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How children express their pre- and perinatal experiences in play and movement

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Zusammenfassung:

Wie Kinder ihre prä- und perinatalen Erfahrungen im Spiel und in der Bewegung ausdrücken

Das Thema dieses Artikels wurde im Zusammenhang mit wiederkehrenden Beobachtungen aus der psychomotorischen Praxis und der einschlägigen Literatur entwickelt. Es wurden Beobachtungen an 18 Kindern gemacht, ergänzt durch Anamnese, Interviews mit den begleitenden Therapeuten und ein Experteninterview. Die Ergebnisse dieser hermeneutischen Studie werden in diesem Artikel vorgestellt. Einige Beispiele für das pränatale Spiel von Kindern sind im Text aufgeführt.

Stichworte: pränatale Erfahrungswelt, perinatale Erfahrungswelt, Spielverhalten, Bewegungsverhalten

Summary

The topic of this article has been developed in the context of recurrent observations from psychomotor practice and relevant literature. Observations were made on 18 children, supplemented by anamnesis, interviews with the accompanying therapists and an expert interview. The results of this hermeneutic study are presented in this article. Some examples of prenatal playing of children are listed in the text.

Keywords: prenatal experiences, perinatal experiences, play behavior, movement behavior

Hinweis:

Der vorliegende Artikel erschien in deutscher Sprache unter dem Titel „Zum Ausdruck prä- und perinataler Erfahrungen von Kindern in Spiel und Bewegung“ von Amara Renate Eckert, veröffentlicht in der Zeitschrift motorik (Heft 4/2016, S. 195–204). Die Veröffentlichung erfolgt mit freundlicher Genehmigung der Autorin.

The following discussion examines the question of how children experience their pre- and perinatal life. Are there intrauterine forms? How is this time, which for us adults is in the dark, to be experienced by the children? Since we usually do not learn this verbally from children, we rely on non-verbal utterances and depictions of children. The childish expressions can be interpreted or misinterpreted. This early life span, experienced by all human beings, almost begs to project own unconscious feelings and experiences. Fortunately, we now have extensive knowledge and research on the pre- and perinatal lifespan. Therefore, it makes sense to use them. Thus, Janus (2012) points out that the biographical space has increased in recent years before birth. Therefore the behavior of children and infants is also to be understood as messages from prenatal and maternal preverbal experiences. According to Reiter, the birth barrier used to be like a shadow line that looks back to the time before birth. According to research available today, scientific hermeneutic assumptions do not have to be left as speculation (Reiter 1999, 542).

While medical research is scientifically concerned with the physical body of mother and child, the prenatal and perinatal experience with methods of the humanities such as hermeneutics and deep hermeneutics seems to be essentially comprehensible. How playfully children are brought to life and how playfully they play into life - these are just some of the examples you can read below. Beforehand, the reception of prenatal and perinatal experiences in the context of psychomotor literature will be discussed and a brief look at the field of prenatal psychology will be made.

Dealing with experiences from prenatal and perinatal lifetime in psychomotor therapy

The method of psychomotricity refers to the unity of body, soul and spirit and their expression in the psychosocial context of individuals. It was initially developed in France and invented in Germany as a curative education-clinical treatment method ("psychomotor exercise treatment") in the 50s. 1st founder in Germany, E. J. Kiphard, was faced with the task of working with traumatized children in a movement-oriented and therapeutic way. Since he had great success in this, his method spread very quickly. It has been further developed many times since then and integrated into the work of many different institutions.

Psychomotricity involves the teaching of motor and social skills as the basis of man's ability to act and communicate. It covers all age groups and fields of action and thus forms the basis for access to humans through their bodies. Psychomotricity describes accordingly "the human expression with its individual, dialogical and creative aspects and the manifold possibilities to be empathetic and corporeal in this world" (Eckert 2004, p. 70).

In psychomotor and occupational therapy literature, some authors point to the importance of prenatal time. For example, Ayres (1984) and Kiesling (2000) emphasize the development of early sensory integration, in particular depth perception during birth. Kiesling (2000) describes a series of therapy situations in which she places intrauterine stimuli in dialogue and in play, such as rocking in a narrow cloth or in a narrow bucket that supports the embryonic posture of children. She also describes the effect of such body dialogues on the level of brain development but does not go into the meaning of emotions and body memories at the pre- and perinatal time any further. Since prenatal symbolism (tunnels, tons, fabric swings) is offered in exercises from the practice of sensory integration treatment, it is understood that in children physical memories from this lifetime are awakened and reenacted. Without the therapist's knowledge of how to handle feelings from this lifetime, however, these childlike scenes cannot be worked on and their experiences cannot be integrated. As knowledge of the importance of the pre- and perinatal lifespan increases, new opportunities may emerge.

Further examples can be found in the field of psychomotricity and the scientific understanding of psychomotricity. Lapierre/ Aucouturier (2002) and Seewald (2007) describe in different ways the importance of interventions in the pre- and perinatal context for psychomotor work. As a psychoanalytically oriented psychomotrician, Aucouturier calls the child's fears of the body, which stem from the pre- and perinatal period: fear of liquefaction, dissolution, loss of half of the body and the fear of melting and falling (Esser 1992). These and other symbols can be located quite accurately in recent publications on prenatal development (Evertz / Janus / Linder 2014; Terry 2014). Thus, the great fears can be traced back to the experience of human cells in the period of conception (fertilization) and implantation (early embryonic stage) in the uterus.

Esser (1992) describes in some case studies those children, who clearly symbolize their prenatal biography in psychomotor space. For example, she describes the behavior and experience of a boy who was met with great disappointment by his parents at birth, as they desperately wanted a girl.

This phenomenon is known as a shock to the wrong sex. It is considered as a possible prenatal traumatization because children perceive their parents' expectations at a young age while at the same time, they are unable to fulfill them (Käppeli 2011, 2013). This and other examples indicate that life experiences can be stored in the body and updated according to the triggering situations. Human cells store the experiences of early stages of life, which are referred to in the literature as cell memories (Lipton 2006). The way in which the body remembers is described differently in the context of different concepts. Body-phenomenological, neurobiological and body psychotherapeutic considerations are important (Bauer 2002; Reich 1970; Weiss / Harrer 2006; Fuchs 2008; Eckert 2010).

Seewald (2007) writes about prenatal life and childbirth from a hermeneutic point of view. It is particularly interesting to combine prenatal experience with the experience and behavior of children in psychomotor sessions. As a "symbolic echo" of this phase, he describes situations of play and movement that children particularly like to visit or avoid, such as: Swinging in towels, tight dark rooms, wrapping themselves, building caves, floating in the warm water, " sandwich "between 2 soft bottoms, mud slide with creams and movement situations in which the individual sense of time is lost. As a symbolic echo of the experience of childbirth, he describes transitional situations such as creeping through tunnels and narrow materials, the struggle to find their way out, unwinding from materials, and so on. Seewald does not deal with the symbolic depiction of special traumatic experiences in this context. How therapists can deal with a prenatal symbolic echo can be deduced from the hermeneutic methods of understanding. Of particular importance is here the implicit, also named bodily phenomenological understanding. This means an understanding of nonverbal expressions through the bodily resonance of the accompanying person (Seewald 2007, 47ff.). Deep-level understanding clarifies alleged "nonsense" and, above all, in reflecting countertransference.

Without the latter, nobody succeeds in the accompaniment of pre-perinatal symbolism, since inevitably his own early life is addressed and activated. The limits of one's own conscious and processed life experiences form the boundaries for the perception of foreign people's topics.

The pre- and perinatal perspective in the development and therapy of children and parents

Although in medicine and psychology about 65 years ago, a newborn was still regarded as a reflex bundle, there were other developments at the same time. In the wake of the pioneers Otto Rank 1924 ("The trauma of birth") and Nandor Fodor (Renggli 2000), alternative concepts, research studies and publications developed. The history of pre- and perinatal psychology can now be found in several publications (Renggli 2000; Janus 2011, 2014). Emerson (1996, 2000) was the first to refer to body-conscious memory. Chamberlain (2000), after examining mothers and children, pointed out that babies recall early-onset pain. The psychoanalyst Eliacheff (1997) worked with babies and toddlers on prenatal traumas by telling them stories about their early experiences and their strengths in managing their lives. She comes to the following conclusion: Babies understand language and want to be seen, adequately accompanied and appreciated on their way to life.

Piontelli (1996) observed twin pairs from the first ultrasound examination to the age of six. She found out, that their habits to come to contact with each other did not change during this time. Imprints from prenatal time therefore fundamentally determine later life. Piontelli's observations are considered a milestone in prenatal psychology. Castellino (2000) describes a toddler-centered family therapy, which supports early attachment processes. Verdult (2014) speaks of prenatal attachment development in this context and thus stands for a trend topic in prenatal psychology.

Neurobiological questions are also taken to account in older and newer publications (V. Lüpke, 1995; Evertz et al. 2014). Child therapists such as Stulz-Koller (2013), Hilkert (2013) and Käppeli-Valaulta (2013) report on the possibilities of prenatal and perinatal (trauma-) therapy in children. While Hilkert documents the symbolic-pictorial representation of the cesarean delivery of children, the two other authors describe the conception and procedure of their work using impressive case vignettes. The documentations they provide can be inspiring and helpful, especially for the pre- and perinatal perspective in therapy with children.

As a representative of the psychoanalysis of pre- and perinatal life, Janus (2011) significantly influenced the scientific development of pre- and perinatal psychology in Germany. His experiences and insights led him to the following basic assumption: "There is a psychological experience before and during birth, which for us is a kind of background film for life, especially how we live in the world and how we handle it with change. The prelinguistic experiences before and during birth are essential contents in our myths and in our art as well as in the motivations of social and historical events. This is an essential aspect in psychohistory" (Janus, 2014a). This basic assumption accurately describes what can be considered as the current consensus in prenatal psychology: our culture is shaped by our early stages of life.

Founded in 1971, the International Society for Pre- and Perinatal Psychology and Medicine (ISPPM eV) sees itself today as a professional association, in which numerous professions come together "to explore the importance of the pre- and perinatal world. These explorations are based on authentic scientific methods, in order to translate this knowledge into the practice fields of pregnancy, birth and therapy and to influence it socio-politically. Based on a holistic view of human development, the ISPPM advocates overcoming the dualistic body-soul principle." (ISPPM 2014) After this insight into a part of the now quite extensive literature on prenatal psychology, the research of children's games are going to be described.

A study on pre- and perinatal experiences in children's play

The subject of the study, which I conducted in Germany and Switzerland from 2010-2011 contains the question "how children express their pre- and perinatal experiences in play and movement?". Looking for suitable research methods, the hermeneutic method was chosen as the only method appropriate to the subject. The method of qualitative video interpretation (Bohnsack 2009), which was initially considered for the evaluation of the video recordings, turned out to be not suitable for the evaluation of longer film sequences in their overarching meaning according to the research question. Hermeneutics is known as "a theoretical (philosophical) discipline that examines the phenomenon of understanding, its elements and structures (...) as well as its preconditions" (Danner 2006, 34). Also called the "art of interpretation", hermeneutic understanding in the pedagogical context means focusing on "the human (spiritual and mental), namely on actions, linguistic entities and non-linguistic entities. For hermeneutics, "understanding meaning has greater significance than psychological understanding", higher understanding has greater significance than elementary understanding (Danner 2006, 51). Higher understanding means the connection between everyday life and science, while elementary understanding is dedicated to empathy in gesture and language. All levels of understanding, including psychological understanding and deep hermeneutic understanding according to Lorenzer (Heinzel 1997), were used to address the present question. In the sense of the hermeneutic circle, the process of understanding always proceeded from first pre-understanding to extended pre-understanding. This was done with the help of the methods of explicit, implicit and deep hermeneutic understanding (Seewald 2007). Explanatory knowledge in the form of anamneses as well as the contents of corresponding specialist's literature were also included in this circular process. The aim was to get as close as possible to the object which was meant to be understood. The expected outcome were hypotheses for understanding the biographical expression of the children, studied in play and movement.

After reviewing the relevant literature with its studies and impressive case vignettes, contact was made with therapists who were open to the research question and the observations and video recordings in their practice. This meant that all these people were familiar with pre- and perinatal issues. Finally, it became clear that all interested therapists had previously received additional training in prenatal psychology. This pre-selection seems to be important for the result, because in terms of the regularity of inner resonances and reflections, it was expected that children would symbolically enact their themes in the room where they saw a chance to be mirrored and understood.

18 children between the ages of four and seven were observed. The 13 therapists came from the professional fields of psychomotricity, occupational therapy, speech therapy, social work, special education and psychology and were based in Switzerland (7), Germany (5) and the USA (1). The therapists were asked to select children with special characteristics in the pre- and perinatal history. On this occasion, it was noticed that there were hardly any children in the respective therapies who did not have any special characteristics regarding the topic under investigation. This fact raises questions: Are children with therapy needs more severely affected pre- and perinatally than others? Or are there hardly any "inconspicuous" and psychosocially healthy children left due to more precise diagnoses and increasingly technical obstetrics?

The observations of twelve children were evaluated, all whose material was available during the study period 2010-2011. The materials consisted of video recordings, evaluation interviews with the therapists as well as anamnestic data and notes on the content of the parental interviews. The study itself developed such a dynamic that several more videos and interview offers were received after the study was completed. The observations with the help of video recordings were made with the attitude of understanding.

This means:

- opening to new experiences and observations with the intention to understand
- being present with the inner attitude of not knowing, and
- the willingness to use one's own body as a resource and space of knowledge.

The observer is a participant, but at the same time also an instrument of her own investigation. In order to be able to fulfil these prerequisites, the observer as an instrument must be biographically "well processed" and accordingly be able to perceive. For the research situation, this meant that the observer's own pre- and perinatal experiences had to be largely conscious and integrated.

Observers to be able to perceive the children's symbolism and to recognize countertransference and use them as a source of information. Good self-exploration as well as experience with other people's self-exploration are therefore prerequisites on the part of the "instrument" of the observers.

However, the possibility that the presence of a foreign resonant person in the therapy sessions had a condensing effect on the events must also be taken into consideration. During and after the sessions, the observer documented the bodily resonance experience as well as the countertransference with regard to individual therapeutic sequences. The evaluation of the videos took place on the explicit, implicit and depth hermeneutic levels. Initial hypotheses were formed. The observations from the previous day were supplemented and compared and the previous understanding was expanded in the hermeneutic sense. Hypotheses were changed according to the new findings. This was followed by a discussion with the therapist regarding the child's anamnesis and her own bodily resonances during the therapy. Then the video recording was watched a second time, the previous understanding was expanded, and the hypotheses were rejected, changed, expanded or kept.

After the observations were completed, an external expert evaluation was carried out, i.e., scenes were viewed by an expert in pre- and perinatal child therapy and interpreted on the background of his expertise. The expert received the information from the children's anamneses only after his assessment. Implicit hypotheses were compared with external reality in a hermeneutic sense. This documented procedure, as well as the subsequent discussion with the expert, which was recorded in key words, in turn provided indications for an expanded preliminary understanding and for the further development of hypotheses.

Results

Following Emerson's (2011) recapitulation theory, it can be assumed that children express (traumatic) experiences in their symbolic play either by repeating them or by avoiding them. The following example should illustrate this: a symbolic expression frequently used by children for their own experience of a caesarean birth is that of an exploding bomb. A direct recapitulation (repetition) would be a surprisingly staged explosion, e.g., with foam cubes flying wildly apart. An avoidant recapitulation would be a controlled behavior that prevents any surprises and disruptions. In the game, this could be the role of a policeman or powerful animal. In this context, the role serves as a defense against experienced powerlessness in the birth situation, in which neither flight nor fight are possible.

Both direct and avoidant forms of recapitulation can be experienced in the play itself or attributed to another person, usually the therapist.

The following examples show how observation, bodily resonance, anamnesis, conversation and expert advice complement each other to form an extended pre-understanding of the child's expression in play.

The unexpected child

David (3.5 years old) staged his life experiences as he had experienced them: he did not look at his therapist in the initial contact, did not want to play and behaved as if nobody was present. At the same time, a difficult balance of tension and control was noticeable in his physical resonance. At home he only played in his room. He did not want to play with other children and found little contact in kindergarten. He refused foreign children and adults and in return triggered their rejection.

His prenatal history: begotten in a one-night stand, he surprised his parents with his existence. It took several weeks of hard arguments, rejections and doubts of the parents until they finally decided to get him and start a family. The early fright and rejection of the unwanted pregnancy, especially by the mother, had a lasting effect on David's experience of not being welcome in the world. His prenatal experience was a "discovery shock" (Emerson 1996).

Ben: "Fall down there"

Ben, a seven-year-old child with an intrauterine drug experience, neonatal drug withdrawal and early childhood neglect. He already lived in multiple foster care families and could not symbolically play his life-threatening prenatal situation. This was too scary and threatening for Ben. His therapist recognized this and played the emotionally dangerous scenes for Ben as if he were an actor. In this way, he was a mirror for rejected feelings. Ben gladly gave the dangerous game roles to his therapist (TH). In a key scene, Ben and the therapist climbed a mountain, which was built of blocks. At the top, Ben dismounted alone and ordered TH to climb up and stay there. Then he removed the TH's safety rope and expected him to be afraid. TH stayed up on the mountain and showed his fear in a role-playing game without falling yet. Ben was obviously pleased with TH's fear and gave him shameful words. Finally, a fall from the mountain seemed inevitable. TH called for help while Ben just said, "Yeah, drop down." TH remained in the role of a climber, fell and survived only with difficulty the played fall. As this scene was very touching for Ben, he just stared briefly at the staged fall, trying to stay "cool" and quickly finish the scene. His body-tension was clearly noticeable. Almost without a break he went over to the next proposal for a roleplay. He staged a game in which he could keep himself in control. As a wild animal, Ben chased TH, who had to play the role of the animal catcher.

The hunt took place through the entire therapy room. Ben used the time of the entire psychomotor hour and allowed only at the end of the session a close and authentic contact in dialogue with his therapist.

Ben's prenatal history: He played his early story in the sense of an "avoiding repetition" (Emerson). He followed the motto: It will never happen to me that I am as exposed as I was in early lifetime. Because of his existentially threatened early experiences, he chose a coherent coping strategy. In the game he was able to pass on and project his fears to his therapist. That opened up the possibility for Ben to observe the self-experienced trauma from a safe inner and outer distance. The therapist played this for him.

The ambivalent game with the foreign regulation

Leon (5 years old) recapitulated some of his early experiences in a direct way, others in an avoiding way. He remained in control of all movement and play situations for more than a year before being able to hand them over in small steps. He preferred caves and large hammocks, behaved expectantly and observantly (avoiding repetition) and often broke off his game abruptly (direct repetition).

Occasionally he played a small animal (dolphin or dino) that had just been born and had to be cared for (direct repetition). After a game break, he behaved indecisively and searching, but without finding a new suitable game situation (direct repetition). In the resonant response disorientation, sadness and anger could be felt. His therapist often felt helpless in the accompaniment of Leon. She responded to her own inner feelings by controlling the situation. So, she offered a structured movement exercise. In this way she unconsciously mirrored Leon's disorientation and need for control.

Leon's perinatal history: Leon had experienced a planned (primary) cesarean birth, which had to fit into his parents' schedule. His life was structured from the beginning and allowed little space for personal activity, creativity and autonomy. He suffered from getting wet (enuresis) every day and thus disturbed his family and often made them helpless. Leon reenacted the perinatal disorientation and heteronomy that he had experienced as an avoiding repetition. Now he controlled the situations.

He controlled his feelings of anger and pain. In the game, he was able to give his therapist his helplessness, sadness and anger, which she played for him. This gave him the opportunity to experiment and play with these "outsourced" feelings.

Death and sadness

Nils (5 years) prefers to play with hand puppets during his language therapy sessions. The speech therapist usually designed language therapy with him in a role-playing game. Nils regularly staged the role play. He began playing the roles of Hansel and Gretel from the fairy tale. In these roles he was physically and emotionally highly activated with two hand puppets (ravens) on his hands. The speech therapist sensed the great importance of this game for Nils and played with him the scenes in different ways and in ever new variations during his sessions for some weeks. At the end of the diverse scenes, the raven Gretel had to die after he could no longer save himself from his attackers. The physical resonance of this scene was marked by grief and deepest despair. After a period of silence, with Nils mourning on the floor beside the dead raven, he suddenly stood up and said goodbye to the speech therapist. He asked to play the same game again next time.

Nils's prenatal history: Anamnesis and parental interview showed that there were no deaths from close relatives in Nils's family. Nils was an alone born twin. He desperately missed his twin in life.

Help, my house is on fire!

Jan (7 years old) directly repeated what he had experienced. With his friend Joel he built a house made of foam parts in the big sessions room. He fell several times into the pillows and in the soft components, enjoying these body experiences obviously. Both boys created a creative landscape. A tunnel was built and declared to be the house. It developed a catching game with raging loud and joyous shouting through the creative landscape. Suddenly, Jan hid himself in the house and shouted loud and panic: "Help, the house is on fire, everyone runs away here". When asked by the therapist what happened, he did not answer but ran wildly across the room. After a short while the

catching game continued and spread to the whole room. Jan hid in the hammock and rocked. Suddenly he warned again: "It's burning," jumped frantically out of the hammock, ran around the room, came back and shook the hammock violently. "I have extinguished the fire". With these words he turned back to his friend Joel. Jan repeated this scene in the psychomotor session in many ways. According to the therapist, his "safe places" also burned in the school. The classmates and teachers did not understand this. Sometimes the box, in which he had just crawled, also burned. At other times it seemed to be the place under the table, which was very dangerous. Relaxation was nearly impossible to realize for Jan. As soon as he tried to relax, his body became restless. Then again there was the danger that it could burn somewhere, or a volcano could erupt abruptly. His body was highly activated as he played his themes. His traumatic experience was obvious.

He was quite present and focused when he was allowed to express himself with the help of his game symbolism. He was also focused, when he got space and time for his play and felt properly mirrored by his therapist. In such situations he began to let go internally and externally, his body seemed to soften. He looked like a snail, who tentatively extended her body and antennae to slowly open to the perception of the "unknown."

Jans's prenatal history: he was able to turn to new experiences when his space was well protected. He could be sure, that he did not have to relive the old, menacing experiences of the prenatal time when he was physically and emotionally vulnerable. According to his mother, Jan has never experienced a "real" house fire. Jan's mother had a pregnancy poisoning. In the prenatal period, this experience was obvious to Jan like a house fire, hot and life-threatening. This early imprint did not leave him to rest. The danger was always present for him. Every safe place became the trigger for this old fear.

Other game themes

In the observation of the varied game themes of children, diverse individual and imaginative staging could be watched: explosions of atomic and hydrogen bombs, hand grenades and tanks, mostly in conjunction with primary and secondary (emergency) cesarean birth experiences. Tunnels were fought through; children were looking for exits excitedly and blocked them for other involved players. Houses and caves were defended, cloth swings were occupied and defended and transition- objects dragged around, killed or protected and defended. Power and powerlessness, the question of one's own place in space and in life, being kept and a present and attentive adult were almost always to be seen as play themes in psychomotor space. The explosive nature of these topics was tangible to both, therapists and observers. However, the hypotheses and interpretations of these symbolizations are far more diverse in the individual life context of each child than they can be described in this article.

During the observation of the varied game themes, a variety of individual and imaginative productions were shown, for example, explosions of atomic and hydrogen bombs, hand grenades and tanks. This was mostly seen in connection with the experience of a primary and secondary cesarean section. Tunnels were fought over, and the children were excitedly looking for exits and these were in turn blocked by other children. Houses and caves were defended, swings occupied, defended and transitional objects were dragged around, killed or protected and defended. The most important game themes can be named as follows:

- power and powerlessness
- own place in space and in life
- being held
- present, attentive and respectful adult.

The explosive nature of these topics was tangible to therapists and observers. The hypotheses and interpretations of these symbolizations are to be considered in the individual life context of each child. They are far more diverse than can be described in this paper.

Conclusions

Children can process and integrate their prenatal and perinatal experiences in a moving and symbolic game. So, what can be the contribution of psychomotricity to help children make their way into life through playful processing possibilities? Children could be provided with an inner and outer space for their topics in a professional context. Therapists can raise awareness among family members so they can understand their child's prenatal games and allow them at home. In childhood, pre- and perinatal experiences are still very close temporally and emotionally. They can be well processed and integrated in this time of life. They are naturally part of the lives and the games of children. It is time to stop closing eyes to experiences from this period of life. During the observations, we could see and feel how urgent the expression of these life-issues is for children. Children cannot help but express their mostly traumatic experiences, whether we like it or not. It seems almost strange that this early period has received little attention so far and knowledge of this formative lifetime is not given the status that deserves it. Prenatal and perinatal experience of people is often viewed with skepticism and the question of their credibility and "reality" is provided. Normally, visible reality is measured against the criterion of the verifiable by scientific criteria. This, however, unduly limits social and cultural perception. In this way it happens, that an individual and culture-shaping human development time literally remains in the dark.

In many of the symbolic games we observed, a dynamic of immense energy unfolded, often leaving the attending therapists behind in an affected way. Pre- and perinatal experiences are often traumatic experiences that can be a trigger to people. Therefore, human defense mechanisms against these issues are so widespread. It can be assumed that mechanisms of defense function as unconscious tools to avoid biographical repetition such as activating one's own fear as well as own prenatal and perinatal experiences. The common and popular statement "everything was fine at birth" must be put to the test more clearly due to the symbolic children's games described above.

So far not mentioned were the common children's games of kindergarten time. On closer inspection and appropriate expertise, they too can be regarded as rituals for processing and integrating pre- and perinatal experiences. The games "Hide and Seek", "Cat and Mouse" and others are life-themes, which became ritualized forms of play. In these games are the topics "find your own place", "welcome", "discovered", "survived" included. Unfortunately, these everyday forms of the processing of experiences have become rarer and are no longer a natural part of a fragmented child life. Here, however, there is an opportunity for a psychomotor setting: it offers a space for a variety of movement games and a nearly ideal setting for the integration of prenatal and perinatal topics of children. And finally, it is time that this life span also becomes part of professional education and training.

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Erklärung zu Interessenkonflikten

Es liegen seitens der Autoren keine Interessenkonflikte vor.

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