

## CHAPTER NINE

# Assisting Reproduction

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*“Being a mother is walking around crying in a smile!  
Being a mother is having the world and having nothing!  
Being a mother is suffering in a paradise.”*

*Coelho Neto*

**F**or most couples undergoing fertility treatment, the ordeal is an emotional roller coaster. It is estimated that, worldwide, 3 to 7 percent of all couples have an unresolved problem of infertility. Approximately one in six American couples and one in seven British couples are currently struggling with infertility. Many of these couples who have undergone treatment will recount how they have lived their lives around the month-to-month cycles of hope and disappointment that revolves around calendar dates of ovulation and menstruation. However, if the cycle of hope and loss is viewed as a life crisis, a role exists for psychotherapy to help them work through their grief, loss, worry and anxiety.

Increasingly, health professionals are concerned with the psychological impact of fertility and prolonged exposure to infertility treatments on mood and wellbeing. Regression therapy is one form of psychotherapy. Given its holistic approach in moving the patient between the mind and the body, it can be used

to facilitate the patient to regain a sense of wholeness, security and receptivity that is often lost in the recurring cycles of medical treatment to get the patient pregnant.

Many women feel bad about themselves when they cannot conceive. The stress of non-fulfillment of a wish for a child is often associated with anxiety, depression and even anger. This chapter highlights two cases in which regression therapy seemed to have been useful in a subtle way to help the patient to get pregnant.

### **THE CASE OF CASSIE NIGHTINGALE – ENDOMETRIOSIS**

Cassie Nightingale came to my office one day with an unusual request. She asked to undergo regression therapy, but she showed no signs of distress. A pretty woman in her early thirties, she was well educated and had a beautiful and spontaneous smile. To me, she was genuinely happy and gave me the impression that there was nothing clinically wrong with her. Hence, I was perplexed.

Cassie was a successful lawyer. She was happily married and had a good relationship with her family, friends and colleagues. She loved to sing and go out socially with her husband and friends. She had enough financial resources to live what seemed to be an almost perfect life. In addition, her lifestyle included adequate time for her to relax and de-stress.

What happened was that she and her husband had decided that they had reached a time in their life to start having children. Unfortunately, after trying hard for several months to conceive, she discovered to her dismay that she had endometriosis.

Endometriosis is derived from the word “endometrium”, which is the tissue that lines the cavity of the womb. When there is tissue outside the womb that looks like and behaves like

endometrium, the illness is termed endometriosis. This endometrial tissue that is located outside the womb also responds to the menstrual cycle, in much the same way as the tissue inside the womb. Hence, at the end of every cycle, when the hormonal changes cause the womb to shed its endometrial lining, the endometrial tissue outside the womb will also break and bleed. However, unlike the menstrual fluid from the womb lining, which is discharged from the body, the blood from this misplaced tissue has nowhere to go. As a result, the tissues surrounding the areas of endometriosis become swollen and inflamed, and form scars over time. This scarring unfortunately reduces the chances of pregnancy.

While Cassie was being started on medication, and undergoing laparoscopic surgery to reduce the bulk of the scarring, her gynecologist informed her that the cause of this disease was unknown. However, it was highlighted to her that psychosomatic factors were contributory in its etiology.

Being of a happy and cheerful disposition, Cassie could not identify any apparent psychological problem in her current life. As such, she rationalized that any psychological root could only be found in other lifetimes. Hence she came to me for help.

At the outset, I could not ensure her that past life regression therapy would help her condition. Nonetheless, after our initial discussion, we concluded that the option could be worth trying. We settled for a short course of weekly therapy, and it was on condition that she agreed to continue with her ongoing gynecological treatment.

### **Session 1: A Good Witch in Past Life**

On her first therapy session, Cassie went easily into a deep trance state after an initial induction. She readily entered into a regression experience and saw herself as a woman in her early

forties. Gradually, she visualized herself being locked in some kind of dungeon, but was unable to make out any further details. I chose not to press her to develop that scene, and instead brought her further back in time.

At the next scene, Cassie saw herself living in a cottage in the woods. She was talking to a young blonde lady who was asking for her help. The lady wanted an abortion, but Cassie did not want to do it. However, the young lady was desperate. Apparently, she was the daughter of somebody important in the village, and was not supposed to have become pregnant. As she could not afford her gravid state to be discovered and made known, she needed to terminate her pregnancy badly. In the end, Cassie agreed to help.

Next, Cassie went to the woods to hunt for and collect the necessary herbs. She saw herself carefully picking the right herbs and returning to her cottage. After that, she cleaned the herbs and made them into a potion, which was something like a soup.



She gave some of the potion to the blonde girl and instructed her to rest. The potion caused the womb to contract, but unfortunately something went seriously wrong. The girl started to experience excessive bleeding, so much so that Cassie had to call for help. Help came and the girl was whisked away.

Shortly afterwards, she was arrested by the authorities and taken to the dungeon. At this point, Cassie recognized that it was the same dungeon within which she was locked in the initial scene.

Following the incident, Cassie was accused of being a witch. After some time she was taken away to be publicly executed. After spending so many days in the dungeon with hardly any food

she was physically weak. She could not fight back when people started kicking her. Eventually she was taken to a scaffold, waiting to be hung. However, she was so weak that she could not even stand. Hence they decided to execute her in a different way. They tied her to a horse that was then made to run, dragging her along until she died.

Although this past life story involved a pregnancy, the spiritual lesson for Cassie was not immediately clear. I encouraged her to reflect over the story from a broader perspective. At first, she thought the lesson was that she should wisely exercise her choice with regards to whom she should help. Soon, she recognized that the more likely lesson was that she must not choose. Rather, she should help whoever it was within her ability to help. Also, she must not blame herself for other people's mistakes. Following that, she received a message from her Higher Self saying, "I hope that now you have learned."

Over the following week, Cassie searched the Internet for medicinal herbs. Among the herbs she saw herself collecting, two of them were found to be contraindicated for pregnant women: the sage (*Salvia officinalis*), which can cause uterine contractions, and the milfoil (*Achillea millefolium*), which can cause uterine bleeding.

## **Session 2: Past Life Clara – Abuse and Sorrow**

Cassie came for her next therapy session a week later, and the theme of the second past life story was also related to pregnancy. However, it was a tragic story. Cassie saw herself as a young nun whose name was Clara. She was sexually abused by a priest, whom she recognized as being her father in her present lifetime, and eventually became pregnant. The head nun came to know of the incident and tried to compel her into having an abortion.

However, Clara managed to escape from the nunnery and ran to a small village.

There in the village, she gave birth. However, one of the midwives who helped her in her delivery took the child away. Heartbroken, she subsequently returned to the nunnery where she stayed for the rest of her life, always feeling guilty for letting her child be taken away.

As we were integrating this experience together, she realized that the lesson she distilled from this story was that she should not leave her goals unattained. Rather, she must keep fighting for what she believed in. It was important for her to make a stand and defend her ideals, and dare to live the life she wanted.

### **Session 3: Past Life José Manuel – Rejection and Anger**

As a surprise, the regression theme took on quite a different slant during the third therapy session.

Cassie saw herself as a young boy in Portugal, in the eighteenth or nineteenth century. The boy's name was José Manuel Alcântara da Silva, son of Pedro Luiz Alcântara da Silva. He grew up in a very rich family but received very little attention from his mother. He resented her indifference and, over time, became angry and aggressive in his temperament. In one of his temper tantrums, he accidentally fell from his bedroom window from the second floor of his house and became paraplegic.

After some time, his mother gave birth to another baby boy. Soon, José Manuel felt very jealous of his younger brother, and tried to kill the baby by suffocation. Fortunately, this was discovered and he was stopped in time. The baby's life was saved, but life took on a different turn for him.

After this incident, José Manuel was sent to a Catholic seminary, where he studied with other boys of his age. He was discriminated against and rejected by the other boys because of

his physical disability. He was being bullied, and as his anger escalated, he developed frequent outbursts of aggressiveness. As a result, he was punished and eventually labeled as being possessed by a demon.

This situation continued until it became intolerable. One day he tried to take his own life by cutting his wrists. He lost a lot of blood and became very weak, but did not die immediately. He became moribund, contracted pneumonia and ultimately died from it.

After transiting through the death point, José Manuel continued to wander around his parents' house as a soul. Witnessing the subsequent birth of a younger sister, Cassie recognized this girl as being her mother in the present lifetime. After some years in this situation, José Manuel was led through a "tunnel of light" to "the other side" by a spirit guide. Interestingly, he could sense that this guide was his grandfather.

After Cassie emerged from trance, we both agreed that there was little in the story content that was related to her problem of infertility. However, Cassie did receive from her Higher Mind a message, saying that "each of us expresses our love in his or her own way" and that "we should not keep our feelings to ourselves, but rather tell each other what we feel."

As the message remained unclear in terms of relevance to her infertility, we decided to work through another regression session together.

#### **Session 4: Abortion**

On her fourth regression, Cassie saw herself as a young Spanish girl, whose father owned a piece of land and raised sheep. She fell in love with a young shepherd lad named Marcos.

Her father disapproved of her romantic relationship with the shepherd lad and forbade them to continue dating. At first, she

was able to restrain herself and keep herself away, but after a while she changed her mind and they decided to run away together. Unfortunately, they did not manage to go far. Her brother went after them, and brought her back while letting Marcos escape.

She was locked inside the house as a punishment. Later, she was forced by her family to date an older man, whom she described as “disgusting”. The subsequent story was tragic. The man raped her, but she managed to escape and run away again. She eventually found Marcos and sought shelter with his parents. Soon afterwards, she discovered that she was pregnant from the disgusting old man.

Marcos’ mother helped her to obtain an abortion. Unfortunately, after the procedure she could no longer conceive. Despite the setback, she married Marcos, and after some years they adopted a baby boy called Júlio. She then lived happily for some years, until she died from a disease that affected her abdomen.

This regression turned out to be a fruitful one. Cassie recognized Marcos as her current life husband. She also recognized the adopted baby as being the same soul as that of the aborted child. Amazingly, this same soul was supposed to come to her as her child in the present life in due course. She received a divine message that this child was destined to arrive soon. In response to this message, Cassie experienced deep emotional changes. After we integrated all these experiences, we were both excited and agreed to suspend the therapy and wait for the medical treatment of her infertility to work.

After the therapy sessions stopped, Cassie did get pregnant, though not right away. Her endometriosis disease receded for a while, but recurred. In addition, she was told by her gynecologist that her husband’s sperm motility was “slow”. The understanding



from that finding was that it would greatly diminish the chances of a successful fertilization. She was then offered artificial reproductive technology as an option. Bearing in mind what she had learned in one of her past life lessons that she should “not leave her goals unfinished”, she agreed to go through an *in-vitro* fertilization (IVF). This was a decision she never regretted. The IVF procedure turned out to be a successful one and she managed to carry the pregnancy to full term.

Today, Cassie has a healthy, seven-year-old son, whom she describes as “a fantastic, very clever and very talkative child”.

### **THE CASE OF HANNA THERESA – THE INCIDENTAL PATIENT**

Hanna was a fellow colleague of mine, and an excellent physician with an interest in regression therapy. She had no problems accepting the concept of reincarnation as it aligned with her religious belief system in Spiritism. She had been participating in a study group in regression therapy that we had run for some months, and within this group a strange incident happened one day.

Hanna was a very loving woman, always considerate in her behavior towards other people, making her best effort to be righteous and helpful to others without hurting anyone. She was in her early thirties and had been married for a couple of years. At one stage after joining our study group, she was seriously thinking of becoming pregnant.

She had often manifested doubts about her ability to raise children and be a good mother. This was strange because she was dealing with children every day in her work, and I noticed that she was very good and loving in her way of handling them. Her relationship with her own parents was also very good and I did

not perceive that to be a contributory factor to her fear of motherhood.

Having finally decided she now wanted a child, she stopped contraception and became pregnant shortly afterwards. She was very happy with this. Unfortunately, within less than two months of gestation she started bleeding from her womb, and her pregnancy was in danger. Subsequently an ultrasound imaging showed that there was no viable embryo in her womb, and the pregnancy was naturally interrupted.

Hanna felt very sad with this spontaneous abortion. She started again to suspect that it was because she could not be a good mother. Strangely enough, she was blaming herself for something that seemed to be unreal for all of us who were observing her. She seemed disconnected from whom she was, and this was evident to everyone, except herself. She did not seek therapy; nor did she think a personal change was necessary.

Meanwhile, she continued to participate in our study group. We had been studying different methods of induction in regression therapy all this while. In each meeting, we discussed one particular method, and made out a pair-practice session with one of us being the “patient” and another being the “therapist”. This was to test out the method and it also indirectly served as a means of sharing useful regression therapy experience with each other.

By then, it was about three months after Hanna’s spontaneous abortion. In one meeting, she volunteered to be the “patient”, and I happened to be assigned the “therapist” role.

During the practice session, she went easily into a trance state. As she regressed back in time, she saw herself as a poor woman in the late stages of her pregnancy. She could not identify the time period nor the country in which the past life scene took place, beyond the impression that it was in Europe, either during

the Middle Ages or the Renaissance period. She went through an uneventful labor and delivery and gave birth to a boy. However, she was confronted with a disturbing scene in her postpartum period.

“I am walking around in my room,” she said. “The baby is crying. He won’t stop ... I can’t bear this. Why doesn’t he stop crying?” Her feelings were one of profound sadness, and she was on the verge of despair.

The sadness worsened as the scene continued. Finally, Hanna saw herself grabbing a pillow and covering the baby’s face to muffle the noise, and at the same time suffocated him. The baby died as a result. Hanna became even more desperate, and took her own life.

As she was regressing through the death point, she continued to experience the anguish and the sad, depressed feelings. So I suggested that she go to a quiet, safe place, where she could see all that experience from a higher perspective and obtain healing for herself. From the vantage point of that special place of healing, she calmly analyzed the events she had experienced, and perceived that she was going through a pathological state of postpartum depression.

When she emerged from the trance state, she was impressed by the vividness of the imagery and the profound feelings she experienced. At first, she claimed that she could connect the imagery with her current life issues. We went ahead and discussed as a group of fellow therapists what we had learned from the practice session and finished that meeting, without paying particular attention to her. Little did we realize, however, that Hanna was gradually developing her own insights in the meanwhile, and inner changes were taking place.

About a month after her regression experience, Hanna got pregnant again. I was pleasantly surprised and felt happy for her.

This time the pregnancy went well. Strangely enough, her fears in her ability to become a good mother had vanished. After nine months of gestation she gave birth to a healthy baby boy. Her son is now twelve years old, and she has been a loving and caring mother, just as all of us who knew her well had expected.

### **Concluding Thoughts**

The role of regression therapy in assisting reproduction remains unclear, and no direct cause-and-effect is claimed in these two cases. However, its use in such situations has highlighted the multi-layered psychology of a complex human experience that we regard as a problem of infertility.

The two cases described here differed in their reproductive issues. Artificial methods of reproduction are known to encourage a split between the mind and the body, because the female body now becomes the object of medical scrutiny while the woman's mind and its emotions become neglected and isolated in anxiety. Presumably, this is an area where regression therapy may have a role in restoring some form of mind-body balance.

In Cassie's case, her husband had low sperm motility and her endometriosis further lowered the chance of conceiving. While the use of IVF had taken the uncertainty of fertilization out of her concern, she still needed the mental and emotional wellbeing to provide a nurturing environment for the artificially transferred embryo to implant in her womb and reach full term in a healthy state.

In Hanna's case, it was her psychological fear of motherhood that was the obstacle to childbearing. We do not know why she had a spontaneous abortion, but we do know that the preparation of a new identity during pregnancy is a complex task. As the body prepares to accommodate the physical formation of a fetus, the mind undertakes the formation of the mother she might

become. The wishes, fears and fantasies of the pregnant woman revolve around questions like: Who is the baby? How will I be as a mother? How will my perceptions about myself change with the pregnancy? What will happen to my relationships with other people following a pregnancy? Expectant mothers seldom think about such issues systematically. More often than not, these issues are worked on subliminally by them, weaving in and out of their dreams and inchoate feelings.

The pregnancy loss in Hanna's case had brought her inner psyche into a nebulous zone between birth and death. It was about her coming to terms with a life that ended just as it was beginning. It was the ripping away of a dream and joy while a senseless emptiness prevailed in its place. Of interest, this theme of "birth and death" seemed to be played out in her regression scene.

In both instances, there seemed to be some feeling of guilt from their past life experiences. In Hanna's case, she might have harbored the belief that her ambivalence about motherhood had led to the pregnancy's demise. She might have felt the guilt that she did not want or deserve the baby enough. Perhaps both Cassie and Hanna needed some self-forgiveness in order to continue with their motherhood journey and, in this respect, through the help of regression.