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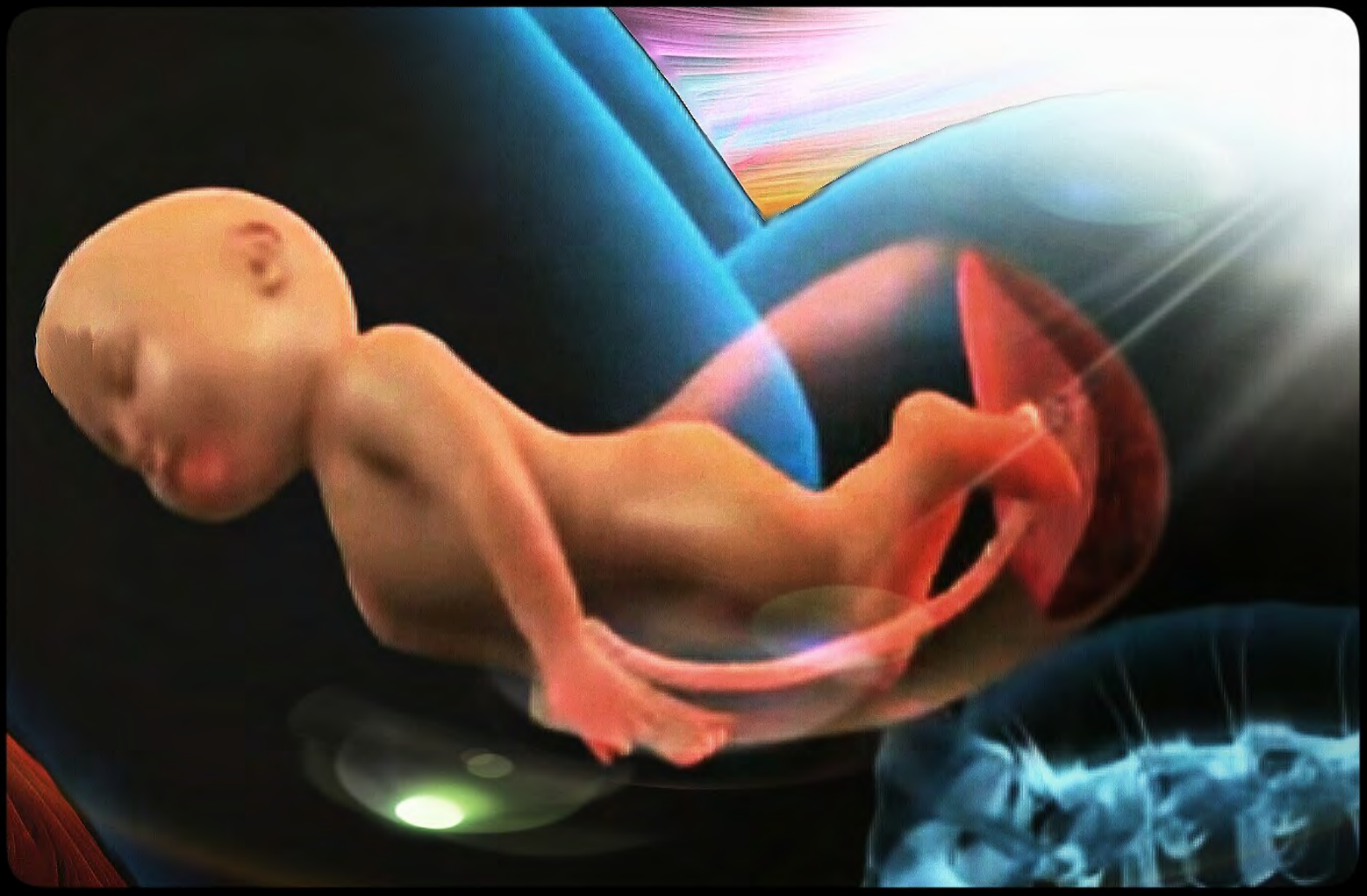
Somatic Psychotherapy Today

Prenatal and Perinatal Psychology



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Somatic Psychotherapy Today

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Nancy Eichhorn, PhD	*Editor, Layout Design*
Diana Houghton Whiting, M.A., BED	*Cover Design, Layout*

Our Usual Fare

Reviews and Reflections

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From Our Editor

I grew up immersed in pre and perinatal realities. My father, an OB/GYN, and my mother, a registered nurse, nurse practitioner, and teacher, started their private practice in the 1960s. My day-to-day life involved stories about birthing and Lamaze, about fathers in the delivery room and parenting, about bonding and attachment. Berry T. Brazelton, Bruce Perry, Ed Tronick, Alan Schore . . . I can recite a long list of colleagues' who were instrumental in my parents' professional and personal lives. Dr. Brazelton spoke at the Eichhorn Family House inauguration at the University of California at Davis (UCD). My mom went to his 90th birthday in Boston, MA.

While I was in graduate school, my mom, quite mysterious to me, always emailed me the perfect article I needed at just the right moment. Her doctorate focused on the first three years of life. Today, her knowledge of prenatal and perinatal psychology remains current, cutting edge. At age 85 she's negotiating variables and instructors for her study (mindfulness and pregnancy) with contacts at UCD. Dad, at age 86, still sees patients three days a week. They remain focused on infant mental health and healthy families.

Babies matter.

Their world, from conception forward, is interwoven in all of our lives. How we approach pregnancy, birth, the first 1001 days, and the rest of their lives remains critical if not as well mystical: babies have implicit memories from the womb; it takes another person for a baby to initially realize she is a separate entity; therapists working with adults need to consider the birth experience (from conception on). In our Winter Issue, prenatal and perinatal psychology is explored in all its intricacies from embryology—we interviewed Michael Shea and Cherionna Menzam-Sills wrote about embodying embryology—to birth histories with Wendy Anne McCarty. We discussed the importance of touch with Marjorie Rand and Gail Andrews, and Shlomit Eliashar offered her stance on infant massage. This issue offers many professional experiences and clinical applications that can and will make a positive difference in babies lives, in our therapeutic relationships, and I believe, in our personal lives.

We welcome your response.

Warmly,
Nancy Eichhorn, PhD
Nancy@nancyeichhorn.com

From Our Cover Designer

I have been a mom for 15 months and counting. It's a daily adventure in exploration for my daughter and myself, what will she notice, how will she respond, what new thing will I see , what new thing will she discover. It takes my breath away thinking about all she had seen and done and all there is waiting for her. I wish I could imbed a video of her when she seemed to discover her hands for the first time. It was priceless. This issue and the contributor's has resonated and is informing how I move forward. I hope you enjoy the content as much as I have.

Sincerely,
Diana Houghton Whiting, M.A., BED

Letter from Our Guest Editor

Photo courtesy of Keith Reagan

A Body Falling Into Itself:

The Growth of Prenatal and Perinatal

Psychology and Health

as a Field of Practice

It has been a pleasure to collaborate with Nancy Eichhorn on a special issue of *Somatic Psychotherapy Today* focusing on prenatal and perinatal psychology (PPN) and health. After 15 years of practice in the field, it is rewarding for me to see the foundations of PPN begin to be more widely accepted. Even though the Association for Prenatal and Perinatal Psychology and Health has been around for 30 years, it has been in the recent past that baby sentience and the importance of the prenatal period and birth are more prevalent. Popular press and scientific research in the fields of epigenetics, affective neuroscience, attachment, infant mental health, stress, fetal origins, imaging studies, and more support the growth of PPN as a practice. Integrated professional disciplines such as social neuroscience and interpersonal neurobiology also helped open the way for PPN as an emergent field.

I have learned that in the first weeks of life, the embryo "falls into itself."[1] It crosses various thresholds termed "crises," because at each stage, the embryo's survival is challenged. These stages include conception, implantation, forming a heart, and forming a body. There is mystery, beauty and danger at the beginning of life, and a deep spirituality as the soul incarnates into a form out of an egg and a sperm. We are embodied, patterned, and influenced by matter and fluid, shaped by forces from our past and present; a soul answering a call, here on a journey for a purpose. This could also describe the journey of many of us committed to prenatal and perinatal psychology and health. Our discipline was on the edge of experience, beyond the beyond, with experiential but compelling history. But we felt called to carry on. Now, today, we have science to prove that what we experience clinically, personally and convincingly is a part of a whole body of knowledge with many facets. Our discipline is beginning to take shape in a different way. It is as if we have crossed a threshold.

Enjoy these articles describing various PPN forms of expression, practice and education. There will be more to come in the years ahead.

Kate White, MA, LMT, RCST®
Associate Editor, JOPPAH
Director of Education, APPPAH
Director, Center for Prenatal and Perinatal Programs

[1]Personal communication with Sheila Spremulli, a student of embryosophy and Jaap van der Waal.

Birth Psychology

From the USABP President

Dear *Somatic Psychotherapy Readers*,

As we look at the beginning stages of human development, we are able to witness life unfolding. Whether we focus on life inside the body or life outside the body, to pay more attention to one form over another is to miss something. For example, when psychotherapists pay more attention to expressive language, a substrate of the mind, rather than the way the whole body communicates, they miss the totality of the human experience.

The field of pre and perinatal psychology is intriguing to me. For too long this area of focus has been dominated by political agendas that have more to do with power and politics than curiosity and wonder. I hold deep gratitude to the professionals in this field who are working to explore life in the womb and within birthing. As we grow in knowledge and wisdom, we surely will create ways to enhance the body-home of our most vulnerable human life forms.

Beth L. Haessig, Psy.D.
President, United States Association for Body Psychotherapy
President@usabp.org

USABP
United States Association for Body Psychotherapy

The HUB of everything somatic psychology

Mission Statement

The United States Association for Body Psychotherapy believes that integration of the body and mind is essential to effective psychotherapeutic health. To that end, its mission is to develop and advance the art, science, and practice of body psychotherapy and somatic psychology in a professional, ethical, and caring manner in order to support our membership as they promote the health and welfare of their clients.

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From the APPPAH President

Who is APPPAH?

The Association for Prenatal and Perinatal Psychology and Health

By Sandra Bardsley, RN, LCCE, FACCE, CD

Our message is one of hope and inspiration. For 30 plus years, APPPAH has pioneered the increased understanding of the world's humanity. Our members, both nationally and internationally, devote their professional lives to researching, developing, and contributing to the life-changing scientific discoveries being made in the field of birth psychology. APPPAH provides an open forum in which to gather scientific and experiential data on the prenatal and perinatal psychology (PPN) of babies. In this context, our mission is to investigate and make public the psychological implications of all facets of pre-conception, conception, prenatal life, birth, and the first year of life.

APPPAH has produced convincing evidence that the first nine months of life—in the womb, birth, and early life experiences—predisposes the individual to possible lifelong mental and physical disturbances. We believe that conception, pregnancy, and birth experiences are formative for both babies and parents. At stake here is ***quality of life***: the quality of personal health, relationships, family, and the quality of life itself. Violence or peace begins in the womb. Ultimately we like to point out that ***"womb ecology becomes world ecology"***, how we treat mother and baby affects families and society. We focus on educating and informing parents, birth professionals, and psychologists about the psychological and physical impacts of reproductive, pregnancy, and birth choices. Many medical and scientific studies now support the conclusion that the unborn baby is conscious, aware, and forming neural-connections and psychological imprints that will impact his or her entire life.

APPPAH's responsibility to parents is to increase their recognition that babies are conscious human beings who feel the same complex emotions as adults do. We educate and inform them of the psychological impacts of reproductive and birth choices. Case studies support the conclusion that each birth choice creates a psychological imprint that varies from peaceful and self-affirming to shocking and traumatic, depending on the child and the situation. The human rights of unborn and newborn babies need to be respected with conscious communication with the baby. Making choices that affect the baby, without consideration of the human rights of him or her, has life-long psychological affects. In order to assist parents, APPPAH is working diligently to produce a parenting track on our current website, www.birthpsychology.com. It will support pre and perinatal principles and teach parents how they may choose to apply them.

APPPAH is a public-benefit educational and scientific organization offering information, inspiration, and support to medical professionals, expecting parents, and all persons interested in birth psychology.

We are also in the process of creating written materials for parents that will provide articles teaching ways to interact with their unborn baby to enhance and protect the baby's brain development and prepare for a gentle birth.

Since unexpected occurrences sometimes happen during reproduction, pregnancy and birth, we want to not only prepare parents but also train professionals in PPN principles. These trained professionals will help parents receive more support and information for these stressful times. We believe that by training birth professionals to be even more aware and supportive of PPN principles, parents will receive more help as they strive to give loving support to their unborn and newborn baby.

In relationship to the goal of educating and informing birth professionals, APPPAH has created and implemented an online educational program to train educators. This online curriculum offers topics, learning objectives, tests, and mentor support in 11 modules of prenatal and perinatal psychology (PPN) competencies. In addition, PPN students receive a basic level experiential 16-hour course so that those learning the materials online can have a live experience that will help promote more awareness of ethics and the impact of the education they are receiving. The experiential part of the course better prepares them to disseminate PPN information and helps in the development of higher qualified professionals in the field of birth psychology.

APPPAH also released a new professional development program of papers, videos, interviews, and interactive live calls with PPN experts. This innovative program promotes one expert a month lecturing about pre and perinatal psychology issues. Participants download the materials and participate in an interactive call with the expert once each month. The experts are bundled in groups of five and their lectures are sold through the APPPAH website www.birthpsychology.com. Interactive calls are managed with maestro-conference technology.

In our western society we currently tend to focus our preparation for reproduction, pregnancy, and birth by predominantly using our **Intellectual** and **Physical** awareness. APPPAH is calling for more **Relationship** and **Emotional** awareness. Ultimately APPPAH's goals are spiritual as well as psychological. We are committed to bringing forth the voices of the children. Babies who are loved, respected, consulted, and listened to will provide a healthier and more loving population for our planet. birth psychology affects every area of life. The world needs to hear the babies!

Birth Psychology

Sandra J. Bardsley, RN, LCCE, FACCE, CD, has worked with birth for over 40+ years as a nurse, midwife, childbirth educator and doula trainer. Sandra is the grateful mother of four wonderful children and seven awesome grandchildren. Her passion in life is supporting babies and parents as they make the transition to becoming healthy, joyful families.

The Baby is in the Shadow: Why Study Prenatal and Perinatal Patterns

By Kate White, MA, LMT, RCST®

A woman contacted me wanting an appointment. Her baby had not slept more than 90 minutes since birth. Now, at four months of age, the baby was having a hard time, and the woman, understandably, was losing her mind. She, too, had not slept much in all that time. I said, "Come in, immediately."

When they arrived, I noticed the baby was bright, cheerful, and quite communicative. However, she held her arms straight out to her sides with her hands splayed, which was unusual for a baby. The mother looked exhausted. Over the phone, she had explained that the baby had been tongue tied and had a frenulum clip at 10 weeks. They had difficulty nursing, which also told me bonding was compromised at the start.

The first thing I did was get the birth story. The woman was an older mom, in her early 40s. She married late and this was a *very* wanted baby. The father was also an older man, in his 50s. She had a premature rupture of the amniotic fluid sac, what is called a 'premature rupture of membranes' at 37 weeks. The mom actually thought the baby was five weeks early, based on her calculations. She did not go into labor immediately, as is often the case. After twelve hours at home (the time most hospitals allow), she reluctantly went into the hospital.

She did not know the on-call doctor very well; they had difficulty communicating. It was clear to her that he was scared; his fear made her feel afraid and threatened. When she didn't go into labor, he started her on a Pitocin drip (*medication used to improve uterine contractions*). She labored a long time but did not dilate. This was a heroic thing to do—to labor without pain medicine while on a Pitocin drip. When the doctor began to talk about a C-section, the mom agreed to an epidural. She dilated quickly and delivered.

While the mom told me this story, she stopped periodically and cried. I sat beside her, with my hand on her back to allow compassionate and empathetic space for her feelings and to do my best to comfort her, all the while watching to see if the baby wanted to participate in the story. The baby had gotten quiet and appeared to be listening with no signs of distress. Because the baby was jaundice at birth, she had been separated from her mother. So I suggested we complete a sequence called 'supported attachment' that allows the baby to tell her story with her body and helps bring mother and baby together after separation.

Originally developed by midwife Mary Jackson (Cerelli, 2013) while working with Ray Castellino, RPP, RPE, RCST® this technique helps to calm the baby. It allows the baby's story to be seen and heard and improves breastfeeding.

I had the mother take off her shirt, and we took the baby's clothes off down to her diaper. I told the baby what we were doing and why and placed the baby on her mother's stomach. The baby began to crawl up toward the breast, all the while complaining—not crying really, more like telling us about something. I empathized with the feeling tone. It sounded like she was scolding us. I noticed she was not using her arms and reminded her that she could use them. Once she started using them, she made rapid pace to her mother's breast. She latched on, nursed, and at the same time, kept telling us about something in an alarmed but calm manner. After a few minutes of breastfeeding, both mom and baby feel asleep on my couch.

I put one hand on the mom's back and one hand on the back of the baby and held them using biodynamic craniosacral therapy, just holding and supporting them. In craniosacral therapy, the therapist is trained to track very subtle but deep tidal movements in the body. The movements are related to an inner health or blueprint that we all have. With my hands on the dyad, I tracked these movements using my own body and a knowing of what the fluid movement is supposed to be, synchronized and amplified the patterns, allowing this inner health to rise. In pre and perinatal work, pregnancy and birth have a healthy pattern: every baby and mother know how to birth. When there have been these disruptions and interventions, the inner healthy pattern and blueprint can be covered over by an imprint of difficulty. Craniosacral therapy can help decrease that feeling and normalize the experience so that it does not continue to overwhelm the person (or in this case persons).

After fifteen minutes, they woke up, dressed, and left. I was quite concerned about them. The next day, I got this email:

The baby and I came straight home and laid down, tummy-to-tummy, and she nursed and dozed, and then we both nodded off for an hour. She seemed content yesterday evening, and we had an easeful bath/massage/ nursing time. She slept in her cradle swing from 7:00 pm to 3:30 am at which point she nursed vigorously for 20 minutes, and then went right back to sleep until 6:45 am. Not only a long sleep for her but an hour later than usual!

Thank you for all your insights and kind words. I felt a sense of relief after our session and a broader understanding of just how traumatized I was after our birth experience. I have a feeling that as I can clear some of this up for myself, the baby will relax as well.

The Skill Base for a Pre and Perinatal Professional

Working with families and babies who have had overwhelming experiences requires a certain skill base. I have been working in the prenatal and perinatal realm for over 15 years, over 20 years as a body worker, and over 25 in maternal and child health. In the last 14 years, advances in the fields of interpersonal biology, epigenetics, fetal origins, trauma resolution, affect regulation, neuroscience, and attachment have created more acceptance that babies have experiences in utero, during birth, and postpartum (neonatal). My work is about healing moms, babies, and adults with early trauma; prenatal and perinatal therapeutic approaches focus on giving babies the best possible start.

Every baby needs layers of support.

In the womb, the embryo is supported by the amnion and the chorion.

The baby is then supported by the mom and her partner.

Once the baby is born, the family is supported by extended family and community.

Art by Jane Delaford Taylor
http://janedelafordtaylor.weebly.com/

Pre and Perinatal Health and Healing

William Emerson (1999a) is one of the pioneers in pre and perinatal psychology (PPN). His work is pivotal because he was one of the few who created articles, papers, and tapes on the subject, and eventually a training program for professionals. He divides birth into four stages and teaches practitioners how to help heal the psychological and emotional stresses that result from difficulty or overwhelming experiences that happened at each stage (Grof, 1976; Lake 1981). According to Emerson, these imprints create lifelong patterns that often go undetected because they lie in the unconscious of the individual.

Expanding our consciousness around these imprints and bringing them into awareness out of the unconscious loop of the brain's automaticity will lessen their impact on our lives and thus decrease our suffering. Emerson correlated his four stages of physical imprints from intense experiences in utero, as well as the mental and emotional states and belief patterns that happen at each stage, with overwhelming experiences that can occur at each stage (Emerson, 1999b).

- Stage I: The feeling of No Exit. Contractions are felt within a closed system. Examples of psychological correlates here include claustrophobia, boundary violation, anticipatory anxiety, and endogenous depression.

- Stage II: No Man's Land. Full dilation and descent into the pelvis.

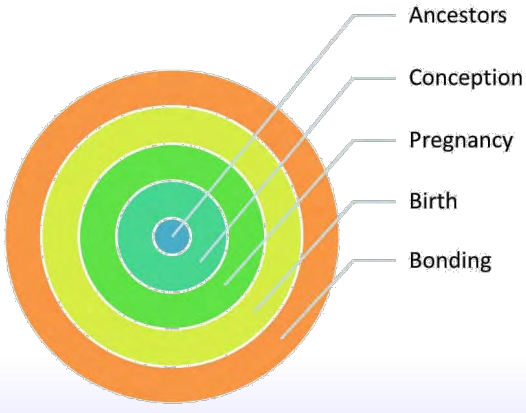
- Stage III: Life Death Struggle. If overwhelm is felt here, the client can feel exogenous depression, and distressed by shared boundaries, among other patterns.

- Stage IV: Dysfunction and Distressed Bonding. Separation is a possible theme here.

Differentiating trauma from shock (Emerson, 1999b), Emerson said that a person can have a present day experience that awakens an unconscious trauma or shock from the prenatal and perinatal period—the 'baby self' is reliving a terrible time from long ago that becomes activated in the present.

Pre and Perinatal Practice

Ray Castellino, RPP, RPE, RCST® in conjunction with Myrna Martin, RN, MN, RCC, RCST® , current PPN trainers and practitioners, recognized that ancestral history can be felt in the person and family and needs attention if there are overwhelming parts. They teach therapists how to discern, differentiate, and heal a concentric ring of relationships starting with these ancestral patterns. Although the rings are more in-depth than portrayed, I will often sketch a simplified diagram with clients so they can see their patterns and discern how they relate to the present day. It can be illuminating. Patterns that arise may include: difficulty breastfeeding or bonding; separation from mom; twin loss; maternal stress; toxic chemicals in utero of all kinds; difficulty conceiving, previous miscarriages, abortion or still births; and difficulties at birth including chemical and surgical interventions.



Martin and Castellino begin their trainings with preconception and attachment experiences rather than with Emerson's four stages. They are expert in teaching about 'double binds'—the baby is presented with a situation that feels like a life or death struggle and any decision they make will likely be difficult and/or overwhelming. Many of these experiences can exist and can reactivate an early pattern in the nervous system if left unhealed.

Tipping Points: Three Case Studies

Recent advances in fetal origins, epigenetics, affective neuroscience, and more support the importance of the baby's experience. There are several important points that pre and perinatal psychology educators can make when talking about the impact of difficulty on babies. Research supports the notion that babies feel pain, that babies can get post-traumatic stress if their mothers experience it, and truly, separation from the mother at critical times of development can have a devastating effect.

Babies Feel Pain

It is hard to believe that there was a time that people, especially medical professionals, thought babies did not feel pain. In fact, it was the prevailing theory that babies were objects, blank slates, born into the world to be scripted. We now know that babies have big experiences in utero, that their senses become vivid as the baby grows. We know that they can learn and be spoken to utero, and that prenatal bonding can increase birth and perinatal outcomes. The science of fetal origins and many

research studies from infant laboratories show that babies learn about the world while still inside the womb and come out with preconceived notions and also abilities to make discernments. Several studies that played an important role in changing hospital policies about babies and their needs for anesthesia were done by a brave neonatologist named Kanwaljeet Anand (called Sunny). He documented that babies who had surgery often had extremely high levels of cortisol in their bodies showing how stressful the procedures are (Paul, 2008). Pain relieving medicine was not given to babies having circumcision, hernia repairs, even open heart surgery, just drugs to paralyze them so they did not move. His studies eventually helped change hospital policies, but many did not fully support the baby's needs for pain medicine until the late 1990s. Many adults today have had those surgeries as infants, and these memories are in their bodies in a procedural way. Some youth and adults cannot visit hospitals without severe anxiety, panic and fear, many because of their hospital experiences as babies (Monell, 2011).

Post-Traumatic Stress in Babies

Scientists are able to measure the impact of the mother's experience on her baby while she is pregnant, and nowhere was this more poignant than the 9-11 tragedy. With the fall of the twin towers, researchers began to track the impact of the experience on many different kinds of people, including pregnant women. In a study, they were able to gather 38 women who were pregnant during the fall of the twin towers and measured their cortisol levels. These women measured low in cortisol, a result often seen in people who have posttraumatic stress. The researchers tracked the babies that were born, and found that they had the same level of cortisol, showing how stress could be passed to the future generations (Constandi, 1999).

The Unabomber

Those of us who are old enough to pay attention to the news during the 1980s will remember Ted Kaczynski, also known as the Unabomber. While it is unknown what exactly prompted Kaczynski to send letter bombs that killed 3 people and injured over 20 others, writer Robyn Kerr-Morse (2012) speculates his disturbance started as a baby. She recounts his story in her book, *Scared Sick: The Role of Childhood Trauma in Adult Disease*. At nine months, Kaczynski was isolated in a local hospital for a strange rash for one week. His mother was only allowed to hold him one hour a day. She said that he totally changed in the week that he was there. "He became limp like a rag doll," she says, and lost interest in human relationships after that. She added, "He was a different baby." The isolation away from family, especially his mother, at a time when stranger danger naturally develops in babies could have affected this man's world view as a dangerous place.

The Skill Base for a Pre and Perinatal Professional

Working with families and babies who have had overwhelming experiences require a certain skill base. In addition, the prenatal and perinatal practitioner works with adults seeking to heal early trauma. Along with specific training in prenatal and perinatal approaches from Emerson, Castellino, Martin, and John Chitty (2013), these are some common tools:

Trauma Resolution, such as Somatic Experiencing®

Ideally, a pre and perinatal therapist is trained in some trauma resolution therapies and has a good understanding of developmental trauma, or early childhood abuse. There are several good approaches. Somatic Experiencing® (SE) involves deep inquiry of and renegotiation of the autonomic nervous system (ANS). Survival, or that feeling of life or death, is a common experience during the prenatal period and birth. SE provides an excellent basis of ANS recognition and verbal skills to slow down the pace, acknowledge

Much of the power of early pre and perinatal trauma comes from its procedural or somatic state; the experience of the baby is sometimes seen but most often felt.

resources, titrate into difficult material, and pendulate so that the client stays present and doesn't go into fight/flight or dissociative states and can be resourced enough to discharge the trauma held in the body (Levine, 2010).

Much of the power of early pre and perinatal trauma comes from its procedural or somatic state; the experience of the baby is sometimes seen but most often felt.

This approach is somatic and also verbal. The therapist also has a grasp of the right kinds of questions to ask and how to ask them, bringing finely attuned attention to the "felt sense" of the experience. The therapist can take the client into an overwhelming situation with safety. Trauma resolution skills are necessary to keep the client in the now, allow enough support for awareness of the pattern without overwhelming the person, and discharge through the client's body.

Mindfulness Based Training, such as Interpersonal Biology

There is a wealth of clinical and research data that support mindfulness approaches for healing. Dr. Daniel Siegel and Dr. Richard Davidson are two practitioners and researchers who combine mindfulness approaches and neuroscience. Siegel's approaches are easy to understand and start to practice. We now know that we biologically develop interpersonally, so therapists who work in the pre and perinatal realm will need to have a strong enough container inside themselves to meet a client where they are and provide that safe, secure presence that many clients with early trauma did not get. Practices like body scans including the relaxation response introduced by Herbert Bensen (1975), the 'body-low-slow loop' practiced by Chitty (2013), and Heartmath (www.hearthmath.com) are also good. Mirror neurons are a significant part of how healing happens in relationship, so the therapist is also a model for the client to take in and try on. Mindfulness practices also engage the prefrontal cortex and can bring social engagement back on line if the client's baseline is in sympathetic or parasympathetic reaction to threat.

Touch Therapies, such as Biodynamic Craniosacral Therapy

Touch is important when working with implicit somatic memory. Biodynamic craniosacral therapy (BCST) is a subtle but powerful form of bodywork arising from the osteopathic tradition. It is an important part of prenatal and perinatal therapy because it focuses on the health in the client's system and an optimal pattern referred to as "the blueprint." As the tree grows from an acorn without the need to focus on how, so do we grow from a fertilized egg into a complex and highly functional organism. We know that how the embryo develops influences us today, as the roots of our patterns in the present come from how we developed in utero. This is not to say that overwhelming events later in life and many positive developmental aspects don't also leave their imprints.

In BCST, therapists can feel subtle movements and rhythms with their hands; their clients' bones and membranes respond to cerebral spinal fluid flow. This intervention is meant to find places where there has been compression or restriction of flow and return the body to its healthy state. There is a saying that there is wisdom in the body, or "the health in the system." Through this lens, all acts of compensation in the body (and therefore psyche and the mind) are acts of health as the body adapts to overwhelming events.

There are many teachings from this healing art that help reframe and support healing in the pre and perinatal field, such as the understanding of embryonic patterns from preconception through birth. Also, the therapist has to do significant personal work to slow down and be present; the best experiences in this therapy happen when therapists can create the right conditions within themselves.

Overwhelming experiences, especially those that lie in the unconscious, can create significant tension. Many times, the best route is simply to be able to sit with this tension and "do nothing," and simply "be present." Careful attention is placed on being with the client at just the right distance, right pace, and right depth. Much of what needs to happen is unspoken, which again is very compatible with pre and perinatal work.

In addition to this form of light and still touch, are other forms of hands on therapy. Deep compression, especially into bigger muscles and stronger parts of the body help clients who are in dissociative or freeze states. Deep but still, slow touch on the legs can help ground a client, for example. Squeezing the joints of the shoulder can release

shock literally held in joint capsules because that is their job (joint capsules are the shock absorbers of the body). Moving touch can help the client relax and also move energy that is stuck. For bodyworkers, advanced education in understanding how shock and trauma are held in the body is ethical. Our best authors and researchers in trauma now write and speak about how the body "bears the burden" (Scaer, 2014), or "keeps the score" (van der Kolk, 2014). I will often teach parents how to give bodywork to their babies and children, and I have seen it dramatically affect the child and transform the parent-child relationship from misattuned and dysregulated to attuned and bonded.

An Interweave

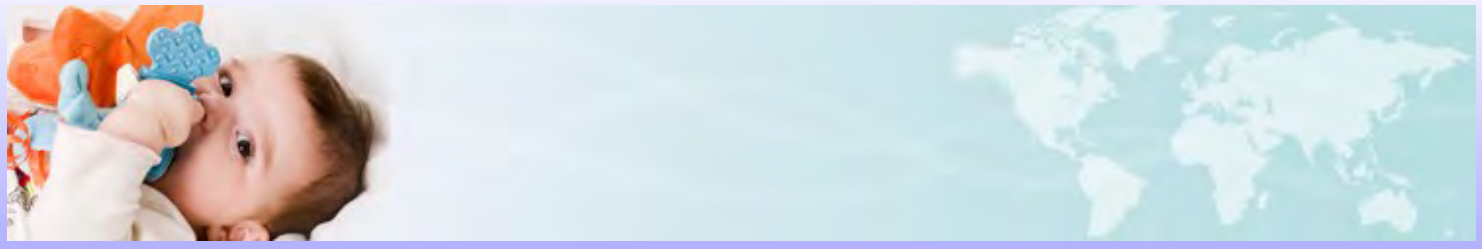
Prenatal and perinatal psychology and healing principles have progressed exponentially since Otto Rank first published his book, *The Trauma of Birth*, in 1924. Practitioners have transitioned from early regression work and altered states (primal scream, holotrophic breath work) to more subtle body oriented therapies. The sciences have contributed their support, especially with the human genome project competed in 2003 that revealed we only had 25,000 genes instead of the expected 130,000. The science of epigenetics, fetal origins, and prenatal bonding also known as prenatal stimulation, have clarified the long standing nature versus nurture debate. With magnetic imaging and ultrasound technology, we are able to see and more fully understand how our earliest experiences help shape who we are, our perceptions, and world view. We are currently weaving affective neuroscience and interpersonal biology into our understanding of human development as studies with rats prove positive outcomes when 'babies' are provided attentive and high functioning mothers (Weaver et al., 2004). Preventative measures, i.e., promoting relaxation techniques, prenatal bonding, intrauterine communication, skin-to-skin contact with mom and newborn, and secure attachments, are possible to support an optimal prenatal and perinatal constellation of early life patterns/imprints.

It is an exciting time to be a practitioner in the prenatal and perinatal field as we acknowledge a full, round picture of what babies experience and are capable of. A team of leaders gathered by the Association for

Prenatal and Perinatal Psychology and Health is bringing more information, education, and practice forward. All these efforts are contributing to bringing the baby's experience to consciousness, out of the shadow and into the light.

Kate White, MA, LMT, RCST® is a prenatal and perinatal therapist who specializes working with families with newborns and small children. She is owner of Belvedere Integrated Healing Arts, Director of the Center for Prenatal and Perinatal Programs, Director of Education for APPPAH, and is an associate editor of its peer review journal. She is married with two children and lives in Charlottesville, VA. See her websites, belvederearts.com or ppncenter.com. For more information email katercst@gmail.com.

References and Resources on page 117



Applications of Pre- and Perinatal Psychology: An Overview

By Sarah Theismann, MA

The basic tenet of pre and perinatal (PPN) psychology is that the baby is having an experience from conception onward and that this experience influences her for the rest of her life. While PPN therapy is becoming increasingly well known and accepted, the notion that it applies only to prenates, infants, and mothers is still all too common. Even more so, the idea of working with babies in the womb is too foreign to grasp for many people. When I talk to peers or potential clients about what I do, their first question usually is: *"So you work with pregnant moms?"* And I reply: *"Yes, I do work with pregnant moms and with everybody else too"*. Most PPN therapists are familiar with this kind of exchange, but those of us who have been practicing in the field understand that PPN therapy is really about supporting our clients to integrate early somatic imprints, and that anybody —no matter which phase of their lifespan they are in, from conception to the dying process —can benefit from this integration.

A Crucial Developmental Period

The PPN period was long disregarded by psychologists, medical doctors and scientists alike. As mentioned above, this has been steadily changing. The impact of PPN influences on life-long health is now scientifically accepted (Gluckman et al., 2008), and developmental theories are embracing the significance of the PPN period (McCarty & Glenn, 2008; Wade, 1996). It has long been understood that the earlier a developmental phase, the stronger and more fundamental its life-long impact on the individual. Therefore, since the PPN period is the earliest of all developmental phases, we can safely assume that its influence is significant throughout the lifespan. Perry et al. (1995) demonstrate that while experience during adulthood can change behavior, experience during early childhood causes changes to the organization of brain systems, due to the extreme sensitivity and plasticity of the developing brain.

One way in which early experiences may affect us from conception onward is through cellular memory: "All cells, be they nerve cells or somatic cells, respond to environmental signals by producing proteins that form memories. […] Complex memories arise from large numbers of these cells working in concert" (Verny, 2014, p.27-28). This means that every experience we go through, even if we do not consciously remember it, still affects us on a cellular level. Since the foundations for all aspects of our being (physiological, emotional, energetic, and even later developing cognitive patterns) are being laid down in the PPN period, everything that happens during this time influences our overall capacity and health. This includes attachment patterns, functional organ health, and nervous system resilience, etc. The PPN period can thus be likened to the foundation of a house: if it has a crack it will affect the whole building. No matter how much one tries to solve the problem on the fifth floor, the only permanent solution is to repair the foundation. Similarly, many PPN therapists find that once issues from the PPN period have been addressed, many other issues that appeared to have developed later in life can dissolve more easily.

Case Example: Layers of PPN Trauma

Sue* was a client of mine who sought somatic PPN therapy for moderate depression, anxiety, and relationship problems. She had been in therapy for several years and had tried various approaches, including couples therapy and anti-depressive medication. While she had made some progress, she felt that at the core her problems had not changed. She felt lonely, disconnected from her husband of over 15 years, and reported strong spikes of anxiety at various times. During our therapy sessions, she began to notice a general sense of contraction and "feeling frozen" throughout her system. Sometimes she felt unable to move her arms and reach out for the connection she desperately longed for. This was reflected in her marital relationship as well – her husband complained that she was not affectionate or warm. The first early imprint that surfaced during the therapy process was about separation from her mother immediately after her Caesarean birth, with all the usual factors, such as being swaddled tightly and kept in a nursery for two weeks before being allowed to go home with her parents.

Her symptoms were beginning to make sense to Sue: the anesthetic effects from the C-section along with the immediate and prolonged separation had prevented her from bonding with her mother during and right after birth, a period that we know to be crucial to attachment and bonding (Uvnäs-Moberg, 2003). The daily swaddling and the separation also seemed to be causing the sense of not having access to her arms and not being able to reach for her primary attachment figure. When Sue was in the nursery, she had given up on getting her needs for connection and nurturing met. After several sessions of working on these experiences, Sue began to feel more connected to her husband and more general vitality.

However, as therapy progressed she still reported feeling a deep sense of contraction in her system and sometimes a deep shivering would start to emerge from her body during sessions. As her depressive symptoms decreased, her anxiety levels were rising. She reported not feeling safe in her body and problems sleeping. After several sessions the next layer of her PPN experience surfaced.

During one session the shivering turned to shaking and Sue felt the impulse to pull her legs up and all her life-force toward the top of her body. As the session proceeded she realized she was feeling as if her survival was threatened. Sue likened this to "the earth shaking and I am in danger of falling off the earth into outer space". At the end of the session she had a clear sense that somehow she had experienced an episode of existential threat in the womb. (However, this did not feel like her mother had attempted to abort her, something many PPN practitioners are familiar working with). When Sue talked to her mother about this experience, she learned that there had indeed been a threatening event her mother had never shared with her. Around 25 weeks of gestation her mother had witnessed a store robbery at gunpoint. She had hidden at the back of the store with several other people and had not been directly threatened herself. Deeply shaken, Sue's mother had found herself shivering in shock for some time. She told Sue that she had been afraid to lose her baby at this point. When Sue shared this new information with me, she said that everything felt like it was making more sense. As the pieces of her story were falling into place, and she had a safe place to process the somatic aspects of her history over several sessions, Sue reported dramatic changes. She was experiencing a sense of safety and being present in her body that she had not known before. She felt more available in her relationship with her husband, and her sleeping issues disappeared. Sue completed therapy some time later.

Early Somatic Imprints and Attachment

While there are many important skills a PPN practitioner needs, two of them are crucial: Working with early somatic imprints and early attachment ruptures.

* The name of the client was changed to protect her identity and permission to share this case was obtained.

The term "early somatic imprints" usually refers to preverbal imprints that are encoded via implicit memory as opposed to explicit memory. Implicit memory is formed in the subcortex/amygdala and does not involve the hippocampus. The memories are formed subconsciously (without conscious awareness), and include behavioral, emotional, perceptual, and bodily memory. Implicit memory formation begins in utero. Explicit memory on the other hand begins in the second year of life, is cortex and hippocampus based, and requires conscious attention for formation.

Another crucial differentiating feature is that with explicit memories, the person remembering them is *aware that they are recollecting something.* With implicit memories, *this is not the case* (Blakeslee, 2008). This means that to the person remembering them, these memories are experienced as a visceral and present reality, happening in the now. The lack of knowledge about implicit memory formation lead to many unfortunate medical decisions, among them the practice of anesthesia-free surgery for infants under one year of age until the mid-1980's (Cunningham Butler, 1987).

As we know, a person's entire system is geared toward learning and development on all levels during the PPN period, but especially during the "early brain growth spurt", which begins in the third trimester (Schore, 2002). This orientation toward learning causes each experience we have to imprint the whole organism deeply. As we integrate these implicit somatic imprints they become explicit – in other words, through therapy we make sense of the original experiences instead of being unconsciously affected by them. This basic process is understood and applied by many contemporary forms of somatic therapy.

Another feature that is specific to working with PPN imprints is that the prenate has, from conception onward, an experience of existing in a 'dyadic' system. In other words, she does not exist independently from her mother. This makes the attachment aspect of this work extraordinarily important, since any traumatic experience the prenate has is always experienced in a relational, attachment context. So, in addition to learning how to work with somatic imprints, the practitioner has to be available to support repair of attachment ruptures that happened when the client was in an extremely sensitive and fragile state. This requires very specific verbal, emotional, energetic, and touch skills. If one imagines the difference in size between a fetus and her mother, and the lack of available defensive responses for the prenate one can understand why all PPN threats are experienced as existential.

Adding to this is the fact that as we remember them, we perceive them not as a memory but as a current-moment experience, it becomes clear why PPN practitioners need strong skills in supporting clients through deep autonomic nervous system dysregulation while at the same time being available for attachment repair.

The truth is that challenging early somatic memories stay with us throughout our lives unless they are integrated. They can impede our ability to know what we want, move toward it, and connect fully with our loved ones and our selves until the day we die. What is more, a practitioner who has learned to work with these earliest of experiences has acquired valuable skills to sit with any traumatic experience any client brings to therapy and any implicit memory, whether it was formed preverbally or in adulthood. It is crucial that PPN therapists integrate their own early material in order to be able to support a client adequately.

Applications

As discussed above, PPN therapy is applicable to any phase of the lifespan. While some practitioners stay closely within the more "traditional" PPN framework and see clients who are pregnant or have an infant who is exhibiting symptoms of a traumatic birth, others apply it to a wide variety of clientele. Included in this article is a partial list of PPN psychology applications with short descriptions (see side bar page 21).

When Should a Client Seek PPN Therapy?

I usually recommend PPN therapy if there is known early trauma or if the client has been working on an issue for some time without achieving significant changes, despite professional support. The client may also be aware of a certain challenge in her life but has no idea why she has this problem, meaning there are no events she remembers that could have caused it. The same is true for children of all ages: If the parents are not able to soothe them and the children are acting in ways that don't make sense to the parents I recommend PPN therapy to address early experiences, even if there is not known trauma history. Another indicator can be if the parents are feeling disconnected from their children without knowing how to find the connection again.

Summary

Pre and perinatal practitioners come in many variations. They may use art therapy, cognitive-behavioral approaches, somatic therapies, bodywork, movement therapy, energy work, coaching, or other modalities. They may work with groups, couples or individuals; with specific issues like addiction, physical symptoms/illness or attachment disorders. They may be medical doctors, doulas,

psychotherapists, teachers, massage therapists, or occupational therapists. What they all have in common is that they share the understanding that if the root of a problem lies in the PPN period, it will not be resolved until the original experience is addressed. They all have experienced that if they support their clients in integrating and consciously embodying their early periods, they become more functional, satisfied and whole beings. And most of these practitioners have experienced this in their personal lives as well.

Sarah Theismann, MA, grew up in Europe with German and Hungarian ancestry, moving to the U.S. in 2001.

Continued on page 116

PPN Psychology Applications

- **Preconception Support:** Couples who may have problems conceiving or who want to prepare consciously for the being they are calling in. This may involve working on their own past, including their own prenatal or birth experiences, earlier pregnancies, or their relationship.

- **Prenatal Support:** Pregnant couples who are facing emotional or physical challenges or who want to give their growing baby an integrated experience in the womb. This can also involve preparation for the birth process.

- **Perinatal Support:** Some birthing mothers choose to bring a support person to the birth, whether this is a doula or a PPN practitioner (many PPN practitioners are also trained doulas). Some midwives have a background in PPN psychology. The more support for the baby and for both parents (not just the mother in labor), the better. This also refers to Ray Castellino's (2014) concept of "two layers of support", which suggests that each person at a birth should have two support people available for them.

- **Postnatal Support:** If the birth was challenging or traumatizing for the mother and/or the baby (in many but not all cases, trauma occurs for both) the mother may seek support. Maybe she is not coping well with her new role, shows signs of postpartum depression or her baby is showing symptoms such as not sleeping or nursing, having difficulties being soothed, being "colicky", etc.

- **Family support:** Families may search out a practitioner for at any age of the child. Common reasons include the parents' feelings of overwhelm and their own psychological that makes it challenging for them to be present for each other and their children. Alternatively the children can be showing symptoms of distress (acting out, withdrawal, problems making friends, etc) but no other interventions seem to be effective. Remember that because PPN trauma is so early, it is completely unconscious/implicit yet pervasive. A good illustration of the power of the PPN period is the Salk et al. 1985 study that showed the connection between teenage suicide and birth complications.

- **Couples Support:** Couples who find that other forms of therapy are not reaching the layers where their problems reside may seek a PPN therapist. Our unconscious early imprints affect how we act in intimate relationships – how we approach sexuality, attachment, trust, and fidelity. Some practitioners focus on the interactions of each partner's early imprints with the other's.

- **Support for Adults:** Throughout their adult years, clients may seek out a PPN practitioner because they have a problem that does not seem to respond to any therapeutic intervention. Often these people have a strong desire for deeper connection with themselves and others but are unable to achieve it without knowing why. Practitioners may offer individual or group work for adults.

- **Organizational Coaching:** Some practitioners apply PPN psychology principles (which emphasize basic safety, connection, cooperation, and differentiation) to organizational coaching, in order to establish a healthy and functional group environment.

- **Educational Settings:** PPN psychology principles utilized in any educational setting ranging from preschools and professional training institutes to universities have proven to be valuable. One example of this was the Santa Barbara Graduate Institute, a university that was founded on and guided by PPN psychology principles.

- **Support for the Dying:** It has been noted that the themes and difficulties encountered as we came into our human body can show up again as we prepare to leave it. Getting support for this period can allow for a more integrated dying experience.

From the IBPJ Managing Editor

International Body Psychotherapy Journal: The Art and Science of Somatic Praxis

Jill van der Aa

For thousands of years the practice of Medicine was more of an art than a science. Although many might possibly disagree, even now we could say it is a mixture of both. There is certainly an art for the general practitioner who needs to find out what is specifically bothering his patient because symptoms are sometimes more than, "I don't feel well today doctor. I have a pain."

So the IBPJ is in good company when we talk about body psychotherapy – the art and science of somatic praxis.

We particularly like the "art" side because thinking about art opens up a wealth of inspiration and creative energy. We suddenly see possibilities rather than probabilities, hope instead of negation, warmth instead of cold hard data. When I think of all the practitioners I know, I sense liveliness, vulnerability, a willingness to look at something from many different angles.

And when we think of science and health, perhaps the data collection process is not as inhumane as it might seem. We appreciate the accuracy and the reality that something has been field tested on a large number of people before it reaches us.

This is how we, **the Journal editing** team, see things and from this vantage, we publish articles about our field that will get readers thinking: "Oh, I hadn't thought about it that way!" or "Wow, so I could use that exercise – wouldn't it be good for my client X!" And we publish articles about advances in our field – research that is being done to ensure that what we do, does really work. We know it works, but we still have a long way to go to convince others that it works, and even that it works better than some other methods.

The Journal has a mission: To support, promote and stimulate the exchange of ideas, scholarship, and research within the field as well as encourage an interdisciplinary exchange with related fields of clinical theory and practice through ongoing discussion.

We receive and peer review articles from all over the body psychotherapy world – many originally written in other languages. Our submissions editors send the articles to at least three readers who know something about the topic or who come from another way of looking at the same subject matter, or theme. Each of the peer reviewers provide feedback designed to extend the author's thinking process. Our Editor-in-Chief, Jacqueline A. Carleton, PhD, then combines their comments and sends them back to the author to rewrite or revise. On some occasions an article is accepted as it is. In some cases an article is refused. In the case of refusal, we like to think that this is not necessarily the end of the road for the author. Peer reviewing is, in truth, a mentoring process. Our focus and energy goes into ensuring that we assist authors to grow, to think well,

INTERNATIONAL BODY PSYCHOTHERAPY JOURNAL
THE ART AND SCIENCE OF SOMATIC PRAXIS
INCORPORATING US ASSOCIATION FOR BODY PSYCHOTHERAPY JOURNAL
EABP USABP United States Association for Body Psychotherapy

and to write better, and therefore publish more easily. Nancy Eichhorn, PhD, who you will know as the editor of *Somatic Psychotherapy Today*, gave a workshop at the recent EABP Conference in Lisbon entitled, *Professional Academic Writing: Enriching the Human Experience.* And she has hit the nail on the head – writing does enrich one's own experience and also the reader's experience. However, to arrive at a well-thought-out, well-shaped, well-referenced, well-copy-edited article is sometimes not as easy as it seems. Nancy is a professional writer and offers a service to mentor writers through the process of thinking about their work as well as shaping and editing it into an academic article. This is a highly valuable service, which we recommend to our authors, not only those beginning to write but also for experienced writers (for information you can contact her at Nancy@nancyeichhorn.com). Nancy is like a football coach. There are talented footballers but without a professional coach most of them are nowhere.

Writing quality academic papers is also supported by reading quality articles. While you can read articles in the Journal on line, we know there are times a particular article will reach out, speak to you, and you will want to keep it and refer back to it. Many readers like to hold articles in theirs hands—that tactile sense of connection that goes with the visual. If you value the Journal's mission and academic approach, please help us promote it among colleagues, trainees, clients etc. A print subscription makes a great present for friends and colleagues who already have everything. Link the Journal website to your own website, blog about us, tweet something you experienced in an article, like us on Facebook.

Now, just to tickle your fancy, we offer a glimpse at our most recent issue. It starts with a fairy tale. Lydia Denton describes a patient coming to her with a missing body part, and her and her client's quest to reclaim it! I personally loved this article because well into my marriage I would panic and almost scream if my husband came anywhere near the scar on my ankle – the result of hospitalization and an infusion in the ankle at the age of four to cure me from typhoid. Some years later and many, many therapy sessions, I no longer notice it. It might make you laugh but now, to my own way of feeling, I have two ankles.

Erik Wolterstorff and Herbert Grassman present, *"The Scene of the Crime: Traumatic Transference and Repetition as Seen in Alfred Hitchcock's Marnie"*. They analyze the film as a case history. By the way they are giving a ten day training *Memory, Trauma and Transference* in Mallorca, May 17-31, 2015.

Manfred Thielen writes about body psychotherapy for anxiety disorders, and Greg Johanson about possible interfaces between somatic psychotherapy and science and research. There is also a new section, *Somatic Colloquium,* aimed to get writers exchanging thoughts and ideas about each other's approach. Dr. Asaf Rolef Ben Shahar, one of our authors, set this up by asking Nick Totton to write something about *Embodied Relating* and then Stanley Keleman, David Boadella, Will Davis and Akira Ikemi gave feedback on it. In conclusion, Nick commented on the feedback.

There is more, but if your fancy is tickled, go to www.ibpj.org and read on.

Jill van der Aa, Managing Editor
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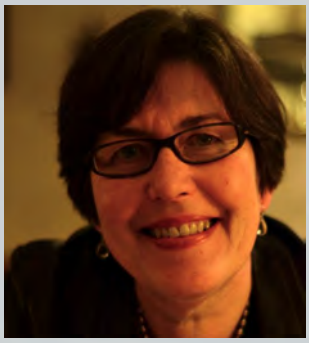
Across the Pond



Lidy Evertsen
EABP President

European Association for Body Psychotherapy

Jill van der Aa
General Secretary/Vice President

When crossing the pond eastward from New York in a just-not-straight line you'll land in Lisbon, Portugal. And that's exactly what several of you from the US did in September, crossing the pond in order to visit the 14th EABP bi-annual congress. Your chief editor Nancy Eichhorn was there too. It was exiting to meet with many colleagues from over the whole world. And the atmosphere was rich and inspiring.

One of the people who inspired me was Eric Wolterstorff. He presented a map of North America, showing the Northern states in one colour, the Confederate states in another and the border states in a third colour. He pointed out that the Civil War was caused by the dominance of one single commodity—cotton—that formed the economic base of welfare in the south. Eric told us about President Lincoln's vision of one union of states and how he presented that vision in the last paragraph of his second inaugural speech: " . . . with malice toward none, with charity for all."

In 1865 the United States of America was not yet a reality. By treating both parties as part of one nation instead of as one winner and one loser that vision was eventually achieved.

Eric next presented a map of Europe and Russia, each in different colours. In-between there were a few border states in a third colour, such as the Ukraine. The conflict is about gas this time. He asked us to imagine that we would call this whole map 'Europe' in order to see the conflict with Russia in the light of a family fight instead of a fight between two camps. A fight within one party will finally lead to more willingness to repair the situation and to look for common ground.

Hearing this made a total shift inside my body, especially in my chest region. Something eased inside, expanded. My chest connected with my abdomen: it calmed a trace of fear, which could otherwise have made me defensive.

This makes me think of the 'war' between different sub-modalities within body psychotherapy in earlier days and also of the division of territory between well-established modalities, such as psychoanalysis and traditional medicine on the one hand and body psychotherapy on the other.

Thinking of our professional territory as one domain, in which it is our task to help people be as healthy as possible in every aspect of their being, will direct our energy to where it should go: into the development of our profession. This would stimulate inclusive thinking and make it easier to share our knowledge and techniques with others in the health field.

Within the EABP, we on the board have always looked for inclusiveness and aliveness, while on the other hand improving quality and regulations. One of the difficult issues is how to deal with the difference between bodywork and body psychotherapy. Bodywork is definitely providing clients with important tools to improve their health by involving the body in therapy. And yet it is not the same as psychotherapy. Thinking inclusively, we might be seduced to let go of that difference, although that would blur our understanding of what we are doing in our profession. It is also important to be aware of the difference, even when we are able to do both. Inside ourselves it is important to know what we are doing at which moment.

And how should we deal with that difference within our organisations? Psychotherapy is in our names. Should we exclude colleagues and organisations who are in fact not doing psychotherapy? Or is it time to be inclusive with respect to this question, and if so, how to keep our clarity?

Some suggest that we create two divisions within the organisations: one for body psychotherapy and another for bodywork and counselling.

Within the EABP, we are busy formulating which part of the healing territory is ours. The next EABP Congress ins in Athens, Greece in 2016 (14-17 October). We will start with a series of congress themes that will enlighten our body psychotherapy topography.

We are also aiming at formulating a meta–theory for body psychotherapy, which consists of mapping out our ground. This map will enable us to clarify the relationship between bodywork methods and body psychotherapy traditions. And, who knows, we might find a way for both to belong to the same landscape and to be clear about the difference between the two.

Wishing you peace from a sunny, crispy Amsterdam in autumn.

Lidy Evertsen

THE EABP / ISC CONGRESS IN LISBON: The Body in Relationship SELF – OTHER – SOCIETY http://lisbon2014.eabp-isc.eu/

As Lidy says above, the congress was such a rich experience. Just the very act of meeting together with so many colleagues (430) from all over the world, including a great number from South America, US, Japan, and Australia created a wonderful feeling of joy and a sense of community – a feeling that we are one profession and that we are collaborating together in something that works towards health and peace. There were the oldies – people who had been to most or many of the 13 previous EABP congresses – and then a large number of students not only from Portugal but also from Bulgaria, Israel, Greece, and Ukraine.

There were some excellent keynote speeches, some wonderful workshops, and a great deal of cross-fertilization of ideas and methods.

If you didn't manage to get to the Congress, there are still some copies of the pre-Congress book available from Body Psychotherapy Publications. I highly recommend it in order to get a get an insight into the great range of offerings within body psychotherapy.

Just to give you a little taste of what went on here are some of the workshop contributions: Nearby Strangers: The Concurrent Desire for Connection and Dread of Realizing Intimacy; The Virgin and the Whore; Una Persona, Una Storia, Tre linguaggi; "Gossiping for Good"; Talks about Space in a Community – The Community as Partner; Korperliche Resonance: Healing Birth Patterns; Sexual Grounding Therapy; O Corpo Meditativo; Women – Bodies – Language; Asperger's: An Expanded Perspective?; Migration: Trauma and Anxiety Disorders; Frustration and Support: Provocative Methods in Body-Oriented Psychotherapy; and Heads and Tails: Finding Wholeness Through the Head-Pelvic Connection.

If this intrigues you join us at the next 2016 CONGRESS in Athens Greece 14-17th October 2016:

The Embodied Self in a Dis-embodied Society: Body Psychotherapy 2016

NETWORKS

Now that the congress has passed, I feel a great need to keep the communication going, and I notice that others are also interested in setting up networks across the body psychotherapy community, for people who are interested in particular topics. So here are a few – perhaps you feel the same need? Join us.

The EABP Collaborative Practice Research Network is an exciting new initiative started by the EABP Science and Research Committee to provide a forum for dialogue, debate, and the development of innovative and creative research projects that assist our clinical practice.

The New Roses initiative presented a panel discussion on the representation of the female in body psychotherapy. Participants from Venezuela, Bulgaria, Italy and Greece told of the difficult circumstances working with women in their countries. They expressed the wish to create a network of people interested in carrying on further dialogue and giving each other support in their work. If you would like to join send an email to: Bettina Schroeter.

Student Network. **At the EABP** General Assembly, a number of student members from several countries met together and talked about being part of something bigger, where they are able to share experiences, thoughts, information and knowledge; finding a 'family' to belong to. I would like to facilitate the establishment of an international network of body psychotherapy students. If you are interested contact Jill van der Aa.

If you have an idea of another network, i.e. people working with children and adolescents, or Asperger, or fibromyalgia, or . . . you can also contact Jill van der Aa.

Join the Conversation

Communication is an essential part of all relationships, and the Internet affords opportunities to network with like-minded colleagues and participate in forums that challenge your thinking and ways of doing. Join the conversation and voice your thoughts on Facebook, Google, LinkedIn, ResearchGate, and more.

Squaring the Circle: Bridging the Gap Between Research and Practice

About the EABP Collaborative Practice Research Network (CPRN)

The awareness of the importance of fostering different models of research, particularly those linked more closely to the actual practice of body psychotherapy and those encouraging a two-way communication between researchers and practitioners, has led to the creation of the EABP Collaborative Practice Research Network.

Relevance to real world practice

This is an exciting new initiative to provide a forum for dialogue, debate and the development of innovative and creative research methods and projects that assist clinical practice and help body psychotherapy (and/or somatic psychology) to develop an empirical underpinning of its professional practice.

The aim is to broaden knowledge of the field of body psychotherapy through communities of practice and clinical research. It explores how a CPRN can transform perceptions of psychotherapy research and practice, strengthen connections between members, and encourage continuous development and co-creation among participants. This important initiative is an opportunity to make a significant difference within our profession and to develop – together – the foundations of both scientific and clinical practice research.

Specifically, we are planning to explore and develop, at local and international levels, a variety of strategies to support practitioners' research and look at what types of research potentially provide a broadening of our understanding and practice of psychotherapy, and how various types of research advance, improve and extend our knowledge of body psychotherapy. We will do this by bringing together practitioners and researchers from around the world, both online and face-to-face, to discuss ways of bridging the gap between clinical practice and research.

We would like to invite you to join us and become part of this exciting and innovative initiative. If you are interested please contact Sheila Butler and Herbert Grassmann - cprn@eabp.org

EABP Science and Research Committee - Sheila Butler, Herbert Grassmann (chairperson), Frank Röhricht, Maurizio Stupiggia, Joop Valstar and Courtenay Young: Jennifer Tantia (USABP Associate, Chair of the USABP Research Committee) www.eabp.org/research-scientific-committee.php

European Association for Body Psychotherapy - Connecting professionals, exchanging expertise, enabling collaboration - www.eabp.org

Strengthening links between practitioners and researchers at every stage of the process

Establishing multiple areas of collaboration between the practitioner and researcher communities

Therapists provide support for 70 people living with disabilities, using different body psychotherapy techniques to develop the means to better cope with reality.

"Why has such a thing happened to me", "Why am I not like the others", "I can't do this because then the others will talk about me", are frequent questions that people with disabilities ponder. Some people who are "bound" in a wheelchair and some who live with physical changes feel high levels of discomfort in front of others as guilty feelings that surround their differences always accompany them. Those who wonder most are often the family members as they do everything possible so that their children are not neglected by society.

To support these families and to prepare people with disabilities to accept themselves as they are and to make them forget the mentioned questions above, leaving them feeling isolated and closed off from society, Saranda Rexha and Liliana Drini developed a project to help people with disabilities gain more self-esteem by offering techniques to change the way they think about themselves.

The aim of the project was to offer people with disabilities a special place where they had the opportunity to feel equal with the others—acknowledging that they do have the same needs as the others—and to experience their full potential. The project was supported by the European Association for Body Psychotherapy's Innovation Fund, which was set up to search out innovative uses of body psychotherapy. The fund awarded €2000 to The Stress Management & Counseling Center, Kosova, headed by Saranda Rexha and Liliana Drini, psychologists and candidate members of EABP. They were working on "a project to improve the life of people with disabilities, to offer a place where peoples' rights are fulfilled, and where they can reach their full potential through body psychotherapy techniques."

Seventy persons with disabilities from NGO "Down Syndrom Kosova" and NGO "Hendikos", including mothers of children with disabilities participated in this project. Therapists supported participants using various body psychotherapy techniques such as the following: breathing techniques; contacting the inner self; connecting their feelings between mind and body; working with body image; different types of meditation practices; yoga exercises; and group counseling to release the stress.

The communal goal was to support people with disabilities and help them integrate into society rather than blame and prejudge themselves, and to encourage them to let go of the wondering why they're not like everyone else. According to Rexha, she and Drini achieved their goal. In the beginning some of the participants hesitated to accept the different approaches, but after the first session Rexha said they were open and happy that they had a chance to be focused to their inner self. For the first time they accepted this type of support, and it was incredible for them, she said. What helped the participants the most was body awareness, connecting their feeling with their body, releasing feelings of blame, and the sharing experience that made feel them supportive and supported in a group. During the project, she said, the participants started to feel more of their body and to accept and integrate their feelings of body and mind.

"To work with people with disabilities, is a good feeling," Rexha said, during an interview for a local European paper translated for use in this Join the Conversation article. "We have received a lot of love from them, we have learned a lot from them. They focus in on themselves, and they are always saying, "Why I can't?" or "Why has this happened to me"? Usually this type of support has been more emphasized for people in wheelchairs. We provided something that, maybe, for the first time, these people have experienced."

Rexha and Drini have written a journal article with plans for publication in conjunction with articles for Kosova newsletters, portals, webpages, and facebook.

Embodied Compassion: An Interview with Michael Shea, PhD

By Nancy Eichhorn, PhD

We start this article with a meditation created by Michael Shea. As you read each step, we encourage your participation. Engaging in this experience will, in fact, deepen your relationship with yourself and provide an embodied foundation for the conversation that follows.

Compassion Meditation: Coming into a Deeper Relationship with Your Heart

Step 1: A brief body scan

Situate yourself in a comfortable position, a place where you can scan your body; this is an internalized check-in, not a visual perusal of your arms and legs but an intimate feeling as you notice the total surface of your skin starting at your feet and legs, sensing their covering in this moment, perhaps sensing your clothes resting on your skin. Next sense your pelvis. Moving up into the trunk, notice the clothes on your abdomen and rib cage, notice your breath, sense your shoulders, sometimes you feel the rise and fall of your shoulders as your breath moves in and out with your skin sliding against your clothes. Now you are sensing your arms, sensing the skin on your arms all the way down to your fingertips; sense the skin of your neck, your face, around your ears, your scalp. What does the air against your face feel like?

It's always important to do a brief body scan to get a sense of the whole body at the level of the skin. It's okay if you can't feel the whole body; it's okay if you have gaps say between your knees and pelvis; gaps are part of the whole, include the gaps, include the fragments as part of the whole body like islands in the middle of the stream.

Step 2: Tuning into your respiratory diaphragm

Next tune into the movement of the muscle helping your breathing. You're noticing the movement of the respiratory diaphragm, sensing the entire circumference of where it is attached to the costal arch in front around to the floating ribs in your mid to lower back. Noticing this movement in the front of your trunk, the back of your trunk and the sides of your trunk. Without any focus on breathing air remain aware of the movement of the diaphragm. Sense your diaphragm as it moves up and down inside you; it is intimately connected to your heart.

Step 3: Tuning into your heart

Now simply feel the movement and activity of your heart. If you feel comfortable, close your eyes to give yourself a little more focus on the area in the center of your chest, right in back of the sternum, right on top of the diaphragm. There should be a pulsation there. Perhaps a pumping motion. Perhaps the beating of a drum. Perhaps a surging of our life giving waters in the blood of life. Perhaps just a thump, thump, thump. Nonetheless, with no thought, images, or ideas, this simple act of sensing the movement of your heart can have a profound impact on brain states.

If you can't feel your heart, tune into the pulse on your wrist. Perhaps you can try feeling the heart beat when you wake up in the middle of the night to go to the bathroom, often times it is pounding then that's the time to start this practice. Lay in bed and feel your heart moving, beating. And, if you have learned a prayer or poem by heart, repeat it nonverbally to the rhythm of your heartbeat. Gradually over time it will reduce the anxiety and fear that you are used to living with in your life.

According to Michael Shea, PhD, educator, author, Biodynamic Craniosacral Therapist, former advanced Rolfer and a licensed massage therapist, this simple practice will generate an embodied relationship with your heart and cardiovascular system; developing this skill results in increased compassion, accurate empathy, changes in your brain structures, and a decrease of unnecessary fear living in your body while increasing your health, wellbeing and happiness in your body. How does he know this?

The Short Version of a Long History

Shea earned his doctorate in somatic psychology. A component of his doctoral research included manual therapy. He wanted to have more in-depth information regarding the originators of Craniosacral therapy, so he sought a mentor in the osteopathic community—James Jealous, D. O. Shea wanted to interview him and write about his work. Jealous spoke with him periodically for about a year and a half (1995-1996). The principle component of Jealous' sharing was based on human embryology.

"There was a steep learning curve here," Shea says, acknowledging he's come a long way in his embryologic study of embodiment. "Jim would always ask me on the phone, 'Did you find your embryo?' I would go out seeking more textbooks, reading more to figure this out. One day, I had this sweet experience. I was looking at this beautiful picture of an embryo—it was the aesthetics of it: the pastel colors, the way it was drawn—in conjunction with the circumstances of my own life story and I burst into tears. I had no idea why I was crying looking at this colored picture of an embryo. It was me a long time ago. At that point in my life I was working at a pediatric hospital and seeing a lot of children. I had just gotten married. I was attending spiritual retreats. When I shared my experience with Jim he said, 'Oh you found your embryo, and in finding your embryo you find your flow of love moving through you. You cry because you feel the embryo in yourself and your whole body with primary respiration—that slow movement of love and wholeness that goes through the human body.'" Shea points out that primary respiration is a therapeutic rhythm found in the body and associated with its healing from the osteopathic point of view.

"It was a sweet experience in the sense of a flow, a transparency in my body as if I had touched my origin. Something subtle and fluid moving through me, I could feel the movement of love and grace; it was no longer a cognition for me, it's a literal act of embodiment. I meditate with it daily now and feel it flow through me and I am no longer interested in where it comes from or where it is going. As the poets say 'love has no beginning and no end.' Naturally, I wanted to share this with everyone."

"I was studying intensely, writing about cross cultural anthropology when this originally happened, I became involved in depth psychology having my dreams analyzed, looking at how to heal and was researching different cultures. I was looking at their healing rituals when dealing with disease. I found out that all healing rituals help the stricken patient to go back to the embryonic period, when he or she was originally conceived and still connected with God or the spiritual origin involved with a culture's belief around creation. Some cultural rituals even take the client back to the origin of the universe.

"I apprenticed with a medicine man on the Navaho reservation in Arizona for 15 years, and I watched patients during elaborate and lengthy rituals taken back to the moment of their origin and the effect that had on their body and psyche. It wakes up something about your origin, about your undifferentiated wholeness, about your spirituality, about your own divinity. This originality free from disease is the preexisting condition rooted in our biology carried forward in every moment of our lives. When we connect with the love moving within us and through us, we experience our own divinity (*a metaphor for finding one's embryo*) directly without the need for elaborate religious structure to interpret it. It is really so simple because of the association with what we biodynamic practitioners call primary respiration and dynamic stillness. This is simply a global and local perception of slowness and stillness."

A Bit about the Human Embryo

"The human embryo is a transparent living fluid body, it's almost 100% fluid. This is really our first original body. For the first two weeks after conception that's all it is—fluid and some stem cells. Depending on what source you consult, the human body is 65 to 92% water." Shea notes new research just out by Gerald Pollack (author of *The Fourth Phase of Water: Beyond Solid, Liquid, Vapor*), that states 99% of the molecules in our body are water molecules. Emilie Conrad, founder of Continuum, writes, "We are basically fluid beings that have arrived on land. All living processes owe their lineage to the movement of water. Our implicate preexistent memory beginning with the first cell, lies in the mysterious deep, quietly undulating, circulating, nourishing this aquatic being on its mission to planet earth. God is not elsewhere, but is moving through our cells and in every part of us with its undulating message. The fluid presence in our bodies is our fundamental environment; we are the moving water brought to land" (retrieved from http://www.continuummovement.com/emilie-letter.php).

Finding the fluid nature in the body has also been one of Shea's investigations— to find the embodied reality of the embryo is to find the fluid nature of the human adult body first as the whole cardiovascular system densifies from the fluid body. In Biodynamic Craniosacral Therapy, Shea explains that both the therapist and the client begin a healing session by sitting still (*note our opening meditation*) in order to perceive a very slow movement in the human body (primary respiration).

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The idea is to gradually connect with the three-dimensional fluid body, the living fluid continuum of our being, by initially sensing the total surface area of the skin where biological water is constantly moving and evaporating. “Fluid can be sensed under the skin as an ocean within and all over the surface of the skin as if being contained in an egg shaped vessel just as it was in the embryo being surrounded by an amniotic sac and a chorionic sac. There is constant evaporation of the body's water coming off the skin and surrounding the space immediately around the body. So sometimes the space around our body is like a cloud of water vapor.”

For healing to happen, **both the** client and the practitioner “symbolically return to the undifferentiated wholeness of the original fluid body in the early embryo while staying in present time.” Through embodiment practices, we have the capacity to maintain our interconnectedness throughout our lives when we connect with our fluid nature, our blood and our heart, Shea says. "This happens easily with the awareness of primary respiration and dynamic stillness because primary respiration is the movement of wholeness, the undifferentiated whole. It is the tide that moves through the water in our body. Mindfulness keeps us in present time in the noticing without interpretation and awareness allows us to sense the whole of our fluid nature out to the horizon and back."

Embodied Compassion: The Biodynamic Organization of the Whole Embryo Over Time

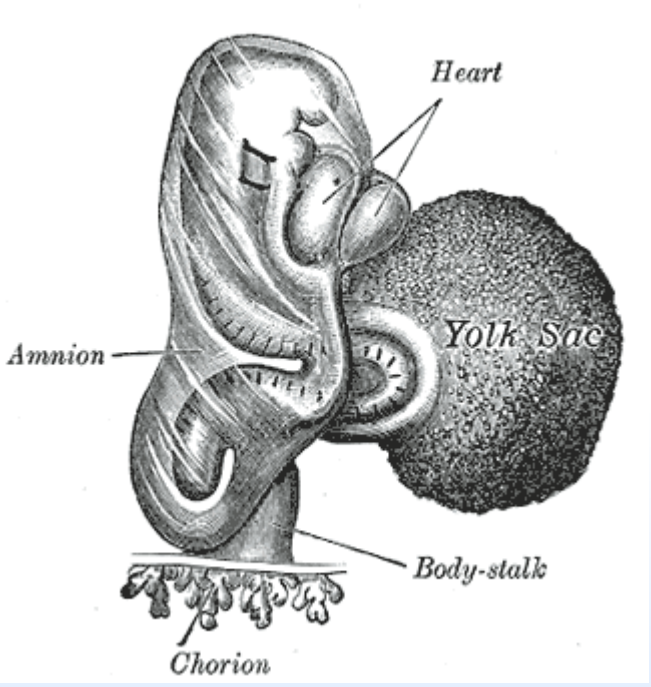
Early developmental biologists looking through microscopes at human embryos saw whole organisms, Shea says—they saw the conservation of biological wholeness carried forward over many stages of complex development. This wholeness is an important piece.

"For the first two weeks of life, embryos are fluid, they do not have different parts yet, just a few different types of stem cells as mentioned. Blood is the first organ to develop, so the second differentiated whole system is actually the cardiovascular system, the first being a whole intelligent fluid body." This second whole system has captured Shea’s focus the past seven years—he’s been investigating the heart throughout its development from conception to adulthood.

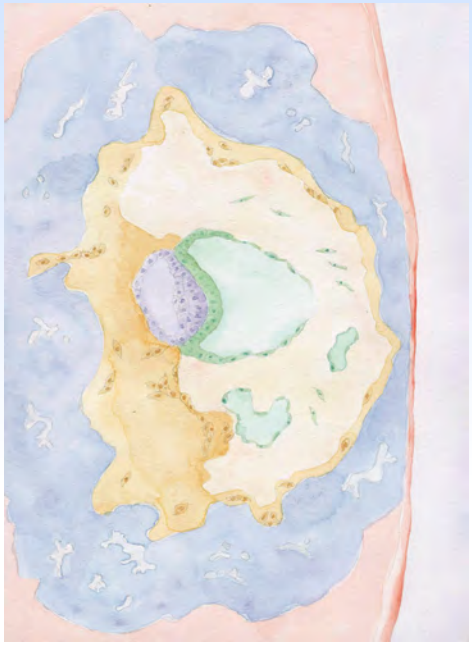
“Concurrent with this exploration, I took a formal vow to be a student of the Dali Lama. I first saw him while attending Naropa University for my Master's degree. I’d been a Buddhist for a long time and had taken several preliminary vows, but this was a tight connection, a vow to be with him as my formal teacher. One of his domains of interest is starting up centers for the study of human heart. The first was opened in Vancouver four or five years ago. (*The Center for Peace and Education opened in Vancouver in 2009 and is aligned with this ethos and the Dalai Lama's belief that each person must ‘cultivate the heart, and work for peace within yourself and in the world’*).

“I took this as a message to move my entire career path into the investigation of the heart. Not much is known about the human heart especially prenatally and yet cardiovascular disease in humans starts prenatally. The only one system totally mapped out scientifically from conception is the central nervous system, which is getting the lion’s share of the research. We don’t know a lot about the biodynamics of growth in all the other systems of the body especially the heart,” Shea says.

“I gobbled up every book on heart development I could buy, but there’s not that much out there. I was reading research (and still am) in the professional journals on the development of the heart. I’m reading about chicken hearts, rat hearts, bird hearts, and fruit fly hearts. It’s amazing how much research you have to slug through that involves animals,



Human embryo at 15 days



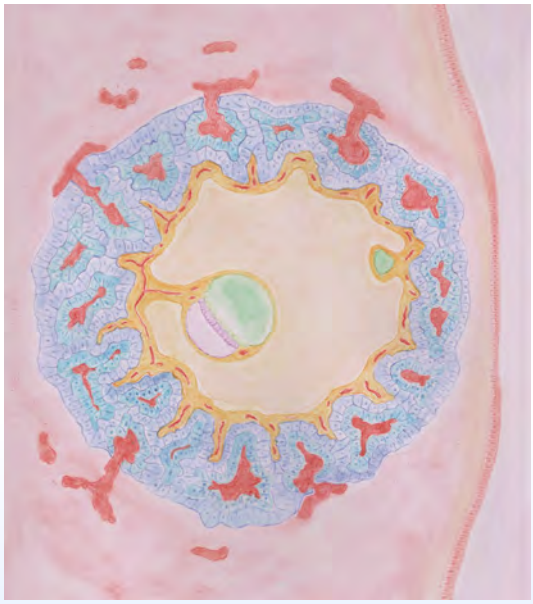
The embryo in the second week of development. The outer rim of the embryo in blue has pockets of still fluid called lagoons. This is the area of the pre-placenta. These pockets of still fluid invite the maternal blood vessels from the uterus to connect and begin providing nourishment for the embryo. The body proper will form on the line where the green cells meet the blue cells at the very center of the image.

fish and bugs. For example it is generally agreed that our human heart evolved from a fish heart. And then you have to extrapolate or interpret or make up a model of human heart development which is what scientists do from what bits might apply to the human heart. Then the models shift every few years when new research comes out. It keeps me busy."

Shea then began to see correlations between compassion and the human embryo—the heart-to-heart embodied compassion that shifts through formal embodiment practices. "Blood and heart, pulsing and surging through the body, it's happening at an unconscious level but when we consciously sense the movement of our heart it lowers our fear, decreases the activation of the amygdala. This is called interoceptive awareness or cardioception if you just listen to the movement of your heart in conjunction with the movement of the respiratory diaphragm. Interoception has to do with identifying the urges from our organs such as the colon and the bladder. But what is the urge of the heart? I teach practitioners to spend time sensing this movement of the heart in combination with diaphragmatic movement—sensing primary through the heart and arteries and veins, it doesn't take that long to learn. It's more like a surge than an urge at the beginning. This includes teaching pregnant moms to sense the vascular system of their baby while it is still inside her. There is even an app that can help pregnant moms do that." Shea says.

"Embodied compassion is feeling my way into my body via the wave and surge of the heart-diaphragm movement. I'm investigating micro and macro movement, the fluid body and its tidal movements, I sense the pulsation in the heart and all its different nuances of which there are many radiating out in all directions with all the arteries that can be touched." This practice lead to an interesting discovery. The human heart is unlike any other organ in the body for many reasons.

"Let's look at this morphologically via its movement or lack of movement. During the second week of development, our blood forms. We've got blood forming first on the outside of our embryo as we are floating around in a big fluid cavity. We have to connect to the wall of that fluid cavity. The place of that connection will also become the future placenta on the other side of the membrane. It is on the outside of this cellular membrane called the chorion (*one of the fluid cavities whose membrane is between the developing fetus and mother*). Now this future placenta or what I call the pre-placenta on the outside of the chorion (extraembryonic mesoblast) develops many many lagoons of still water (trophoblastic lacuna) that surround the embryo. Why? The quiescence of the lagoons attracts the maternal blood vessels (sinusoids) to connect inside the lagoons. Then the nutritional molecules coming from the mother's blood now in the pre-placenta diffuses through the chorion to the surface of the embryo. The embryo gets its nutrition through this diffusion and starts to expand its surface which starts to pull the inside of the embryo in all sorts of directions. But think about it. Once again the role of quiescence is critical to getting connected to and her nutrition in order to grow. That's another reason that the German word for breast feeding is stillen."



The embryo in the latter part of the second week post fertilization. Maternal blood vessels have begun to connect into the pre-placenta. At the same time the embryo begins to generate blood on the inner rim of the image in yellow. A connecting stalk forms which will ultimately become the umbilical cord see connecting to the body proper. Fluid stillness invites connection and nurturing in the cardiovascular system.

The plate of the neural ectoderm in yellow in the early third week. The primitive streak in pink in the middle of the image. The notochordal canal, like a tiny finger filled with water, at the top of the primitive streak. Underneath is a horseshoe shaped water canal in blue. Cells from the primitive streak move to the top of the horseshoe and the red represents the region where the heart will begin to form in the future cervical – neck area.

At the beginning of the third week, the heart begins to go through its four phases of development. At the end of its development it becomes tied into a knot essentially; this knot gives the appearance of the four chambers it will become: two atria on top and two ventricles on the bottom. Now the chambers are in their correct location but have a long way to go until about a year after birth before they are a closed system and pulmonary circulation is completely functioning. The baby is learning how to have a functioning heart from mom starting before conception and continuing until well after birth. It's amazing when you just consider the biology. Their hearts are so synchronized for so long. It is a big story at so many levels but it is rooted in our biology. Embodiment for me is truly founded in cardioception."

"The next exciting discovery is that the curve of the looping tube generates quiescence, a state of low cellular activity on the inner edge of the curve; in Biodynamic Craniosacral Therapy we would call it dynamic stillness. At the very middle of the heart if you could imagine the hub of a wheel, where the inner curvature has its tightest loop is also the location of its greatest amount of quiescence. This stillness is causal—it induces growth of the heart from the inside out. Orientating to stillness is thus an important or even critical dynamic. Furthermore, the center of the blood flow is a void space, stillness in the middle of the actual flow, quiescence."

A cross-section through the top of the horse shoe shaped fluid canal in between the ectoderm and future brain above in light pink and the endoderm and future face in green below. The heart begins as a cluster of blood islands in the middle of this canal as seen at the center of the image. This is called the plexiform phase of cardiac development. Morphologically this means the heart is transparent at its beginning.

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"As it turns out, **our blood flow is** building the lining of the blood vessels," Shea continues. "Quiescent cells line the blood vessels and in the adult if they are not quiescent then it is an indication of heart disease. The essence of the biology of the heart, blood and its vessels is quiescence even with all the movement going on. Quiescence induces normal growth. But as an adult I can't just sense stillness in the heart. So I apply this in my clinical practice by consciously perceiving stillness in the space of the office and looking at the quiet of nature or the sky out the window. Mindfulness allows me to quiet my mind and musculoskeletal system first and then I allow my awareness to go out in all directions periodically as a way of regaining an embodied sense of wholeness that is connected to the stillness outside of us.

If you look at a blue sky, it is perfectly still so is the trunk of a tree even when the wind is blowing. It is as if the stillness is the whole ocean, our body is the water and there is a tide that moves through it all called primary respiration. The tide of primary respiration always brings me back to the client and their wholeness. This can become a conscious process and is therapeutic for self and other.

It is called healthy attunement as I allow my attention to be moved in and then out of my body slowly and mindfully.

The tubular phase of heart development in the late fourth week. The heart is upside down in its origins as the ventricles are located at the top of the tube and the atria are located at the bottom of the tube in this image. Morphologically the heart must turn its self downside up to develop. This most certainly has psychological implications later in life.

This normalizes early imprints without over activation because the emphasis becomes the whole rather than the part. The practice I taught at the beginning of this article is an inducer of stillness in and around the body even though you are attending to internal motion of the body. At first it seems paradoxical but once you experience it you see the beauty of such biodynamic perception. This is because we have no reference point for embodied wholeness in this culture even if it hit us on the head. But we can get there gradually through the quality of our attention. Attention to what? Slowness, stillness and fluidity."

The heart from the side in the fourth week of development. The chambers of the heart are unformed but there is a connective tissue bridge in green at the right of the image anchoring the heart to the neural tube posteriorly. Morphologically this reduces motion in the back of the heart and generates a type of dynamic stillness from which the front of the heart can expand like a balloon.

The looping phase of cardiac development in the early fifth week. Now the atria and blue begin to twist and turn in order to take their formal position at the top of the heart.

In classes, **I teach students to synchronize with the** fluid movement in their body, their heart and diaphragm until they can feel the stillness that surrounds everyone in the room (*again, recall our opening meditation*). This is how you connect with the imprint of the original lagoons of stillness all around us. First you orient to the whole with a brief body scan, sense the shape of the body at the level of the skin. Then we gradually de-densify the muscular skeletal system into its original state of fluid, a very tensile viscous fluid with gradients of thick to thin, especially noticing micro movements to get a 3D sense of the fluid body.

Next I have students move their attention inside and sense the surging of their heart, perhaps noticing wave like motion like seaweed along with the diaphragm moving with the heart. It's more of a fluid wave going three dimensionally through the body from the center of heart/diaphragm. Then, when I sense the stillness clarify in the room, I ask students to move their attention to the room lagoon, to notice the stillness or not. That stillness is clear, bright and vivid or not. This is a whole different way of being embodied and of feeling whole. It is very deliberate at first but gradually becomes spontaneous and natural.

Then I ask students to rest in the stillness in back of their heart rather than the middle and then sense the motion of the heart in its front at the same time. If you wait in the connection of the stillness whether it is in back of your heart or all around in the room and your heart pulsation, it allows nurturing in at so many levels in the adult as well with my little clients. It is a morphological law of our embryo that the heart and blood move towards stillness. Stillness is a form of nutrition especially nowadays, it is the way the body got its nurturing in the first place as embryos and the way breast feeding is done (hopefully). This encapsulates a huge piece of work in the healing process. It's Craniosacral Therapy lore—for more than 100 years it has been taught to notice the stillness as the most fundamental part of healing. It turns out that stillness is rooted in our biology down to the cellular level. When the students allow the heart movement to connect with stillness as a group, to not change it but just allow the sensation to nurture one another it is a powerful group healing moment. The HeartMath folks call it coherence.

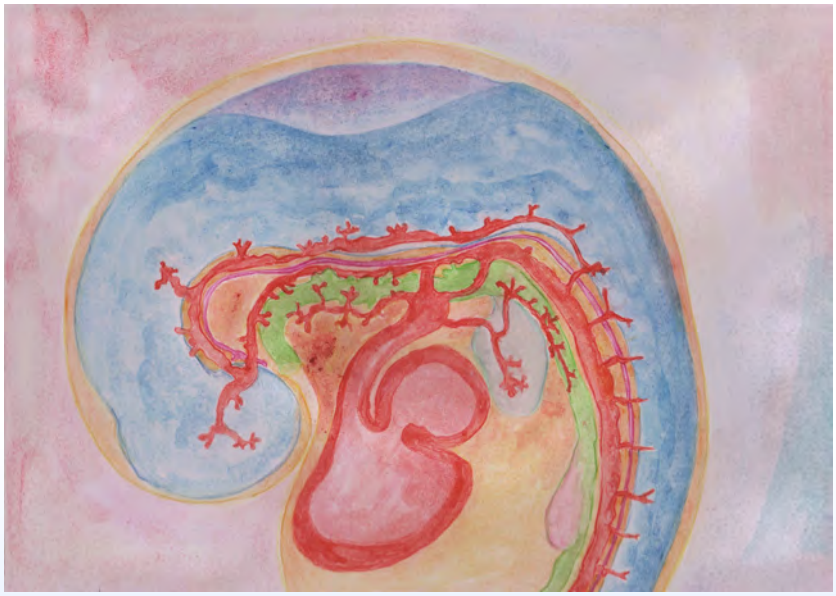
If it's a Biodynamic Craniosacral Therapy class, I then have the students make contact with each other either on the tables through a formal hands on method depending on the focus of that particular class. We always start with our hands palm up with the backs of the hands contacting the body of the client. It is a sacred gesture. So much of the client's body extends into the space immediately around it that I have found that this is an excellent way to turn off defensive physiology in the client as Stephen Porges calls it. Then the dyad maintains the sensibility of the stillness with a heart to heart connection while seated to sense the primary respiration with and through one's heart. This is the tide moving through the ocean and our water (blood) and practitioners report feeling any of the four phases of heart development as an embodied result. Then the therapist's hands synchronize with the embryo in the client, their wholeness

The ballooning phase of cardiac development in the sixth week. The cells on the inner curvature of the tube become dynamically still because they become wedge shaped and have less metabolic activity. Thus there is a hub of stillness at the very center of the heart as seen in this image. This type of biological stillness induces the growth of the tissue dividing the four chambers of the heart especially where the autonomic nervous system will innervate the heart.

if possible. Attention moves with the tide of primary respiration from the hands to the heart, to the stillness, to the world of nature outside the office and so forth. In each location especially if it is an artery we are contacting, we wait a little bit and see if the fluid body of the client wants to communicate before being moved by the tide or the serenity of the stillness."

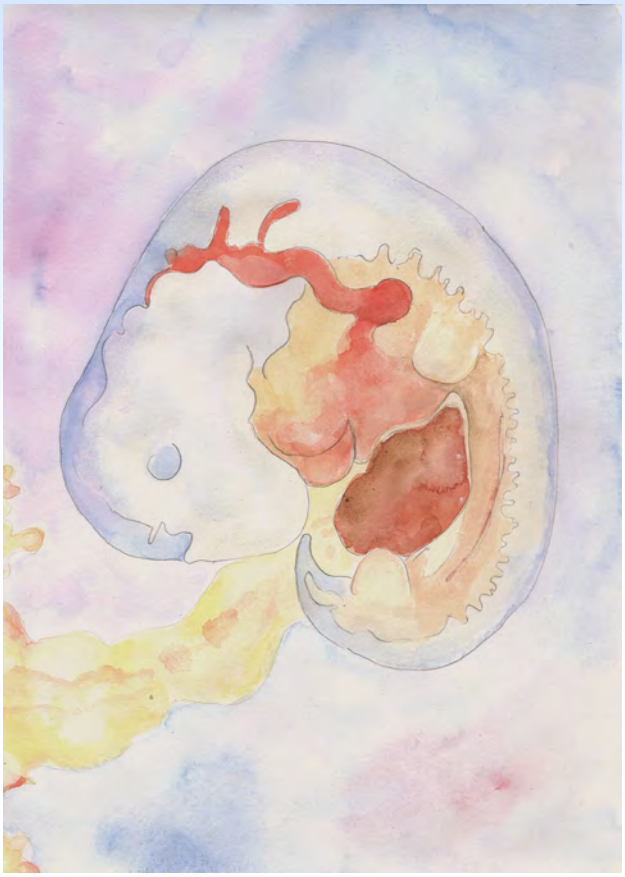
Shea explains that he is just teaching and following the developmental sequences that the human embryo goes through in forming the body with the foundation being the perception of stillness and primary respiration. It becomes a protocol for compassion, a term he learned from The Center for Compassion and Altruistic Education and Research at Stanford University (CCARE.org) that was also co-founded by the Dalai Lama. It's important, he says, to understand the circulation of the blood as it comes from the mother through the uterus and through her heart; the blood goes through her womb and its molecules are filtered into the embryo creating a pre-placental heart-to-heart connection. "Both surging hearts resonate deeply with each other. This original circulatory system between a mother and her child is still active in every human relationship at an autonomic level and certainly a spiritual emotional level. The moment we think or look at another person our heart responds. Everyone absolutely has the capacity to nourish each other at this level which generates well-being and happiness. Stillness is rooted in our biology and is observed in the embryo in its lagoons, its quiescent cells and the shaping of groups of cells; you can read the literature, but you have to embody compassion and then apply it to everyone with appropriate boundaries."

Dan Siegel talks about interpersonal central nervous system resonance; Shea says there's also interpersonal cardiovascular system resonances, those moments in relationship when you come into contact and both of your hearts attempt to synchronize. "A new circulatory system is created within seconds of meeting someone especially in physical contact with the hands. You can sense how your heart changes as a result of your relationships. Of course it helps to have resilience and to have a sense of humor since some of those changes are emotionally painful. Remember that it is quite natural to have your heart turned upside down and tied into a knot. So, we have to begin to normalize our tough love experiences and it seems that stillness and primary respiration can help this normalization because it allows the natural embryo to emerge and for the heart to expand literally. I also teach forgiveness processes because of some of the imprints that students encounter in their vascular systems.



A lateral view of the embryo in the late sixth week. The neural tube is shown in blue. The green between the neural tube and the heart will become the future face. Is this position of the face that induces growth of the heart in front of it and the brain and back of the neural tube folds over the heart because it grows rapidly whereas the heart grows slowly.

This includes recognizing fear which is important because of the connection the heart has with the amygdala (fear center in the brain). The fear is then joined with the whole where it dissipates in the context of primary respiration and stillness."



The whole embryo in the seventh week of development. The heart forms the middle of this month alone. The arm and leg buds can be seen as well as the liver in dark brown.

"The Biodynamic Craniosacral Therapy model that has some of its roots in the 1800s. It was originally taught to find the health in the client with the therapist's hands. Anyone can find the disease said an early pioneer. Using this hands-on approach, touching the body as a whole system not as fragmented, you can find the health that moves through the body—the strength, potency, primary respiration, stillness—rather than continually bumping into negative inertia states or stress imprints the body might be carrying. Imprints like that are islands in the stream of health and wholeness. If the boat gets stuck on a sandbar, we get out of the boat and push it back into the deeper water of health and wholeness. The starting point in the therapeutic process is wholeness. It is not the end point of treatment." Today, Shea's investigations are to find and enhance health—that preexisting original state of health, present at conception and preconception. "When a prenatal imprint comes up, it is normalized with primary respiration and attunement to biological stillness. We were conceived with embodied biological compassion and love. Wholeness includes the imprint and the love. Even one of my clients who was conceived from a rape could sense his preexisting health and wholeness eventually," Shea says and as a therapist his work is learning how to water the seeds of compassion, the deeper preexisting condition of health.

"This search for health originated by integrating the original thinking and therapeutic methods of the cranial osteopathic community with my studies of prenatal and perinatal psychology and the normal morphological development of the embryo/fetus. I've been associated with these fields for some time. But my own sense of embodied compassion got me interested in the pre-existing conditions of health biologically and how our compassion and love is embodied, how we can sense its potency/ amplitude through the perception of primary respiration and stillness as the health itself, sense it changing the whole by 'watering the seeds of compassion' (attributed to *Thich Nhat Hanh*). You can see an embryo or a fetus embody compassion for human beings from the moment of conception by the way it changes its metabolism in response to the mother's state and the environment around her, even sonogram studies show gestures of compassion in the prenate; studies of embryonic and fetal movement are beautiful in this way even though sonograms are controversial."

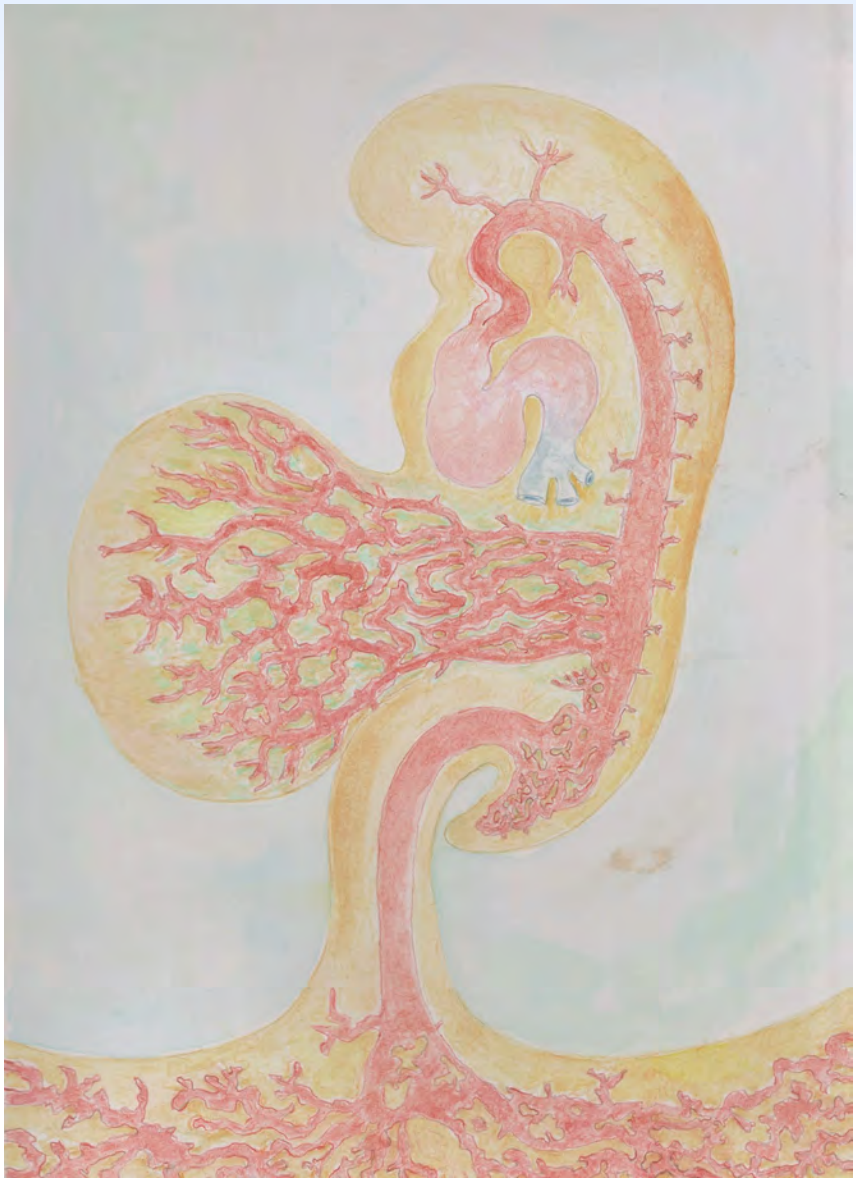
"I have spent many years working with small children with severe developmental delays. For example recently a foster mother brought in two small babies for me to treat. One had fetal cocaine syndrome and the other suffered with fetal heroin syndrome. Compassion and love are the most dominant lessons I sense these children are teaching me. I feel they are all healers in disguise. Whenever possible, I always ask the child to begin a session by placing their hand on me so I can acknowledge them as a healer. What I might have to offer is no greater than what they have to offer in fact my offering is less. I have learned a great deal about humility in working with all infants, mothers and partners especially those children who are dying, have fetal alcohol syndrome, shaken baby syndrome or in persistent vegetative states."

"Embodied Compassion is about feeling the movement of your heart in everyday life as well, listening with compassion when you are sitting across from others, listening to their stories, sensing their heart through the movement of your own via the tide of primary respiration. It's about noticing the social nervous system first with the eyes and facial expressions and so forth and then dropping down to sense the heart moving, sensing the diaphragm moving and the tide moving between our two hearts. For me, it's not

limited to the classroom or the therapeutic process. It's value is integrating it into every day life. Say you're standing in line at the grocery store and you're feeling agitated. You can make it a heart-to-heart connection with the tide of primary respiration and notice how compassion replaces frustration and fear, how the agitation that previously generated tension in your body to fade into a calm sense of connection with yourself and empathy for those stuck in that line with you and the poor clerk dealing with it."

"Finally, to recap the opening meditation, allow your attention to hold both the movement of your diaphragm and heart together not as one motion but rather as one harmony connected together. Periodically toggle your attention out to the entire surface of your skin as if observing the dance of the diaphragm and heart together from that wholistic perspective around the edges of your body. Let the movement of the diaphragm/heart become like a wave rather than thinking of it as breathing. Let the waves touch the shore of your skin from the bottom of your feet to the top of your head and out to your hands. Then notice the stillness grow in the room. Connect your heart to the stillness. Find your embryo."

Michael J. Shea, PhD received his master's degree in Buddhist Psychology at Naropa University and a doctorate in Somatic Psychology at The Union Institute. He taught human embryology in the pre and perinatal psychology doctoral programs at the Santa Barbara Graduate Institute. He is a member of the American Massage Therapy Association (AMTA) and has been a licensed massage therapist in Florida since 1976. He is a founding member of the International Affiliation of Biodynamic Trainings (IABT) and was a founding board member of the Biodynamic Craniosacral Therapy Association of North America (BCTA-NA). He is a certified biodynamic instructor of the BCTA-NA. He makes his home in South Florida with his wife, Cathy. Information about his courses can be found on his website: www.michaelsheateaching.com, or contact him at email: info@michaelsheateaching.com, by phone at 561.775-9912 or in writing at 13878 Oleander Ave., Juno Beach, FL 33408.



The whole embryo the seventh week of development with a complete systemic vascular system. In this image the embryo generates its own blood and yolks sac which bulges to the left of the image. Umbilical circulation has also begun as seen at the center bottom of the image. The whole embryo from crown to rump is maybe six or seven millimeters. The cardiovascular system will continue to disintegrate as the whole embryo grows and re-integrate into new structures.

All color illustrations in this article were created by Friedrich Wolf, a German biologist and instructor of Biodynamic Craniosacral Therapy in Switzerland.

Hooked on Prenatal and Perinatal Psychology

By Kerry Francis, MA, CD(DONA)

During my graduate studies, I was already deeply engaged in a personal journey of self-discovery. I had explored various therapeutic modalities as a client with a heated curiosity about who I was and how I came to be that way. Though I had learned a great deal about myself, I was aware of an unshakable feeling of unknown origin that I was "too much". This feeling often prevented me from speaking in class, anxious that I would overwhelm others or interrupt the discussion. My self-perception of being "too much" also surfaced in my personal relationships as I held back with shyness, worried that my partner would not be able to handle hearing my many feelings or thoughts. I had no conscious childhood memories that related to this feeling, nothing in my past indicated that this feeling of "too much" came from how I was raised or any events from when I was a child.

I had never told my mother about this curious feeling.

For a graduate class assignment in counseling psychology, my professor directed us to write about our early personal history, specifically, what we knew about our birth, our conception, and our time in the womb. We were asked to research beyond just the simplified birth story we had heard over the years from our parents, "It was a Friday morning, and we were baking cupcakes to bring to your sister's school when I felt the first contraction." Instead, we were encouraged to explore the details of our early history that are rarely mentioned or long forgotten: What was your parents' relationship like at the time you were conceived? What were each of your parents' initial reactions to finding out they were pregnant? How did your mother perceive herself during labor – as strong and capable, as victim of medical intervention, as supported by loved ones present, as alone and scared? (questions adapted from Wendy Anne McCarty's "Clinical History - Seven Vital Areas of Experience," 2002).

I asked my mother what it felt like when she discovered she was pregnant with me. My mother answered, without missing a beat, "I felt like it was going to be too much. Just too much. I had two other children already and I was overwhelmed. I was worried you would be too much." Besides being smacked with an insight that ran so deeply, I felt it reverberate in my tissues, my cells, my whole body, I was also—from that moment on—totally hooked on prenatal and perinatal psychology.

What followed was a two and a half year post-graduate study of pre- and perinatal psychology, attachment theory, and embryology. I developed a keen interest in all things written on the topic of birth psychology and became an editor for the Association of Prenatal and Perinatal Psychology and Health (APPPAH). Seeing how deeply myself and others were affected by what happened during their time in the womb and at birth, I was inspired to become a certified birth doula. I have been studying, reading, writing, and witnessing all things birth-related for years now, and I am still in awe about how sensitive and sentient each one of us is from the very earliest moments, from the very first days of our lives in the watery world of our mothers.

Kerry Francis, MA, CD(DONA) is a certified birth doula, preschool teacher, and editor for articles related to prenatal and perinatal psychology.

The Prenatal and Perinatal History
A Vital Component of Effective Holistic Practice

By Wendy Anne McCarty, PhD, RN

Recently I presented a workshop, *Working with Preverbal Issues At Any Age Utilizing Emotional Freedom Techniques* (EFT), at the Association of Comprehensive Energy Psychology (ACEP) Conference. Many of the attendees were seasoned holistic practitioners. I asked how many people had training to assess and work with adult clients' childhood-related issues. Nearly everyone in the room raised their hands. I then asked how many had training for infancy-related issues? The number dropped to about one in three. When I asked how many had training to assess and work with adult issues anchored in prenatal and perinatal experience only a few hands remained raised, less than 10% of those present.

During the late 20th century, the focus moved from "childhood" to the first three years of postnatal life, "zero-to-three," as the critical period in which life-long patterns were set in motion. With this evolving focus on infancy, professionals began obtaining more training in infant mental health, developmental neuroscience, attachment, and early trauma to better work with clients of all ages.

Leading-edge understandings from prenatal and perinatal psychology and related fields, such as biodynamic embryology, epigenetics, and noetic sciences, roll back the primary critical period of development from infancy and early childhood to the earliest developmental period—pre-conception through baby's first postnatal year. Newborns already portray established beliefs and ways of being in the world (McCarty, 2002). As Marti Glenn, PhD and I suggest in our 2008 position paper, "The difference between thriving and surviving begins in the womb" (McCarty & Glenn, p. 121).

For the past 25 years, I have educated professionals in prenatal and perinatal psychology. I have found that the potential connection between their clients' current therapeutic issues and their prenatal and perinatal experience is often a rather mysterious terrain for most practitioners. More practitioners now recognize that these early experiences are important and have appreciation for "prenatal stress" and "birth trauma" as significant, but fewer feel confident to systematically identify, assess, and work with this developmental period and its long-term repercussions in their practice.

Most therapist training and graduate programs do not teach how to effectively identify these early developmental influences or recognize the potential pre- and perinatal anchors for current issues. Nor do they teach the specific skills needed to address these early-rooted issues. I believe effectively working with prenatal and perinatal issues is leading-edge territory that can elegantly help clients heal and move into more integrated, coherent wholeness at any age.

I co-founded the first graduate degrees in prenatal and perinatal psychology (PPN) and was founding chair and

core faculty of the PPN program at the former Santa Barbara Graduate Institute. In our PPN courses, therapists-in-training learned how to take a prenatal and perinatal history at various life stages as a vital component in effectively assessing and working with issues anchored in the clients' prenatal and perinatal experience. In this article I share with you, from my own practice, my steps to obtain a prenatal and perinatal history, a few tips about the history, and a prenatal and perinatal history/ inventory I use with adult clients.

I am also a developmental theorist and recommend reading *Welcoming Consciousness*. In this text I build a consciousness-based early development model that reflects the expanded PPN understanding of babies during this early developmental period *(2004, 2012)*. This text served as a primary textbook for our graduate students and provides an orientation to this developmental landscape through the lens of prenatal and perinatal psychology. It gives you a context for recognizing significant PPN-anchored issues in your practice and benefiting from the information you obtain in a prenatal and perinatal history.

My Practice: Tips On Taking a Prenatal and Perinatal History

I have worked with babies, children, families and adults on patterns rooted in their prenatal and perinatal experience since 1989, as an OB nurse, marriage and family therapist, prenatal and birth therapist, and now holistic consultant. Currently I have a global phone/ Skype PPN-oriented consultation practice for families and adults. In my practice, I have gone through many different methods of obtaining information about the client's own prenatal and perinatal experience or that of their child. For those of you who may be newer to this material or clinical practice, I offer this description of how I incorporate taking a prenatal and perinatal history into my practice.

When someone requests a consultation with me, I first email them an intake form that describes my practice's holistic orientation and prenatal and perinatal and energy psychology emphasis, my scope of practice, and what they can expect. I ask them for a brief statement of what they want help with.

When I receive their completed intake form we set up our first appointment with the understanding that I will email them an *in-depth history and current issues inventory* (see page 111), to complete on their computer prior to our first session. I tell them I will read it before the session and by doing so, I will come to their first session with a more comprehensive understanding and context for addressing their concerns. I have several customized *history/ current issue inventories* for use during the pregnancy, postnatal and infancy periods, as well as for children and adults, with variations for special circumstances, such as adoption.

I find several benefits of having a client's written in-depth history/ inventory prior to the first session. I schedule the hour prior to their first session to read their history. As I read their material, I purposefully move into a quiet, intuitive state and use their history as a way of sensing the fields of information and being of this individual or family, and the underlying themes and patterns. I am then primed during the first session to relate more to the whole person and their life circumstances than if I were getting pieces of information along the way.

Having this information written by the client also reduces the focus on history taking and recording during the session. If it is a parent and child session, the parent has already completed the history at their computer. This way I have a wealth of historical and current-issue information without triggering their child by discussing more of this information during the session. It allows us to use the session to address and discuss the specific aspect of the issue that is the appropriate focus with the child that day.

Another benefit of asking the client to complete the prenatal and perinatal history is that they already see that you value their earliest experiences. They very well might not have considered this early period as significant to their current issues or patterns. Not only is it cueing their conscious focus, but it is also cueing the prenatal and perinatal experience as significant to their subconscious and autonomic system as well—to their whole consciousness and somatic system.

Clients often tell me that they enjoyed the process of completing the history/inventory and found it a

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Colon Hydrotherapy: The Shea Way

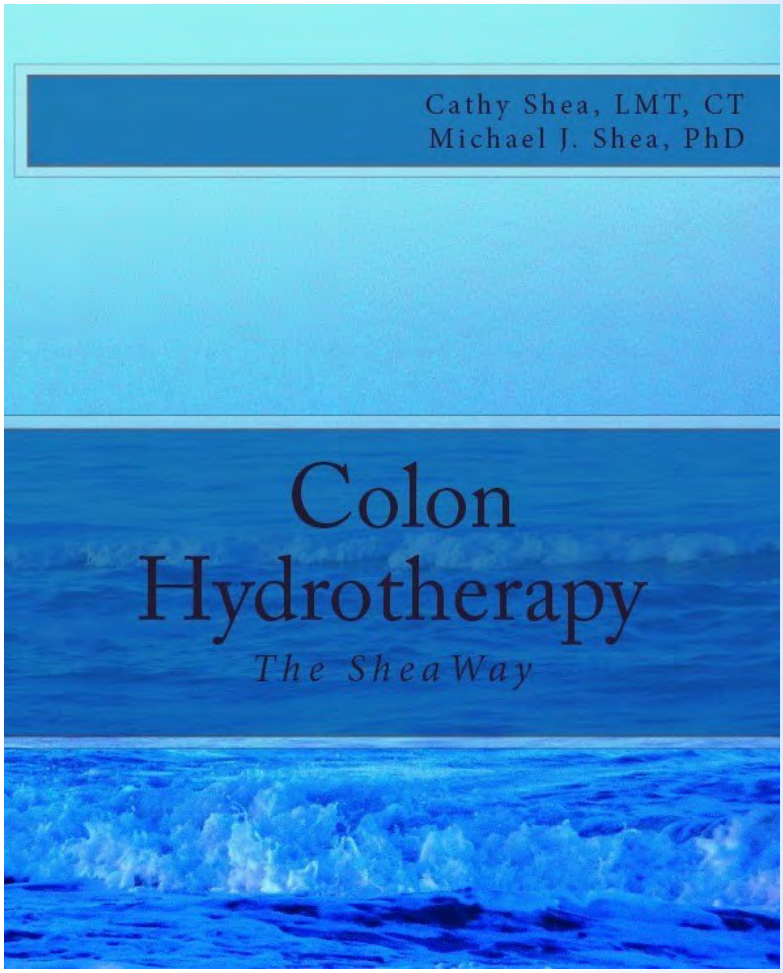
Written by Cathy Shea, LMT, CT and Michael J. Shea, PhD

Reviewed by Nancy Eichhorn, PhD

I received the Shea's book in the mail. Unsolicited. I noted the title and glimpsed a memory of a movie I'd seen years ago entitled, The Road to Wellview. The main character, John Harvey Kellogg, was a doctor and clean living advocate (more of a zealot with a twist of instability) who ran the Battle Creek Sanitarium. One of his main interventions was colonic irrigation. The process felt farfetched and certainly did not seem relaxing nor healing. I added the book to the pile of 'needs attention' for another day.

A few days later a client, a nurse practitioner now on medical disability because of Lyme disease and its complications, mentioned she was going to start colon hydrotherapy to detoxify her body. My ears perked. What? Why?

I opened the pages, unsure yet curious. Now here is testimony to the power of good writing, my intention was to flip through the pages, provide a quick synopsis to create a review and let it be done. But the content and its presentation drew me in. Where I thought I would skim through each chapter, I found myself landing, staying, thinking about my own health and that of my clients in general. I was fascinated by the process—the art and science of utilizing water both internally and externally to treat disease and promote health—and the development of different medical devices used for CHT both in the United States and abroad. I felt a connection with this material at both a professional and a personal level and followed the urge to deepen my knowing, to take the time to slow down and be with Cathy and Michael's process, to absorb their words, experience their way.



Woven throughout the text is the importance of slowing down—letting our nervous system, which is typically jacked up, running at high speeds—slow down and let health and healing happen. The Shea's intention is to help people develop a personal wellness program to reduce suffering with digestive aliments and inflammation.

Although this is a textbook, it is written with the reader in mind: it is easy to read and digest the content. Even a layperson as myself with no background knowledge of CHT can be with this information and walk away understanding the history and development of CHT, what it is, how it works, and why it could be useful for clients with health concerns as well as for those simply wanting to live a clean and healthy life.

The layout was spacious, welcoming: two columns, large size font, pull quotes (large chunks of text separated from the body of the page), different font colors (shades of blue, aquamarine, dark red) to attract the eye, illustrations, pictures.

The structure clear. The book is divided into two parts: (1) the basics, which is geared for laypersons, and (2) the business, written with the intention of shifting the practice of colon hydrotherapy (CHT) from unofficial to official, from informal to formal, and to raise educational and credentialing standards. Both Cathy and Michael are licensed in massage therapy and colon hydrotherapy in the state of Florida, and Cathy is a certified instructor for the International Association of Colon Therapy (I-ACT). Cathy also received the highest credential in the field by the National Board for Colon Hydrotherapy.

Each of the 21 chapters begins with bullet points of what you will learn, each offers history, personal experiences, case studies, a glossary of terms and review questions at the end to bring to mind what you read and what you are expected to take away (the answers are provided in the back of the book). The Shea's also offer extensive appendices, abstracts from peer reviewed Journals supporting their assertions throughout the text, a bibliography, and a list of trusted vendors. This comprehensive book offers a step-by-step process to learn about CHT, to practice CHT, and create a business based on CHT practices.

Part one starts circa 1500 BCE and advances to the future as the Sheas move readers through snapshots of CHT's use and validation as a healing modality. They ground the content in science as well as personal experience. In part one, readers learn about fasting, cleansing and detoxification. There is current data on the gut brain and psychology, on gut pathology and how it relates to various ailments including hemorrhoids and eating disorders. There is detailed information on nutrition, meal plans, and recipes. They even write about how to travel safely and well.

In Chapter 8, they detail the Shea Way, their approach to CHT that involves gentle efficient waste removal and the therapeutic relationship. According to the Sheas, CHT effects the autonomic nervous system and as such CHT therapists need to provide positive nurturing and ANS tracking via bodily signals to create a safe and comfortable environment. They made it clear that when they reference the 'therapist', they mean an "unlicensed person who is practicing CHT either in the United States or another country. Listening with the ears and the heart allow for compassion and kindness to emerge in the therapeutic relationship" (p. 199).

The Shea's are clear on ethics and quality standards. Medical clearance from the client's doctor is mandatory (a signed form) as well as a medical release so the therapist can maintain contact with the doctor. There are informed consent forms and health intake forms (samples are located in the appendices).

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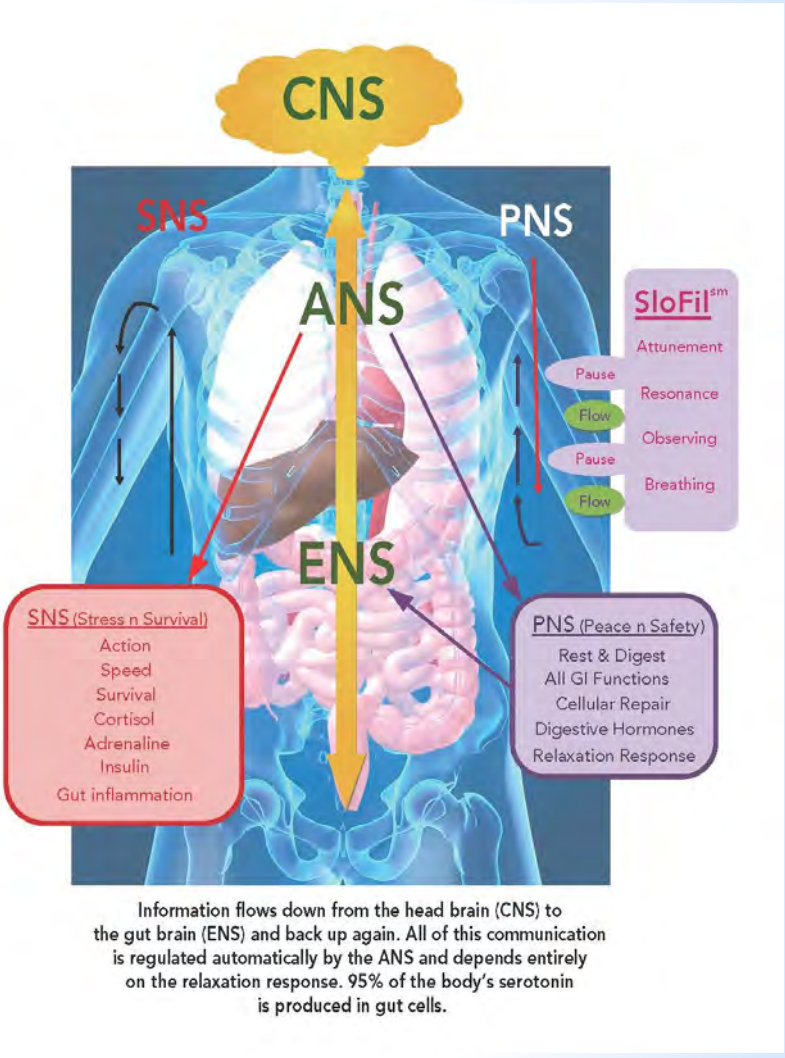
They write about the power of attunement and that emotional release may come with CHT (there is a detailed discussion on the interactions between the ANS and emotional states and the ANS and CHT). The boundaries are clear—a colon hydrotherapist is not a psychotherapist; the Sheas outline in bullet points what can and cannot be discussed. There is information on the language of sensation and how to teach clients to listen to their body and speak its language along with multiple practices for sitting in stillness and being with one's body.

There are many points covering many directions from Dr. Mark Hyman's use of the work 'diabesity' (p. 105) to the Mayo Clinic's guidelines for toilet training (p. 118), from orchestrating client interactions (p. 199) to infection control (p. 249) and record keeping (p. 265), the content is diverse and expansive. And it is written in simple sentences, with a personal voice that offers the reader a sense of being with the authors and learning from them in a slow relaxed pace. Nothing is crammed in, jammed in, forced in. It just flows much like their process of elimination and waste removal: a respectful, empathetic, relational process.



Information flows down from the head brain (CNS) to the gut brain (ENS) and back up again. All of this communication is regulated automatically by the ANS and depends entirely on the relaxation response. 95% of the body's serotonin is produced in gut cells.

Reflections on Writing Colon Hydrotherapy: The Shea Way

By Cathy Shea, LMT, CT

Michael and I have written this book for anyone interested in vibrant health. We have found that colon cleansing is the key. Over many years, the mythology around colonics has astounded us. This book will illuminate your mind and answer many questions. For instance, very often, cleansing will elicit an emotional response. The work of helping others "let go" is quite a strong metaphor. We have learned the value of an appropriate therapeutic relationship and have dedicated an entire chapter to this important topic.

This text also informs us of the boundaries around scope of practice and honoring someone's process. We included this because we heard so much about it from our clients when they felt violated by other therapists. Our intentions include teaching from the heart and supporting resilience. Our text has numerous references that will encourage the therapist to be mindful and allow the client to declare needs. Safety is the key to healing, with any touch therapy modality.

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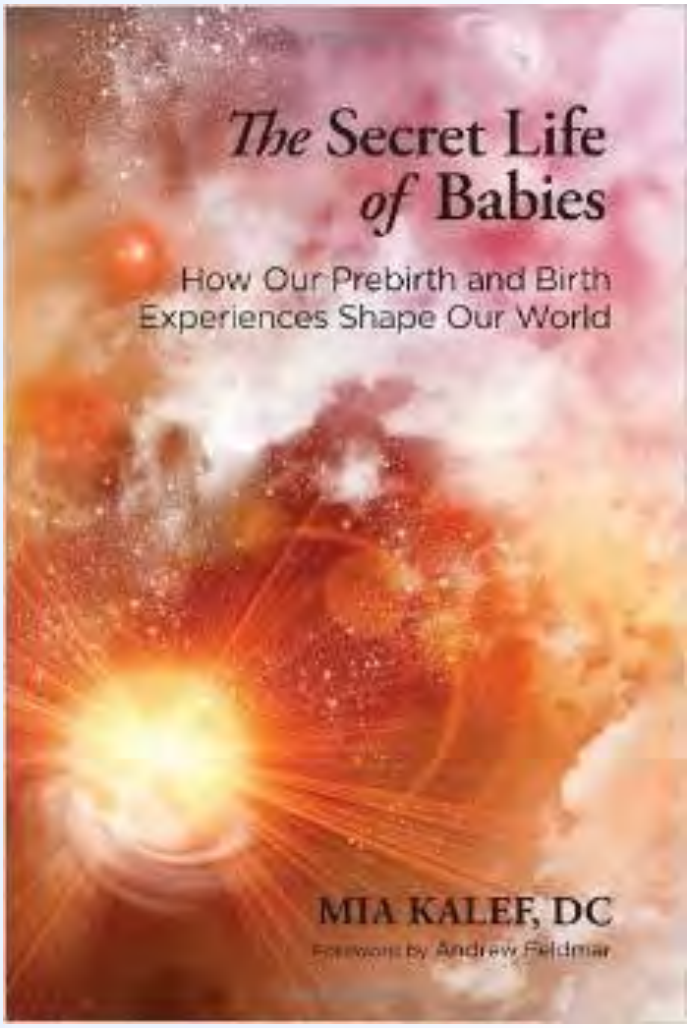
As we reflect on the writing process, it took three years to discern what we wanted to include from the vast pool of information. As a result, our commitment to our own wellness has become stronger. It has become even more clear hat as we get older, cleansing is the best way to maintain vitality and clarity. We've gained many insights through the co-creation of this text and we thank all of our clients, mentors, and students who continue to bring so much learning. We feel honored and privileged to help others on this path.

Cathy Shea, LMT, CT, holds the highest qualifications in her field as a National Board Certified Colon Hydrotherapist and an I-ACT Certified Instructor. She earned her license to practice massage and colonics in the State of Florida in 1992 and is an active member of several professional organizations. Cathy joined several doctors who made scientific presentations at the Italian Society for colon hydrotherapy in Bologna, Italy in 2014. She has taught nationally and internationally since 1994 and has trained over 1,000 therapists who practice in 25 countries.



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birth and birth, Kalef suggests the family field model, which takes into account not only the lives of one's immediate family but also of more distant ancestors. This is an extensive treatment and beneficial to not only the individual but also to his or her extended family, as the family field model elucidates several mental pathologies.

Sue Roh is currently an undergraduate third-year at the Columbia University in the City of New York with a double major in psychology and mathematics. Beyond her course of study, she is interested in international development and founded Save Mae, a non-profit organization that provides medication to the Mae Ra Ma Luang Refugee Camp located along the Myanmar-Thailand border.

The Secret Life of Babies: How Our Prebirth and Birth Experiences Shape Our World

Written by Mia Kalef , DC

Reviewed by Sue Roh, Columbia University

Mia Kalef asks the reader to recall his or her first memory. Every human being, regardless of what culture or time period in which he or she was conceived, has one experience in common with the rest of humanity: growth in the mother's womb. Kalef's *The Secret Life of Babies* makes the bold argument that babies in the womb are sentient beings, and our earliest memories can be formed prior to the brain's physical development. Regardless of whether or not one believes this claim, *The Secret Life of Babies* poses an interesting argument supported by strong evidence. Recommended to parents, health-care providers, businesspeople, spiritual leaders, and policy-makers, *The Secret Life of Babies* is also a valuable read for individuals who simply want to learn more about themselves. By understanding babies, we gain more insight about ourselves: our behaviors, desires, and interests.

It is only over the past eighty years that scientists have truly begun to argue that babies are sentient beings. Continuing work from researchers such as Michel Odent, Ray Castellino, and Myrna Martin, Mia Kalef continues their argument that our experiences in the womb and at birth have permanently shaped our lives, regardless of whether or not we have memory of them. If this is valid, modern processes such as induction, epidural, forceps, vacuum, and Cesarean are among the first memories that babies have. These often unnecessary medical procedures hurt and scare them, potentially scarring them for life. Kalef claims that her patients who suffer from mental disorders can trace the formation of their neuroses back to their conception and birth experiences. Given this possibility, perhaps we can prevent certain mental illnesses from fully developing by paying more close attention to a baby's experience in the womb and at conception.

In order to formulate her hypothesis, Kalef delineates a series of basic assumptions, which are detailed in her Introduction. What I find most interesting is her belief that babies are able to form memories prior to the physical development of their brain. If this is true, many scientists must redefine their idea of human consciousness. Is it then possible to form memories after death when the brain is no longer physically active?

The definition of "consciousness" is still vehemently debated. Kalef develops her own argument about consciousness by focusing on embryological neurobiology, the study of brain formation in the womb. In the time frame around birth, increased levels of oxytocin are observed in both the baby and mother. Increased oxytocin signals the release of endorphins, which, Kalef argues, serve as the baby's first "addiction." The baby develops an instant attachment to the mother, an addiction that is reciprocated. But, modern practices disrupt oxytocin levels and consequently, this attachment is hindered. Kalef concludes that this is a potential factor in one's development of destructive behavior later in adulthood.

A better understanding of conception not only prevents the development of mental disorders but also provides possible solutions to achieve a peaceful and unified society. Kalef argues that recently, there has been an apparent difference between dominant and emergent cultures. Although dominant cultures have been successful economically thus far, their progress is not sustainable. Dominant cultures possess a logical mentality, one that gives little consideration to the environment and surroundings. Conversely, emergent cultures, though they have yet to "catch up" economically to dominant cultures, include teachings from nonverbal organisms, which include trees, animals, and babies. By integrating the environment into their culture, emergent cultures achieve a more unified and sustainable society. Although they might not boast of the highest gross domestic product, emergent cultures are more peaceful and equal.

The Intuitive Recovery Project (IRP), on the other hand, observes human behavior. The IRP is a series of six steps that can be executed by the reader without the help of any medical professional. It can facilitate any transformation, ranging from decision-making to healing diseases and emotional heartbreak. But Kalef notes that the IRP does not substitute any medical, scientific, or professional training in the healing arts. Rather, it is a healing practice that is innate. By detecting, differentiating, and integrating our various imprints, we can come closer to an environment in which we are more likely to reach a physiological and emotional state that simulates our hidden memories – ones that evoke grief and release. Once we reach this transformative state, we achieve a state of happiness. We accomplish an intimacy with the rest of society, and, by opening our sense, we truly live in the present.

At the end of the book, Kalef focuses on specific protocols in order to help the reader uncover his or her birth and use this memory for individualized treatment. In order to heal with the consideration of pre-

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Embodying Embryology: Accessing Our Original Potential

By Cherionna Menzam-Sills, PhD, OTR, RCST

My first inkling of early trauma emerged while receiving bodywork. While previous therapy was helpful, touching early prenatal and birth traumas hidden beyond my conscious awareness required including my body in therapy. Massage leading to emotional release began the process. This was followed by dance/ movement psychotherapy where I learned to notice and express what was held in my tissues. I was fascinated by memories of feeling unwelcomed and unwanted, losing a twin, being plucked out of the womb with forceps from a mother too drugged to remember if she had held me after birth, or to realize the wrong baby was brought to her three days later.

I had found myself intuitively supporting my own bodywork clients, who sometimes spontaneously 'birthed' themselves off my treatment table. For example, one client pushed his head into my unsuspecting hands and found his way onto the floor as I somehow supported his body. We both had a sense that he had just been born.

I was formally introduced to the field of prenatal and birth psychology as part of my masters in somatic psychology (dance/movement therapy). Ignited, I spent ten years in post-graduate studies, including intensive personal work and extensive training with pioneers in the field of prenatal and perinatal psychology.

My healing journey fortunately included a major paradigm shift in orientation, which profoundly affects how I now work. In those days, the focus of prenatal and birth therapy was guided regression, leading to cathartic expression of terror, rage, grief, and other long suppressed emotions. The concept of resource—what supports us and helps us to cope in the midst of our challenges—introduced in training with William Emerson and Ray Castellino, initiated the possibility of something else. Discovering why I often felt like a helpless, vulnerable little one (the fetus, newborn, infant, toddler or child I had once been), my sense of inner resource grew as I learned what real support felt like in my body. My life challenges began to make sense. My story became more coherent, and my body softened its hold on the past. Studying Craniosacral Biodynamics (Sills, 2011) further taught me to orient to health, to shift my focus from symptoms and patterns to the underlying generative forces they pointed to. Recent advances in neurobiology related to rewiring our brains through mindful, present-time awareness has deepened this understanding.

Today I combine prenatal and birth psychology with the subtle, respectful listening of Craniosacral Biodynamics within a safe relational field, incorporating fluidic somatic inquiry through Continuum Movement, also known as Continuum, and other movement practices. Continuum, developed by the late Emilie Conrad (2007), utilizes breath, vocalized sound, gentle movement and mindful awareness to slow ourselves down and deepen into our natural fluidic state. Carefully facilitating resourced, mindful presence, my work aims to access what I call our original embryological potential.

From Trauma to Potential

Our history begins before we are born, profoundly affecting us throughout life. We begin as one simple cell, with an incredible potential to develop into a very complex, capable body. This original embryological potential persists, even when occluded as we form our bodies, personalities and relational tendencies within the context of mother, parents, and surrounding community.

Our early history lurks in the shadows of our unconscious, held within our bodymind as tendencies, behaviors, and patterns with which we identify. Becoming aware of the effects of our early stories often draws us into them, cycling into pain and trauma. Shifting our awareness, however, can alter our relationship to our history, changing our context, as we open to other, more supportive influences obscured along the way, returning to our original potential.

In prenatal and birth therapies, we commonly encounter early origins to relational issues. For example, a woman we'll call Jane discovers her chronic distrust of men and inability to establish or maintain a loving relationship derives from her conception. Her father forced himself on her mother in an inebriated state, later regretted. In therapy, Jane encounters her terror as an egg being attacked by a forceful sperm. She identifies with the helpless egg.

There are various ways we might access potential here. Jane might, for example, imagine herself as a sperm approaching an egg, enabling her to discover a sense of movement and power. Wiggling her tail may generate an active, even fun sperm dance.

Embodying the quieter egg also provides gifts. Deepening into a slow, fluidic state of suspension, allowing a sense of receptivity, Jane asks, *what do I choose to receive?* Where she had avoided receiving, fearing invasion, she re-connects with the original receptive state, prior to trauma.

Jane then remembers the blueprint's interactive dance between egg and sperm. Communicating with each other via chemical substances, egg invites sperm in. Sperm enters and vulnerably loses his tail, combining his genetic material with hers. Experiencing this cooperative interaction, Jane opens to a more gentle collaborative, even vulnerable aspect to men in her life.

Another common issue in prenatal and birth psychology is 'umbilical affect', a term first coined by Francis Mott (1964) and used by Frank Lake, referring to how one experiences maternal feelings through the umbilical cord, before and after birth (Maret, 1997; William R. Emerson, personal communications, August 4, 1995, Sills, 2009). Little ones do not differentiate between mother's experience and their own. If mother feels afraid or angry, little one hormonally experiences fear or anger. As cell biologist Bruce Lipton (2008) describes, genes may be turned on and off depending on the mother's perception of her environment as safe or threatening, intending to prepare the prenate to enter her world. Umbilical affect, however, can have persistent, maladaptive effects genetically, physically, psychically, spiritually. For example, I have spent my entire life managing allergies after growing in a toxic prenatal environment. Developing awareness of umbilical affect can be healing. Orienting to available potential takes us that much further.

One of my favorite ways to work with accessing umbilical potential is through Continuum, where we can feel suspended in fluidic stillness. We may sense a huge umbilical cord connecting us to the cosmos, an

Our early history lurks in the shadows of our unconscious, held within our bodymind as tendencies, behaviors, and patterns with which we identify.

Take some time to settle yourself, be with your breath, sense your body resting into your chair.
Imagine a large fluid yolk sac growing forward from your belly.
Imagine filling it with light, love, all that nourishes you.
How does this feel?

infinite source of energy and aliveness.

I also find it useful to work with the umbilical area prior to development of the umbilical cord. The early embryo is a relatively flat arrangement of cells suspended between two fluid vesicles, amniotic sac and yolk sac. The amniotic sac on the back of the embryo is filled with amniotic fluid, almost identical to cerebrospinal fluid (CSF). A. T. Still (1892, 1986), founder of osteopathy, described CSF as "one of the highest known elements that are contained in the body" (p. 44-45). Essential to health, cranial therapists perceive this pure fluid as carrying the energy of the source of life. The belly side of the embryo at this stage is the yolk sac, apparently a source of nourishment. Both sacs contribute to forming the umbilical cord and the placenta. The embryo intelligently establishes these supportive structures first, ensuring a source of ongoing sustenance, before developing the actual body of the baby.

Yes, the embryo initiates developing the umbilical cord and the placenta. Mother cooperates. Immersed in negative umbilical affect, from such experiences as being unwanted, chronic maternal stress, illness, drugs, loss and

grief, etc., we usually feel like helpless victims. We can, however, access our own creative ability to design the supportive structure of our choice, accessing our early potential. We can practice somatically opening to receive what we choose from our yolk sac, imagining it extending from the belly, filling with light, love, etc., as we sense our cells receiving its nourishment. Through this work, I have seen that recovering our creative power may shift our relationship with food, mother, and others, creating a new sense of safety and support we may never have felt before.

Mindfulness and Early Trauma

Where unresolved trauma locks us in the past, unable to receive the goodness of now, mindfulness can return us to present time. Mindful sensory attention facilitates healing early wounds. Babies are right brained, holistic, present time creatures, depending on caregivers to differentiate between past and present for them. Infants approached too quickly or put in a position reminiscent of being stuck in the birth canal can re-experience their birth trauma. Similarly, a client or workshop participant in touch with very early terror may feel its source as current. The well-meaning therapist becomes the insensitive doctor or needy parent. In that little one state, we lose touch with the adult body and its abilities and resources, often disastrously affecting relationships with a love partner, boss, colleagues, children or others.

Simple mindfulness practices enable us to notice our current environment, remembering inner and outer resources, being aware of sensations in the body now . . .

I'm here in the 21st century. I'm safe now. I feel my feet. I feel the floor under me. I'm breathing. I'm alive! Oh, this person I'm with is actually friendly, sensitive and supportive!

Our neurobiology shifts with our orientation. Terror involves ongoing firing of the amygdala, a sentry in our brains, always alert for danger. Sorting incoming stimuli for threat or safety, based on past experience, the amygdala signals other brain structures accordingly, often stimulating a stress response throughout the body. While useful in truly threatening situations, people with unresolved or overwhelming trauma can become locked in this response.

Present time awareness helps to engage the pre-frontal cortex, a more recently evolved part of the brain. This shifts our perception, enhancing ability to reason, calm, and self-regulate. Being supported within a safe relational field also stimulates other parts of the brain, and especially the social engagement nervous system, a part of the autonomic nervous system that keeps us safe through communication and orientation (face-voice-heart connection) (Porges, 2004, 2011). As we experience safety, our defensive fight, flight and freeze reactions can relax, our perception shifts allowing for social engagement/interactions with others (Porges, 2004, 2011).

On a somatic level, I find Continuum particularly effective in mindfully arousing the small muscles of the face, awakening the social engagement system. *Take a moment now to make tiny movements with your lips, cheeks, and head. What happens?* Turning the head is involved in seeking the source of potentially threatening stimuli. Neck tension often comes from being stuck in this orienting response, possibly originating as early as birth. Making slow, tiny movements rotating your head slightly to one side and then the other can work on different levels. It can soften the muscles and interrupt chronic hyper-vigilance. It can also engage the spiral involved in negotiating the birth canal in a slow, manageable way. Where one feels stuck, crunched, or overwhelmed in birth, she can make these micro-movements and begin to generate a new sense of freedom.

The Potential of the Birth Experience

Birth therapy often focuses on what goes wrong at birth—interventions, speed, overwhelm, etc.—but birth expresses an ancient blueprint for shedding the old and entering the new. Babies use their little feet to push against their mother's uterine wall. This push can move from the top of the head, down through the body midline and legs, ideally to be met by the uterine wall contracting in a warm, wet massage. If this ancient blueprint was interrupted, we may still long to have been born that way. We are, however, being born every moment.

What would it take for you to birth yourself in a more satisfying way in this moment? Even as you read this page, there is the possibility of feeling your feet push into the floor. Can you pause for a moment to feel this push? How does that feel? Where do you feel it in your body? Does it stop at your feet? Can you feel it up into your legs, pelvis, trunk, head? Pushing your feet into the floor, you will probably find your head lifts. Can you feel that?

That is a tiny bit of birth potential you can access this very moment.

It is fascinating but complex to review each stage of our early development and ways to access the original potential in present time. While this is beyond the scope of this article, I am writing a book on the subject entitled,

Fluid and Cosmos: Embodying Our Original Embryological Potential. For now, I briefly describe simple ways to access original embryological potential.

Continuum mentioned earlier is one way of experiencing the natural wave motions that characterize the embryo. The breaths, vocalized sounds, mindful movement and awareness of Continuum invoke the waves, spirals, and pulsations of our naturally fluid bodies. Imagine slightly stirring water in a bowl with your finger. The ripples emanating from your finger movement are akin to the subtle, rhythmic motion that arises spontaneously in Continuum. This resembles the movement of an embryo suspended within the watery environment of the womb. The micro-movements suggested earlier can be done anywhere in the body to reinstate natural flow and melt old patterns in the body. If you consider how the embryo develops from one zygote into the very complex beings we are, you begin to tap into the immense potential of floating in slow motion, as in Continuum. Add in a safe relational field as provided by good therapists and surely anything is possible.

Cherionna Menzam-Sills, PhD, OTR, RCST, is a prenatal and birth therapist, movement therapist and Biodynamic Craniosacral Therapist. Drawing on over 35 years experience, her background includes an M.A. in Somatic Psychology (Dance/Movement Therapy) and a Ph.D. in Pre- and Perinatal Psychology, as well as Occupational Therapy, Massage Therapy, intensive study of BMC and Body-Mind Psychotherapy with Susan Aposhyan and 10 years with prenatal and birth psychotherapy pioneers, William Emerson and Ray Castellino. Cherionna has taught graduate students in both Somatic Psychology and Prenatal and Birth Psychology at Naropa University and the Santa Barbara Graduate Institute. She has also taught Embryology through movement for almost 20 years. She currently teaches Continuum Movement and practitioner trainings in Biodynamic Craniosacral Therapy across North America and Europe, often with her husband, Franklyn Sills. She has published chapters on early development in volumes one and two of *Foundations in Craniosacral Biodynamics*, and is currently working on two soon to be published books, *Fluid and Cosmos: Embodying Our Full Embryological Potential* and *The Breath of Life: An Introduction to Craniosacral Biodynamics*. Originally from Canada, Cherionna lives in Devon, UK, with her husband and step-daughter, Ella. She has a private practice and is Senior Tutor at Karuna Institute. Cherionna is committed in her work & life to embodied presence. More information available on her website at www.cherionna.com.

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Prenatal and Perinatal Therapy as a Synergistic Path to Wholeness

By Sarah Theismann, MA

My path toward becoming a prenatal and perinatal (PPN) therapist started when I began working with the body. I had been a dancer and Pilates and yoga teacher for years and was used to living an embodied life. In my late twenties I was studying painting and performance art when I decided to apply the process of achieving personal transformation through somatic processes to a career in supporting others. I have always loved to combine different bodies of work in a synergistic manner and started to pursue various somatic trainings that allowed me to do so, such as massage therapy, Somatic Experiencing, movement based expressive art therapy, and sexological bodywork. Somewhere along the line I came in contact with Dr. Ray Castellino's Prenatal and Birth Therapy and was immediately drawn to it. I felt that this work was reaching layers in myself that I had not been able to connect with before, both as a practitioner and as a client.

After just one workshop I found some things I had been working to change for a long time were transformed. I attended his professional 3-year foundation training and simultaneously started my graduate studies at Santa Barbara Graduate Institute in clinical psychology with a specialization in pre and perinatal psychology. Going through the academic and the practitioner training at the same time was both challenging and enriching and gave me a deep understanding of the theoretical framework as well as the clinical skills of PPN therapy. I followed up with assisting various practitioners in their application of the PPN model, among them a pre and perinatal therapy training with Myrna Martin, and became a member of APPPAH (Association of Prenatal and Perinatal Psychology and Health) to stay connected with my community of peers.

Here, I got exposed to other ways of working with PPN material, ranging from EFT to Cognitive-Behavioral approaches. During this time I started working with children, offering play therapy and integrating PPN and Somatic Experiencing principles into the work, which appeared to be a very complementary combination. Since then I have applied the underpinnings of PPN theory and practice to working with couples and somatic sex coaching, as well as seeing individual adults and families. I find one aspect that makes PPN therapy so special is that the principles lend themselves to any body of work: They allow for deep, yet subtle attachment work and repatterning of early somatic imprints, no matter what concerns the client is coming in with (and in my experience, for most clients their concerns have roots in their very early histories). Another influence on my PPN work has been through the medical model: I work closely with an O.M.D. and homeopath and apply homeopathy to clients of all ages who see me for PPN therapy. There are several specific key remedies that are closely linked to early experiences, and I have found that this is a helpful modality especially for children.

In my work as a somatic sex and intimacy coach I apply my understanding of the nervous system and pre and perinatal imprints to working with people who want to have a more fulfilling sex life. Our intimate relationships are affected by prenatal imprints such as our conception experience, our parents' sexual patterns (before, during, and after pregnancy), our early attachment experiences with each parent starting at conception, the birth itself, and the postnatal bonding period. Many of my clients have explored later influences on their sexuality, such as sexual trauma, their first sexual experiences, collective belief structures around gender and sexuality, etc, but hardly anybody has ever looked at how the prenatal period affected them sexually.

Sarah Theismann, MA, grew up in Europe with German and Hungarian ancestry, moving to the U.S. in 2001. Her interest in the effects of early experiences

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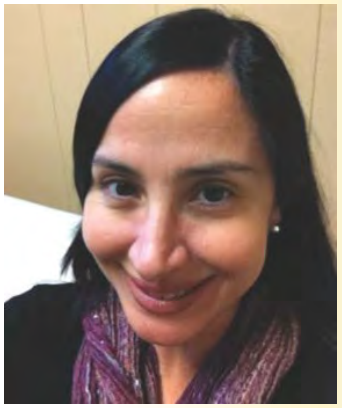
Becoming Us: 8 Steps to Grow a Family that Thrives



Written by Elly Taylor, AARC

Reviewed by: Dawn Bhat, MA, MS, NCC, LMHC

"As a partner, I was acutely aware of the stretch marks that were spreading across our relationship. As a mother, I was increasingly aware of how I wanted to me. And as a counselor, my understanding of the gap between these two states—and how to bridge them—was growing too. I wanted answers. What happens to us and our partnership when we become family? What makes or breaks us? What can be done to really prepare us for parenthood?" (Elly Taylor)

Elly Taylor is sensitive to the joys of starting a family and the challenges inherent in the process. As a relationship therapist, columnist, perinatal researcher, and a mother of three, Taylor has written her first book, *Becoming Us: 8 Steps to Grow a Family that Thrives*. Her heartfelt desire to share her skills and research is evident as a means of transforming and enhancing the initial period of starting a family, which she refers to as "becoming us". In some ways, what Taylor was not prepared for personally and professionally drove her urge to fill a gap in the literature with her new book. As a new mother myself, I know the period between pregnancy and parenting deserves attention, and Taylor, who provides parenting consultation out of Australia, has rightfully done so.

Becoming Us is written in a first-person familiar voice—it reads as if you are sitting with Elly, sharing stories over a cup of tea. It is an easy-to-access resource for therapists and laypersons alike. Drawing from current research and psychotherapeutic theories, Taylor writes with a simplicity that gets to the heart of ordinary experience:

"Becoming a family, any family, is all about growing, changing, adapting and connecting. At first, it's the physical changes: the ripening and blossoming of breasts and bellies, the first flutters of movement, the wonder of another life, and then the momentous miracle of birth, which transitions you overnight."

Therapists and somatic practitioners, especially those specializing in marriage and family counseling, can assuredly recommend this volume to couples transitioning to parenthood. Along with Elly's personal reflections, there are plenty of experiential exercises that are based on evidence-based perspectives. Based on my experiences through pregnancy and now being part of an 'us', I think this volume is especially perfect for those during the prenatal and perinatal period to prevent issues fairly common when "becoming us"—it brings awareness along with the knowledge and skills to prepare couples for parenthood *a priori*.

Taylor's admitted overwhelm of new-mother responsibilities and her lack of attention to what was happening to her partner during this time planted the seeds for this book. She noticed personally and professionally that as a couple becomes a family, the partnership undoubtedly changes. While change is growth, change can generate conflict; a new life stage can pull apart the couple's relationship. Taylor honed in on research that indicated couples seem to have more disagreements the first year and experience a decline in satisfaction in their relationship (she sites work by Cowan & Cowan, 1992 and Gottman & Gottman, 2007). Partners may commonly grow apart with the birth of their child but with the help of Taylor's experience and her ability to impart her wisdom through writing, they can join hands in this parenting adventure. As Taylor writes:

"I was looking for answers but I found much more than I bargained for. I discovered this: becoming a family pulls apart the structure of a couple's partnership; the transition tips them into a new life stage as individuals and a new relationship stage at the same time. Parenthood affects both the mother's and father's sense of identity and self-esteem; it can change the balance of power between them and also disrupt their sense of connection" (p.13).

While this volume opens with Taylor's touching personal story, she inspires the reader to create a self-narrative. She gently and softly encourages couples to connect through rituals, discussions, and learning new ways to communicate. In addition, couples are encouraged to partake in exercises, such as writing and starting a journal. Taylor reminds parents to take time to rest and relax while prompting them to reexamine, reassess, and revise expectations, plans, and goals. Taylor points out that simply embracing change is key to becoming a family that thrives.

Becoming Us consists of three parts: The Skills, The Parts, and Extra Support. In Part One, The Skills, there are four chapters entitled *Loving, Learning, Growing, and Relating.* Part Two, The Steps, involves eight, steps to guide parents. Lastly, Part Three, Extra Support offers readers help through extraordinarily difficult times.

'The Skills'

Loving, Learning, Growing, and Relating. The first chapter, 'Loving', discusses the different types of love and times in which you grow together and apart. According to Taylor, long-term love goes through three stages: coming together, growing apart, and growing together. The latter is a balance between personal growth and that within the relationship. With a focus on connected partnership and parenthood, Taylor offers ideas for rituals to restore and reconnect to continue to move forward personally, as a couple, as a family, and within a community. For the couple, daily rituals such as kissing hello, sharing a meal, etc., when done mindfully and lovingly, can help connection deepen, especially when parting. Likewise, self-care, family celebrations, and engaging in community events or activities with like-minded individuals are rituals that protect against isolation and loneliness, which is especially important during transitions.

Contrary to myths that parenting is easy and natural, in the second chapter, 'Learning', Taylor shares that there are five lessons of creating a family. Aspects of becoming a family are stressful. It's how we react to the stress that counts not the stress per se. This could be one of the most important contributions of this volume—giving readers practical ways to identify, cope with, manage, and regulate stress to promote ways in which parents can work together. When parents head in the same direction they are more likely to be connected. Parents can reinvent their partnership. Lastly, parenthood, Taylor positively advises, is the perfect opportunity to do this. Moreover, these lessons learned by parents get transmitted to their children, the next generation.

In 'Growing', Taylor recapitulates the psychologist Erik Erikson's stages of life cycle development, which are referred to in this volume as Trust, Independence, Initiative, Competence for child development and Identity, Intimacy, and Generativity in adult development. Each stage is applied comprehensively and is comprehendible to any reader. Parents gain awareness in child psychosocial development and a general sense of what it takes to 'become me'. Meanwhile, the couple can 'become us' and grow with the understanding that each partner may do so at a different rate. Taylor teaches partners emotional intelligence, how to communicate about feelings and express emotions, and how to work with emotions, such as joy, anger, hurt, fear and disgust. This can affect the next generation by raising emotionally intelligent children.

The fourth and final skill of Part One is 'Relating', which is vital in any couple's relationship. Relating to, communicating with, and talking about sensitive topics may be the most challenging for most couples. Taylor offers guidelines and steps for intimate connection between the speaker and listener to ultimately come to a place of understanding. Taylor goes on to talk more in-depth about the four steps for intimate communication: *1) Go inside; 2) Find the words to express yourself assertively; 3) Reveal yourself using 'I' language; 4) Listener responds with reflective listening*. She gives practical solutions to resolve conflict, which include how to give feedback effectively, negotiating through differences in hopes, thoughts, and goals, and eventually problem solving. Instead of moving toward triumph from heated arguments, Taylor directs readers to avoid heated arguments and escalated conflict to experience greater satisfaction in their relationships. Since heated arguments can cause rupture a relationship, Taylor shares how to give a healing apology to repair damage, build trust, and strengthen connection.

'The Steps'

In Part Two, The 'Steps', readers learn how to love, learn, grow and relate through the eight different stages of parenthood today. There are eight chapters that represent each of the eight steps. Steps 1) Prepare Prenatally ,and 2) Build a Nest, help readers from the time they start thinking about having a baby to the newborn phase of the first few months, the fourth trimester. Taylor provides tips for both new mothers and fathers to support each other while taking care of one's self and the newborn baby.

Taylor opens the chapter on preparing prenatally by changing common language about 'expecting' during pregnancy to include 'exploring' and 'preparing.' During this period, Taylor emphasizes that there is also an evolving sense of self. Often partners have to let some things go to make space inside so that they can be ready to be filled with new experiences. It may be new priorities, clearer values, deepened spirituality, heightened emotional awareness, and a more rounded sense of self. Taylor points out that women find their inner strength while men find their inner softness. She stresses that your relationship with your partner is as important as your relationship with the baby. Taylor repeatedly delivers a message to go inside and connect with yourself and your partner.

What happens during the next few years? Steps 3 – 8 deal with the passage into parenthood today and are entitled: 3) Manage Expectations; 4) Know Your Family's Needs; 5) Expand Emotional Intelligence; 6) Welcome Your Parent Self (and Your Partner's); 7) Grow Together Through Differences; 8) Connect and Reconnect Through Intimacy. These processes may, at times, require careful, deliberate thinking, feeling and doing; yet, at other times, things may shift or happen more spontaneously or unexpectedly. Taylor helps prepare, guide, and support the reader for the adventures of parenthood and offers over 200 examples of common challenges of parenthood.

The chapters in Part Two include what Taylor calls 'seeds' and 'ways to grow.' Taylor helps readers plant seeds or develop new skills or ways of thinking, which is followed by guidance and direction to cultivate these new steps forward. As a new parent, I thought this section was organized to appeal to people like me with hardly any time to engage in self-care practices like reading a book. There are heading and labels for important points to help the reader focus.

'Extra Support'

In part three, Taylor addresses birth trauma, grief, anxiety, and depression in addition to affairs, addiction, and abuse. These are issues that bring individuals, couples, and families into therapy and when untreated lead to a whole array of issues. Taylor offers hope in healing and growing from these challenges.

Personal Reflection

While I was reading Taylor's book for this review, my then ten-month-old daughter was climbing all over me and pulling herself up to stand by using my knees for support. I felt Taylor's words speak to me, as if she were a dear companion on my journey of motherhood from the onset. Taylor knew all about what I experienced during the newborn phase from breastfeeding to a messy house. What shocked me the most was Taylor seemed to know what this meant for my partnership, as we were experiencing the changes both together as one and separately as individuals. It is no wonder that Taylor is an expert and well-seasoned clinician whose work focuses on transforming couple's experiences during the critical period between pregnancy and parenting. I was lucky that SPT's editor, Nancy Eichhorn, PhD asked me to review *Becoming Us: 8 Steps to Grow a Family that Thrives*! I doubt I would have known about it otherwise. I hope you find my review a small representation of how informative and formative *Becoming Us: 8 Steps to Grow a Family that Thrives* is.

Dawn Bhat, LMHC is in private practice in Hicksville, NY. She holds graduate degrees in General Psychology and Clinical Mental Health Counseling. Dawn is a National Certified Counselor and a Registered Yoga Teacher (RYT-500). Dawn has been researching somatic psychotherapy under the guidance of Jacqueline A. Carleton, Ph.D. of the USABP since 2010 and has presented scholarly papers and professional workshops regionally, nationally and internationally. Feel free to contact her: www.dawnbhat.com

Taylor helps prepare, guide, and support the reader for the adventures of parenthood and offers over 200 examples of common challenges of parenthood.

Reflections on Writing

Becoming Us

By Elly Taylor, AARC

In my teens, Mills and Boon novels were regularly "borrowed" from older sisters, passed furtively between friends, and secreted in school bags. Romances sustained me during bleak times in my teenage years after my parents divorced. I was still immersed in romance novels when I met my husband; I was 17.

I was well prepared for parenthood, or so I thought. I read everything I could get my hands on, did prenatal yoga, and searched out private antenatal classes, and it all paid off: the birth was wondrous. Our midwife showed my husband how to stand with his hands on my hips and do "birth circles" in early labor; it felt like we were dancing. She demonstrated acupressure for him, and when the pains became intense I felt grateful for his touch and comfort. She suggested to him that he stand behind me so I could lean into his arms, and I gave birth, literally and figuratively, supported by him; he had my back.

We had our first argument as new parents in the hospital parking lot and our second driving home. We didn't normally argue, so I was shocked. Over the next few weeks and months, the conflict increased. I sought solace in my budding relationship with my son, and my husband worked harder in his two jobs. A new sense of "us" was emerging.

At the same time I studied psychology and then, pregnant with our second child, trained and began my employment as a relationship counsellor, working with couples, who like us, were on the front lines in the trenches of early parenthood. Over the years, I took history after history of their relationship journey - hundreds of them - finding that we all had the same twists and turns: things change, in life and in love, after two become three, and that these changes inevitably have effects on a couple's relationship. What I was also learning, both personally and professionally, was that how a couple manages the changes determines the future of their relationship. I remember thinking someone should write a book about all this stuff. I didn't think it would be me.

Walking one day with my son in a pram, I spied a book in a bargain tray outside my local bookshop: *The Transition into Parenthood* by Jay Belsky and John Kelly (1995). A few years later, different baby, same pram, same shop, another one*: Naked Motherhood* by Wendy le Blanc (1999). Reading these two books raised my awareness and ire and fueled my passion to seek answers.

I was shocked to find decades of research dating back to the 1950's that clearly showed a first child mixed things up. There were some major long-term studies done in the U.S: Cowan & Cowan discovered 92% of couples experienced increased disagreement and conflict in the first year after baby, Gottman & Gottman that 67% experienced a decline in relationship satisfaction in the first three. Le Blanc had also found 17% of Australians said having a baby together led to the end of their marriage. We now know that 7% of mothers and 10% of fathers suffer from a perinatal mood disorder and when they do, increase their risk for family breakdown. Basically: you fell in love, got married or moved in together, had a baby, and then you were stuffed.

I didn't want to know these things, and I certainly didn't want to be the one to bring them to the attention of others. But knowing them, I couldn't un-know. At the same time I was working through parenthood issues in my own marriage and also with my clients and experiencing that if you could work them through, the issues weren't actually a bad thing and didn't necessarily spell disaster for a couple's relationship. In fact, working through them was how you built foundations for a family.

In 2002, with our two children off to school, I was ready to go back to University, finish my degree and take on a heavier client load when life turned an unexpected corner. Our youngest was born ten months later and with her the resolve to finally get everything out of my head and on to paper.

Writing a book is arduous, but for me it was also the perfect foil for the tedious tasks of early parenthood. I wrote the first draft of *Becoming Us* between her sleeps, with parts of it scribbled on the back of receipts, chucked on the floor of the car as complete sentences popped into my head while ferrying the kids around, or on the shopping list on the fridge as concepts became concrete at the same time my hands were immersed in a soapy sink. My husband learned quickly not to throw *anything* out after I spent hours one dark night rummaging through the outside rubbish bin looking for my "special" scrappy pile of notes.

The road to publication was even more arduous. After a very promising start, when the original manuscript was accepted immediately by Jenny Darling, a prestigious Australian literary agent, it took three years and three different incarnations of the submission before a contract to write the book was finally offered by HarperCollins Australia. I have fond memories of the moment I found out. I screamed so loud my kids (by then aged 7, 11, and 14) came rushing down the staircase, shocked to see their mother dancing like a banshee on hot coals and chanting, "oh my gosh, oh my gosh, oh my gosh" into the phone.

One of the most challenging tasks in writing the book was ordering the hundreds of stories and years of research I had been collecting. I spent months and months on this decision and for a time it paralyzed me, threatening an ever-closer deadline for the book. I went back to my previous profession in recruitment for inspiration, where I was responsible for assisting change management during the expansion of the company I worked for. I researched various change-management models and chose the ADKAR model from Prosci as being the most appropriate: ADKAR is an acronym for Awareness, Desire, Knowledge, Ability, and Reinforcement. This model provided an underpinning for the structure of each chapter of the book and some direction for its construction, but it didn't encompass the entirety of what I began to sense was emerging.

I screamed so loud my kids came rushing down the staircase, shocked to see their mother dancing like a banshee on hot coals and chanting, "oh my gosh, oh my gosh, oh my gosh" into the phone.

It was through collating boxes and boxes of paper and ordering and re-ordering the information and the chapters that it started to become clear: there were stages of parenthood. Over a decade of research was finally finding form, and not just a book, but potentially a new way of conceptualizing parenthood was emerging on my study floor.

Shortly after the book was published in Australia in mid-2011, three back-to-back events occurred. My father was diagnosed with dementia, and my beloved Grandmother passed away not long afterwards. The not-for-profit organization I had worked for as a counsellor for the past fifteen years and who had promised to assist me with promoting the book underwent significant changes, which presented me with an ethical dilemma. Eventually I made the difficult decision to leave. These things combined took the wind right out of me; the book whispered its way into the world. It was not the roar I (or Harper Collins for that matter) had hoped for!

In 2013, my work fortuitously came to the attention of The Association for Prenatal and Perinatal Psychology and Health in the United States through social media, and I was absolutely delighted and excited that I was invited to present at the APPPAH 2013 conference in California. With that came the realization that my research into the transition into parenthood had international interest and the seed of an idea to independently publish an international version of *Becoming Us*. My trusty agent had her work cut out for her negotiating this with Harper Collins, but it freed me up in numerous ways, one of them was having the opportunity to add additional research into same-sex parent and adopting families.

All my plans for publication and presenting collapsed at the end of last year when instead of leaving for the U.S. I spent four days with my father

in his hospital room after he developed a serious infection that threatened to hasten his illness.

Finally, seven months later, in June of last year, I headed to North Carolina to present my work on parenthood stages at the Postpartum Support International conference. In September I travelled to the UK to present at Marce International in Wales, Parenting 2.0 in Dublin and Birthlight in Cambridge. There were numerous highlights but what stays with me are conversations I had after each and every presentation when someone had the courage to approach and, in hushed tones, share with me their personal story of distress due mainly, I believe, to lack of awareness of and adequate preparation for, the stages of parenthood.

My hope for *Becoming Us, 8 Stages to Grow a Family that Thrives* is not only to support parents but to use the book as a platform to educate professionals on the stages of parenthood and on the importance of preparing couples for, and supporting them through, each of them. When we can, we reduce both partner's risk for perinatal mood disorders and have the power to build healthy, stable, thriving families right from the very beginning.

Elly Taylor, AARC, is an emotionally focused couples therapist, perinatal relationship researcher, and international speaker. Her vision is to bring birth, health, and therapy professionals together to create a professional nest for the families in their community. She is currently developing a *Becoming Us* training program with this in mind. Elly lives in Sydney with her firefighter husband, their three children, and a bunch of pets. For free resources and to connect with Elly please visit www.ellytaylor.com.

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KINDRED

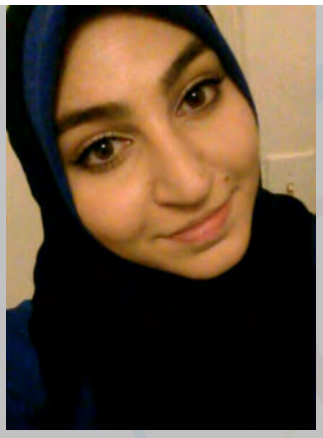
Sharing the New Story of Childhood, Parenthood, and the Human Family

"Becoming Us is a Kindred Book of the Month for June 2014 because of its courageous contribution to 'Sharing the New Story of Childhood, Parenthood and the Human Family.'"

You can watch (and hear) Elly Taylor share her story and inspiration for researching and writing *Becoming US* on Kindred's website:

http://www.kindredcommunity.com/2014/05/becoming-us-8-steps-grow-family-thrives/

The Neuroscience of Human Relationships: Attachment and the Developing Social Brain



Written by Louis Cozolino, PhD

Reviewed by Mona Zohny

In 2006, Louis Cozolino, a therapist and professor of psychology at the Pepperdine University, published the first edition of his book, *The Neuroscience of Human Relationships*. Since then, the field of neuroscience has expanded immensely. As a result, Cozolino has published a second edition, which contains much of the same content and more. It follows the same format as the first edition while integrating contemporary research with existing knowledge of the social brain.

This book is designed for psychotherapists and any other professional interested in applying neuroscience to their practice. In this book, Cozolino "interweave[s] science and experience in an effort to expand our understanding of human relationships". He does so by focusing on the "flow of information between individuals across the social synapse" (p. 13).

The introduction begins by pointing out that "humans exist within a paradox: we conceive of ourselves as individuals yet spend our lives embedded in relationships that build, shape, and influence our brains" (xiii). The rest of the book then focuses on explaining in great detail how human interactions affect the brain, and vice versa. Cozolino explains the concept of the "social synapse" , which he defines as "the space between us . . . filled with seen and unseen messages and the medium through which we are combined into larger organisms such as families, tribes, societies, and the human species as a whole" (p. xv). Each part consists of two to four chapters. At the end of each chapter, Cozolino provides a narrative based on his experience with clients that serves to illustrate the concepts discussed throughout the chapter.

Part One

Chapters One and Two emphasize the importance of viewing the brain as a social organ. Cozolino focuses on the evolution of the social brain as a method of survival. He points out that, unlike many organisms that are born with skills they use directly to survive, human babies "survive based on the abilities of their caretakers to detect the needs and intentions of those around them" (p. 7).

Part Two

In chapters Three through Five, Cozolino focuses on describing the various structures and functions of the social brain. Labelled diagrams of the brain are provided. He discusses the development of the brain over the human lifespan and describes the behaviors associated with the different developmental levels. Cozolino also explores the benefits of the lateralization of brain functions across the right and left hemispheres in humans. He points out that this specialization of hemispheres has led to an increase in "neural 'real estate' for the development of new skills and abilities" (p. 63).

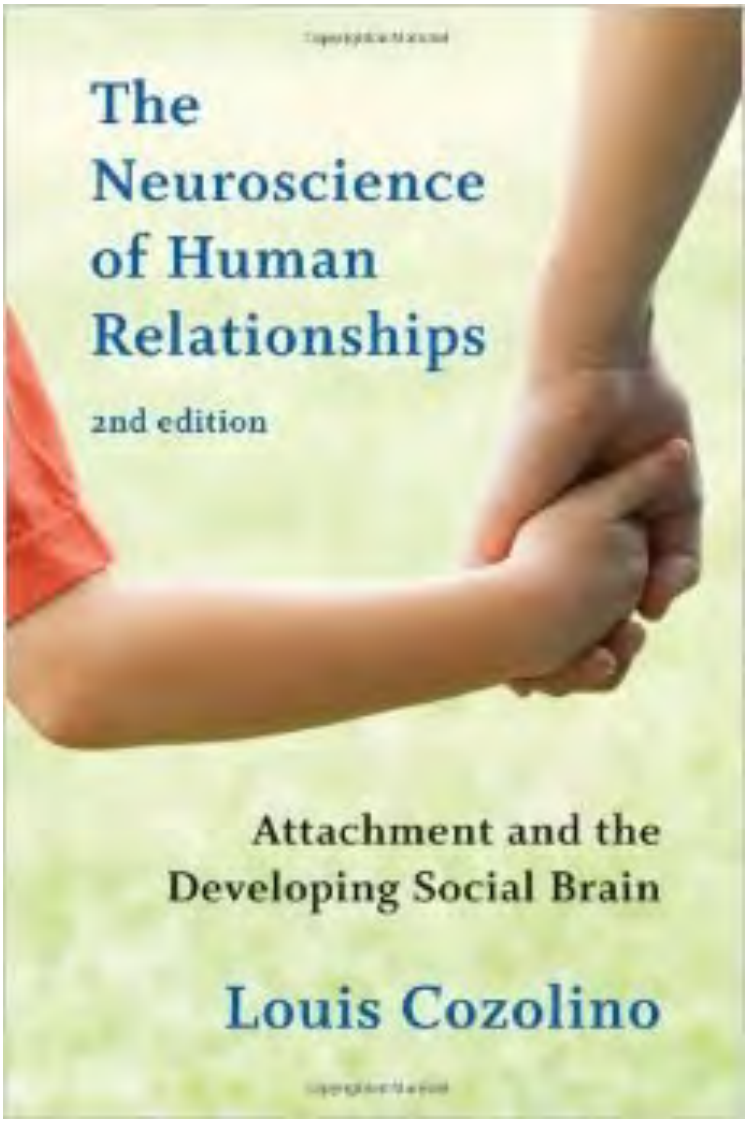
Part Three

Chapters Six through Ten focus on the social synapse especially in terms of primal forms of communication such as instincts, reflexes, sights, sounds, and smells. Cozolino starts by discussing the relationship between parent and child and how the brains of both a newborn and mother are shaped by their interactions with one another. He also explores the concept of love as a biochemical and social process. In Chapter Ten, he emphasizes the importance of a healthy attachment or bonding experience with one's mother as an infant. He describes the "transduction of interpersonal experience into biological structure" (p. 151). He points out that amygdala activation correlates with the level of attachment insecurity in stressful situations. The brains of insecurely attached people, for instance, have immature social engagement systems and as a result resort to the more primitive fight-or-flight system in relationships. However, Cozolino presents the concept of attachment plasticity. Research suggests that attachment in adults is a "malleable form of implicit memory," which is good news for therapists treating patients with attachment issues (p. 155).

Part Four

"I See You"

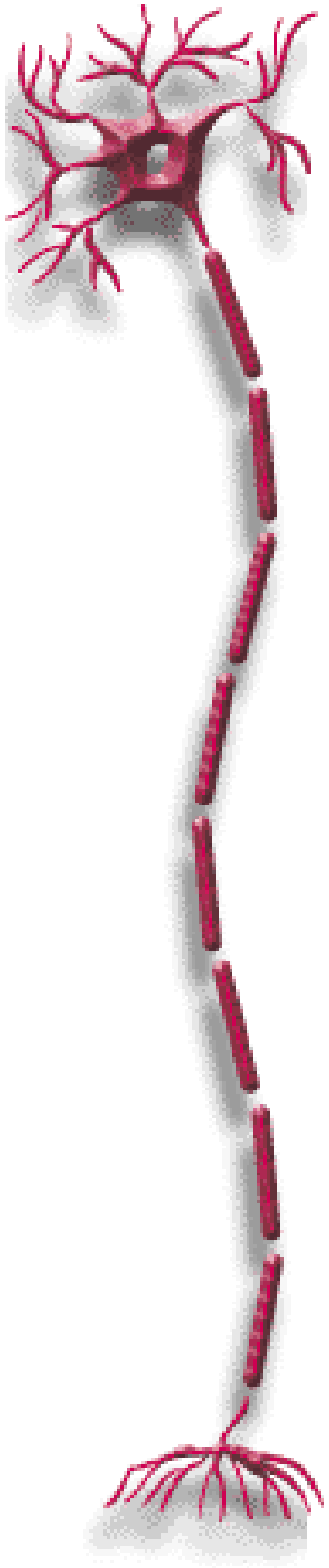
Chapters Eleven to Fourteen cover various concepts related to the relationship between social communication and vision, such as gaze, facial recognition, mirror neurons, resonance, attunement and empathy. In Chapter Eleven, Cozolino addresses the importance of gaze in an evolutionary context. He discusses the use of other people's gaze to redirect our attention and gather information from our environments as well as the preference for dilated pupils, which are linked with empathy. Chapter Twelve focuses on the importance of facial recognition and the brain structures and functions involved in this process. He distinguishes between the visual and emotional component of recognizing a familiar face when discussing the conditions of prosopagnosia (the inability to recognize a face, while still getting the feeling of familiarity) and Capgras syndrome (the feeling of unfamiliarity when seeing a face one recognizes). Chapter Thirteen is about mirror neurons. Cozolino focuses on the evolutionary benefits and addresses the brain structures involved in the mirror neuron system. The discussion of mirror neurons continues in Chapter Fourteen, which covers resonance, attunement and empathy and the role that the brain, specifically the insula cortex, plays in these processes.



Part Five

Cozolino explores the effects of both positive and negative relationships on physical and mental health. Chapter Fifteen is about the regulation of the brain, as well as physiological health by relationships. He presents Cozolino presents statistics that show that people in positive relationships fare better physically than single people. In addition, the loss of a significant other increases the risk of developing health problems. Negative relationships, specifically bullying, increase cortisol levels, which can affect the functioning of the hippocampus. Chapter Sixteen is about early trauma. Cozolino begins this discussion at the prenatal stage by addressing the effects of the mother's psychological state on the fetus. Maternal depression after birth may lead to neglect, which affects the child's neurological development. Research shows that maternal behaviors may affect gene expression in their offspring. Cozolino then discusses the neurological structures involved in the stress response. Chapter Seventeen is about interpersonal

trauma. Cozolino discusses approach-avoidance behavior as a result of an incident that leads to feelings of mistrust in a client. He addresses child abuse, neglect and shame. He talks about the effect of "sustained stress" on the hippocampus. Damage to the hippocampus affects explicit memory, which means that, while the amygdala will store the implicit memory of a stressful event, the hippocampus may not be able to and so the client may not be able to remember why s/he is afraid.



Part Six

In this section, Cozolino explores various disorders of the social brain. Chapters Eighteen through Twenty-One discuss social phobia, borderline personality disorder, psychopathy and autism, respectively. In each chapter, Cozolino defines the features of each disorder and describes the differences in brain structure and development in clients with these disorders.

Part Seven

"Social Neural Plasticity"

This section consists of Chapters Twenty-Two to Twenty-Five. Chapter Twenty-Two is about the development of the self and the theory of mind. In Chapter 23, Cozolino describes the three messenger systems of neurons and compares them to the three messenger systems of human interaction. He discusses the importance of narratives in psychotherapy, since storytelling involves the integration of many neural pathways. Cozolino lists several ways that neuroscience can "advance the practice of psychotherapy": (1) the brain can be impacted in many ways so a brain-based approach can aid in creating a common rationale amongst professionals in determining a treatment for clients, and educating clients about their brains will "'depathologize' their experience" (p. 396); (2) the optimism and belief in plasticity may have healing benefits so that using storytelling as a way to modify memories and understand the effect of the therapeutic relationship on positive change. It is evident in many of the narratives he tells throughout the book that these are views and suggestions that he implements in his practice as a therapist. Chapter Twenty-Four is about the importance of a loving therapeutic relationship since a client enters the room with the expectation that they will be treated as they are by others in their life. In Chapter Twenty-Five, Cozolino addresses the concept of 'group mind'. He discusses the Japanese belief that mental health stems from the idea that a person must be receiving and giving care to others. He suggests that our individualistic values in the West are one of the reasons behind the higher incidence of mental illness in our society.

The Neuroscience of Human Relationships is a fascinating and readable book that adequately covers the latest research in neuroscience regarding the social brain. The narratives provided are helpful in understanding the application of neuroscience in the clinical setting. The reader will certainly come away with a "deeper appreciation of the complexity and importance of our interactions with others, especially those closest to us" (xv).

Mona Zohny is currently a senior at Hunter College where she is pursuing a B.A. in Psychology with a minor in English. She will be completing her undergraduate thesis project regarding self-efficacy, social support, and college adjustment in first-generation college students in the spring. She is also serving as a Helpline intern at the National Eating Disorders Association. Mona is interested in clinical psychology and hopes to continue her studies at the graduate level.

The Neuroscience of Human Relationships: An Interview with Louis Cozolino, PhD

By Nancy Eichhorn, PhD

Scanning the book list for a doctoral class several years ago, I noted the title, *The Neuroscience of Psychotherapy*, by Louis Cozolino, PhD. I felt intimated—it sounded intense, dense. Then I opened the book. Lou's ability to impart scientific data within a user-friendly framework wooed me. As a reader, I have a tendency to develop a vision of the author responsible for the text. From Lou's voice—his presence on the page— I sensed he was serious, focused, and highly intelligent with a technical vocabulary easily accessed but not necessarily his first choice. I read with a sincere interest in the content, a desire to learn and understand the concepts, and to get a feel for their application in a therapeutic setting.

When I received notification that he had updated *The Neuroscience of Psychotherapy* and more recently, *The Neuroscience of Human Relationships,* I wanted to talk with him about his writing (he has also authored *The Healthy Aging Brain*, *The Social Neuroscience of Education*, and *The Making of a Therapist)*, his teaching (he is a professor at Pepperdine University), his work (he is a private practitioner in Los Angeles, California), and how he blends the different aspects of his career and personal life to make time for writing.

The day of our telephone interview, Lou was a few minutes late. He returned my call, apologized, and explained he was picking up his new old Porsche, a 1977. The sound of his voice—casual, personal, warm, caring—didn't fit the character created solely in my mind from reading his books. I joked and said if I had just bought a new Porsche I would be out driving it, not sitting for an interview. He laughed, and in true form of a scholar noted that his responsibilities were important, too. I liked this man from the outset, and our conversation flowed smoothly about his work and his writing, with sprinklings of family stories highlighting humorous and loving moments.

Within this article, I hope to share a glimpse of Louis Cozolino as a clinician, a researcher, a psychologist, a teacher, and for me, most importantly an author who is

"I didn't grow up in an academic environment. I wouldn't be here if I didn't discover books and the community of readers and writers that I felt at home in."

easy to connect with and learn from. His writings are an outreach of his immense background in the fields of neuroscience and psychology and provide another avenue for him to teach outside of the university setting.

On Writing and Publication

"Writing saved my life," Lou says. "As a kid I discovered books. Other people shared a world view, another way of thinking. I didn't grow up in an academic environment. I wouldn't be here if I didn't discover books and the community of readers and writers that I felt at home in."

Lou started writing in his twenties. He shares that he was pretty "bad at it," but he knew that he had something to say. With time and revision, he learned that he did indeed have something of value to say and that people were interested in reading what he wrote.

"I had been friends with Dan Siegel for 11 or 12 years before I published my first book. I was involved in reading all his manuscripts as he discovered his voice. He was forging the way, making connections, and he eventually founded the Norton series.

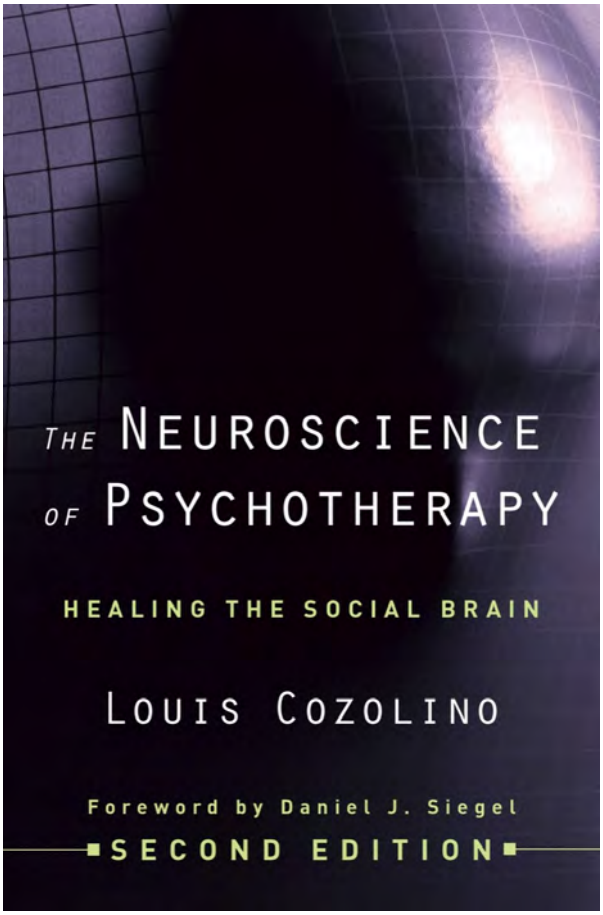
"When I start writing, the whole thing is chaotic," Lou continues. "I write the proposal and stories come out like a Scrabble board. I rewrite every chapter 20 times until it becomes a coherent narrative. I want the voice to be conversational, and I want to pack in science. I am getting better at organizing the science in charts now—they don't disrupt the narrative. I alternate between therapy and science. I include case studies, and I work it until I feel at home with it. Working with the draft is like molding clay; I continue to mold until I have a finished product."

Discussing the second edition of *The Neuroscience of Human Relationships*, Lou says, "It's an exciting time. I could rewrite the book every three months with the amount of research coming out, but I don't want to overwhelm readers."

"My primary goal in writing the first edition was to encourage readers to include knowledge of the brain in their understanding of human growth and development. The first edition of *The Neuroscience of Psychotherapy* was 75,000 words; the second is 125,000 words, containing almost twice as much material. *The Neuroscience of Human Relationships* initially grew out of the chapter on attachment written for the first edition of *The Neuroscience of Psychotherapy*. The chapter was getting bigger and bigger, so I held onto some materials and started another book."

Writing about the Brain as a Social Organ

With a degree in philosophy and another in theology from Harvard University, as well as a doctoral degree in clinical psychology from UCLA, Lou's history includes empirical research in schizophrenia and research into the long term impact of stress. He actually started his career studying psychiatry and neuroscience in the 1970s. During his studies and early research, he noted the vital



connection between the brain and mind and realized that, in a general sense, their relationship was not accepted in the mainstream. He has spent his career exploring the interface between the two. Today, he says, more people are accepting of the brain/mind relationship with supportive evidence coming from a variety of fields including epigenetics, anthropology, and psychoneuroimmunology.

"The brain is a social organ," says Lou, explaining that the emergence of self-awareness occurs in the context of relationship. "Our sense of self emerges from our relationships with others - others come first, and later, we discover (or create) a self."

"I teach many students who are required to take my class, not because they want to. My challenge is to bring them in, introduce them to the concepts, and inspire them to continue exploring mind-brain relationships. It's a challenge that forces me to make the material interesting and relevant."

"I feel committed to writing academic books," Lou continues. "So many people are either writing pop books that soon fade away or psychoanalytically oriented books that few people understand. I'm attempting to reach young academics, students in masters and doctoral programs who will be able to move the science forward in the years to come."

Writing for a Wider Audience

"I also write for a general population of therapists so I explain and define everything in the books. Anyone can read this material and understand it. Most people who become therapists chose psychotherapy because they are anti-intellectual—they are insecure about their own intelligence and are drawn to the touchy feely area, away from science. "In the early 1990s, even the 1980s, experienced therapists were not going to change the way they do therapy. Much like people in a religious cult who come under the influence of their teacher, young students are overwhelmed by the complexity of the field and grab onto something like Somatic Experiencing or EMDR in order to give them a sense of certainty. But single perspectives becomes self- limiting; these approaches offer tools to do therapy yet therapy is much bigger than any tool. I have received many cases from UCLA that were considered failures, but the therapists there only used one tool—cognitive behavioral therapy—and treatment failures are attributed to resistant clients as opposed to limited treatments.

"The heart and soul of your body are your heart and soul. We are connected to each other like ants, bees, termites. Sure, brains regulate other brains, touch influences bodies, and intelligence is in the mind. In the context of interactions, we have experiences with the client, it's not something we do to them."

"I learned in my early training at Harvard from Carl Rogers and his students that the relationship is central and that therapists can get lost in mechanistic and technological approaches.

"I caution people who focus too much on thinking and say pay attention to feeling. If they are focused on feeling, I say pay more attention to the body. If their focus is on the body, I say pay attention to thinking. I want therapists to expand the way they think about the work, to shuttle between various ways they process and share information and not give one priority over the other. "Some therapists may choose talk therapy or somatic therapy. They may integrate key words such as think, feel, behave, and sense, but I don't want them to become enamored with one perspective.

Psychotherapy and Neuronal Changes

According to Lou, any change in thoughts, feelings, or behavior by definition is a neuronal change. Mind. Body. The experience is no different.

"Everything is neuronal growth, even watching a television show," Lou says. "People are impressed with the fact that dualism is not reality. Meditation can change the brain; PTSD can change the brain. Our brain is always changing at any given time. The brain evolved to connect with other brains. When people feel something, we feel it too. Our early model of relationships is based on a foundation of attunement and empathy."

Psychotherapy, Cartesian Dualism, and the Brain

Cartesian dualism—a view that the mind and body are essentially separate entities with the brain viewed as an object separate from the body and relationship—founded the early philosophical theory regarding the nature of human beings. However, those beliefs are changing as new understandings in social neuroscience support the premise that emotion and relationship are one and the same, there is no separation.

"We understand one another in the context of bodies, and we understand bodies in the context of relationships with other bodies," Lou says. "In the context of healing and learning, the social brain is the quality of the relationship in connections with health and wellbeing."

Why Neuroscience and Psychotherapy?

A neuroscientific perspective on psychotherapy is relevant to the extent that the relationship between the therapist and patient does result in changes in neural circuits. The brain's architecture is related to problems, passions, and human aspirations while the brain's inner workings—the basic neuronal building blocks—are responsible for our complex system of memory, language, and organization of experience. Psychotherapy is truly a subjective human experience, and it has the power of relationships to change the mind.

"The heart and soul of your body are your heart and soul," Lou says. "We are connected to each other like ants, bees, termites. Sure, brains regulate other brains, touch influences bodies, and intelligence is in the mind. In the context of interactions, we have experiences with the client, it's not something we do to them."

Dr. Louis Cozolino has diverse clinical and research interests and hold degrees in philosophy, theology, and clinical psychology. His current interests are in the areas of the synthesis of neuroscience with psychotherapy, education, management, and leadership. He is the author of six books *The Neuroscience of Psychotherapy, The Social Neuroscience of Education, The Neuroscience of Human Relationships, The Healthy Aging Brain, Attachment-Based Teaching* and *The Making of a Therapist.* He has also authored and co-authored research articles and book chapters on child abuse, schizophrenia, language and cognition. Dr. Cozolino lectures around the world on brain development, evolution, and psychotherapy and maintains and clinical and consulting practice in Los Angeles.

Using the Two-Chair Process for Helping Babies and Families

By John Chitty, RPP, BCST

The "two-chair" process is a remarkably effective, gentle and safe way to support new families. Popularized in the late 1960s by Fritz Perls, MD (1893-1970) as part of his Gestalt therapy, the method was expanded by Robert Hall, MD (1934-) based on Hall's study with polarity therapy founder Randolph Stone, DO, DC, ND (1890-1981). The present-day manifestation of the two-chair process also reflects the influence of Peter Levine, PhD (1942-), who studied with Stone and Hall. For a complete description of the method, see *Dancing with Yin and Yang* (2013) by John Chitty, which contains an extensive 80-page, highly detailed chapter of the two-chair process.

The two-chair process, also known as polarity counseling, consists of alternating one's perspective from one point of view to another, then back again. Actual chairs are used to heighten the experience of differentiation from one state to another. The effectiveness of the method derives from how it induces movement between perspectives. In a young family, the two perspectives might be mother and baby, mother and father, the client and a medical condition, or any other combination.

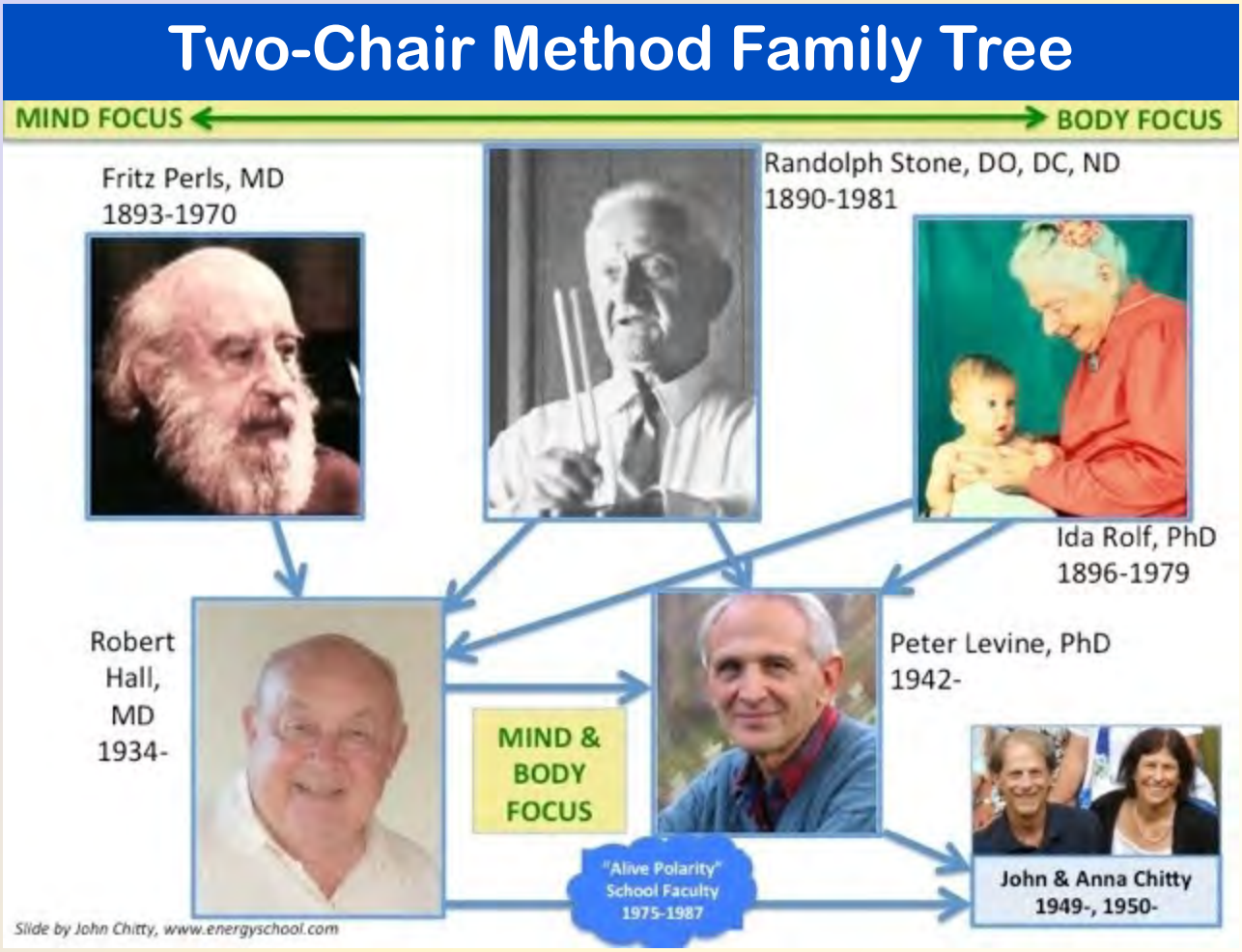
For example, before the birth, the mother could imagine the baby to be in the other chair. The mother might experience particular emotions, sensations or thoughts in the presence of the imagined baby. Then the mother switches and sits in the other chair, "becoming" the baby. Typically the autonomic nervous system (ANS) state changes instantly, to a quite different configuration. A different set of emotions, sensations and thoughts appears. A conversation can be encouraged, with making statements or asking questions in one chair, then responding in the other chair. Often remarkable insights arise. By switching back and forth, experiencing different ANS states, the whole system loosens up and begins a healing process from within itself.

The theory underlying the two-chair process can be visualized as a pendulum in an energy field. Randolph Stone famously said that illness accompanies fixation and healing accompanies movement. We go through life residing in our primary habitual perspective, but we always have a secondary aspect. Switching from chair to chair causes the pendulum to start swinging, instead of being glued to just one position. Similarly, we all have a primary baseline autonomic state, deploying strategies that we developed in the past, for good reasons. Since the autonomic nervous system is the substrate for all health, including mental, emotional, and physical, fixation in just one state undermines wellbeing. Switching from chair to chair induces movement in ANS states, leading to profound benefits.

Substantial theory, science, and specific "tricks of the trade" form the foundation for the two-chair process method, but perhaps a few examples are the most expedient way to get a quick overview of how and why it works.

Example 1: Newborn Nursing

A first-time mother came to see me because her one-week-old son was not feeding well. Sitting in the first chair, we spent a few minutes just getting settled, using the body-low-slow-loop method (a form of body scan meditation—*see next page*) and without any particular context. Then I asked her to imagine that the baby was in the other chair. Immediately a



Body-Low-Slow-Loop

This simple practice is quick, effective first aid for autonomic nervous system conditions. It is indirectly derived from the work of Peter Levine, attempting to capture one of his main ideas in an easily remembered formula. BLSL has four steps and takes about 10 minutes. It can be done with the support of a guide, or just by oneself. Repeated daily, it gradually re-molds the autonomic nervous system. It is excellent as a coping practice for children, people in stressful situations, and people with anxiety or depression conditions.

The Four Steps:

Body: Bring your attention into the body and scan for sensations

Low: Among the various sensations detected, choose one and find the most distal (furthest from the head) edge of the sensation cluster.

Slow: Ask yourself three or more specific questions about the sensation, such as: Is it more on the left or the right? Is it shallow or deep? Is it moving or still?

Loop: Transfer your attention to a different body area, such as the toes or fingertips. In the second location, spend an equal amount of time noticing every detail, using exploratory questions similar to step 3. After the allotted time, shift back to the first sensation location and notice what is present now.

Repeat as needed, for a total of about 10 to15 minutes.

The method is described in the book *Dancing with Yin and Yang* starting on page 185 and is also available as a podcast in the Resources section of www.energyschool.com.

wave of emotions washed through her; we let that subside naturally, as these waves tend to do. Next she posed a question, "Baby, what's happening with nursing?" I said, "Switch," and she changed chairs.

Sitting in the "baby" chair, a com-pletely different autonomic nervous system configuration appeared. Responding to the question, the baby said, "Mom, you are so nervous and overwhelmed, I don't want to add to your troubles." I could have stated the same, but having her hear it from herself was much more effective.

Switching back to the first chair, mom could really take in the message, and because she had just experienced a different autonomic state, she was not so fixed in her nervousness. The process continued for a few more switches, while the energy field of the dyad gradually became more and more flowing instead of fixed. The baby nursed well after the session, and I received an email the next day saying that all was well after lots more nursing and an excellent quality of sleep during the night.

Example 2: Pre-birth

A client called from her hospital bed saying that she was poised for delivery but the baby was not coming out, and the medical staff was talking about intervention. She was familiar with the method from our earlier sessions. I asked her to "Put the baby in the chair," which in this case was imaginary since she was in her delivery bed. She imagined the baby in front of her and asked, "Baby, why are you not coming out?" Switching to be the "baby," she immediately blurted out, "Mom, what is happening out there? Why is everyone so excited and what are they doing with all those sharp objects?" Switching back to herself, the mother explained, "No worries, these people are just here to help us and keep us safe and everything is alright!" Switching back, the baby said, "Oh." The mom interrupted the process saying, "Ooops, gotta go!" and the baby was born without complications. The whole process took about five minutes.

Example 3: Family dynamics

The father of two young children, a newborn and a two-year-old, came to see me complaining of depression and other autonomic symptoms. These indicated he was moving into a parasympathetic ANS state, the lowest rung on the ANS hierarchy, as explained in Chapter 6 of *Dancing with Yin and Yang.*

A short digression about the ANS is useful here. Using Stephen Porges' Polyvagal Theory, the ANS can be described as a three-rung ladder. The top rung is the "social engagement system," which exists in mammals and primates to facilitate infant maternal boding and adult communication. This ANS subsystem consists of a set of cranial nerves that innervate the face, senses, throat, neck and heart. The social branch is the evolutionarily newest and most sophisticated ANS system. The second rung in the ANS sequence is the sympathetic autonomic nervous system, which is evolutionarily older. The sympathetic enables mobilization for survival functions. The third and

last rung on the ladder is the parasympathetic autonomic nervous system, which operates baseline metabolism and nighttime repair functions. Each rung on the ladder has a set of stress responses in addition to its primary function: emergency communication for social, fight/flight for sympathetic and immobilization for parasympathetic.

We started with him in one chair, and again used body-low-slow-loop to establish a baseline and also experientially learn a self-help method for himself to use in the future. Experiential learning is more effective than instruction or coaching.

We put his wife in the other chair, and he showed body language of shrinking and turning away. Body-reading is an important skill in the two chair process. He greeted her and switched to the other chair. As his imaginary wife, "she" was agitated and uncomfortable. They had a conversation about their feelings, and the ANS states started to soften. Then, while he was in "her" chair, we put the babies in the first chair. Her ANS configuration immediately changed to strongly softening and leaning toward them. The difference between how she was with him, and how she was with the babies, was clearly obvious to him, and we talked about the notorious "surrogate spouse," "husband lost in space" syndromes, which are very common but often unrecognized. This happens when the family welcomes a new baby and the mom-baby dyad supplants the wife-husband dyad as the primary foundational energy field for the system.

Returning back to the original dyad, husband in one chair and wife in the other, they re-negotiated their relationship, resolving to really focus on preserving the primary energetic foundation of the family.

I saw him a few weeks later, and he reported that the problems were greatly reduced and that his ANS state had improved. In addition, he felt more successful in his business and as a result he had just completed a favorable deal that greatly enhanced the family's financial security. In polarity therapy terminology, his *Yang* (outgoing, active, materialization) energy had been constrained by the bind in his domestic situation; when that subsided, the energy became much more effective in life.

Experiential learning is more effective than instruction or coaching.

Example 4: Working with a Condition

A male client in his forties had a vague desire to quit smoking before his young son was old enough to become consciously aware of his habit, but there were always excuses and distractions, not least because smoking was really helping him manage his inner state. In the "two chairs" he had a conversation with tobacco as an old and valued ally in managing his anxiety, and they ended up bidding each other a respectful farewell. Then the second chair became his son, and the sense of determination increased enormously when he experienced how much his son looked up to him as a hero. He reframed quitting smoking as a heroic act for the benefit of his son, a real world field of action for his fatherly instincts.

He was able to quit smoking after that session and later reported that his relationship with his wife had also improved as a side-effect, not only because she appreciated the change in odor but also because he felt less ashamed and generally better about himself as a result of being more in command (balanced Yang) of his life.

Example 5: Turning around

A mother was close to delivery but the baby was turned the wrong way. The mom was well-educated and knew that this could be a great complication, involving significant pain for her and possible risk for her child. Putting the baby in the other chair, the two had a conversation, and I encouraged the mom, "Sell the idea of turning to the baby!" She imagined the baby in the other chair and switched back and forth once, to get some flow going between the two in dialogue, then she talked to the baby about the advantages of turning.

When she switched to the other chair and role-played as the "baby," the posture and gestures suggested that the baby was not actually paying attention; instead the baby seemed to be obliviously enjoying just dreamily floating in the womb space. Switching back and forth he became much more engaged, and the advantages of turning were repeated again, and this time the "baby" was much more available for interaction. There were some poignant sentiments expressed back and forth, including the mom being able to express some of her fears, and the baby gradually becoming more cooperative. That night the baby turned, with the help of prenatal massage, and the next week the birth happened without complications.

Summary

The two-chair process was invented in about 1955 as a psychotherapy method and subsequently enhanced by other contributors. Fritz Perls' application of it can viewed on YouTube, and Peter Levine speaks of its principles in what he calls 'pendulation' in his Somatic Experiencing© system. From polarity therapy is added innovations such as energy anatomy, cosmology and body reading, and from Stephen Porges is added the new understanding of the Polyvagal Theory, the triune autonomic nervous system. In its current form, it can be deployed in many different environments. It has multiple advantages relating to safety and efficiency. Clients are protected from overwhelm because a change of state is

always readily available just by changing chairs. Insights come from within the client instead of from the external authority of the therapist. The process is constantly body-referenced, making clients more self-aware of autonomic nervous system states and therefore more empowered for their own self-regulation.

Scope of Practice

Discussion of the two chair process begs for a brief comment about scope of practice. From a strict interpretation, it is clearly a form of psychotherapy. However it is also significantly different in several ways. It does not rely on diagnosis or analysis, and it can be a short-term therapy. It does not necessarily deploy theories about psychological categories. It does not require significant excavation or interpretation of past events. Once the basic principles have been learned, it can be used safely by parents, educators, ministers, body therapists, coaches or other professionals. Laypeople can even use the method safely and effectively on their own: one client reported that transformational changes were occurring in her life through daily practice of just 15 minutes a day, switching chairs from one perspective to another by herself and systematically "conversing" with all the main people and situations in her life. In other popular references, a version of the two chair process made *The Oprah Winfrey Show*, described by meditation teacher Adyashanti in a clip available on YouTube. Similarly, a version of it was described by physicist Nassim Haramein in his *Crossing the Event Horizon* lectures, also available on YouTube.

With babies and young families, the two-chair method can be used by midwives, nurses and birth attendants as first aid in many situations. The method has strong ties to bodywork and can be useful in several touch therapy modalities.

These kinds of diverse applications may attract criticism from some psychology professionals, who advocate strict separation of body and mind in therapeutic practice. There is an expectation that clients will see one specialist for body problems and a different expert for mental-emotional support, whereas this method often blurs the lines. This criticism reflects our society's deep conflicts about holistic vs. specialized care, and the unfortunate tendency to engage in professional turf wars.

I do not have an easy answer for the scope of practice debate. My priority interest is not about scope of practice, it is about the work itself. In my 35 years of experience, the two chair process has proven itself to be so valuable that I want it to become better known and more accessible. I expect that readers of this article will have a wide range of different professional bases, including not only psychology but also numerous allied professions. Readers will have to envision for themselves how the method might be used in their particular context. I just hope that this writing can help more people become aware of a truly remarkable healing method.

John Chitty is the author of Dancing *with Yin and Yang: Ancient Wisdom, Modern Psychotherapy and Randolph Stone's Polarity Therapy.* With his wife Anna, he has operated Colorado School of Energy Studies (www.energyschool.com), in Boulder CO, since 1992. His private practice combines Polarity Therapy, Biodynamic Craniosacral Therapy, and psychotherapy.

Reference:

Chitty, J. (2013). *Dancing with Yin & Yang: Ancient Wisdom, Modern Psychotherapy, and Randolph Stone's Polarity Therapy.* Boulder, CO: Polarity Press.

Two-Chair: A Shared Experience

An Anonymous recollection to protect the client's identity

Before working with John and experiencing the Two– Chair exercise, I had some familiarity with Gestalt work as well as family constellation practice so I was somewhat prepared for the impact that "taking another position" can have on current stuck places. However, the precision with which John led the practice – and the state changes I experienced – were truly transformative and lasting. I'm not sure *how* it works but *that* it works – and provides relief in ways that other methods do not – is certain.

Having been divorced for almost 10 years I was truly baffled by the continued enmeshment between my ex-husband and I. The effects on our daughter (age 12) heightened my concern and mobilized me to take action. John suggested we try a "two-chair" to see more about the situation. I began by taking the chair as myself seated across from my mother. Immediately a series of physical sensations and postures became prominent in my awareness. He asked how old I felt and that too became very clear; I felt very young. He then had me take the chair "as" my mother. A completely different set of physical sensations sprung into my awareness as I took on a particular affect of resignation about her relationship with my dad. In my mother's chair the sense that "This is painful; this is how relationships just are; there is nothing to do" was overwhelming.

John then had me sit on the floor with my father and mother in each of the chairs. I could feel a sense of being conflicted. My mother's chair was where the aliveness was so I was drawn to be with her but in my father's chair, there was contraction and shutting down. I was just so sad for my disappearing dad. John pointed out the common constellation of Yin and Yang archetypal imbalance with my mother taking role of Critic and my father taking the role of Wimp. As a child of 12 myself, I was taking all of this in and in fact learning for myself the lesson my mother had obviously learned in her family; "This is how relationships are; they are painful and there's nothing you can do."

Now John had me sit across from my imagined ex- husband. I immediately felt the Critic arise in me. When I sat in my ex-husband's chair I could feel the Wimp arise. I not only could see the similarity between what I had just experienced between my mother and father, I could viscerally feel it. The generational "passing of the torch" of what relationship is became clear and obvious when felt in my body. The kind of dramatic opening that this creates is what seems to distinguish this method from any other type of relationship therapy or trauma work I've encountered. There is not just awareness of the dynamics, there is a loosening of the actual stuckness. A dynamic flow begins simply from experiencing, and moving between, two positions. And, once freed, it remains free in a particular way that has liberated me from enmeshment with my ex-husband and opened my heart to both he and my daughter in a liberating way.

JOHN CHITTY

Co-author, *Energy Exercises*

Dancing with YIN & YANG

Ancient Wisdom, Modern Psychotherapy and Randolph Stone's Polarity Therapy

"A passionate vision of ancient insights and contemporary neuroscience"

Stephen Porges, PhD

Author of *Polyvagal Theory*

“Now Bring Your Attention Into The Body”

Dancing with Yin and Yang: Ancient Wisdom, Modern Psychotherapy and Randolph Stone’s Polarity Therapy

Written by John Chitty

Book Reviewed by Kate White, MA, LMT, RCST©

The new book by John Chitty, *Dancing with Yin and Yang,* is about understanding modern implications of ancient energetic systems. It is also a description of a revolution happening in health care. Its many chapters offer tools for the practitioner, bodyworker or psychotherapist with a special focus on the autonomic nervous system and the application of pendulation (moving from one feeling, sensation, energy to another, and then back again) to shift states in the body. Chitty marries his deep grasp of the nervous system and its function with ancient knowledge to bring a fresh look at health and healing, most especially from the practitioner’s perspective.

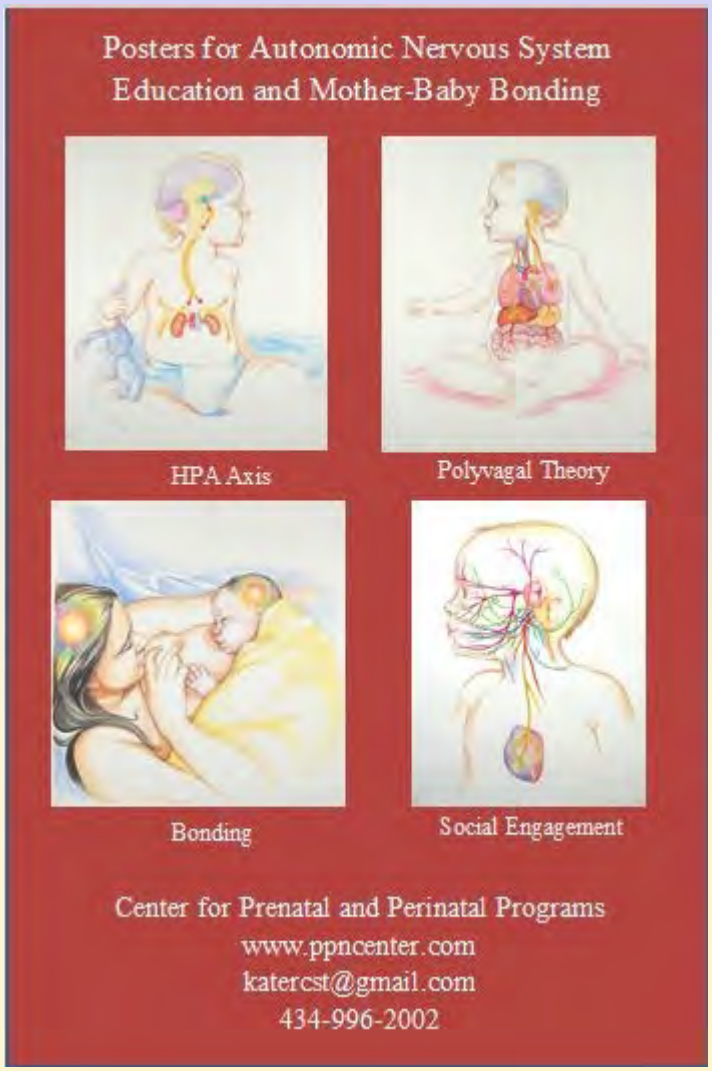
Part One: Theory

Chitty begins with a presentation of general themes in healing, especially as influenced by polarity and Dr. Randolph Stone. This initial chapter may surprise the uninitiated into energy medicine because it simply makes sense in a grounded way. Chitty offers up five themes for exploring yin and yang: increasing flow, reducing fixation; being gentle and gradual; focusing on the present through the body; knowing that awareness heals; using the full therapeutic spectrum. In accordance with the osteopathic philosophy of Randolph Stone, Chitty points out although it is easy to find disease, it is harder to find the health. He explains Stone's phrase, "Running water clears itself, meaning that fixation leads to disease and movement restores natural wellness. His many illustrations of the use of pendulation in the book, most especially in the two-chair exercises, are quite inspiring. This pendulation is the basis for the title, *Dancing with Yin and Yang,* for yin and yang are two energetic poles, and Chitty weaves his narrative, quite effectively, between the two to help the reader understand his approach.

The following chapters are full of information and tools for therapeutic practice. After his lengthy review of yin and yang, Chitty enters into a thorough discussion of the autonomic nervous system (ANS). A revolution is happening in healthcare with the realization of the polyvagal system starting with social engagement, then sympathetic and parasympathetic responses to threat. With an estimated 80% or more of health conditions being related to ANS function, his simple explanation and applications are useful for anyone, not just professionals.

Part Two: Skills

In this section, Chitty introduces a list of practitioner skills and how to develop them, self-care practices, the two-chair practice as a way to evoke pendulation and clarity in working with issues, and yin and yang in real life situations. Even the most advanced practitioners can benefit from a review and more practice of the five basic practitioner skills: being and presence, relationship, listening, recognition, conversation. His boundary practice is also useful to do every day. Chitty's approach in the two-chair practice is quite unique. While many therapists in the psychological and somatic realm are aware of the gestalt therapy offered by Fritz Perls, Chitty's version is a bit different because he involves the body and the ANS. As the client settles into one chair, Chitty advises them to notice posture and ANS function with an ever-present request to "take your attention into the body" and notice, what is there? Switching chairs will often evoke a different posture, ANS function and



sensation. Many of the pages detail case studies and suggestions for certain conditions such as working with antagonists, departed relatives, ideals, or parts of self. He gives many useful examples, description, tips and details.

In chapter 11, the reader encounters Chitty's passion for relationship, marriage and babies. Many real life situations involve the yin and yang of relationship. In this chapter, he addresses dating, courtship, engagement, marriage, sex, parenting (including birth), career, elder care and death. He again weaves in his knowledge about the ANS and how it affects many facets of our everyday life.

The final chapters present equally applicable elements of polarity therapy, including the five elements, involution and evolution (key polarity concepts and also, yin and yang), and body reading. Client observation and narration of nonverbal gesture and its elemental meaning are very useful to the practitioner. For example, if a client gestures with one hand in a certain area of the body, the practitioner can "meet" the client energetically

where they are broadcasting. Chitty's expert explanations and subsequent chart are engaging. These gestures and many other attributes can be placed on the map that Chitty explains in the chapter, and classified as yin or yang.

At the end of the book, Chitty describes his life story, particularly his journey with cancer. Very poignantly he states that while he did not feel ready to write such a book, the questions of his mortality and vitality brought him to the conclusion that sooner rather than later is better for goals to be achieved. Chief among his wishes are for younger practitioners to catch the spark of his passion and carry it along. Altogether, *Dancing with Yin and Yang* is a very important book. I would prefer the title to be something like: *Revolutionary Integration of Energetic, Modern, and Ancient Tools for the Somatic, Psychological, and Energy Medicine Professional.* That is what John Chitty represents for me. He has an expert, thorough, and deep grasp of a variety of tools that span centuries. And he has an amazing grasp of data, including neuroscience, attachment, and autonomic nervous system research and applications. His clinical skill and experience have few matches in this day and age. I highly recommend this book.

Kate White, MA, LMT, RCST® is a massage and craniosacral therapist who has specialized in working with the pre and perinatal period. Her passion is working with families with newborns and adults seeking nervous system regulation. She lives in Charlottesville, VA with her husband, two children, and many animals.

Body Wise

By Kamalamani

Sheer Coincidences?

"Monks, suppose that this great earth were totally covered with water, and a man were to toss a yoke with a single hole there. A wind from the east would push it west, a wind from the west would push it east. A wind from the north would push it south, a wind from the south would push it north. And suppose a blind sea-turtle were there. It would come to the surface once every one hundred years. Now what do you think: would that blind sea-turtle, coming to the surface once every one hundred years, stick his neck into the yoke with a single hole?"

"It would be a sheer coincidence, lord, that the blind sea-turtle, coming to the surface once every one hundred years, would stick his neck into the yoke with a single hole."

"It's likewise a sheer coincidence that one obtains the human state." Thanissaro Bhikkhu (1998)

I am a sea turtle swimming in deep, azure-blue sea. I can see the ocean floor below, enveloped in fine white sand. I am paddling from side to side, rocking gently, enjoying the glints of watery light from the sun's overhead rays. I swim towards a gap in a wall of smooth, dark, horizontal rock and take a good look, but decide not to swim through. I circle around, relishing the motion and rhythm of being and moving. We reach the end of the Craniosacral session and I'm a human again. As I get down from the bench I can feel every vertebrae of my spine - my back is tingling with life. "Do turtles have spines?" I ask the Craniosacral therapist. "Yes, I think so", she replies.

Why choose to be born? How to be born? It's a question that has manifested for me through doing different forms of body work and psychotherapy continually over the years. I witness, too, those early-formed, deeply-felt existential questions in the grappling of my clients, re-visiting over and over the mystery of how to be incarnate in the moment: living, breathing, in relationship with self, other and world. How this mystery relates to the very first moment of incarnation, and before that, the detonation of conception. This morning, being the turtle and moving through that hole in the rock wall would have been venturing back into the watery, underworld soup of pre-conception. I stayed on this side of the wall, content enough to have been born, and happy enough, it seemed, to be a sea-turtle for a while, rather than a human, experimenting with paddling rather than walking, and enjoying the strength and protection of my strong, curved shell.

The opening excerpt about the sea-turtle is one of my favourite Buddhist texts, taken from the Chiggala Sutta (Thanissaro Bhikkhu, 1998). Not just because I am a great admirer of turtles, but because when I read it I never fail to appreciate having been born here and now, given the odds. At the moment I'm midway through an eighteen-month training in pre- and peri-natal psychology. I'm trying to remember from our last residential the statistic we were given as to the odds of being born, alive and

well. I can't remember it, but I know it was pretty startling, making the sea-turtle and yoke story sound not quite so fantastical as it might on first hearing.

I'm struck by memories from the work we have done on the residentials so far and how birth experiences vary enormously. Mine's a star-gazing birth. I'm absolutely determined to get out of a tight spot. I'm having to move very quickly, until I become stuck and breathless, struggling until my turtling head finds its way. Between times I gaze back up at the stars longingly, deciding whether to stay or go. It's incredibly painful and I'm largely alone, until the arrival of cold, clasping forceps yanking me out, creating a wave of startle through me and my mother's body. Other births are slow and sedate, with near divine connection between mum and child, others are drugged, some are stuck to the point of danger and are suddenly exited via a caesarean section.

The one thing all births have in common is that they mark an immense cusp between worlds: the enormity of a new life, the irrevocable changing of relationships between people, place and history in the making. It's painful, bloody, joyous, mysterious, welcomed, feared, celebrated, connecting and so common place. Yet in society so few of us pay attention to our arrival on earth, in particular, the experience of the baby. Imagine, we spend more time talking about the weather—especially those of us who are British!—than we do telling our birth stories (or perhaps, even believing that we know, in our bodies, the story of our birth). What a strange thing indeed.

The same is true of death stories in our culture. I remember back to my father's sudden death and the importance of telling his death story and my part in it, as a way of grieving and giving shape to what happened. I wrote it in minute detail and told it to the handful of friends who were up for listening, understanding the importance of the telling. Death, whether dying takes four years, four hours or four minutes, is the last part of someone's life, as valid and significant as any other part as they return to the life-death threshold.

So it is with birth. Our arrival is so significant in shaping who we become, and who we are right this moment becoming, yet aside from knowing where we were born, our weight, and perhaps how our name was chosen, we often know little else about our births. Perhaps this is a British thing, with bodily functions still being a bit taboo in conversation. Perhaps it's because of the increasing medicalization of birth which means it has largely been taken from the community into the often impersonal and fleeting world of the hospital. Perhaps it's because many of us no longer have lifestyles which permit the time and space to stop and breathe and be together around the time of a birth, or no longer have such close

"It is easier for a turtle to stick it's head through a yoke floating in the ocean than it is to reborn into this precious human life."

Turtle and Yoke©
Paper painted collage created by Richard Huston http://richardhustonart.com

It's strange for me to be writing about birth psychology at this particular point in my life, given that I'm spending much of time contemplating and writing about choosing *not* to have children. I'm completing my second book, *Other than Mother: Choosing Childlessness with the Earth in Mind*, exploring conscious decision-making around deciding to remain childfree. It's a hot topic and, in my mind, a really important and under-discussed topic.

kinship ties. Whatever the causes, this friends who don't even know in what phase of the day they were born.

It hasn't been like this for me - I've been curious about birth since I can remember, and perplexed that it isn't that way for others. Having said that, part of my fascination has been about making sense of my tricky arrival. I was born into shocking grief, so I've spent years untying knots: disentangling my mother's grief from my own grief, knowing the stories of my grandfather's sudden departure and my sudden arrival, and how they collided, and learning more latterly the story of my birth told to me in detail by my body rather than the family story of being a troublesome baby. And feeling the loss of never meeting my grandfathers.

It's strange for me to be writing about birth psychology at this particular point in my life, given that I'm spending much of time contemplating and writing about choosing *not* to have children. I'm completing my second book, *Other than Mother: Choosing Childlessness with the Earth in Mind*, exploring conscious decision-making around deciding to remain childfree. It's a hot topic and, in my mind, a really important and under-discussed topic. What I most want to do is to create more dialogue in how we value life - in choosing whether to have children and in how we are more careful in how we live and work on the earth, our home. Of course, the common factor of both this piece about birth psychology and *Other than Mother* is the preciousness of life. It's no wonder that people want to keep having children - life is precious and new life is irresistible.

Birth psychology excites me, I realise, because it's never too late to re-pattern our relationship with our own birth story. Conception happens, our birth happened, we're here, and we never stop having opportunities to arrive more and more fully in our bodies and our experience through doing birth work, living the precious lives we've been given. The more in-depth I study my own birth and hold that work for fellow trainees, the more adept I am at recognising 'baby language' with clients and supervisees, noticing stuckness which echoes with birth experience, giving me clues as to how best to work. I can't help thinking that the more I know about my own birth story, the smoother will be my psychic passage out of this particular life. But who's to know?

"Death is not extinguishing the light; it is putting out the lamp because the dawn has come" (Rabindranath Tagore, an Indian writer and philosopher, 1861-1941).

Kamalamani is an embodied-relational therapist, supervisor, facilitator, and writer living and working in Bristol, UK. She has been a practicing Buddhist since her early 20s and loves seeing how age-old teachings and practices are relevant to contemporary life. She works at the interface of body psychotherapy, ecopsychology and ecodharma, drawing upon her experiences of being a development worker in sub-Saharan Africa, a lecturer in International Development at the University of Bristol, her current meditation practice and being a child lost and found in nature. Her first book, *Meditating with Character*, published in 2012, explores engaging with meditation through the lens of post-Reichian character positions. She is a steering group member of the UK-based Psychotherapists and Counselors for Social Responsibility (PCSR) and editor of its in-house journal, 'Transformations'. She co-facilitates Wild Therapy workshops with Nick Totton and meditation workshops based on her book. www.kamalamani.co.uk

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The art is in the doing and the doing is a celebration in color, contour and contrast exploring the layers of nature's revelation.

Take me to the river 08 (along the white trail)
(c) Richard Huston 2014

I create paintings that reflect the joy, peace and serenity I find on my ramblings in the North Georgia Woods. My paintings are souvenirs from the heart for the heart; quiet moments to share. Painting is meditation.

I work mostly in watercolors and enjoy the balance between spontaneity and control they offer. In the studio I paint in glazes adding layers to slowly build up the darks while allowing the white of the paper to shine through. Working en plein air I like to use a much more direct approach laying lush and juicy color to the surface.

Richard Huston Art

A Most Wonderful Accident

By Wade H. Cockburn, PhD

Humans are a relational species.

(Mitchell, 1998)

I have started most of my writings with the sentence: humans are a relational species, since delving into relationships during my dissertation. Whether actively taught / reciprocal (Bandura, 1978) or mimicked / observational (Shaffer & Kipp, 2013), human development is foremost relationally determinist, with virtually no free will. Relational somatic psychology (RSP) is a relationally-based therapeutic system developed by Robert Hilton, PhD (2012) to remove the armoring surrounding his heart, formed from early and sustained relational issues, and to open himself up to a new relationship with first himself and then others.

As tantalizing as both somatic psychology and RSP are for me, I am also drawn to utilizing RSP within a prenatal and perinatal psychology (PPN) frame (Chamberlain, 1993; Emerson, 1998; McCarty, 2002). If our development is relationally determinist, I believe it is in this conception to 18 months when our core issues are laid down. This draw recently culminated back in March of 2014 when I had an interesting Saturday involving two chance meetings with a yoga instructor that reflected the somatic relationship between 'a mother and her daughter,' and then heightened my somatic relationship with this woman, my past adaptive self, my daughter, and my present self as I relived and re-embodied past pervasive and unresolved life events, sometimes known as small-t traumas (Mol et al., 2005).

The woman in this story is another yoga instructor at one of the studios where I substitute. Although her reputation as a wonderful teacher was well known to me, we never actually met; she spoke to our yoga teacher training group the previous month where we heard each other's names. I have taught yoga for years, but I chose to shed my renegade teaching status while recuperating from my dissertation.

After not really interacting with this teacher previously, I ran into her twice that fateful Saturday, talking for several minutes each time, and then I ended the day with an e-mail to her. We spoke once in the morning at the yoga studio where we are employed and then again at a grand opening celebration of another yoga studio later in the day. Both times were pleasant, mainly a light banter about yoga and the studios in which we found ourselves. Later in the day something happened that brought together RSP and PPN in a dramatic way for me.

Shortly after we spoke at the yoga studio opening that afternoon, I was eating lunch while enjoying an Indian mantra band when she and her daughter, who is five or six years old, walked by to join in listening to the band; her daughter was dancing to the music, lost in her revelry as they passed. Just as they began to stop, the daughter, in her exuberance, hit the paper plate of food her mom had and it fell to the floor, landing upright, but still spilling some of the food.

Ah, one of those incidents when time seems to stand still while emotions of sympathy, empathy, and compassion flooded me as I found myself holding my breath and, I realized afterwards, tensing my entire body. The mom crouched down, facing away from me; I could not see her expressions as she begin picking up the small mess. Her daughter was in full view and, as children are wont to do, a wonderful mosaic of open emotions (Scharfe, 2000). I saw what appeared to be surprise, concern, contriteness, embarrassment (as she quickly glanced my way), and confusion. All this as her body went semi-ridged not knowing what to do next.

So how did I judge this as most wonderful?

I didn't see fear.

I cannot tell you how many times I see this emotion when observing children after an accident, and I find it sad. How do I know there wasn't fear there? How do I know her daughter was concerned, not scared?

I could tell the daughter was concerned and not afraid because her body was slightly leaning into her mom, not pulling away, indicating an overarching feeling of safety (Gilbert, et al., 2007). Even if she was too young to know what to say or how to react to the accident (Schore, 2005), the semi-rigidity of her body was caught up in indecision, but her limbic system was not in the freeze mode of flight, fight, freeze, or feign death that fear automatically exerts on a body (van der Kolk, 2005).

I was impressed by this woman's relationship skills which, in an accidental moment like this would expose any parenting flaws. She, in a calm fashion, cleaned up the spill, and her daughter was not fearful. Several things happened following this incident. The first being I offered my napkin and then went to get more napkins and a spare plate. Thence began a series of relational introspection with my Self. First, I thought and felt how effortlessly the analysis of the situation and recognition of all its facets revealed itself to me (Alexander, Jetton, & Kulikowich, 1995). Second, I was confronted with a "developmental deficiency" (Aposhyan, 2004, p. 118) or an "environmental negativity" (Hilton, 2007, p. 52) that I have been working on: step into the limelight.

I remember all too well feeling terror whenever I had an accident, both growing up and into young adulthood. My mother has two main emotional settings— as easy going as a narcissistic, Scorpio, full-blooded German can be; and an atomic bomb. I remember not caring anything about a serious injury I sustained in high school but what was going to happen when she found out; a classic ambivalent attachment dilemma (Bowlby, 1969)—was she going to nurture or punish? As a young adult, I remember unloading on my daughter several times when she innocently had an accident, repeating the sins of my mother; I remembered that as we began to act after the accident and it brings tears to my eyes even now (Kendler, 1996).

For a variety of reasons, I do not reveal 'me' to others easily, and I sure do not step up and inject myself into a stressful personal situation. Luckily, as an excellent psychotherapist I know from Taos always said, "recognition is the key," and I recognized my reluctance to praise this woman for her skills. There was enough happening, what with the band playing and her talking with others (how convenient for me to indulge in my reluctance), that I did not overcome my hesitance to talk to her at the party (Johnson, 1994) and then needed to leave. However, once home, I stepped up by e-mailing her, albeit a much less personal and somewhat

Even if she was too young to know what to say or how to react to the accident, the semi-rigidity of her body was caught up in indecision, but her limbic system was not in the freeze mode of flight, fight, freeze, or feign death that fear automatically exerts on a body.

less comprehensive manner of communication, letting her know my thoughts and feeling on what happened and was rewarded with a kind reply.

In a conversation later for this article, the woman remembered the day well— "A very interesting day," she said. She talked about her reactions offering that she "froze" mainly because she is "uncomfortable in new social situations." The incident was "most challenging," she said. "Another one of those things." When asked to further explain "those things," she said that in new situations she always feels, "something is going to happen were everyone is going notice me." She mentioned that her daughter is usually shy around people she doesn't know but had several friends in attendance, so she was more relaxed.

After her initial feelings, the woman said that her first thoughts were, "how to handle" the spill and all the "beautiful food all over the ground." She reported a fairly thorough introspection of her feelings and then commanded herself to "be calm." When asked where she developed that introspection, she definitely stated, "not from my family," thinking it more a "self preservation to not draw anymore attention." When asked if she would attribute it to her yoga training and practice, she was somewhat dismissive, "I'm not that good a yogi," she said; this despite antidotal evidence I have heard from both those attending her classes and from our common yoga certification teacher on her mastery of yoga concepts and her practice. Had this woman brought this incident into a psychotherapy session with me, along with exploring her reactions to the accident, we could also have furthered her parenting skills. My advice would be to start off by telling children you love them and that you know it was an accident (Cline & Fay, 2014); this is especially true with children this young but valid for any age, even through adulthood.

Tell them you love them even when it is not an accident and consequences will need to be assessed. She could have also begun to teach and/or foster empathy and responsibility in her daughter by adding that although it was an accident, she needed help cleaning up the mess, asking her daughter to fetch napkins and then having her throw away the trash (Krevans & Gibbs, 1996). Further teaching and processing could have been done at bedtime that evening, asking her daughter to talk about her feelings and experience around the accident (Dunn, 1997). These are little things that pay big dividends in the future.

While these would have been added bonuses, the woman had already hit a home run with doing no harm, both previously and in that instant (Darling & Steinberg, 1993). My somatic relationship with this woman had me reflecting on my past parenting missteps and then seizing the opportunity to step out of an adapted self that was installed in my childhood. In many ways that Saturday was magical from the moment I woke up until I went to bed. I am grateful to be over sixty, still learning, still growing, and every day embodying ever more my authentic self!

Wade H. Cockburn, PhD is a Relational Somatic Psychotherapist and was a Qualified Mental Health Professional in Oregon, where he was the clinical supervisor and a family, individual, and child therapist at a children's day-treatment center. He and his wife have recently relocated to the Houston area where he is pursuing licensure, teaching yoga, and giving workshops and writing on authentic communication, relationships, and parenting.

After 30+ years as a successful small family business owner, Wade entered graduate school to continue being of service as a psychotherapist, receiving his MA in Spiritual Psychology from the University of Santa Monica and a PhD in Clinical Psychology, Concentration in Somatic Psychology from the Chicago School of Professional Psychology. He primarily practices Spiritual, Somatic, and Energy Psychotherapies. He is a member of the American Psychological Association, the United States Association of Body Psychotherapists, the European Association of Body Psychotherapists, and the Association of Comprehensive Energy Psychology, where serves on the board and as its treasurer.

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The 1001 Critical Days

The Importance of the Conception to Age Two Period

Our goal is for every baby to receive sensitive and responsive care from their main caregivers in the first years of life. Parents need to feel confident to raise their children in a loving and supportive environment.

Why is the Conception to Age 2 period so critical?

Pregnancy, birth and the first 24 months can be tough for every mother and father, and some parents may find it hard to provide the care and attention their baby needs. But it can also be a chance to affect great change, as pregnancy and the birth of a baby is a critical 'window of opportunity' when parents are especially receptive to offers of advice and support.

Ensuring that the brain achieves its optimum development and nurturing during this peak period of growth is therefore vitally important, and enables babies to achieve the best start in life.

From birth to age 18 months, connections in the brain are created at a rate of one million per second! The earliest experiences shape a baby's brain development, and have a lifelong impact on that baby's mental and emotional health.

The best chance to turn this around is during the 1001 critical days. At least one loving, sensitive and responsive relationship with an adult caregiver teaches the baby to believe that the world is a good place and reduces the risk of them facing disruptive issues in later life.

Every child deserves an equal opportunity to lead a healthy and fulfilling life, and with the right kind of early intervention, there is every opportunity for secure parent infant attachments to be developed.

To learn more and participate, please read the official 1001 Critical Days Manifesto, click here.

Mothering Rocks

By Jotara S Worland

Mothering rocks
Rather, lurches
Port to starboard and back again
Endless waves
Fickle winds steer unknown course
No captain aboard
No crew on the horizon
Just this huge galleon of motherhood
Vast and majestic
Torrents of unspoken stories reek from her groaning timber
Crumpled, bloodstained treasure map in hand
Passed down through generations of ancient cartographers

Pitch black in the hold
Run away food scraps dash for their lives as the ship rolls on
Splintered hands and broken nails chart my ravenous search
Defeated once again
Back on deck
Gasping for air and an even keel
The wind picks up
I hoist the sails
Hope and heart rise with them, flourish momentarily
And then, die

I'm walking the plank
Black blindfold scorches my eyelids in the midday sun
I beg my imaginary comrades to give me mercy me hearties
Awakening, pulse racing
I remember
It's me and him, my boy
My napoleonic hero
Nestling into the warm pillow of my breast
Waves lull us into stifled sleep
At once comforting tired bones and dread-full sea sickness
We drift in the windless ocean
Lying together, curled up like cats
Loyal subjects to the warm safety of touch
He feasts on golden nectar as I gaze at his perfection
We fall into exhaustion's arms once more

We're marooned on a desert island
He's walking now
Chasing silver crabs in rock pools
Tiny striped fish leap, thrilled to be air bound
I shrink, he grows
Two of us, innocent
Stripping off we skinny dip
Icy water smarts life into my weary cells
Crunching sand underfoot
Erases dregs of judgment and the 'too high' expectations
Another rock pool
We crouch, take a closer look
Sitting empty and expectant
A sliver of sunlight hits a grain of sand
It's prisms flash rainbows into the air
We both see it, lock eyes
And in that split second in absolute wonder
We marvel at this tiny miracle in our rock pool
Right there
In my minds eye
I mark X is the spot
One shared moment
Our buried treasure
Found, in the end
With hearts compass

Why I wrote this poem . . .

Mothering Rocks is my effort to capture some of the extreme and intense emotions I felt as mother to my baby son Eden, who grew into a toddler, who grew into a preschooler, who is growing now into a prep school age boy! I began writing it when Eden was two years of age. It has stewed, been added to, and coveted like a secret treasure.

Over the years I have come to realize that I had suffered from post-natal depression from reasonably early on in Eden's life. I went to the doctor, saw counselors, all of whom were reluctant to give me a diagnosis, "you're having a hard time adjusting to being a mum, that's normal". I often wonder if having a 'diagnosis' could have been a positive step, bringing home the reality of the situation, and perhaps I would have accessed appropriate help and support.

To me, the emotional swings of motherhood felt (and still often do) feel like the huge lurching of an enormous ship. Having experienced debilitating sea sickness more than once, and hyperemesis gravidarum of pregnancy, believe me, I know nausea. The 'metaphor' of the enormous lurching ship was almost literal.

At times I felt that the overwhelming inner world of sensation, feeling, and thought blocked out all else. Although I know that, all along, I have totally adored my son and experienced many moments of deep love, joy, and delight, I still find the experience of motherhood almost totally consuming, perplexing, and sheer hard work. Me and many other mothers worldwide, I am sure.

I wrote the poem for myself initially. I found that writing about these feelings transformed their ferocity into something enjoyable, something about the story thrilled me, and I felt the ignition of an aliveness within me that had been all too often missing.

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In January 2014 I was absolutely gripped and called to attend a six day Mindfulness Based Childbirth and Parenting teacher training retreat in Petaluma, California offered by mindfulness teacher and midwife Nancy Bardacke. Apart from the inspiration this course provided my professional self, it was profoundly personally affecting. One of the biggest insights my practice provided at this retreat was the realization that I had been working so hard at avoiding the present moment for so long that it had really skewed my sense of presence within my own life. It was time to come awake to my own life, self, and those people in it.

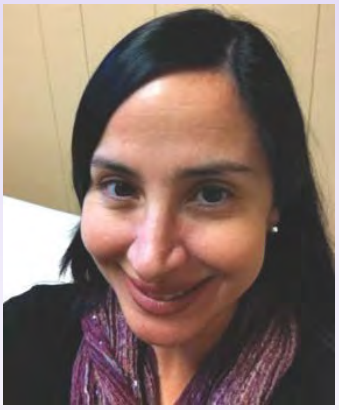
The course participants were challenged to offer a piece of 'entertainment'— a song, a poem, a sketch, a mini teaching—anything really that we wished to do. It was at this point in time that I returned to the draft of this poem and completed the last verse. I wrote it and realized afterwards how the moments of shared joy, love, and delight in motherhood had existed only when I had been able to be present in the moment. That he, bless his darling heart, had been there all along, my most wise and available every day mindfulness teacher! Dropping the judgment of myself for having spent so long in the ruminations of the mind, I realized the suffering that it created was pointless and counterproductive.

I read the poem to the course participants, bravely showing the light of day. The participants asked for copies of it; I felt that I wanted to see my writing go into the world in some form. And here we are today on these pages, sharing my world. I am so glad this poem has stretched its wings and flown.

With loving kindness,
Jotara Worland

Jotara is a midwife, mother, dancer, and mindfulness practitioner living in the country town of Castlemaine, Victoria, Australia. She is an avid poetry reader and is now turning her attention towards feeding her own poetic imagination in the form of writing poetry. Most recently inspired by fellow countryman, poet, and philosopher David Whyte, Jotara is passionate about poetry that the moves heart and soul of the reader.

Research in Review: A Brief Look at Current Studies in the Literature



By Dawn Bhat, MA, MS, NCC, RYT-500, LMHC

Research from the fields of contemporary medicine and mental health is increasingly validating the mind-body continuum, the heart of somatic studies. Drawing from clinical and basic science, phenomenological and case studies, and literature reviews, this column is dedicated to sharing research from multiple perspectives that may potentially impact the field of body psychotherapy.

Preventing PTSD in the Next Generation

Bosquet Enlow, M., Egeland, B., Carlson, E., Blood, E., & Wright, R. J. (2013). Mother–infant attachment and the intergenerational transmission of posttraumatic stress disorder. *Development and Psychopathology*, 1 –26. doi:10.1017/S0954579413000515

Maternal PTSD may influence the offspring's vulnerability to PTSD – an intergenerational transmission. While offspring of parents with PTSD are at a greater risk for developing PTSD later in life, the mechanisms of intergenerational transmission are poorly understood. The present study published in *Development and Psychopathology* examined longitudinally whether maternal PTSD increased the probability of developing an insecure mother–infant attachment relationship in general and a disorganize attachment style in particular. This study also examined whether insecure attachment, especially disorganized attachment, increased the risk of developing PTSD following trauma exposure in later life.

In the present study, Bosquet Enlow, Egeland, Carlson, Blood and Wright (2013) found that attachment during infancy was unrelated to developing PTSD later in life; however, attachment history was so during late adolescence. The researchers found that infants of mothers with PTSD had insecure attachments at six months and 13 months. In addition, insecure attachment history predicted the severity of PTSD symptoms at 17.5 years of age but was not associated with a lifetime risk. That is, an ongoing insecure attachment relationship with a mother with PTSD was associated with offspring vulnerability to PTSD. As such, maternal PTSD seems to affect the quality of the relationship throughout offspring child and adolescent development.

The authors conclude that promoting positive attachment relationships during early development may reduce the risk of PTSD in later life. Targets of treatment include identifying PTSD in pregnant women and supporting new mothers with developing secure attachment with their infants, which may help prevent PTSD in the next generation.

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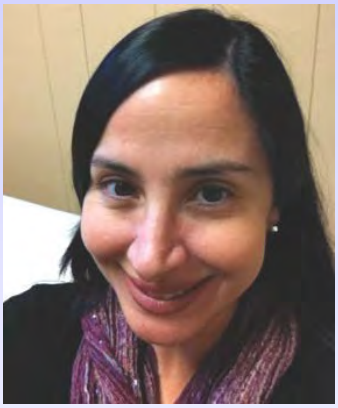
From Birth to Breast and Beyond – A Look at Research Supporting How Lactation May Influence Maternal and Infant Mental Health



By Dawn Bhat, MA, MS, NCC, RYT-500, LMHC

As a new mother, psychotherapist, and research writer, I wondered how breastfeeding affected infant and maternal mental health, including postpartum emotional well-being. To consider the feasibility of psychotherapists incorporating lactation and breastfeeding concepts in their client sessions or potentially working in tandem with a client's lactation consultant, I explored current research from a psychotherapeutic perspective as well as from the point of view of a lactation consultant. I interviewed Wendy Wisner, a board certified lactation consultant (IBCLC), in private practice in New York. Based on six years of professional experience, she shared what she felt psychotherapists may need to know about present practice recommendations on breastfeeding to support optimal mental health and wellness in mothers and babies.

The Moment of Birth

A baby is born knowing how to breastfeed. Immediate skin-to-skin contact is encouraged between mother and baby (Bergman & Bergman, 2013). When a newborn is placed directly on the mother's chest at birth, it will inch its way to the mother's breast and latch on to feed. The infant can detect the scent of the mother's breast—olfactory sensations are one form of communication between the mother and infant. The infant expects to hear the mother's heartbeat, to hear the sound of her voice. The infant expects to feel the warmth of her body and to taste her breast milk. Many now consider this reunion of mother and infant the final phase in the birthing process.

However, breastfeeding is not just a feeding method. "It's a way of caring for a baby that will provide a lifetime's worth of good health because it provides a way for mothers to connect with their babies—even if they did not experience that kind of care themselves" (Kendall-Tackett, 2014, p. 40). These early moments, hours, days of life are critical periods from which secure attachment develops (Schore, 2001).

Supporting mothers and babies from birth onward

Wendy Wisner helps moms with breastfeeding in their homes and in her office. She usually sees moms in the first few weeks after birth; common concerns are sore nipples, milk supply issues, engorgement, breast infections, breast refusal, and fussy babies. She is also a volunteer breastfeeding counselor for La Leche League, a published essayist and poet, and – most importantly – a mom of two sweet boys.

"Many moms need to learn optimal breastfeeding practices that include on-demand feeding (which can vary from every 1-3 hours in a newborn), good latch and positioning, as well as have help with any problems early on so that they don't become larger problems later," Wisner said. "Very painful breastfeeding, and babies who are not gaining weight after the first week or so are not normal and need to be addressed as soon as possible, preferably by a board certified lactation consultant."

Besides teaching moms about breastfeeding in general, Wisner helps troubleshoot certain technical issues like sore nipples, and how to know if your baby is getting enough milk. Wisner also knows that many mothers feel – quite simply – overwhelmed. She provides support for their feelings as well.

"The constant needs of a newborn are daunting to both formula-feeding mothers and breastfeeding mothers, but breastfeeding mothers tend to wonder if the breastfeeding itself is causing them to feel this way," she said. "It is true that when you breastfeed, you are the primary (or sole) source of nourishment for your baby. Breastfed babies need to eat more frequently than formula-fed babies, as breast milk is digested faster than formula. But the intensity of the first few weeks of breastfeeding does die down. It then becomes easier than formula feeding (no bottles to prepare and clean, always the right temperature, and entirely portable). But mothers often can't see past the demands of the first days and weeks. They need both emotional support, and help around the house and with baby care. Just because you can't feed the baby, doesn't mean you can't soothe it, change it, dress it, etc."

Another concern Wisner often sees is that of mother-baby attachment. Mothers are worried about spoiling their newborns with too much holding, too frequent feeding, and 'comfort nursing.' According to Kendall-Tackett (2014), breastfeeding creates a special bond and leads to a relationship in which mothers are highly responsive to their babies' cues. Maternal responsiveness has long-term effects on the resiliency of babies –it creates secure attachments. As such, secure attachment reduces stress reactivity, decreases toxic stress, and improves immune functioning, which ultimately has long-term effects on physical and mental health.

When babies are not responded to consistently, as in the case of maternal depression which impairs responsiveness to the infant's cues, they develop insecure attachments.

"Newborns need to be held a lot," Wisner said. "And they need to nurse frequently. Breastfeeding is comfort as much as it is food. This is all completely normal, but is not always what is perpetuated in our culture. New mothers need to be around other attached, breastfeeding moms and babies and need to be reassured that they are not spoiling their newborns. They need to be assured that babies who are attached become confident children and adults; it is a human instinct to become independent, but all in good time."

Cultures around the world have rites of passage for new mothers, requiring them to stay in bed nursing their babies for a few weeks while the community cares for them. I truly think rituals like this would help with postpartum mood disorders.

"Women who are prone to depression, anxiety, or psychosis, should most certainly be watched. The huge transition to motherhood – the intense needs of the baby, the physical demands of childbirth, sleep deprivation, plus a roller coaster of hormones – can most certainly exacerbate these disorders, or trigger relapses," Wisner said.

"These moms need to know what's normal, that things get easier, and that their feelings are okay. It's so important for them to connect to other mothers, especially if breastfeeding. It's also so important for them to have some help at home in the first few weeks. Cultures around the world have rites of passage for new mothers, requiring them to stay in bed nursing their babies for a few weeks while the community cares for them. I truly think rituals like this would help with postpartum mood disorders."

"It is also important to know that mothers who have experienced sexual abuse may be triggered by breastfeeding. Some of these women actually find breastfeeding healing, but for others, any kind of breast contact is too much to handle, and the needs of these mothers need to be respected."

Some classical views on breastfeeding

Although classical views on breastfeeding warrant more attention than this article allows, I will touch upon two early developmental researchers and theorists: Donald Woods Winnicott and Wilhelm Reich, renowned for their contributions to the field of prenatal and perinatal psychology. Winnicott was a British object-relations theorist and pediatrician, whose writing was mindful, somatic, relational, and experiential in nature. I read *Playing and Reality* (1975) while breastfeeding my newborn; Winnicott's approach and his presence on the page inspired me to create a professional workshop on infant development and creativity and to write this article.

Winnicott (1975) acknowledged that the mother has to adapt almost entirely to the infant in a way that gives the infant an opportunity for the *illusion* that her breast is part of the infant.

According to Winnicott, the *breast* is created by the infant and is a subjective phenomenon (internalized, im plicit, embodied, if you will).

The newborn then faces the problem between what is objectively perceived and subjectively conceived of – *the object relationship*. Winnciott noted that health might be compromised in babies who have not been started off *well enough* by the mother. As such, the mother creates a safe, secure *holding environment* for the infant. This *transitional space* out of the object relationship is the birth of love, creativity, identity, a sense of self, and eventually the capacity for self-regulation.

Wilhelm Reich (1945/1972) put forth research and theoretical ideas about treating the mind and body, together and alike. In contrast to Freud (1905), who linked adult psychopathology to early developmental issues, Reich was interested in infant care. He developed treatments to ameliorate psychosomatic illness, which included a focus on prenatal and perinatal periods as prevention. Reich studied the mother/infant relationship determining that the intrauterine ecosystem and early infant care, which included breastfeeding on-demand, supported the charge of vital energy (Nunes, 2014). Breastfeeding, largely under the influence of oxytocin, lays down neural pathways involved in character development, sociopathy, aggression, and empathy (Nunes, 2014). As such, there are greater societal implications.

Winnicott and Reich were concerned with quality of infant care and mother/infant relationship. We may relate their theories to contemporary ideas about secure attachment and self-regulation, respectively. Winnicott acknowledged that breastfeeding could be a wider-term for mothering –a certain kind that is *good enough*. Thus, when mothers opt out of or are unable to breastfeed for whatever reasons, psychotherapists and lactation consultants can support other means to achieve good enough mothering practices. In a similar vein, Reich encouraged what he called, 'self-regulated child rearing'. "Basically, Reich said to breastfeed on demand, no toilet training, no sexual repression, and don't force sleep patterns" (personal communication, Carelton, 2014).

Reich believed that some physical diseases and mental health related disorders were associated with stress during early, critical periods in life and development. Somatic psychotherapists can help promote optimal infant development, which may include the role breastfeeding may play on the mother, infant, and their relationship. As such, psychotherapists could benefit from knowing the latest lactation research, views, and practices presented in this article.

For instance, breastfeeding affects depression and depression affects breastfeeding. When mothers exclusively breastfeed, they sleep better, which lowers risk for depression. When mothers are depressed and exclusively breastfeed, their babies seem to be protected because even then depressed mothers are still responsive. These mothers look at, touch, and make more eye contact with their babies (Kendall-Tackett, 2014). Women who breastfed more frequently at three months postpartum have shown greater declines in depressive symptomatology (Hahn-Holbrook, Haselton, Schetter, & Glynn, 2013). Wisner has seen depression diminish in women while they breastfeed because of the bonding and the oxytocin and prolactin released frequently during nursing.

Wisner shared that she has worked with women who exhibit signs of postpartum depression and anxiety. Sometimes, she says, it takes a few months for mother's to realize the extent of their issue, sometimes it is clear in the first few weeks. "One symptom I have seen often that raises a red flag is a mother who seems obsessed with worry about how nursing is going, even when things are progressing normally. Other mothers can't sleep, even when given the opportunity," she said.

She has seen depression become a barrier to breastfeeding. She noted that barriers are usually due to an overall postpartum depression or anxiety episode. "Postpartum mood disorders most certainly affect breastfeeding, and are often the cause of early weaning," she said, (Hahn-Holbrook, Haselton, Schetter, & Glynn, 2013, supports her assertion). "It's important for the disorder to be recognized right away."

"There have been times when a mother just simply can't take my suggestions for addressing a breastfeeding problem because she is so overwhelmed by her emotions. She is finding each moment of the day hard to get through. She is the kind of the mother who definitely would benefit from psychotherapy. Talk therapy is wonderful and more extreme cases may benefit from medication. Many psychotropic drugs are compatible with breastfeeding." (Lactmed compiles research available for breastfeeding and medications; the Infant Risk Center is another resource).

Conclusion & Supportive Research

It makes sense to encourage collaboration between psychotherapists and lactations consultants. For psychotherapists knowing current research, they can either share the information with clients or integrate it more seamlessly into their client sessions. Pregnant clients who come to their psychotherapist to discuss the decision between the breast or the bottle, might benefit knowing that any or exclusive breastfeeding may be a protective factor and preventative measure for child mental health and obesity (a longer postpartum period of breastfeeding was more likely to reduce the risk of obesity) (Reynolds, Hennessy & Polek, 2014). And that full breast-feeding for a period of greater than six months has been associated with neuropsychological functions at age four that could not be explained by other maternal factors such as social, education, or intelligence (Julvez et al., 2014).

Furthermore, researchers have been attempting to understand if there is an association between breastfeeding and cognitive, intellectual, and neuropsychological functioning. Some studies have consistently noted that maternal education and intelligence as well as socioeconomical factors were more optimal in women who breastfeed making it difficult to extrapolate the nutritional advantages of breastfeeding (Jacobson, Carter, & Jacobson, 2013). As such, women who breastfeed tend to create a more stimulating and enriching child rearing environment. However, it is important to note that breastfeeding along with good parenting practices influence child development. A recent study published in the *Journal of Pediatrics* (Gibbs & Forste, 2014) identified two specific parenting practices – early reading and maternal sensitivity – that account for the effect breastfeeding has on cognitive outcomes.

Supportive, researched information may help clients make decisions that support their parenting skills and their attunement with their infant.

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International Connections

By Asaf Rolef Ben-Shahar

Repaying Prenatal Debts

Growing up, one of the most frequent stories I recall my mother telling me, regarded my nose. It was completely twisted to one side when I was born. It was difficult for me to breathe through my nose, and also, so I was later told, I could not breastfeed. It took a good few months before my nose straightened. "You were too big for my womb," my mother kept saying fondly, reframing the doctor's words that her womb could not stretch enough to contain me. She was a petit woman, only twenty-three years old, trying her best to live her dream with the love of her life, my father. True to form, I have grown up with this oscillating pendulum of feeling I was either too much (more frequently) or not being enough. Or, mostly, both.

When I began my second round of psychotherapy I began to wonder about this sentence, willing to question it in myself. Could it have been that my mother's womb was too small for me? That it was not my fault for being too big, too much for her? Is it possible that my inability to feed was not only my own fault? There, in the supposed intrauterine haven, my first narcissistic injury took place. Was I too much? Was I not enough?

And now, am I too much? Am I never enough?

Early intrauterine experiences may correlate with later character development. But, as pre and perinatal development is not my area of research or expertise, I shall not attempt to present any cohesive theoretical model, although my thinking and clinical work has been influenced and informed by the work of Stanislav Grof (1988), Frank Lake (1979), Daniel Stern (1985), and others. Instead, I shall share some meaningful therapeutic and biographic moments with you.

Jenny was twenty-four when she sought therapy for ongoing heightened anxiety. She was extremely dyslexic and lacking of confidence. I liked her and felt a strong brotherly bond with her, and she reported a similar sibling connection with me— I was the older brother she never had. Jenny came for body psychotherapy because, "I am no good with words; I need someone to help me understand myself through my body." Not true, though. Jenny was astute and intelligent, and when she wasn't pressured to provide, she expressed herself beautifully with words, too.

After three years of therapy with Jenny, I was finally able to conceptualise (first to myself) what I found so bewildering about her –her shape-shifting body. Jenny was preoccupied with her body and weight. Over the course of three years of knowing her, she gained weight and lost weight, changed hair styles and colours, exercised rigorously and toned up, and then let go and lost interest; she would resume her yoga practice then suddenly give up. There were many changes, many attempted resolves; none lasted. But that wasn't it. What I found strange was that with every change of her body Jenny not only looked different, but her personality

Names have been changed and permission granted to use the material

altered, too, and none of these changes ever surprised me on the one hand, or felt stable on the other. It was as if she was continuously and liquidly forming and un-forming, without a cohesive ego without having a solid body, as if she maintained some intrauterine fluidity, as if she had not completely been born.

"I have always been the ugly duckling of the family," she said. "Of four sisters, I am the only hairy one, the only dyslexic one, the only anxious one." When Jenny's mother was three months pregnant with her, the youngest, she fell ill with severe endocrine disease (like my own mother) and had to undergo multiple treatments, including receiving high doses of steroids, as well as several surgeries. The mother was advised to abort the unborn child but refused. The pregnancy was hence tainted with hormonal turbulences and life-threatening illness. The family and doctors were unsure whether either of the two would survive. Labour itself was a long, dangerous, and painful procedure; a breech birth that ended up with an emergency C-section, where her mother nearly died. "My mum really wanted me. She kept telling me how she was willing to sacrifice her life to have me. She would die for me. I always found that heroic and knew I needed to be grateful for her. But she also resented my birth and me – I marked the beginning of her decline. In all of mum's stories there was a contrasting 'before and after': before my conception and after it; before pregnancy and birth and after them. Life before was wonderful, life after horrible. I was both the cause, the catalyst, and the reminder of her desolation. I was a reminder of a failure to be the mother she planned to be for me; and it was my fault."

Jenny spoke of her feeling too much - it was her fault that her mother was ill, as well as not being enough. - Her mother suffered from post natal depression following labour, and Jenny felt she was never good enough, she could never repay her mother for the horrific outcome of her coming into the world.

She has given so much. She has now come to collect.

Jenny's perinatal experience made me think of my own, less dramatic, story. In many ways, certainly as a child but also as an adult and sometimes, if not as regularly, even today, I felt that my body did not belong to me, that it was hers, my mother's. Mum never directly asked for my sacrifice, but I felt I should have given myself to her. The least I could do to repay her was to give myself away. After all that she had done for me, all the suffering she endured during my pregnancy and afterward, the only thing I could do to properly repay my debt of being born and inflicting the pain of pregnancy and labour on my mother was to give myself fully to her. Yet my true self (Winnicott, 1960) rebelled against this feeling, and I was unable to sacrifice myself and for that I have always felt guilty. My body did it for me. I was able to retain my integrity by paying a price of guilt and shame. Hearing Jennifer uttering similar words was unimaginably painful. It was easier to hurt on Jennifer's behalf than on my own, but nonetheless it really hurt.

"I want my body to be mine again," said Jenny with a plea. "That's why I'm dieting and gaining weight, trying different things and practices and failing to maintain any disciplined practice. It is all to no avail." Underneath all of her therapeutically gained insights, Jenny might have been occupying her body, but it was still owned by her mother – this was a debt that might take a lifetime to repay.

She kept telling me how she was willing to sacrifice her life to have me. She would die for me. I always found that heroic and knew I needed to be grateful for her. But she also resented my birth and me – I marked the beginning of her decline.

How can we change that which was forming her being as early as from the womb?

Jenny's hairiness was a result of her mother's hormonal and steroidal intake during pregnancy, and there is some evidence correlating prenatal developmental arrests with different types of dyslexia (Guttorm et al., 2005; Lubs et al., 1993). I believe that her hypervigilance and predisposition to anxiety also resulted from, or at least were influenced by, her prenatal development and her birth.

But what can be done about it? How can we change that which was forming her being as early as from the womb?

I cannot share any significant and life-changing therapeutic interventions with you; this is an incomplete story. Therapy proceeded gently for a few more years to attempt and reclaim her body. She was neither too much nor not enough for me, which made a difference. She noted it, and it was good. But having a body always carried shame and guilt. Did she stand a chance of working through it with a therapist who had not completely healed his own wounds around the same topics? Her story reminded me of the inevitable sin of Hester Prynne from Hawthorne's *The Scarlet Letter* and then the primary scene / primary sin of Adam and Eve.

In claiming our body as our own, we also separate from our parents; we acknowledge our individual separateness. As parents, can we let our children separate? Can we go through all this trouble of bringing them into the world, for them to leave us behind unacknowledged? Can we agree to waiver the debts of our suffering, our dedication, our investment in them? And can we do so truly as therapists?

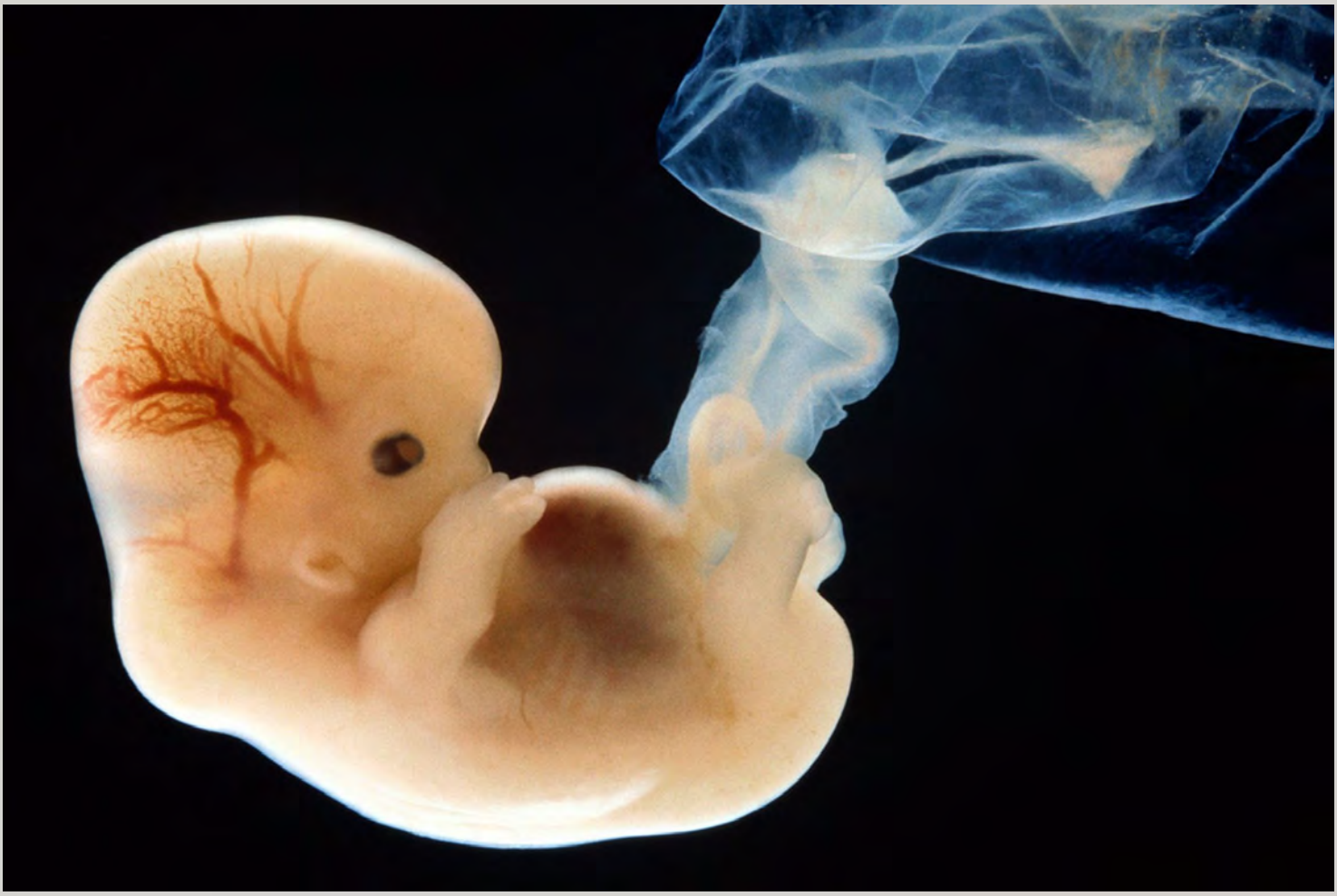
I am uncertain about sharing such personal details of mine with you and unclear about what body psychotherapy – or at least the therapy I offered – contributed here. I can tell that what helped Jenny and I was to have our bodies touch. As I realised our resemblance, I began offering Jenny rocking (pulsing) movements. She would close her eyes almost immediately and completely surprise herself with the degree of surrender and pleasure she was able to experience.

We spent many sessions without talking (and I asked myself, "Are we still doing psychotherapy?") but only using gentle rocking movements, similar to pulsing (Ziehl, 1999). The sessions were pleasurable for both of us, but moreover proved invaluable for Jenny. Strangely, through the most liquid form, the most unsolid touch - she formed herself more solidly. The fluctuations of her body-shifting slightly eased. During these sessions, which were clearly characterised by altered states of consciousness (Rolef Ben-Shahar, 2002), we found our bodies. It was during those pulsing sessions that both Jenny and I knew, in our bodies and without a need for external affirmation, that her intrauterine experiences influenced her body image, and her self-esteem. She had flashes of fragmented memories, spontaneously regressed into a very young age, and presented clear insights. While this was no indication for any objective truth, I had (and still have) little interest in objectivity (objectivity is highly overrated in my opinion). Jenny felt a knowing, which allowed her to grieve for, and accept – to a certain extent – her 'leased body' (from her mother), and became more at peace with her existence.

This is a story with no dramatic endings, nor any extraordinary or novel clinical findings. It is a small story of how gentle wave-like touch helped approach a woman and allowed her more inner peace.

And now for my pondering:

During our work together, I was left both delighted and jealous, noticing my yet unmet yearning to return to the ocean of the womb and for someone to make it all okay, to make the womb big enough to contain me, allowing a happier ending for the pregnancy, a happier start to life. Working with Jenny demonstrated a painful truth that, although I had some very good therapy, sometimes I did help my clients move beyond where I was, and sometimes beyond where I might ever get to be. It strikes me as quiet similar to being a father where I witness my daughters, (thanks to the hard work of my wife and me) move beyond where either of us were able to reach. This is the most delightful and gratifying position, but it also hurts. And I can empathise with my parents and with Jenny's mother in wanting some fairness wanting



someone to repay for the dedication and corrosion, the exhaustion and decay that comes with parenthood, at least with gratitude. To a lesser extent, this is also true to psychotherapy.

Was I able to let go of Jenny without demanding she repaid with her body? Did I not expect her thanks? Did I not expect her to hold me in her mind as someone who helped her? As I touched Jenny and felt my own wound being touched, I wanted someone to touch me like that (which I had). I also wanted for the touch I received to reach the places we were able to reach with Jenny (it did not, I could not allow it). Failing that, I did want her to be eternally grateful even though this feeling was subtle and proficiently repressed. I am ashamed to admit it here and can honestly recognise it here for the first time. But I am sure she felt it.

In my hoping for gratitude, in my expectation that Jenny would recognise our work as good, I also asked her to give herself to me. I can only hope that my own parenting was a slightly less wounding version of her mother and brought her a step closer to reclaiming her body and that she could continue her work with someone with slightly different wounds to hers.

I hope that we can share some interests and dialogue, and I welcome your feedback, comments, questions and challenges. You can email me at asaf@imt.co.il

Asaf Rolef Ben-Shahar PhD, has been a psychotherapist, writer, and trainer for since 1997. As a psychotherapist, his work is relational body-psychotherapy, integrating trancework and Reichian body-psychotherapy within a relational framework. He enjoys writing and has written dozens of professional papers on psychotherapy, body-psychotherapy, hypnosis, and their integration. He is an international board member for *Body-Psychotherapy Publications* and an associate editor for *Body, Dance and Movement in Psychotherapy.* His book, *Touching the Relational Edge: Body Psychotherapy,* was published by Karnac in 2014. His PhD dissertation (*Surrender to Flow*), focused on the moments of surrender in three different fields: relational psychoanalysis, body-psychotherapy and hypnosis, and these three form the axes of his theoretical and clinical curiosity.

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Continued on page 117

Awareness Precedes Touch

By Marjorie L. Rand PhD, with Gail Andrews LCSW

I first learned of William Emerson's work while getting a massage in Palm Desert, California, circa 1989. The masseuse, who was also a nurse practitioner, knew of my work in integrative body psychotherapy. She noted his therapeutic process was similar to mine, only, he worked with babies. I was more than curious. Back in Los Angeles, I found a video of William and after observing his energetic work with babies with birth trauma, I contacted him. I attended his training workshop in southern California that next weekend.

In that initial workshop, and in many others, I learned how to work with birth trauma in newborns but also to work with birth trauma in adults. Consequently I continued to train with William and became his teaching assistant. I taught with him in Switzerland for the next nine years, three of them in Switzerland, teaching his work, birth re-facilitation (not re-birthing), in conjunction with my own work, developmental movement re-patterning.

Birth re-facilitation with adults required getting down on the floor and the therapist (me) using her own body to simulate the maternal pelvis as the cranium moves through the birth canal. The therapist's hands and various body parts provide pressure on the client's cranium as she/he twists and turns and finally emerges. This can be repeated many times, negotiating blockages and stuck points until they are successfully resolved. It can be an amazing experience to see the amount of life force that can be engaged when the blocks are resolved and the body wants to emerge into life. I remember a 90 pound, quite older lady pushing me across a room with so much force, I, much larger than she, could not hold her back!

Then and Now

Having had a spine injury in 2012, I can no longer do floor work with my adult clients. However, I still attend to their birth stories and listen for how their birth experiences and early attachment issues influence their current present problems, and in particular, their relationship issues.

Over the years I have seen that awareness alone of birth issues has resolved many present day difficulties that clients have. One simple way to look at these issues is difficulties with beginnings, knowing which way to turn (middle), and endings (finishing tasks). When we identify a place in which a person was stuck in his birth, his stuckness in life also disappears from the awareness alone. For example, a person who could not finish projects, begins to finish them, or a person who procrastinates, no longer does so.

In the particular case I am about to discuss, something quite unique occurred, which the client is going to describe in her own words. This client came in to see me because she felt particularly stuck in her career. She is a middle aged therapist working in a large agency setting with many other therapists, many of whom are her junior in age and in experience; and yet, she felt small and allowed herself to be intimidated by them. She did not own her

authority or power at her job or in other parts of her life as well, and she was tired of living this way.

Being a body oriented therapist, I ask my clients to attend to their body experience even when we are taking history. During our intake exam, I asked about her birth experience. She did not know anything about her birth as it seems her mother had anesthesia in order "to put her out of her pain". We know that general anesthesia does make the mother and the fetus completely unconscious and stops labor completely, thus requiring the fetus to be born by forceps. Both mother and newborn have to sleep off the anesthesia perhaps as long as the critical stage for bonding (birth to 72 hours). Thankfully, this practice no longer exists due to the emergence of epidurals.

When this awareness happened during the history taking, the client's body was stricken like a lightning bolt with a wave of life force through her entire body as though she had put her body into a battery charger. She began shaking and vibrating, and the sensation was not frightening but very pleasant. It was as though she had just become alive that very second. As though the anesthesia had left her body, and she had finally been born at 55 years of age!

Here is her version of her session.

Third session: February 10, 2014

At the beginning of the session, we resumed the trauma history. The trauma history was difficult in some areas that surprised me. The week before, memories of my brother being spanked very roughly for a prolonged period of time had come back, and I realized I held more emotions about this than I had thought.

This week we started with the prenatal and birth history. Marjorie noticed I had question marks in the form. When she asked me if my mother was anesthetized during delivery, I recalled with certainty that she had been. Marjorie explained that when the mother is out, the baby is out, too. My body began to resonate and vibrate with this information, and I tingled from head to toe. I reached down and began rubbing my legs, and I was bent over from my waist. Something in me became alive and connected. I rubbed my shins and began to cry realizing that I had not been awake at my birth. The realization was like a wake -up in my body. I felt my body was awake with this realization.

I did not have to put this client on the floor for her body to come alive. The awareness alone brought the aliveness with it.

I told Marjorie of a significant dream that I had when I was 6 years old. The dream is as real to me today at age 55 as it was when I was 6. The dream was of me being in my comfortable bed, but I was pushed down many levels and had to get through the levels before I could wake up. I sat in my bed and forced myself to each level with all my will. When I reached a level, I begged myself to wake up but could not. I had to get to the next level. I struggled and pushed myself with my will to move through the levels. I remember finally getting to the level of where my bed actually was in the house. When I finally was back in my room, I woke up. When I awoke, I was exhausted but as clear headed as I had ever been. The dream was so real to me. This therapy session finally helped me make sense of the dream, and as I discussed it with Marjorie, my body became even more filled with a tingling sensation. I felt alert and awake to myself.

Marjorie asked about a surgery I had when I was 8 years old. I had become very sick, and my mother rushed me to the hospital for an emergency

I did not have to put this client on the floor for her body to come alive. The awareness alone brought the aliveness with it.

appendectomy. When I went under the anesthetic, I felt myself lift out my body, and I floated over myself. I was connected to my body by a line of light that was a long thin funnel. I knew that I needed to get back into my body, and I fought to get into the funnel and get back in. I was determined to go through the funnel.

My next conscious moment was the next day when I was in the hospital room I shared with another child. The mother was asking me questions, and it was clear that we were in the middle of a conversation when I woke up. I realized I had lost some time, and I told the mother about it. She assured me I had been in the room interacting with her and her daughter. I asked to call my mother. My mom told me she had been there the entire evening the night before, and we had talked, and she read to me. I asked her to come and see me because I couldn't remember. She told me she would come as soon as she could but had to take care of my two brothers and sister first.

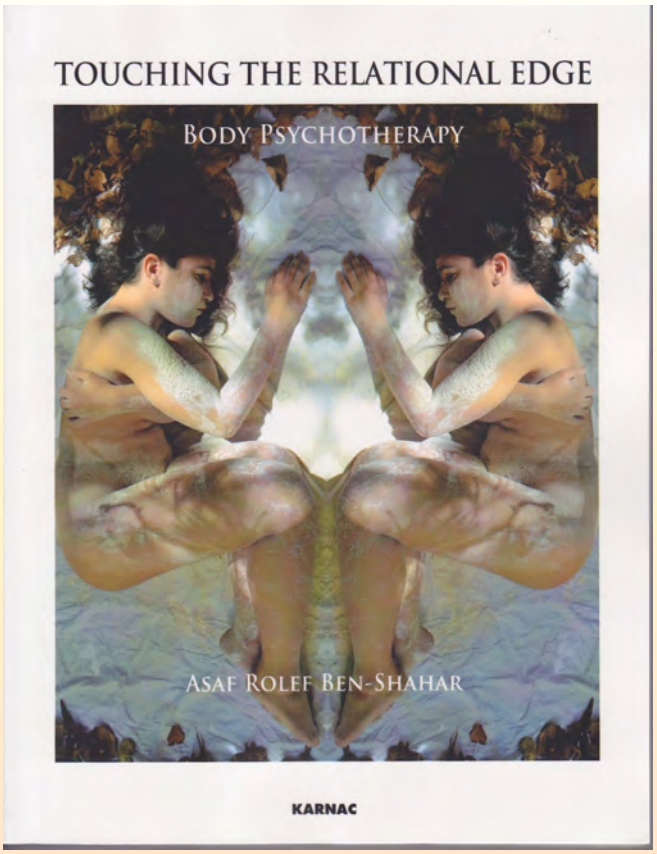
I had never made sense of the memory of being outside my body during the surgery until this session. I had wondered if it was a near death experience, but it didn't completely match the way I experienced being out of my body. I knew I needed to get through the funnel back to my body.

As I connected the memory of the surgery to my birth, I began to physically resonate again. It began to make sense to me that a physical connection from the surgery anesthetic evoked implicit memories of being put under as I was trying to birth.

The connection of the birth, the dream, and the surgery began to finally make sense to me and with this awareness I felt my body vibrate with awareness. I felt a presence of myself, and it gave me an excitement and confidence about my future and myself.

I was awake!!!!

My point is that through re-telling of their story, adults and also children can gain a release, both energetic and emotional, of their birth trauma without physical intervention or cathartic emotional release. Of course it requires grounding, presence, and somatic awareness, which this client has. If that is not there then that work would have to come first. Coming into one's body and being with sensation is supported by many modalities used in body oriented psychotherapies. The awareness continuum I learned in my gestalt training involves working with body awareness and sensation. This process, especially with clients who are in touch with their body, supports spontaneous, and at times, intense releases with awareness and integration. Therapists can work with the birthing process without using touch and still support their clients' awakening and renewal. The healing process is not about touch or not touch, it is about getting involved in the story and letting the client sense her body resonate with the experience as she narrates her birthing process and process the sensations so they are released and the new awareness is integrated into her everyday life.

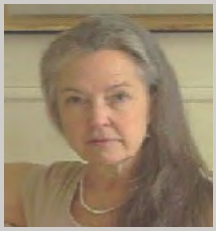


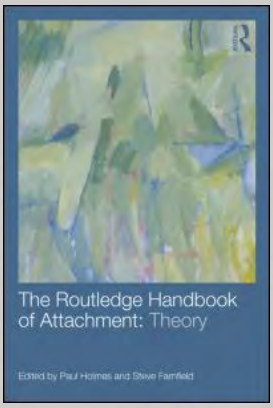
Dr. Marjorie L. Rand is a licensed Marriage, Family and Child therapist in three states and has been a practicing psychotherapist for 38 years. She has also taught graduate level psychology and trained professional psychotherapists in the U.S., Canada, Europe, and Israel. Dr. Rand specializes in couples counseling, developmental psychology, pre- and peri-natal psychology (pregnancy, birth and bonding) and family therapy and is a certified yoga therapist and a certified child custody divorce mediator. Dr. Rand is the co-author of four books, and many published articles. She is on the editing board of the *International Journal of Body Psychotherapy* and is a founding member of the United States Association for Body Psychotherapy.

Gail A Andrews is an LCSW. She graduated with an MSW from California State University, Long Beach to embark on her second career. Her first career was in accounting, and she made the switch to clinical social work after many volunteer hours as a rape crisis counselor. She has worked extensively in end-of-life care and with persons who have experienced trauma. She currently is a psychotherapist practicing in Southern California.

Resources

Jacqueline A. Carleton, PhD and the USABP Interns





Holmes, P. & Farnfield, S. (2014). *The Routledge Handbook of Attachment: Theory*. New York, NY: Routledge, Taylor & Francis Group. 187 pages. ISBN: 9781138016729

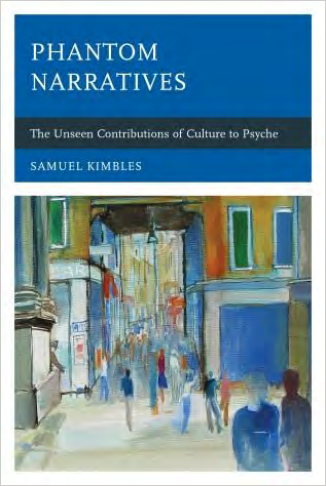
Reviewed by: Sue Roh, Columbia University

Shortly after birth, a duckling instantly forms an attachment with its mother through a phenomenon known as "imprinting." A newborn baby, on the other hand, does not develop such an instantaneous connection. It is the emotional connection that is important, and further analysis of this caregiver-child relationship provides insight into human development.

The Routledge Handbook of Attachment: Theory, edited by Paul Holmes and Steve Farnfield, is one of a three-part series that examines attachment theory and its associated areas. Written by experts in the field of developmental psychology, it is an essential read for anyone interested in child development. Despite its target audience, the book is accessible to both experts and non-experts. Upon its completion, the reader receives more than a comprehensive understanding of human development. Although attachment theory is stated in the title, *The Routledge Handbook of Attachment: Theory* is not a collection of studies intended to bolster or prove. Rather, Holmes and Farnfield have produced a work that prompts the reader: How has my childhood influenced the person who I am today?

Most notably, the book makes a strong argument as to why developmental psychology should matter even to those who do not work in the field of child development. A significant portion of the text examines the causes of psychological disorders. Evidence supports the hypothesis that children who demonstrate disorganized attachment tend to develop psychological disorders. At fourteen years old, I was officially diagnosed with obsessive compulsive disorder and anxiety. If I had been diagnosed earlier, could I have possibly prevented them?

A child's brain, when compared to an adult's, exhibits a higher degree of plasticity. However, it appears as though adults exhibit some degree of brain plasticity as well. Although our childhood molds our development, perhaps we can "fix" our past as adults. Self-help programs, psychopharmacology, and psychotherapy are popularly used for the "fixing," but Holmes and Farnfield are concerned with prevention. The book's presentation of conflicting theories simply reaffirms that the field of developmental psychology always requires further study.



Kimbles, S. (2014). *Phantom Narratives: The Unseen Contributions of Culture to Psyche*. London, United Kingdom: Rowman & Littlefield Publishers. 146 pages. ISBN: 9781442231894.

Reviewed by Sue Roh, Columbia University

On August 9, 2014, in Ferguson County, Michael Brown, an African American eighteen-year-old, was fatally shot by a white police officer, Darren Wilson. Although Brown was hardly the first African American to become a victim of an undeserved police shooting, he was subsequently hailed as a symbol of the race problem that still exists in America. Something about Brown, despite being unarmed, triggered Wilson to believe that Brown was dangerous.

What influences our psyche, and how can we counteract these influences? Samuel Kimbles in *Phantom Narratives* tackles these loaded questions. In order to formulate his argument, Kimbles borrows from Carl Jung's theory of complexes: the complex, or our personal unconscious, is incompatible with our conscious. By studying social suffering and collective shadow processes, Kimbles concludes that culture contributes unseen, or "phantom," narratives to one's psyche.

Phantom narratives arise because human beings tend to congregate into groups, an idea which stems from Wilfred Bion's extensive analysis of group psychology. There are two poles, the individual and the collective, but the two are connected in real time given the group's historical suffering. But a dangerous conflict arises from the creation of social groups. Each group not only asks, "How are we, as individuals of the same group, similar?" but also asks, "How are we different from other people?" The latter question can have negative effects on our perception of others, which infiltrates our unconscious mind.

Kimbles claims that most of our cultural attitudes are unyielding, but there is still hope for our cultural complex by broadening our awareness. Our absorbed cultural influences were previously unbeknownst to us; but with increased awareness, we can question and possibly change our societal influences. On an individual level, one can explore his or her subjective experiences and their relationships with the public sphere. On a collective level, therapeutic cultural analysis can alleviate social suffering and trauma within and between groups.

The Ferguson riots were induced by the actions of one man, but focusing too greatly on the "cultural conditioning" of Darren Wilson is ignoring the larger problem. Issues, such as racism, are materialized in an individual's actions. However, in order to most effectively target the root of the problem, we need to consider treatment in both arenas: at an individual and societal level.

White, Kate. (2014) *Talking Bodies: How Do We Integrate Working with the Body in Psychotherapy from an Attachment and Relational Perspective?* London, UK: Karnac Books Ltd. 156 pages. ISBN: 9781782201069.

Reviewed by Kristina Flemming, Columbia University

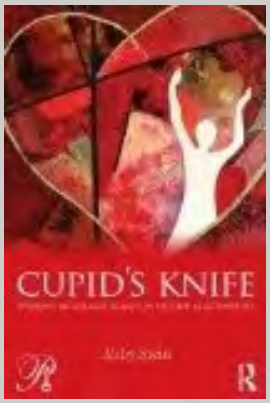
In 2012, the John Bowlby Memorial Conference hosted several lecturers that provided insight and innovation to attachment and relationship theory by incorporating the body. The editor, Kate White, compiles seven of the lectures together in *Talking Bodies*, a written account of the conference. Each lecture is presented as its own entity but still manages to support and build off the others' main ideas.

In the introduction of this book of the monograph series, White begins to explain how the topic of the year's lecture series came to be. It all started with an individual lecturer, Susie Orbach, who called for the exploration of the body-mind relationship in conjunction with clinical practice. White highlights a few of the most enrapturing and inquisitive stories. Each lecturer brings different specialties to the table and allows the reader to see body psychotherapy in nontraditional and varying contexts.

The biggest accomplishment of this book is its ability to seamlessly flow from one section to the next. I especially enjoyed being able to read compact lectures on several different topics under the same theme. It allows the reader to get a good survey of the field. Additionally, there are references at the end of each chapter. Therefore, if you are particularly interested in the topic of a certain lecture, it becomes extremely easy to read up more on it instead of having to search through all the articles mentioned in the book. Furthermore, it was nice being able to switch voices throughout the book. Each lecturer had their own method, word choice, and organization of their individual lectures. The change keeps the reader engaged because each chapter is something novel; an entity in itself in comparison to previous ones.

Talking Bodies gives a well-rounded overview of the body's role in psychotherapy. This particular monograph focuses on the attachment and relational aspects. Therefore, I can only imagine the breadth of information and research done in regards to other possible intersections with psychotherapy. This book touches on so many topics, yet still seems like a quick read and each lecturer stands on their own ground discussing the same theme but never repeating the same topics.

Stein, A. (2014). Cupid's Knife: Women's Anger and Agency in Violent Relationships. Routledge. 186 pages. ISBN: 978-0-415-52787-3.



Reviewed b: Alexa D'Angelo, Hunter College

Abby Stein explores the nature of women in abusive relationships in *Cupid's Knife: Women's Anger and Agency in Violent Relationships.* Despite the title, Stein expounds upon emotional, verbal, and physical abuse in relationships, focusing her lens on women's power and aggression in violent, romantic relationships. Through her work with a patient (Phoebe), Stein explores themes of attachment, love, debasement, control and anger in relation to women in violent relationships (31).

She begins her lengthy introduction by offering anecdotal examples, highlighting the differing manifestations of early trauma in later life, for both genders. Stein explains that while men often repeat childhood trauma through repeated actions or behaviors that diffuse early trauma, women confront early trauma by recreating their role of victim, through their romantic relationships (6). Stein focuses predominantly on the passivity of abused women, while simultaneously attempting to understand women's suppressed anger in oppressed relationships.

While John Gottman identified "contempt" as a key ingredient in the inevitable destruction of a relationship, Abby Stein addresses the "utility of contempt" in a somewhat different manner (29). Stein recognizes that women in violent relationships struggle to access their aggression and power when faced with domestic abuse (31). Women are often only able to access their inner aggression *after* a lover perpetrates violence upon them.

However, women can sometimes utilize their anger "when long dissociated contempt finally explode(s)", eliciting their emotional reaction (31).

Stein refers to her client, Phoebe, throughout the book, as an example of a woman perpetually stuck in abusive relationships, and unable to access her inner aggression and anger (2). Phoebe's controlling relationship, is characterized by manipulation, control, one-sided trust, and promiscuity, or as Pheobe calls it, "man-whoring" (31). Through Stein's depiction of Phoebe, the reader gets an inside look at the dysfunction that surrounds an abusive relationship.

Stein boldly sheds light and insight relative to the topic of women's agency (or lack thereof) in abusive relationships. Through her integration and understanding of childhood trauma, cultural context, theories of helplessness (and helpfulness), and masochism, we are offered a schema for understanding abusive, romantic relationships.

Ammaniti, M. & Gallese, V., 2014. *The birth of intersubjectivity: Psychodynamics, neurobiology and the self,* New York: W.W. Norton & Company. 236 pages, 978-0-393-70763-2

Reviewed by: Mona Zohny, Hunter College

In *The Birth of Intersubjectivity*, Ammaniti and Gallese define intersubjectivity the process by which humans understand each other's minds through continuous and reciprocal interactions and exchanges typical of human beings from their first days of life (xv). This book focuses primarily on the intersubjectivity of the parent-child relationship, with emphasis placed on the mother as the primary caregiver. *The Birth of Intersubjectivity* is ideal for clinicians who specialize in relational trauma, attachment disorders or child psychotherapy as well as developmental psychologists

Chapter One addresses the authors' multidisciplinary approach to intersubjectivity, integrating aspects of cognitive neuroscience, developmental psychology, philosophy and psychoanalysis. Ammaniti and Gallese are interested in looking at the human experience in terms of both neural mechanisms and interpersonal interactions.

Chapter Two, focuses primarily on the mother-infant relationship. The authors first discuss parenting from an evolutionary perspective. They take a psychoanalytic approach, primarily outlining the physical, psychological and emotional changes that occur during pregnancy in the mother. In Chapter Three, the authors discuss maternal-fetal attachment, providing an overview of the research on this subject. The development of a caregiving system during pregnancy is also explored.

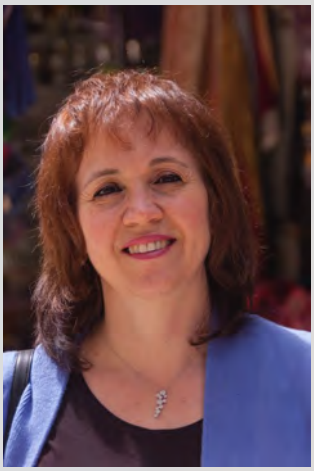
Chapter Four shifts the focus to a "three-person psychology" that includes the interactions of both the mother and father with their child. They explore coparenting from both a systemic and psychoanalytic perspective. Chapter Five turns the focus back to the mother, explaining the hormonal and neurobiological changes that occur during pregnancy and the post-natal period.

Chapter Six speaks more to the establishment of intersubjectivity between the mother and child as well as the development of the attachment bond. The authors discuss this preverbal connection which occurs as a result of the infant's innate attraction to human face patterns. They point out that the processing of visual emotional information in the right hemisphere of the infant's brain leads to increased activity in the mother's right hemisphere. In this way, the ". . . attachment bond . . . is not only psychological but neurobiological and bodily rooted" (126).

In Chapter Seven, the authors discuss the effects of parental stress on their child during pregnancy, infancy and childhood. They discuss the impact of maternal trauma on their children during childhood. However, the authors point out that these effects "can be moderated by a . . . secure bond with parents" (153). Chapter Eight provides a review of the major concepts discussed throughout the book as well as a brief discussion on the impact of interventions that can be implemented in order to improve attachment bonds.

The Birth of Intersubjectivity takes a unique perspective on intersubjectivity in the context of the parent-child relationship. Ammaniti and Gallese combine research and theory from various disciplines in a logical and cohesive manner.

For comprehensive reviews written by our USABP Interns under the direction of Dr. Jacqueline Carleton, please be sure to read the *International Journal for Psychotherapy* (IJP), a peer-reviewed, scientific journal (their header is hyperlinked). IJP Editor, Courtenay Young, courtenay@courtenay-young.com



Therapeutic Insights into Infant Massage

By Shlomit Eliashar

An unfaithful womb

Like many parents, I fantasied about the mother I hoped to be. Unfortunately, as a young mother, I experienced the birth of a pre-term baby. The birthing process itself and the subsequent moments following are significant and prepare us to connect with the baby, but in the case of premature birth nothing is known, or expected. Nothing could prepare my daughter and me for the cognitive dissonance we experienced at her birth. I called my uterus the 'unfaithful uterus' that betrayed not only her, but also me. A plastic box and a medical team that undoubtedly saved her life were her external uterus.

I was forbidden for weeks to hold my daughter. The only touch my daughter experienced during her first two months of life, besides cold, unpleasant, and at times painful medical handling was when we laid two heavy palms on her back through the incubator's holes. In fact, these small holes only enabled me to complete a few small roles. Not knowing if I should prepare myself for separation from her or surrender to falling in love with her deeper and deeper every day, my heart longed for my baby daughter.

A month after her birth, I was allowed to hold her for ten minutes. In those brief moments, we became one entity. I smelled her, felt her breath on my hands, and heard the little sounds she made. We barely began to attune with one another when the medical staff tore her from my arms to return her to the beeping box with the slippery mattress. They thought it was safer there than in my arms. This confused my maternal instinct, which pushed me to hold and protect my vulnerable baby daughter without being able to do so. Though I understood the logic of this, I developed a deep sense of guilt that I felt for many years.

Stern, Bruschweiler-Stern, and Freeland (1998) write that "of all obstacles that you encounter as a young mother, the understanding that your child is not perfectly healthy might be the most shocking." They also note, "you are losing not only your ideal baby, but also, and more importantly, your freedom to predict the future of your baby and your family . . . This is a trauma that usually stops the time in orbit . . . At that moment, your past, full of hopes and fantasies of pregnancy, are deleted and becomes too painful to recall it" (pp. 166-167).

Today, it is more acceptable to allow the mother to hold her premature baby via direct contact with her abdomen in a position called 'kangaroo'. It was discovered that skin-to-skin contact significantly increased the weight of the new-born and his chances of survival (Field, Diego, and Hernandez-Reif, 2010). But what about the emotional benefits of such touch for premature babies in their adult life? I wonder how much thought there is about this in the scientific community.

Healing touch, attunement, and regulation

Preterm birth is a different, unusual, and extreme story, but even alternative birthing processes such as a water birth affects the infant. The baby completes his formation process in the first three months after birth, a period called the fourth trimester. "In order to survive this extreme transition it requires a container- an embodied wider mind, which could regulate and contain it" (Rolef Ben-Shahar, 2014, pp 82- 83), an outer uterus where he receives food and is wrapped in touch and love, which will create a sense of familiar, comforting continuation. As Leboyer (noted as the father of water birth), writes in his book, "Loving Hands" (1977) :

"Inside, the terrible 'gnawing thing' and remedy, the satisfaction . . . somewhere . . . outside. Inside and outside. Space is born. Inside, outside: two. That come together. Yes. But often so clumsily. Two . . . Forever. Oneness is lost" (p.13).

Following my daughter's discharge from the hospital and during her first year of life, a sense of happiness accompanied me, coupled with anxiety that she would stop breathing. Although I nestled her in my arms for hours each day and followed her developmental and medical progress, I didn't know about infant massage and its importance in the mother-infant attachment relationship as well as the infant's health (benefits cited include relaxation, better sleep patterns, aids digesting and waste elimination, balanced respiration and more) (retrieved from http://www.infantmassageusa.org/learn-to-massage-your-baby/benefits-of-infant-massage/). Massaging the baby creates the opportunity for somatic memories of safety, contact, and love to be embedded in the baby's body and in his soul. If we offer the baby skin-to-skin touch, soul-to-soul, our hearts will touch each other and touch will become a means to a profound meeting that is beyond words, similar to the intrauterine conditions.

I experienced this healing touch as an adult client, and it inspired me to become a biodynamic psychotherapist. Working with clients, I feel and hear the children they have all been. I feel and hear their longing for an attuned parental presence and a touch that also touches the soul. Is it unavoidable to become adults carrying painful wounds stemming from a lack of such parental presence? What if the parent is made aware of the importance of attuned touch at the right time?

From these wonderings, I also qualified as an infant massage teacher where I was introduced to one technique that was considered rewarding for the baby and his mother. The basic protocol I learned required the mother to make eye contact with her baby, who is lying at floor level, to stroke his whole body while fully clothed and to ask his permission with attention to his non-verbal cues, before undressing and massaging him**.** Oil is used and songs are sung to engage him. The baby's strong resistance is a contra-indication.

The protocol emphasized gentle and respectful attitudes toward the baby and taught topics related to

feeding, sleeping, comforting, and important issues related to touch. While comprehensive in its approach, I think the training needed to offer a more attachment-based and emotion-driven learning process with emphasis on psycho -education.

Motherhood can be bliss, but there can also be elements of loneliness, depression, anxiety, and longing for other adults' company. I noticed that mothers enrolled in the infant massage course had unmet needs of their own, many stemming from their own infancy. During the training, mothers socialized with one another while massaging their infants. The essential element, awareness and attunement to the child, was missed. The process did not stress this enough.

Biodynamic Vaso-Motoric Emotional Cycle

Reinforcement for this idea can be found in the Emotional Cycle theory of Gerda Boyesen, who described every emotional event in a cycle consisting of three inseparable elements or levels happening simultaneously: the vegetative (involuntary system), the muscular (voluntary), and the psychological. When a stimulus occurs it creates an emotional charge in the sympathetic nervous system. Boyesen called the charge the upward phase of the cycle and red energy. This energy is produced in the stomach - the bottom end of the emotional canal - and surges up toward to the other end of it - the head. It is seeking expression through action or voice. As soon as this expression meets an empathetic object this emotional event can descend into the downward phase in the cycle and down-regulate through the parasympathetic nervous system toward digestion and homeostasis in the three levels of the emotional cycle simultaneously. Boyesen called it 'blue energy'.

Only when one feels safe and contained are they able to reach a state of equilibrium as should have been before the emotional event. Many of us find it difficult to complete the emotional cycle through all its levels, which results in emotional difficulties and physiological symptoms (Southwell, 1988).

Biodynamic massage is a great way to teach the body directly to obtain regulation in all of these levels; it helps eliminate waste materials resulting from stress and getting stuck in connective tissue, leading to a feeling of relaxation and well-being. With hearing and seeing compassionate touch we encounter the emotion or stress on the body and mind, and invite the recipient to let go without imposing anything on them. Messages not being received in the cognitive system may now be absorbed non-verbally or unconsciously and can create an opportunity for a different kind of dialogue.

I believe that considerable time and space should be devoted in meeting the mother's needs and teaching her self-regulation as well as dyadic regulation skills, which are essential elements in holding infants. Just as body psychotherapists are aiming to be completely attuned to their clients during a session, I think mothers who are attuned to their babies create positive experiences that will be imprinted into the consciousness of both the child and his mother.

Biodynamic psychotherapist Alice Jacobus (1995) describes the stages of child development by flow of libido (the creative component of the life energy and not necessarily sex drive) of different ages in her paper, "Phases of Libido Circulation Development". At each stage the life energy is more strongly present in a specific area of the body: beginning with intra-uterus, then moving on to ocular, oral, anal etc. as well as more spiritual phases of development. At each stage a different developmental task needs to be completed. When the task is not successfully completed as a result of the child not being properly contained, the flow of libido is weakened and impairs further stages of development. His physical and mental health is damaged.

According to these stages of development, in the weeks immediately after birth—the ocular phase—the life energy is concentrated around the eyes. The baby expects to receive loving eye contact from his mother, to feel accepted and loved by her. He is unaware that she is a separate person; they are one. The developmental task is to survive and to feel worthy of being.

In tandem and soon after, until about 18 months, the oral phase occurs. The baby who was grounded by the umbilical cord and contained by the walls of the uterus loses its ability to ground. The energy is concentrated around the mouth but also begins to establish itself around the anus for the next developmental stage. It moves between these two poles. The mother mediates between Earth and baby; she is the grounding and the regulating figure in his life through her presence and contact. Her attuned touch during feeding and playing helps these two poles to unite (Jacobus, 1995).

The infant grounds himself through the love of the one who gives him love through touch and holding (Boyesen, 1981). At this stage, he needs to feel supported, loved, and protected. Attuned touch plays a significant and vital role in a baby's life helping him gain resources for more optimal development and self-regulation. Jacobus (1995) writes, "The psychological and emotional qualities that the person gains from a satisfactorily oral development phase are optimism and trust" (p. 18).

During a massage, a large amount of oxytocin is released in the baby and his mother to enhance their attachment process. And, when the massage is given from a place of attunement, it can help the baby feel safe and calm at a time when touch is its main means of communication. Through daily massage, the attuned mother gets to know her baby and responds to it with greater speed and accuracy, which increases her confidence in her role.

"One should never forget how the baby's back had so much fun in the womb . . . This is why we must caress, we must rock babies. And, even better, massage their bodies that are so empty, so hungry 'outside'. Feeding babies with touches, giving food to their skins and their backs, is just as important as filling their stomachs. It makes *outside* happy. *Inside* and *outside* satisfied . . . No more two. Oneness again. And peace." (Leboyer, 1977, pp. 14-15)

During biodynamic massage, I touch the whole person—his experience of body, soul, energy and even history. I touch everything that makes up this marvellous entity called a person.

Leboyer writes about the thirst and hunger of the baby's body-mind and the embodied presence of his mother; his writings mirror the presence body psychotherapists hope to have at any session with every client. I would further say that body psychotherapists strive to be people with such presence in all areas of their lives as they bring this embodied presence to their personal life and any therapeutic setting. Therefore, to me, it seems important to emphasize the importance of an attuned, sensitive, and unconditionally loving presence when teaching infant massage.

In the biodynamic theory, there is a strong emphasis on respecting defences, on working with, as opposed to on the client, taking into consideration his wishes and mood. Identifying non-verbal cues is an important skill for body psychotherapists because it helps us feel the clients' moods, which resonate in our body. In a sense, there is not a big difference between an adult and a baby. Many clients refrain from expressing dissatisfaction with the way they have been touched either physically by their therapist if touch is part of the treatment protocol or via the therapeutic presence. They may even offer dishonest, flattering comments to the therapist for various reasons including fear of losing the relationship with the therapist. At the same time, they send non-verbal signals, sometimes hidden even from themselves. These signals may tell the truth about their feelings.

When working with infant massage, I want to teach mothers how to tune into themselves as well as their infants and how to track their infants' pleasure and connection and their distress and disconnect, and if necessary to stop the massage and hold the baby to contain him unconditionally, until he feels safe and calm.

As with adults, babies vary from one another; therefore, it is likely that each one might need a particular touch of certain intention to suit them. I have also learned from some mothers that they felt uncomfortable and intrusive touching their babies according to the infant massage protocol and would have preferred other forms of touch to suit them. Therefore, the idea of a single massage sequence offered in the infant massage course to all babies and mothers is puzzling to me. Biodynamic massage offers various forms of touch, does not use oil thus can be done also over light clothing,

As a body psychotherapist, I apply my understanding of biodynamic psychotherapy within the infant massage protocol. My work with infants and their mothers promotes a sensitive approach that accepts unconditionally the difference between one person and another; I adjust my treatment accordingly.

During biodynamic massage, I touch the whole person—his experience of body, soul, energy and even history. I touch everything that makes up this marvellous entity called a person. I believe that biodynamic massage supports not only situations of stress and illness but also gives space for and promotes feelings of pleasure and joy of being alive and connected, as well as acceptance of our body with all its limitations and imperfections. I teach parents how to help their baby in his complex but basic, natural, and straightforward task to feel safe, wanted, and loved in the world, and allow him a space in which to connect with the joy and delight within.

Additional, Unexpected Therapeutic Spaces: A Case Study

Sarah is an orthodox, modern Jew, a busy and successful career woman, married with five children, including a three-month-old baby. A month ago, while crossing the road, a car hit her and her baby-buggy with great power that left her unconscious and with broken legs. Miraculously, the baby was unharmed; her eight-year-old daughter, who walked behind, survived and witnessed the whole ordeal.

Sarah, who was discharged from a lengthy hospitalization, was on sick leave at home for an indefinite amount of time. An au pair cared for the smiley, joyous baby and obviously loved her very much.

I arrived at Sarah's house to teach her infant massage for four weekly sessions of two hours. Because she was confined to a wheelchair and in a cast, the massage took place on a table in the dining room and not at floor level as usual.

She asked for the au pair to not be present during the lessons, sharing feelings that the au pair was taking over the care of the baby and not leaving her a space in which to function as a mother. She refrained from confronting her because she understood that the au pair acted in kindness, but it was obvious to me that she longed for things to return to normal. We created an alliance. Sarah found a role that allowed her to set a schedule for a daily massage that became a period of time set for just the baby and her. She felt valuable, with parental authority and efficacy; she was able to reconnect with her infant daughter.

During another visit, she told me that her eight-year- old daughter clung to her and tried to massage her leg. Sarah resisted. She was strong and independent, impressive in her ability to deal with stress and crisis. It was important to her to be perceived as powerful enough to protect her family and receiving a massage from her daughter did not fit this image. I sensed that she felt disgust mixed with anxiety about being a patient of her daughter and dependent on her. Also, many orthodox Jews can have complex relationships with touch. The baby slept, and Sarah told me about a pain in her shoulders. I saw this as an invitation, and she was glad when I offered to massage her shoulders. A few minutes later she opened up even more and was able to be in contact with her need, small as it was, for support. Now she could connect to softer emotions, let go of some of the need to show it is business-as-usual and not be a hero for everyone.

We discussed the trauma her daughter experienced as a witness to such a dreadful accident. I wondered if watching her mother massage her baby sister she felt the suppressed need of her mother for care and reached out to her. Or perhaps she was asking her mother, non-verbally, to massage her, too? I raised the possibility that traces of this trauma were still there, and she felt compassion toward her daughter. She understood her daughter's need for contact. She has now opened up to the idea of co-regulating through touch and understands how touch and contact with her older daughter may heal their trauma.

Summary

Infant massage, from a biodynamic perspective, offers a means to create a deep and significant meeting, through which I can reach various, exciting, and unpredictable therapeutic spaces. Rewarding as it may be, the standard infant massage protocol does not distinguish between one baby and another and does not give enough space to process and psychologically educate the mother.

From my perspective, a biodynamic approach to infant massage emphasizes the idea of intention, attunement, regulation, and attachment, and it recognizes and supports well-being and developmental principles, and respects defenses. I believe there is a place to promote these important principles that will strengthen the relationship, connection, and understanding between parents and their baby. Such an approach gives me hope that children and their families will be able to acquire tools that will enable them a better and healthier new beginning.

Shlomit Eliashar: I am a teacher (BEd), biodynamic body psychotherapist (UKCP) and a trainer, practicing in a private clinic and at Mind in north London and St Albans. As a mother of two and a qualified infant massage teacher, I am passionate about attuned touch and bonding, and about exploring ways in which to integrate psychotherapeutic approach with infant massage.

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McCarty continued from page 41

positive, self-reflecting experience. Clients who may have never considered their own prenatal and perinatal period already have more awareness, memories or connections to current issues as we begin the first session together after completing the history/inventory. It may also have opened up a dialogue with their own parents about their mother's pregnancy and their birth in the process of completing the history. And lastly, clients also like being able to complete it over a period of days, with pauses to ponder things or to fit it into their busy life.

So many times in my earlier pre- and perinatal- oriented practice when I did not take a thorough history/ current issue inventory prior to the first session, I later wished I had for a variety of reasons. Thus 15 years ago, I decided to obtain more information right from the start. With this said, there are times for caution with taking an in-depth early history prior to the first visit. For some people, the history can feel like too much if they are ill or exhausted. It may trigger too much material for them to process on their own prior to the session. I work with fairly resourced people and only rarely do I have someone who is overwhelmed with the process. If I sense from their intake form that a client may not be adequately resourced to have the history/inventory be a positive, self-reflective experience, then I recommend we meet first and see what is appropriate. It is important to be sensitive to the power of bringing attention to the prenatal and perinatal period and assess how to proceed. In some cases, you may want to meet with the client for the initial visit and then ask them to complete the history/inventory between visits or to do this within the sessions.

The prenatal and perinatal history is a vital component of effective holistic practice. Current life issues are often a direct reflection of early unmet needs, trauma, unfinished stories, or life-limiting beliefs and patterns rooted in their prenatal or perinatal experience. Even if the current issue does not appear to be directly related to the prenatal and perinatal period, it is being held and processed within the context of imprinted beliefs and patterns developed during this period.

As a practitioner, if the prenatal and perinatal period is not as familiar to you as childhood or infancy, I do recommend obtaining training to increase your effectiveness in identifying, assessing, and working with prenatal and perinatal issues. Adding the prenatal and perinatal history in your practice now will help you build your awareness and understanding of how your clients' earliest experiences may be an integral part of their current issues and ways of dealing with those issues. On the following page, you will find the prenatal and perinatal history I ask adult clients to complete. This history is an excerpt from my adult history/inventory that also includes sections for childhood, adolescence, adulthood, current life, and a checklist of potential current issues/patterns that are known to be associated with the prenatal and perinatal period. The history normally is formatted to be completed on the computer, and thus room for responses and comments are normally expandable. You have permission to use this history in your practice. For teaching or writing purposes, please use proper citation of its origins.

Wendy Anne McCarty, PhD, RN, HBN-BC, DCEP, is a world leader in prenatal and perinatal psychology. She is the author of *Welcoming Consciousness*, an innovative consciousness-based early development model, now available in English, German, Portuguese, and Spanish. She was co-founder/co-author/program chair and faculty of the first graduate degree programs in prenatal and perinatal psychology at the Santa Barbara Graduate Institute. Her leading-edge work brings together prenatal and perinatal psychology, a multidimensional early development lens, consciousness studies, energy psychology healing modalities, holistic nursing, and her intuitive perception. As an international presenter, educator and consultant, she guides professionals and organizations to incorporate these pioneering findings, principles and practices. She brings expertise from her 40 years of professional work with individuals and families as an obstetrical nurse, childbirth educator, marriage and family therapist, and prenatal and birth therapist working with babies, children and families, as well as her current holistic consultation practice for families, professionals, and organizations. Dr. McCarty also co-founded BEBA, a non-profit clinic providing prenatal and birth oriented therapeutic support for babies and parents, and was the director of Natural Family Living~Right From the Start, an organizational community to support human potential from the beginning of life. Contact her at drwmccarty@gmail.com, facebook/wendyanne.mccarty, and www.wondrousbeginnings.com

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Dr. McCarty's Prenatal and Perinatal History – Adult Questionnaire

This document is formatted for you to complete on your computer. **You can answer each question or read the questions of a section and address them together as a summary response for the section.**

I hope it is a positive experience of self-reflection. You may find you discover patterns or things that you had not put together before. I ask about your parents, your conception, prenatal, birth and bonding period, and infancy and continue from there. I ask questions about you in your current life and what you would like help with through our work together.

If you have memories, or have addressed your prenatal and perinatal experiences in your previous healing/growth work, please briefly include these in your comments.

Brief responses are best. Just naming something is often enough. I ask a lot of questions here. We can always explore the subject more in our session. If you find yourself too stressed by completing the history, don't push yourself. Let me know.

Email your completed history to me and I will read it prior to our first session together.
Thank you.

Parent's Background:

Mother's:

- Prenatal/birth and significant life stories—anything that has intensity to it—or events/situations that significantly shaped her life:
- Previous losses, abuse, unresolved conflicts:
- Conditions, illnesses, addictions:

  Comments:

Father's:

- Prenatal/birth and significant life stories—anything that has intensity to it—or events/situations that significantly shaped his life:
- Previous losses, abuse, unresolved conflicts:
- Conditions, illnesses, addictions:

  Comments:

- Any other important intergenerational or familial history of traumatic loss, abuse, events, or patterns that you want to include:

  Comments:

Before and Around the Time of Your Conception

- What was your parent's relationship like? Significant patterns, issues or relationships going on at the time? World events and life situation?

- Your mother's history: previous infertility issues, miscarriages, abortions, pregnancies, births, or post partum depression? Was there anything unresolved or traumatic?

- Previous children—your siblings:

  Comments:

Conception and Discovery

- Were your parents trying to have a baby and why?

- What was going on in their life and relationship at the time of your conception?

- What were the circumstances and emotional tone of the conception? Were drugs, alcohol, or tobacco involved?

- Were medical interventions or alternative means for conception and pregnancy used? IVF, donor, surrogate?

- What were your parents' initial reactions to realizing your mom was pregnant with you?

- Did it bring up joy, excitement, shame, conflict? What were other's reactions?

- What were you told and what did you feel? Was your birth planned? A surprise or shock? Were you wanted?

- Did they consider not having/keeping you? Was there an attempt made to abort the pregnancy?

- Did they think about, plan, and/or decide to give you up for adoption?

  Comments:

Life in the Womb

- What stories did you hear about when your mom was pregnant with you?
- Were there previously unresolved issues involving her womb-–—sexual abuse, miscarriage, abortions, disappointments?
- How did your mother feel towards the growing baby inside?
- Did your mom smoke, drink alcohol, use drugs, or was she on medications?
- Were there environmental situations? Nutritional/medical issues?
- Was this a stressful or a great time in their life? What was your mother's emotional health?
- What was your parents' relationship like during this time? Supportive? Conflicted? Significant events or issues?
- Were there significant cultural/historical events taking place?

Comments:

Birth

- What have you been told about your birth?
- What messages did you get about your birth?
- Were you born early or late for your due date?
- When and how did labor start? Naturally or induced?
- How long was the labor?
- How did your mother/father feel about it? (Supported? Alone? Rushed? Scared? Wonderful? Unresolved issues?)
- What do you know about the labor?
- Were you born at home or in the hospital?
- Were drugs used? During labor? For delivery? (Pain medications; anesthesia) What kind?
- Were there medical interventions? Forceps? Vacuum extraction? C-Section?
- Your birth weight?
- Did you or your mother have complications during labor or birth?

Comments:

Bonding and Newborn Period

- What happened when you were first born?
- Was your cord cut immediately?
- Were procedures done right away or were you given to mom?
- If you were separated from mom, for how long?
- Any complications/medical interventions needed for you or your mother?
- If in the hospital, were you with mom or in a nursery?
- Were you cared for in an NICU? If so, for how long and for what medical reason?
- Were you breast or bottle-fed?
- Were you circumcised? If so, when? Was an anesthetic used?
- How did your parents describe you as a newborn?
- Did you have bruising or molding of your head?
- What did your parents or others tell you about this period?
- Were there any unusual circumstances or interpersonal dynamics surrounding your birth and newborn period?

Comments:

As a Baby

- What have you been told about your first weeks and months?
- Do you have your own memories?
- Were you breast-fed or bottle-fed? Any nursing, digestive issues?
- Did you have problems? E.g. cried a lot, ear infections, hard to fall asleep, colic, etc.
- Did you sleep with your parents or in separate room?
- What "parenting practices" or advice did your parents practice?
- Would they comfort you or try to let you cry it out?
- Who cared for you? If you had other caretakers, how many?

As a Baby

- Did you go to a group care situation if mother worked?
- Did your mom experience post partum depression?
- Did you have any physical, medical, or developmental issues?
- Any other significant aspects of your life in the womb, birth, and infancy you want to mention?
- Any other significant early memories from preconception through infancy?

Comments:

Theismann continued from page 21

Her interest in the effects of early experiences on neuropsychology led her to immerse herself in pre and perinatal (PPN) therapy as well as applied methods for trauma resolution. She received her BFA in transformative arts from JFK University and continued her passion for neuropsychology, receiving an MA in clinical psychology with a specialization in PPN Psychology from the Santa Barbara Graduate Institute. Sarah is a Certified Prenatal & Birth Therapist through Ray Castellino, as well as a Somatic Experiencing® Practitioner and a Somatic Sex & Intimacy Coach. She frequently assists trauma therapy trainings in the US and Canada. In addition to seeing private clients, Sarah offers coaching and consultations for professionals who want to integrate PPN principles into their work. She currently practices in Santa Cruz, California.

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Resources:

APPPAH: http://www.birthpsychology.com

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William Emerson: http://emersonbirthrx.com/

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on neuropsychology led her to immerse herself in pre and perinatal (PPN) therapy as well as applied methods for trauma resolution. She received her BFA in Transformative Arts from JFK University and continued her passion for neuropsychology, receiving an MA in Clinical Psychology with a specialization in PPN Psychology from the Santa Barbara Graduate Institute. Sarah is a Certified Prenatal & Birth Therapist through Ray Castellino, as well as a Somatic Experiencing® Practitioner and a Somatic Sex & Intimacy Coach. She frequently assists trauma therapy trainings in the US and Canada. In addition to seeing private clients, Sarah offers coaching and consultations for professionals who want to integrate PPN principles into their work. She currently practices in Santa Cruz, California. stheismann@yahoo.com www.somatictraumahealing.com

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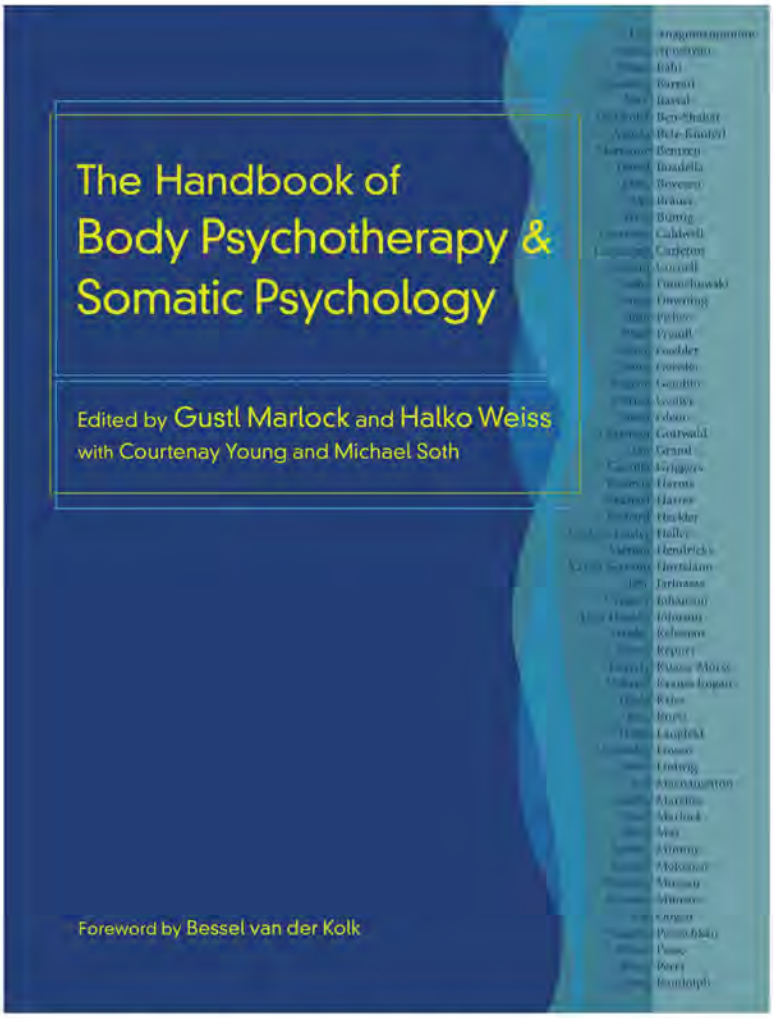

Handbook of Body Psychotherapy and Somatic Psychology

Gustl Marlock and Halko Weiss with Courtenay Young and Michael Soth

GUSTL MARLOCK has nearly 30 years of experience as a psychotherapist; he is the director of a German training program in Unitive/Integrative Body Psychotherapy and a lecturer and supervisor for psychodynamic psychotherapy at the Wiesbaden Academy for Psychotherapy. HALKO WEISS, PHD, is a clinical psychologist and lecturer for the University of Marburg and for the Bavarian Chamber of Psychotherapists. He is a cofounder of the Hakomi Institute in Boulder, Colorado. COURTENAY YOUNG was resident psychotherapist for 17 years at the Findhorn Foundation, an international spiritual community in Scotland. He was both president and general secretary of the European Association of Body Psychotherapy (EABP) for many years, and has been the lead writer on The EAP Project to Establish the Professional Competencies of a European Psychotherapist (www.psychotherapy-competency.eu). MICHAEL SOTH is an integral-relational Body Psychotherapist, trainer and supervisor (UKCP), with more than 20 years' experience of practicing and teaching from an integrative perspective. He was Training Director at the Chiron Centre for Body Psychotherapy from 1992 to 2010.

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And there are some recent guidelines about how to write a professional Body Psychotherapy Case Study: *www.eabp.org/research-case-study-guidelines.php*.
There are also many articles on the Internet (in different languages) about how to write.

If you want any further assistance with where to publish, or with the process of editing, or re-editing, or with the complications of the publication process, the following people may be able to offer you some help. They are all professional body psychotherapists, editors and writers:

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