circumcision and genital mutilation should be forbidden. Any sign of psychological illness or abnormalities displayed by mother and her child should be as soon as possible taken under observation, to detect the sources of early traumatization, this also including the conception.

## 5. Bibliography on trauma

1. Bert Hellinger, *Looking into the soul of children: The Hellinger pedagogy*, 2014;
2. Bethany Webster, *Discovering the inner mother. A guide to healing the mother wound and claiming our personal power*, 2021;
3. Francis Macnab, *Traumas of Life and Their Treatment*, 1999;
4. Franz Ruppert, *I want to live, love and be loved*, Green Balloon Publishing, UK, 2021;
5. Franz Ruppert, *Love, Lust and trauma. The journey towards a healthy sexual identity*, Green Balloon Publishing, UK, 2020;
6. Franz Ruppert & Harald Banzhaf, *My Body, my Trauma, my I*, Green Balloon Publishing, UK, 2018;
7. Franz Ruppert, *Early Trauma, Pregnancy. Birth and First years of Life*, Green Balloon Publishing, UK, 2016;
8. Franz Ruppert, *Symbiosie og Autonomi (SA)*, 2012;
9. Franz Ruppert, *Trauma, Bonding and Family Constellations: Understanding and Healing Injuries of the Soul*, Green Balloon Publishing, UK, 2008;
10. Gabor Mate, *When the body says no. Exploring the stress-disease connection*, Hoboken, New Jersey, John Wiley & Sons Inc, 2003;
11. Gottfried Fischer & Peter Riedesser, *Tratat de psihotraumatologie (3. Aufl.)*. Bucuresti, trad. Roxana Melnicu, 2001;
12. Mark Wolynn, *It did not start with you, How inherited family trauma shapes who we are and how to end the cycle*, Penguin Books, New York, 2017;
13. Norman Doidge, *Brain that changes itself. Stories of personal triumph from the frontiers of brain science*, 2008;
14. Peter A. Levine, *Trauma and memory: Brain and Body in search for the living Past: a practical guide for understanding and working with traumatic memory*, US, North Atlantic Books, 2015;
15. Stephen Porges, *The Polyvagal Theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation*, WW Norton & Co, New York, 2011.

## 6. Acknowledgements

There were many women who touched my life in an important way and also left unforgettable experiences and memories. First my *mother*, even if she was emotionally absent and a cause for severe early/womb trauma, she was present in many other ways and she even supported (and still does – her love language is equal to service) me in raising my son, making also possible for me to have this training accomplished. It is her love language I have inherited and helps me do the work I do nowadays with and for other women.

*My grandmother* from my mother's side, played an important role in my upbringing and to some extent I identified with her (and her whole lineage) many times in my life (a lineage I

call a lineage of white witches, with amazing creative and healing gifts that I am humbled to be able to bring to live again and manifest). All the women in past generations actually contributed to who I am today. But I know now I AM the game changer of my whole female lineage in terms of doing my own personal work, so they can be healed inside me at the same time I learn to heal myself.

I am grateful for the relationship that lasted for a little bit more than three years with my therapist *Uma*. She opened my Womb energy to the healing journey and also accompanied me along the processes opened through family constellation, art and trauma therapy since 2017. Our relationship had an abrupt ending (in energetic entanglement that made her a substitute for my father's role in that period), but nevertheless I wish to recognize her important role and support along this journey.

I am also grateful to *Tamara* (doula and Moon mother) who walked for a while the womb priestesshood path with me and gave me many womb blessings that supported my healing journey. My friend *Kate* (body therapist) also made a huge difference in my approach to anger release and processing trauma, helping me with several sessions of TRE and deep release massage. My friends *Heidi* (massage therapist and healer) and *Freya* (healer) came into my life to remember I am not alone in this journey as a woman and mother and shared with me their precious healing gifts.

My teachers in shamanism, *Marilia* and *Catarina*, contributed highly to awakening my womb energy and starting the path of reconnection to my true Self in 2015. It was in a plant medicine ceremony they organized, that I connected with the Inner Goddess and listen to the Voice of my Womb. I knew in that moment that I was called to work with and for women.

I keep in my heart each woman who participated in my circles and workshops since 2016, each of them gave me something important. I learned and taught at the same time, and we shared the space of the Womb in a sacred and safe way. I hope that I meant for them as much as they meant and still mean to me.

A special thought to *Margarida* (filmmaker), whose creative skills inspired me to co-create with her so many interesting projects around the women's world and spirituality.

And not for last, I wish to thank to *Marta Thorsheim*, my teacher in the IoPT training, who accepted me in the group for advanced studies even if my Norwegian is not fluent and I am the only member of the group still asking to express and work with her intentions in English/Romanian.

## CASE STUDIES

In my work with women, I used a standard *questionnaire* to gather testimonials and also to have an overall view on the situation of the person, the probable trauma biography and what their wishes were in the moment of the interview and hope for betterment. As general observations regarding



the answers I received from **12 interviewed women** (of different origins and nationalities), with age ranging **from 36 to 61 years**, I can stress the following:

- “*Trauma*” word is often associate with a sensation of displacement, pain, grief, helplessness, judgement, sexual abuse, violence, failure, and negative events;
- The act of birth (labour and expelling the child) is remembered or documented (from mother’s personal stories) as something difficult, often as another trial after previous abortions or other pregnancies (in one case it was the results of artificial inseminations);
- Some women were separated after birth from their mother (for example, for 24 h got to ICU for intensive care);
- The contribution of both parents (including father when he was present) to informing and following the upbringing of the woman was not always present or fully supporting, generating feelings of shame, guilt, conforming to a certain role (as housekeeper or other);
- In most cases both mother and father have been aggressive verbally or physically;
- First menstruation experience was happy and pleasant in rare cases, most of the times it created embarrassment and shame;
- In some cases the grandparents (especially grandmothers) had a more important role in the upbringing of the woman and good memories are kept on them;
- The first sexual experience is often seen as something painful, a mechanical act made by two persons without experience (as the first time with the spouse) or even performed in an altered state (under alcohol consumption);
- In some cases, sexual abuse happened either from a care-taker (father figure) or later in relationships with men;
- The relationship women have with their own vagina is not consistent and it is difficult to connect with a loving sensation towards Her (some said they cannot have an orgasm or feel pleasure during intercourse);
- Few times food addiction, disorders (anorexia and bulimia), shopping or game addiction were reported.

The answers to this questionnaire unveil already a certain *trauma vocabulary* (that will not be detailed here) and clues to which type of trauma (*trauma biographies*) these women have been subject to.

From different case studies I worked with for my training I can also say that trauma of Identity and Love are almost always entangled, and that the mother plays a fundamental role in generating these traumas in a more conscious or subconscious way. Mother is the first figure with whom these people identified, in some cases also the father figure played a certain role in traumatization process. And often the ancestors are also figures of identification present in the therapeutical process.

One major aspect that became obvious in all the cases is the feeling of ***anger against mother*** that all the clients developed along their life and in general their parents. In most of the cases they had some difficulty to connect and release this energy.

As survival strategies that I most often encountered I can mention: *being a rescuer, wanting to save the parent (t the extreme cost of becoming sick or sacrificing herself), becoming a people pleaser, practicing sports until getting injured, becoming a victim of circumstances, psychosomatization* (migraine, ADHD, stomach sensations, pain and body aching).

IoPT method was used as primary therapeutic method based on theory developed by F. Ruppert. Many of the women who benefit from the therapy sessions, were also introduced to additional or complementary practices as supportive tools for integration of their own processes: womb ritual (for New Moon or Full Moon), embodiment and grounding (dancing, walking barefoot in the woods or grass), exercises for the release of stress and trauma from the body (TRE, SE therapy etc.), vaginal or yoni steaming, artistic expression in different forms and according preferences (e.g. creating a Vision Board with a specific intention).

### **A final remark!**

My personal omen to You, who today find and read this text, is that you start to answer to questions regarding the relationship you have/had with your mother first, your father and other members of the origin family, with siblings (if the case), with friends and lovers or spouses. From these answers you might retrieve precious clues about what traumas you inherited or developed since the conception phase of your life and how these shaped your identity, attitudes and ways of relating to other people.

And of course, do not forget to inquire about ***Who you are*** and ***Why you do*** the healing work you are called to do. After all, **is all about Love (or lack of it, when most of the trauma happen)**, how to find Self-Love and manifest it fully!

If you have (or had) a physical Womb remember to connect with this part of your body and know that is this connection (or re-connection) that will bring you all tools and knowledge you need to advance on your healing path. And if you wish to become a mother, know that trauma (womb trauma in this case) healing will help you be a good, conscious mother for your kids. If you already have kids, do not be afraid to learn more, as this will for sure improve the relationship with them and also the way you can support them in creating a healthy autonomous Identity.

And of course, you can connect with me and ask me questions or just book a session.

Trauma healing can be a challenging path, but with the right guide, the difficulties will be less insurmountable.

Blessed it be! AHO!

*Irini Hara* (your Womb for Peace)