Volume 9, Number 1, Spring 2019

Somatic Psychotherapy Today

Trending Somatic Practices Influencing Our Field Today

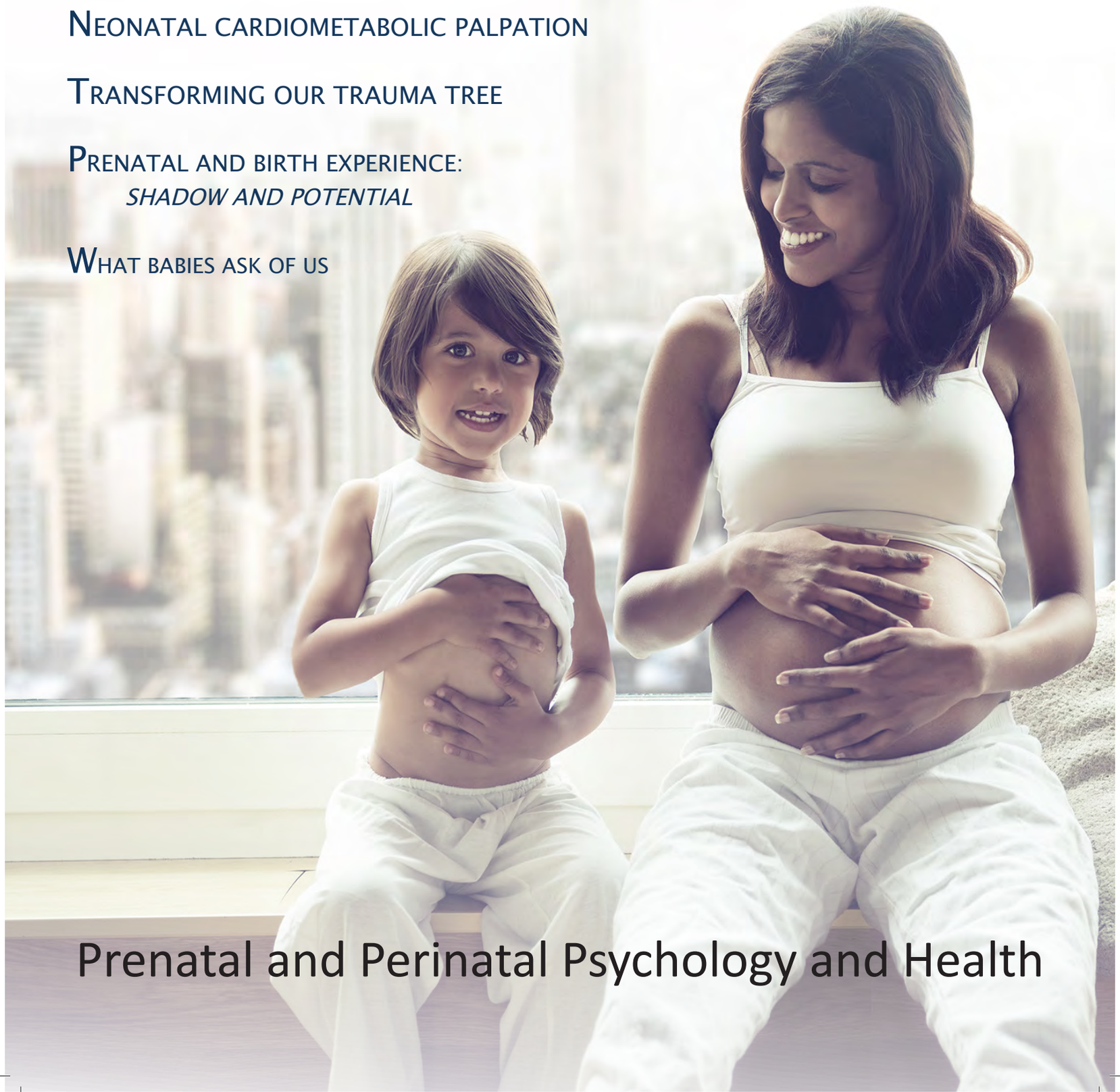
How can we access and embody our embryological potential?

Neonatal cardiometabolic palpation

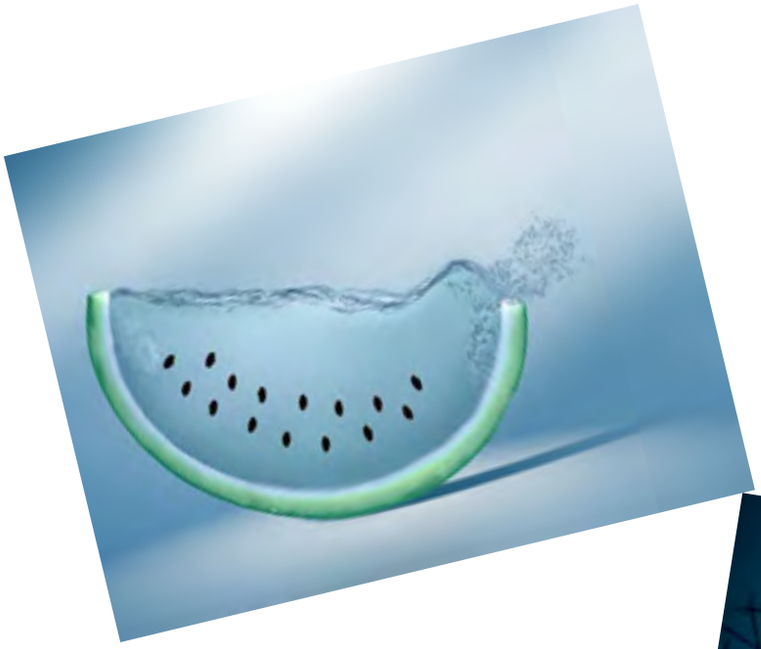
Transforming our trauma tree

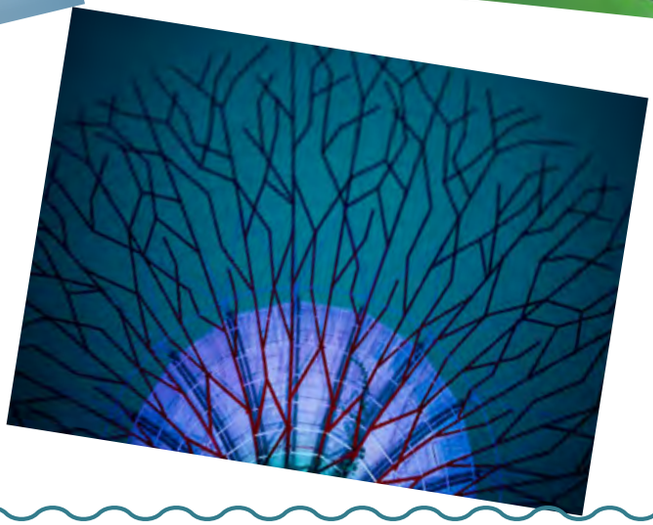
Prenatal and birth experience: *shadow and potential*

What babies ask of us



Prenatal and Perinatal Psychology and Health





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Philippe operates from Mechelen, Belgium. His work covers a wide range of subjects and genres. He is equally at home shooting on location and in his studio. His work has been published in numerous media platforms.

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Nancy Eichhorn
Editor

Greetings SPT Community,

It's been quite a journey the past eight years for both *Somatic Psychotherapy Today* and me, as its Founding Editor-in-Chief. With our Spring issue's arrival, I feel like a butterfly emerging from its cocoon—entering our ninth year of publication it's time for SPT Magazine to spread its wings and fly. There's joyous freedom as I watch our publication emerge from my womb to expand and express itself in relationship with you, our readers. And there's sacred appreciation for the time I spent curled in a fetal position, contained, safe, growing this magazine from conception to birth to thrive.

SPT Magazine has evolved from its earliest beginnings as a shy quiet publication, shrouded behind the shirt tails of our main body psychotherapy associations to become a well-respected, 'differentiated' magazine offering articles that readers cannot find elsewhere. My goal was to create a safe space to share our thoughts and ideas, our curiosities and questions. I wanted our articles to be both beautiful and meaningful, entertaining and informative, relational and interactive, and accurate, valid, true (thus my adherence to the American Psychological Association's standards for in-text and reference list citations, and my doggedness to fact check). I wanted to offer a magazine filled with words and images written by colleagues that stimulate conversations, further what we think we know and how we apply it, and explore what we question and what we believe.

Our March issue brings many changes. For starters, I want to introduce my first ever managing partner, Linda Heck. She brings her talents in website design, marketing, and advertising and her faith in our magazine. We've redesigned our website, created a new logo and retooled our subscribers' portal with exciting new offerings (webinars, video series, folio fellowship, and more). Our goal is to share articles regardless of school, theory, methodology or name-recognition that are sharp, dynamic, alive.

Today, we're pleased to be in-print, in your home. It's been quite a journey reconsidering our layout design and our cover format. So much so, we created an Editorial team responsible to give their input on our cover artwork. We offer our thanks to Rae Johnson, Diane Doheny, Diana Houghton-Whiting and Deanna Peters for their time. We are sincerely

grateful to Philippe Put, Mechelen, Belgium, for his generous permission to use his photo entitled 'Maternity in New York' for our front cover.

Our Spring issue focuses on prenatal and perinatal psychology and health. We're thrilled to have Genovino Ferri and Mary Jane A. Paiva writing from their viewpoint on the Primary Object Relationship and offering a new reading for clinical intervention. Cherionna Menzam-Sills shares her thoughts about shadow—psychic wounds resulting from prenatal and birth experiences— and the potentials they hold for health and healing. Kate White discusses ways to transform our 'trauma tree' by recognizing and reaching out to heal our earliest traumas. Michael J Shea offers a new paradigm in Biodynamic practice that employs neonatal cardiometabolic palpation and Mia Kalef offers her reflections on writing *It's Never Too Late: Healing Prebirth and Birth at Any Age.* Emma Palmer and Matthew Appleton share their conversation (in print and audio) regarding an exciting workshop Matthew is sponsoring in Bristol, UK, this June. It's entitled Human Baby, Human Being and many well-known clinicians will be there including: Cherionna Menzam-Sills, Kate White, Thomas R. Verny, Thomas Harms, Klaus Käppeli-Valaulta, Anna Verwaal, Dr med. Ludwig Janes, and more. It's a must attend for people interested in prenatal and perinatal psychology and health. We also are pleased to welcome a new writer to our pages, Holly Holt. She facilitates writing classes in Sacramento, CA. She is a local gem.

We hope there's plenty here to capture your interest and that you enjoy our first print issue. And we invite you to reach out, let us know what you think; email our contributors, email Linda and I, share your responses to our articles. And please let us know topics you want us to focus on in the future. SPT Magazine is here because of you; we can only survive with your engagement and support. Together we can learn together how SPT magazine can best support our community.

With gratitude,

Nancy

Prenatal and Birth Experience: Shadow and Potential

By Cherionna Menzam-Sills, PhD, ISMETA RSMT/E, RCST

Adapted from a chapter in her forthcoming book,

Fluid and Cosmos: Embodying Our Original Embryological Potential

Photo by Marco Bianchetti. Unsplashed

"Silence like a cancer grows." –

Simon and Garfunkle,

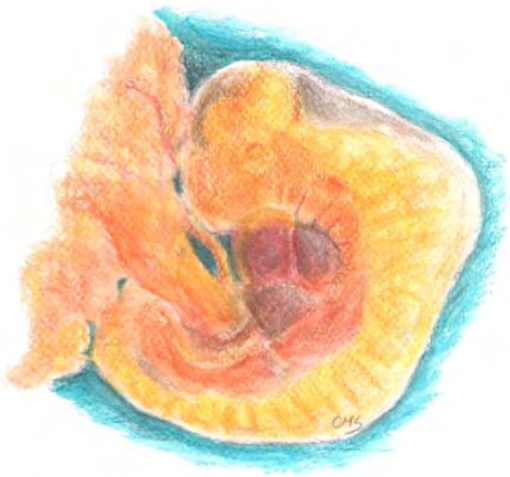
The Sound of Silence

Shadow leaks into our lives, unconsciously affecting our perceptions, thoughts, behaviors, attitudes, relationships, bodies and personalities. Pre- and perinatal experience, rarely acknowledged or reflected during childhood, generally retreats into the unconscious, seldom coming into words and conscious thoughts. It is almost by definition shadow material.

Much of pre- and perinatal therapy orients to early traumas. While important to acknowledge, understand, and liberate from shadow, my mission in this field is to also highlight the amazing potential of little embryos in the womb developing from one tiny cell into complex individuals. How much of that potential to become also hides in shadow? How can we access and embody our original embryological potential? How can we shine the light on both the suffering and the health it may obscure?

Shadow, a term from Carl Jung, refers to unconscious qualities repressed or rejected within ourselves. Shadow aspects develop early in life in response to an inherently ambiguous world (Fairbairn, 1994). Life includes what we perceive as good as well as bad. Little ones need to perceive their relationship with mom as consistently good and safe. Even the best of mothers, however, are human. They are not always happy and do not always perfectly meet the child's needs and expectations. Pregnant women experience stress, loss, and life, passed on to the prenate biochemically and energetically. The field of mother inevitably includes both nourishing and toxic elements. To tolerate such ambiguity, little ones develop a split self system, some aspects organizing around feelings of goodness and others around feelings of badness.

Shadow generally relates to feelings of badness. Little ones experiencing anger, terror, hatred or disgust toward abusive or toxic parents experience a double bind. Their life depends on mother and her caring acceptance. Rejecting or withdrawing from her means death. Survival requires opening to her, rejecting or withdrawing from unacceptable feelings. Even in the womb, babies may try to stay invisible to avoid being discovered by a rejecting mother. Invisibility and hyper-vigilance can become part of the developing personality.



Illustrations courtesy Menzam-Sills

Hidden feelings, however, do not disappear. They remain in the child's psyche as shadow. Some shadow aspects relate to feelings of goodness. Unwanted children, or those feeling unloved, unwelcomed or neglected, may assume they are bad or undesirable, denying their innate goodness. They may act out their sense of badness, unconsciously fulfilling their early belief. Inherent qualities become hidden behind a façade presented to the world. Little ones often stay good or quiet to take care of mother. They become fetal therapists, overly sensitive to (m)others' needs, or they try to please by acting as expected. Something in them begins to die in the process.

When it is painful or dangerous to expose our true nature, we protect it, eventually forgetting what we hide. The scar remains. What is covered leaks out without awareness. Have you ever noticed a hint of fear or anger in the eyes of someone always presenting as confident and happy? Dr. William Emerson (1996) calls these "shadow leaks."

Illustrations courtesy Menzam-Sills

Sounds of Silence Speaking

And the vision that was planted in my brain
Still remains
Within the sound of silence

Shadow remains in the darkness of our psyche. Unacknowledged prenatal and birth experience haunts our

dreams, visions, and perceptions, often expressed and recapitulated through behaviors, gestures, postures, relationships, etc. Prenatal and birth images abound in art, dance, theater and more, apparently unconscious efforts to express and complete unfinished business. To Jung artistic expression, or "active imagination" resembles dreams in its symbolic portrayal of our personal history unconsciously seeking resolution (e.g. Chodorow, 1997).

People talking without speaking
People hearing without listening
People writing songs that voices never share
No one dared
Disturb the sound of silence

The agreed upon silence about pre- and perinatal experience in modern western culture is fortunately changing, thanks to pioneers in the field of pre- and perinatal psychology and efforts to disseminate education about this topic. For most of us, however, attempts to express our prenatal and birth experience were dismissed, ignored or aggressively silenced. Toddlers attempting to speak about their time in the womb or birth are often hushed, ridiculed, or ignored. Children's memories develop in relation to how they are reinforced or not by those around them. They are learning how to behave within the culture they have been born into. Similar to those who have experienced sexual or other abuse with messages to remain silent about it, the memories remain in the body but may not be integrated into consciousness because of lack of opportunity. Shadow attempts to get our attention, seeking healing and integration. Early material seeps into our lives in devious or unsuspected ways.

Photo Credit: Free-Photos Pixabay

Shadowy Potential

What shadow aspects do you hold in darkness? How do you continue to embody your early experience? A toxic womb experience may be expressed through allergies or other sensitivities. Or the individual affected may become an environmental activist. A difficult birth may be reflected in finding new beginnings similarly difficult. Consider, however, the inherent power it took to push your way through the birth canal, if you did that. What health and intelligence guided your prenatal development, perhaps surviving intense umbilical toxicity? What strengths do you not see yourself as having? Or do others see in you? The shadow we don't see in ourselves is often obvious to others. Can you consider embracing and receiving the magnificent being emerging at your birth? If you missed being welcomed then, it is not too late to welcome yourself now. If this is difficult, I recommend finding a therapist you can resonate and feel safe with to begin exploring this.

Investigating what is unconscious and unspoken about your early history may revive or even save your life. "Silence like a cancer grows." Exploring, playing, writing, singing, dancing, and listening to our dreams and each other, is quite different from growing cancer. We can grow health and aliveness. I wish this for you and for all of us.

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CHERIONNA MENZAM-SILLS began teaching Embryology through Movement in 1997 as part of her doctoral studies in Pre- & Perinatal Psychology. Cherionna was authorised in 2007 as a Continuum teacher by Continuum founder Emilie Conrad. She also practices & teaches Biodynamic Craniosacral Therapy around the world, often with her husband, Franklyn Sills. Biodynamics involves perceiving and augmenting embryological forces to support health and well-being throughout the life span.

IT'S NEVER TOO LATE: HEALING PREBIRTH AND BIRTH AT ANY AGE

Written by Mia Kalef, DC
Reviewed by Nancy Eichhorn, PhD

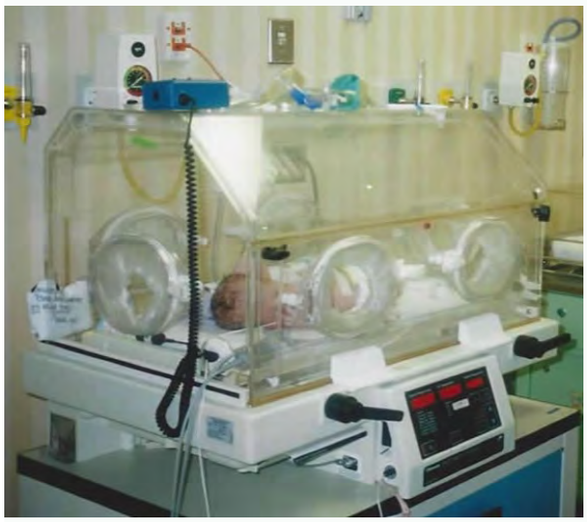
Watching my 17-year-old nephew the other day fascinated me. He was rolled up in a fleece blanket like a 'hot dog in a bun'. The two-toned colored blanket is well-known to my nephew and his twin sister. It's a throw of sorts that lives on our couch in Sun Valley, Idaho, where my parents have shared time and love with their grandchildren since their birth.

On this afternoon, my nephew was asking his dad to bundle him, to secure the edges of the blanket so he was tightly swaddled, then he wanted a pillow for his head. Normally this wouldn't have caught my attention in any particular way, he's always been a *snuggler,* even wears "onesies", adult sized of course, and loves the sensation of being surrounded, contained by warmth.

Why the difference in focus on my part?

Mia Kalef.

I'd been reading her book, *It's Never Too Late: Healing Prebirth and Birth at Any Age*, and I realized that my nephew might be replaying a birth/afterbirth experience. In short, nothing birth-wise went as planned (their conception and pregnancy have their own stories that I am sure have an impact as well). Staying focused here, however, their birth was supposed to be natural, no drugs, lots of time and space, babies placed on my sister's belly to complete the birthing process. All the "right" stuff had been discussed and supposedly in place.



It didn't go that way.

The basic facts are: the twins were not ready or awake even when the doctor surgically opened the womb via Cesarean section; my nephew was jaundiced and taken away; my niece was startled awake and taken by a nurse for typical hospital procedures; my sister was foggy under the influence of heavy medication and feeling the pain from the invasive surgery. It was not as predicted or wanted.

Mia had me thinking more in-depth about conversations we've had in our family surrounding the twins' conception story, their pregnancy story, their birth and after birth story. I totally accept and believe

that our womb experiences as well as our birth and after birth experiences manifest throughout our lives. I was taken by Mia's presentation of both information about what happens and what outcomes may result and also her specific processes, complete with dialogues and case studies, to work toward understanding and healing moments that can and do create imprints that influence our lives to come—who we are in this world, how we view ourselves within our family system as well as our communities at large, and how we believe the world accepts and values us.

In his forward to Mia's book, Jaap van der Wal, an embryologist, phenomenologist and philosopher from Maastrict, The Netherlands, shared that he was "very impressed how Mia really helps us to communicate with the (wounded) soul of the infant, the not yet verbally equipped child: in order to exchange with each other and to help find our way back to the experiences, and maybe wounds, that are still there in the unconscious domain of the body and in order to help the child to cope with and find a new balance in the sometimes disturbed equilibrium of the soul" (Kalef, 2018, pg. iii).

I appreciated Mia's focus on connecting with our prenatal consciousness and awareness and then teaching us how to tune into the language and behaviors that we, as adults, infants, fetuses, and even embryos use to express our feelings, our aspirations and hopes, our fears and disappointments and our traumas.

The book is divided into two parts. Part 1: Preparing for our work, includes: Chapter 1: Perspectives, Chapter 2: The Family Field, Chapter 3: How to Communicate. Part 2 provides in-depth work with The Imprints including: Chapter 4: Pre-Birth Imprints, Chapter 5: Birth Imprints, and Chapter 6: When babies don't survive. From start to end there's only 145 pages; it's an easy read—the material is presented clearly, concisely. There's a logical sequencing from start (pre-conception) to finish (be it "the fourth stage of labor", separation, or loss via miscarriage or twin loss). Case studies support all aspects discussed in the book, providing concrete interactions—you are invited into therapy sessions to see this work in action.

In this review, I offer a few thoughts that resonated with me and invite you to read the book if anything I've written, or you've read in Mia's reflection on page 12 spark an interest.

The Conception Field

Photocredit: Pixabay. Sciencefreak

I was taught that the sperm makes it way, tail wagging like a pollywog, swimming toward its target—the egg. I learned that the sperm penetrates the egg, almost forcefully it seemed to me, and that it fights with other sperm to be the one and only to gain entrance and fertilize the egg thus creating a human being. I much prefer Mia's presentation of Dr. van der

Wal's *Preconception Attraction Complex* (PCAC). Per Mia, we are invited to envision a mystical dance rather than a hostile take over and penetration. From this perspective, the sperm and egg are courting; their 'spinning' behaviors result in a transmutation where each loses their former self to create a new relationship (Kalef, 2018, pg. 42-43).

Conception Imprints

When I learned I was pregnant the first time, I panicked. I was not married, albeit engaged, and the relationship was not, well, we had issues. I considered options but in the end my fiancé and I opted to move forward as soon-to-be married parents. I always wondered if my fear and immediate rejection of this being was part of the miscarriage, if this little soul felt the time was wrong for her to join this world. While I'll never "know", I do believe that the parents" reactions to learning they are pregnant whether trying (i.e. timing ovulation for lovemaking) or it happened "accidentally" or "unconsciously", impact this new soul.

Mia writes about these pre-birth imprints including conception, implantation, assisted reproduction, unwanted children, the discovery phase, and more. She offers scenarios of what conception imprints may look like behaviorally in infants, children and adults. She then shares ways to heal these imprints. She offers exercises to connect with and forge a relationship with your body, to imagine your body's intelligence and explore what might have happened during this time.

Moving into birth imprints, Mia offers extensive exercises to address the birth experience for mothers, infants, toddlers, and adults as well as sharing an excerpt from Robert Oliver's article, *The Ideal Cesarean Birth* (Kalef, 2018, pg. 104). There's information on induced labor, the use of forceps and vacuums, effects of separation, neonatal intensive care and surgery.

After reading Mia's book, I wanted to give copies to several friends who are experiencing situations within themselves and with their children (young and old alike). It's user-friendly so I have a sense that even those who are not necessarily in sync with my line of thought will resonate with the information and perhaps see a little of their own lives in the overviews of what can happen (behavioral insights) and in the case studies (a deeper look in action). It will be interesting to see how and if they react.

Nancy Eichhorn is the Founding Editor-in-Chief of *Somatic Psychotherapy Today*. She works as a freelance writer, editor and teacher. Her writing resume includes over 5,000 newspaper and magazine articles, and chapters in professional anthologies, including, *When Hurt Remains: Relational Perspectives on Therapeutic Failure, About Relational Body Psychotherapy, and The Body in Relationship; Self-Other-Society.* She is an avid hiker, cyclist, kayaker/paddle boarder, backpacker. Like a blank page, nature's innocence offers her solace and the space for inner expression in a physically outward way.

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It's Never Too Late: Healing Prebirth and Birth at Any Age

A Reflection by Mia Kalef DC

Writing about the phenomenological story of embryos, fetuses, and birthing and new babies is nothing shy of provocative. How can sojourning over the minute and magical terrain of early consciousness and our soul bodies not touch on autobiography?

Early in the writing of the first draft of *It's Never Too Late: Healing Prebirth and Birth At Any Age*, I discovered there were steps, especially in the embryo's story, that even after studying, I had difficulty envisioning. At the time I wondered, could I leave these hard to reach, yet essential steps out of my written examination? Would anyone besides experienced embryologists and biodynamic craniosacral therapy teachers notice? It didn't take long to come clean with myself, that if I skipped intricate steps in my

understanding, I would only further reinforce what was at the root of my amnesia, and that in order to be whole myself, I had to find out what was going on.

I decided the best way to explore was to write, and if an unsavoury feeling arose, I would see what it was about. If you've ever written a long piece yourself, you'll know that unsavoury feeling comes up with some frequency, and you'll understand why I was unexpectedly busy! To be clear, the types of feelings I was looking to explore were of the dissociative nature and accompanied by an urge not-to-know.

It didn't take long to notice that what made me turn away from some of my book's content were my not-yet-examined prenatal and birth traumas. If I was writing about a stage that confronted a not-yet-empathized-with stage of my own development, I'd want to avoid writing about it. How could I write with love and generosity about a stage of life that I had not yet satisfactorily completed or grieved? How could I speak of the true nature of implantation, when an embryo first comes into relationship with her or his mothers' endometrial wall, if I had had a challenging implantation myself? Where would I find words for an experience I had not embodied? The same was true of attachment after birth. I knew what ideal attachment looked like, but until I could experience it in my own body, and in relationship to a trusted other, how could I write from an inside knowing?

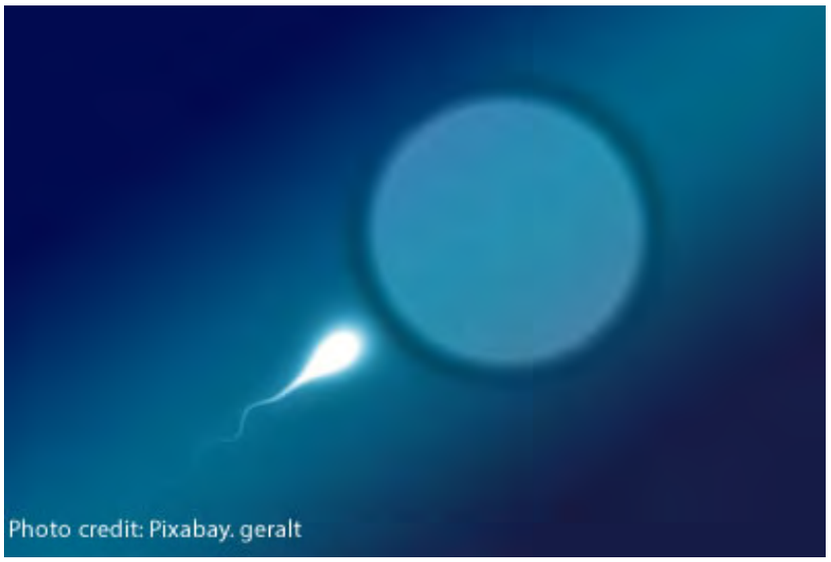


Photo credit: Pixabay. geralt

The time between the first draft and the day of the book's release was about twelve years. Not every one of them was spent writing this book full-time, nor healing my prebirth and birth full-time. I did write a different book and I engaged in community building and worked in my private practice. I got married, and you know, I lived my life. Living built my capacity. And in the years when I did work on the book, I learned from it by being confronted by it. The more I wrote, the more I healed, the more I healed, the more I embodied an accuracy and care towards my subject and my readers.

There are developmental steps from preconception through to the first year of life that I have yet to embody, so I know the journey doesn't end here. I anticipate that I will continue to grow more deeply into my embryo, my fetus, and my birthing and infant self. I hope it's so, because every time I'm reintroduced to a place that still feels alone and hurt, I get to experience a profound reunion with my soul. The path of remembering affirms that *it is never too late to heal*.

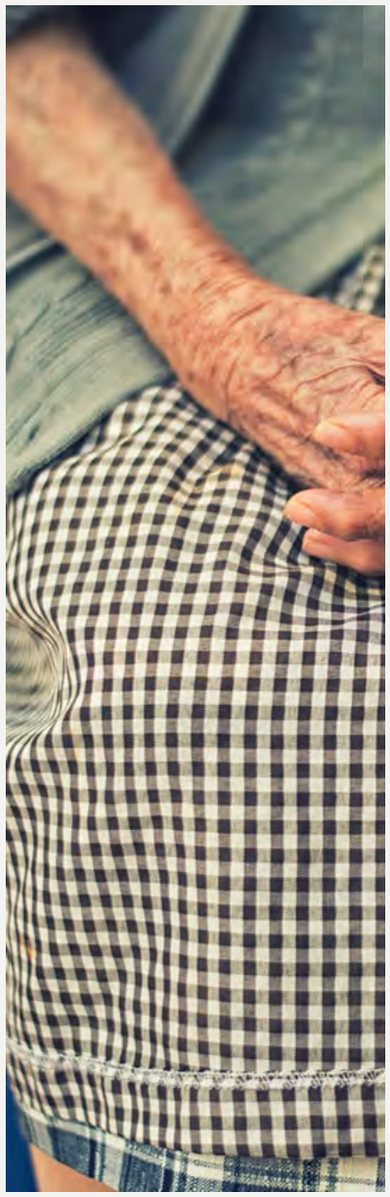
Mia Kalef is a therapist, author, and ceremonialist, dedicated to seeing the soul of things. She practiced as a chiropractor for eighteen years and has been a craniosacral therapist for twenty-five years. She mentors health professionals in bringing prebirth and birth awareness into their work and gives divinations in the tradition of the Dagara people of west and central Africa. She lives on an island in the North Pacific with her husband Bruce, and works locally and internationally serving humanity's intersection with the subtle world. **www.miakalef.com**

Blossoming is Mandatory. Sparkling is Optional.

By Holly Holt

The Sacramento sky is scattered with fluff. The trees, covered in pink and white blooms reminiscent of the bedspread my mother chose for my childhood bedroom, are on a mission to make me sneeze. As I hold a tissue to my nose and behold the beauty around me, I wonder:

Do flowers ever get tired of blossoming? Does it start feeling like the same old thing year after year until there are no surprises left?



At a workshop I hosted on New Year's Day, one of my participants reflected on this idea. I had prompted the group with the question, "*What did you start or begin again in 2018?*" She had been retired for six years and realized she might have become a little . . . comfortable. She shared:

"I couldn't think of one thing I started last year. Not one! So, this year, I've decided to embrace the word *blossoming*. It's never too late."

I come from a long line of women who embody it's-never-too-late. I have spent my life in amazement, watching them blossom over and over again.

My grandmother, who had been a writer, a poet and a "letters to the editor" contributor her whole life, took up painting in her sixties. Her folk art became locally celebrated for its vision of turn-of-the-century rural life. Grandma spent her early childhood on a Montana sheep ranch across the river from a people she defiantly called "Indians" until her dying day. As a girl, she sat on the banks of the river tracing the outlines of teepees against the vast sky and watching wild horses kick up dust in the distance until, decades later, she transformed these memories into art.

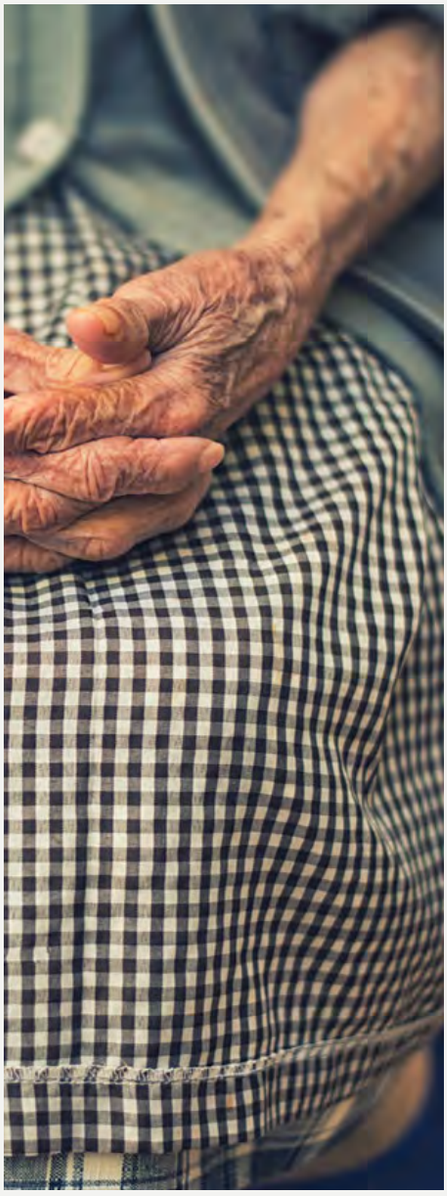
If we allow it, this is what each one of us does with our life. We transform it into art. If we allow it, we continue to blossom year after year after year.

My mother, who used our home as her personal canvas and made art

Continued on page 12

with everything she touched, never wanted credit or accolades. Instead, she became my grandma's greatest champion. I remember her schlepping grandma's paintings to the shop to get prints made for art fairs and hauling the whole lot to a swanky gallery in Carmel, California for "the big show."

By the time I was at the edge of adolescence, it was far easier to see my grandma as the cool one. The artist. The queen. She lived a thousand miles away in Idaho, sitting on her red velvet throne flitting her paintbrush in the air and ordering people around. It was like magic. My mother's art was a little too close to home. As she repeated again and again, my sister and I were her greatest masterpieces.



I was fourteen-years-old at this point and certainly couldn't see beyond my own unruly emotions and unpredictable skin. I didn't want to be her masterpiece anymore. I wanted to be my own work of art, so I made a decision. My canvas would be my own body.

I can see myself, primed and ready to rebel, in the bathroom with the door locked. The white noise of the bathroom fan mimicked the static buzzing in my brain as I stood in front of the mirror glaring defiantly at my reflection, needle in hand.

I was going to pierce my ears.

When I had asked her to take me to get my ears professionally done on my thirteenth birthday like any reasonable mother should, she winced. It was as if I had asked her if I could marry some drug-addled, fifty-year-old biker boyfriend.

"Why would you want to put holes in your ears?" She demanded. She was having none of my nonsense.

Sometimes, all a child wants is her parent's blessing, but my mother just couldn't do it. What I learned that day is that we cannot wait for permission to bloom. We must orchestrate our own transformation.

Just as my mother was orchestrating hers.

What my youthful blindness couldn't see at the time was that my mother, who stood firmly in the center of her forties, was also becoming a new version of herself. She had begun to take personal growth classes in healing and meditation from the local metaphysical center. If I had given her another few months, she may have come around about the ear piercing because all this "new agey" stuff was actually helping her release fear. After a few years, she started writing letters to her own family-of-origin to heal from deep wounds caused by alcoholism and abuse from extended family.

Like so many daughters, I did not know my mother's history. Her role in my life was simple. As I said, she was the helper. She helped grandma. She helped dad, me, my sister. She lived safely in the background, protected and protecting. This is how I thought it would stay forever.

I suppose this is why her growth made me so uncomfortable. I did not want

to know that her fear about our young lives might actually have come from a real place and real-life experience. I wanted to believe her fear was small, containable, and controllable. Yet, nothing is containable or controllable. Just as I am witnessing again this spring, life is relentless and, sometimes if we're lucky, bursts with color and light.

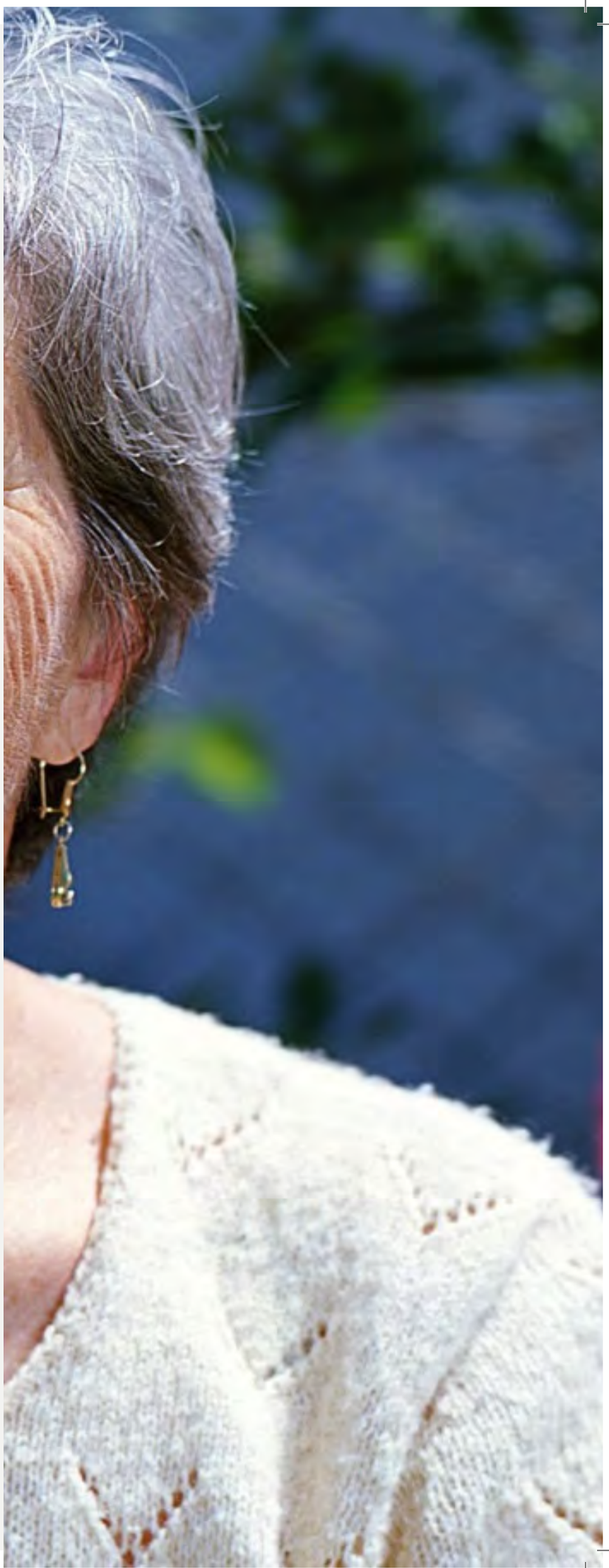
You see, just as I was blossoming into a young woman and my grandmother was blossoming into a visual artist, my mother was blossoming into a warrior. After initial discomfort on both our parts, she accepted my pierced ears and I began to see her as more than the lady with a comfortable lap who liked to redecorate. She was a strong presence. She was real.

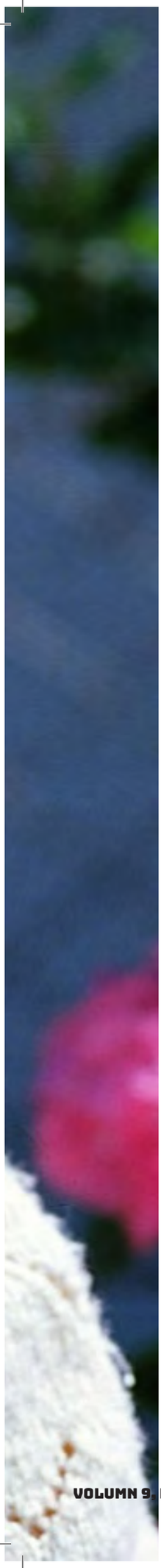
She became even more real a few months ago. I have learned over time that it is a mother's job to surprise her daughter. And she did it again on her 80th birthday this past November. It was a moment I never expected which, of course, is what made it miraculous.

My mother asked to get her ears pierced.

The woman who said she would never let someone poke holes in her skin had started making jewelry to keep her creative juices flowing and to help with the arthritis plaguing her hands. "It doesn't seem right," she said, "that I can't wear my own earrings."

Here's the best part. Since my DIY bathroom rebellion, the whole piercing enterprise has come such a long way. No longer is it customary to go to the mall to get your ears pierced with a piercing gun (the way I did for my second holes). Now, people get their ears pierced at tattoo parlors by professionals - guys with extensive training and more ink than skin peeking out beneath





their black t-shirts.
My sister asked me to be in charge of "booking mom's appointment" for ear piercing because that's what people like my sister do, make appointments. I found the most highly-rated body modification salon (aka tattoo/piercing parlor) in the area. They said, "Just come in. It's first come, first served." All the online reviews said the piercing guy was a pro, that he really knew his stuff, highly recommend even for little kids and old ladies.
When I gave my sister the details about the "where" of mom's upcoming transformation, I heard glee in her voice, too (one must remember that the two of us did grow up in the same household). Honestly, neither of us believed she would go through with it. When someone changes unexpectedly, blooming yet again at the age of 80, it can be hard to adjust.

As usual, mom chattered away on the drive to our "appointment." When we pulled up to the building covered in tattoo-inspired graffiti, my 80-year-old mother's voice began to waver. "Oooohhhh, where are you taking me?"

She had not changed so much after all.

At least, that's how it felt. But the truth was that, in spite of any story my sister and I might still have in our heads, our mother had changed. She was not afraid. She told the man what she wanted, marched into the room with her cane, sat in that chair without a wince, and smiled as the needle pushed through her tender skin.

You see, the pain and uncertainty of old age had strengthened her in ways we, the younger generation so busy with our important adult lives, had been blind to . . . again. The amazing thing is that we're never too old to birth a new version of ourselves. We are never too old to make our life into art. And that day, my mother was the masterpiece. The tiny cubic zirconia gems in her earlobes made her face shine. She had earned her sparkle.

When I pierced my own ears all those years ago, it was an attempt to both claim independence and to mark myself as belonging to a new tribe, the tribe of adolescence and eventual adulthood. The earrings served as both shining armour and daggers for the battles to come.

My mother, who is softening into her crone years with a deep surrender to life and inevitable death, is marking herself in another way. Her sparkling earrings seem, to me, a symbol of the light. She is hobbling toward it with more courage than I ever gave her credit for.

She, like her mother before her, is becoming a surprise.

Holly Holt is a writer/ storyteller with a deep devotion to practices that heal the body and wake up the mind. For most of the early 2000s, she was a performing singer/songwriter who recorded a well received CD of original music. Currently, she is working on a novel, teaches yoga, blogs, and leads Word Gathering Writing Circles in Sacramento, CA.

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Neonatal Cardiometabolic Palpation: A New Paradigm in Biodynamic Practice

Michael J. Shea, PhD

In The Beginning

An infant's first year is the *most metabolically active time* in the entire human lifespan. Extensive remodeling of the brain, lungs, heart and gut begin moments after birth. This happens intensively on many levels, from microcirculation and lipid conversion, to the proper filling of diapers. Microcirculation increases in the brain as the endothelium changes to accommodate the intensive growth of neurons. A vast network of capillaries expands throughout the body. High levels of cortisol and catecholamines are necessary for internal combustion of living on the land.

The lungs begin bringing oxygen into the blood and removing carbon dioxide from the blood at the level of the alvioli. The heart goes through extensive remodeling, not only in how endocardial cells function, but especially in the way that glucose is converted. Glucose is no longer stored in the heart as it was in utero, therefore the heart's energy production must switch from glycolysis to lipid conversion. Intensive microcirculation occurs in the gut to accommodate oral nutrition.

The metabolic engine of life *starts with the gut microbiome*, acquired first from the mother's body during pregnancy and birth and then through breastfeeding and skin-to-skin contact. It takes approximately three days after birth for a mother's milk to come in. Human babies are born with extra fluid and fat, and the baby utilizes these stores in its first three days. The infant relies upon its stored water for hydration, its copious brown fat for energy and lipid conversion. Prior to the arrival of mature breastmilk, the mother's body provides tiny amounts of colostrum, a thick, sweet, immunologically rich substance.

First colostrum and several days later, breastmilk, supply living cells and prebiotics such as human milk oligosaccharides to facilitate the development of the infant's gut microbiome, the base for

> "Gentle and knowledgeable treatment from biodynamic practitioners can support the newborn and family during this crucial, metabolically active time."

metabolism throughout the lifespan and normal cognitive development. Gentle and knowledgeable treatment from biodynamic practitioners can support the newborn and family during this crucial, metabolically active time.

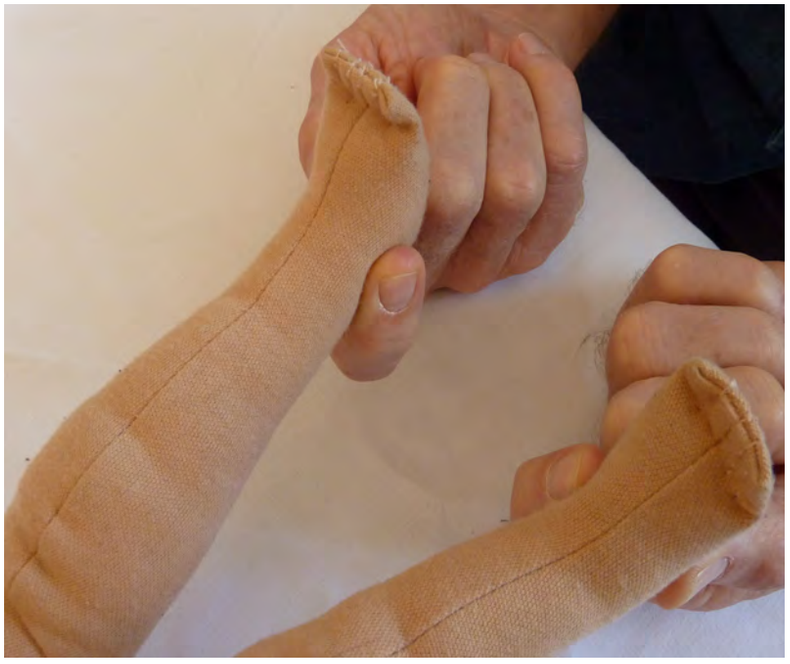
A Metabolic Protocol

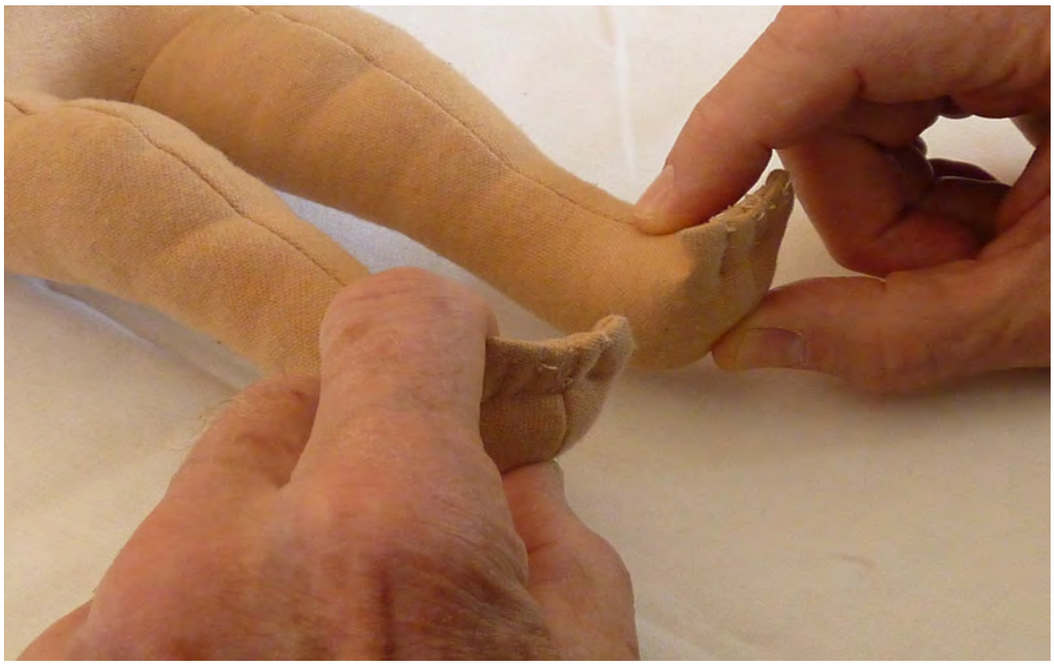
In order to support such dramatic metabolic growth throughout the body and especially these four organ systems, I have developed a protocol to assess and support the metabolism of a newborn baby, particularly through the cardiovascular system. This is not so much a set clinical protocol, it is more like a smorgasbord with many delightful offerings. In my classes this is taught as a linear sequence. Linear progression and set protocols work well for class outlines and published articles. But as experienced pediatric therapists know, once the infant arrives in the arms of a concerned parent, adaptation is necessary, and embodied compassion is essential. To facilitate this, I usually treat the mother before or with the infant. In this protocol, simple changes in hand placement and/or attention make this possible.

We will now go through the sequence, starting with the feet and moving upwards. This protocol is presented as I teach it in class knowing that you will adapt to each family system. It is helpful to know the metabolic logic behind each palpation skill. Also, let yourself wonder what is happening inside the baby's body at a deep level. The deep level is the metabolic level: the entire endocrine system. The endocrine system includes the endothelium of the blood vessels and the gut microbiome.

The Extremities

The most basic principle in biodynamic cardiovascular work is to *work from periphery to center.* When possible with an infant, begin contact with one or both anterior and posterior tibial arteries. This is especially valuable with infants who have had their umbilical cord cut prematurely, a common obstetrical procedure (versus the evidenced-based and physiologically sound practice of 'delayed cord clamping'). With early cord clamping, there is an estimated 20-60% decrease in blood transfer from cord and placenta to the infant's cardiovascular system.





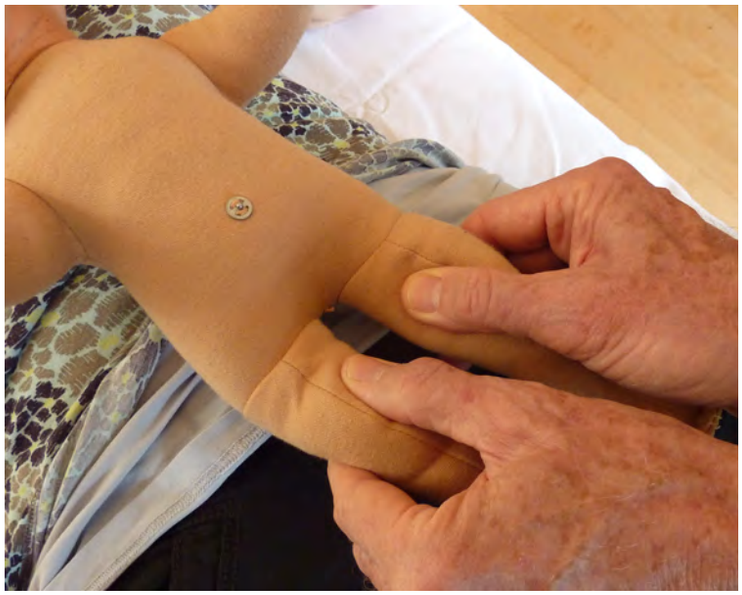
This may lead to hypovolemic shock. Immediate cord clamping is also directly related to anemia in the first year of life, which is a huge stressor on the infant's metabolism. Gentle contact with the *tibial arteries and the brachial arteries* supports the resolution of hypovolemic shock and relaxation of the vascular tree.

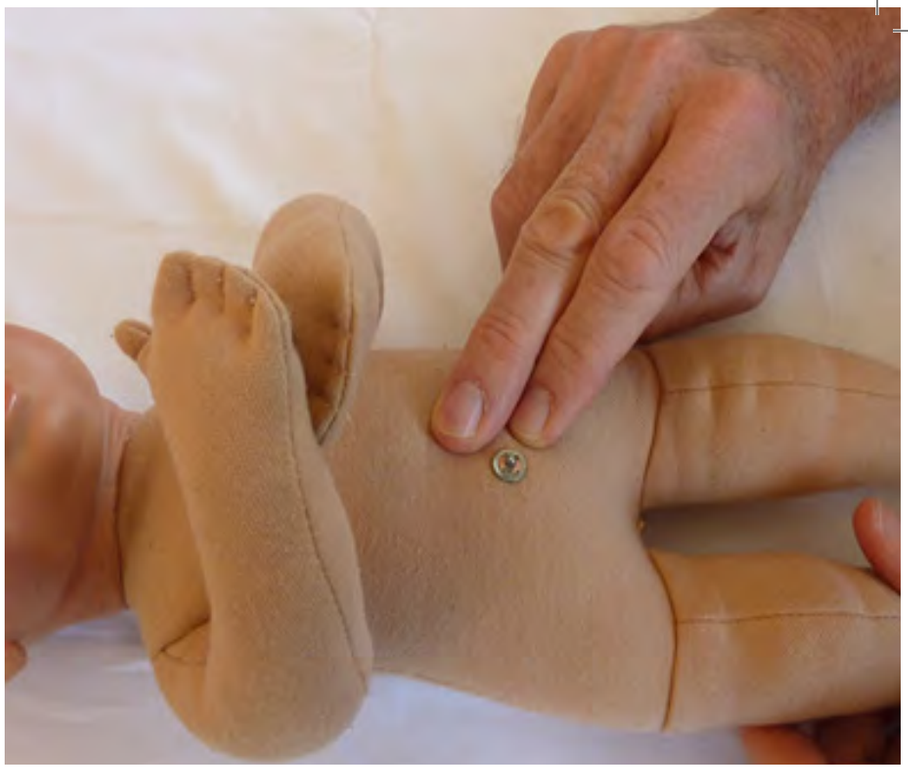
Since there is extensive circulatory and metabolic remodeling happening in the heart and lungs, the infant's extremities experience a loss of blood volume. *Peripheral acrocyanosis*, or blueish-purple hands and feet, is a normal (albeit colorful) finding in the newborn. The central core metabolism of the infant is hard at work with a heart rate often twice that of an adult.

Normal infant heart rate:
Neonate (less than 28 days) Awake: 100-205 BPM, Sleep: 90-160 BPM
Infant (1 month-1 year) Awake: 100-190 BPM, Sleep: 90-160 BPM
Toddler (1-2 year) Awake: 98-140 BPM, Sleep: 80-120 BPM

Thermal Regulation

Another crucial metabolic function in a newborn is *thermal regulation.* Skin-to-skin contact (SSC) with a caregiver supports this function. When a baby is held by a caregiver, physiologically and metabolically there are two interconnected thermal systems, the parent's and the child's. Within the baby's body, there are also two interconnected thermal systems, one is in the core of the





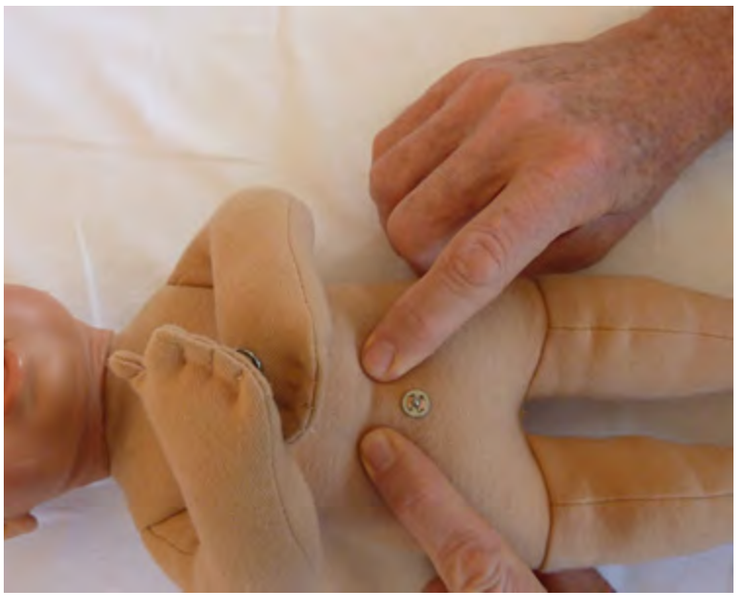
body and the other is in the extremities. These are connected via the cardiovascular system and the sympathetic nervous system (SNS) by regulation of blood flow, vessel wall dilation and contraction, especially in the capillaries.

Working biodynamically with the arteries of a newborn supports proper development of thermal regulation and the metabolism of the autonomic nervous system (ANS). Utilizing these contacts, the biodynamic practitioner, supports thermal regulation as the infant learns to integrate its two levels of thermal regulation, core and extremities.

Next, bilateral contact is made with the *femoral arteries* at midthigh in the septum between the quadriceps and abductor muscles. In the adult I usually work ipsilaterally. This location is a Traditional Chinese Medicine (TCM) pulse location that supports proper blood flow to the pelvic floor for the function of urinating and defecating. Remember that full diapers in an infant are a really good thing. Gently using the thumbs, bilateral contact with the femoral arteries is quite easy to do on the infant's body.

The Gut

Regarding health and disease, the gut is the *center of the body*: from microcirculation and neurohormone production to microbiome diversity, gut health is essential. In order to support microcirculation in the small and large intestines, I place one hand palm up over the infant's *umbilicus* to feel the infant breathing. This hand placement continues until the slow breath of Primary Respiration is sensed through both my hand and the infant at the level of the umbilicus. Besides supporting microcirculation and respiratory integration, this also aids the wound healing of the umbilicus.



Next, I make gentle contact with one finger on the *superior mesenteric artery* (slightly above the umbilicus) and with another finger from the same hand, make contact with the *inferior mesenteric artery* (just to the side of the

umbilicus). The mesenteric arteries are linked to the SNS and are especially helpful for thermal regulation in the newborn. Thermal regulation in the abdomen is *core thermal regulation*. By supporting the microcirculation of the superior and inferior mesenteric arteries, two separate metabolic functions are being supported. One is core thermal regulation. The other is remodeling of the small and large intestine: substantial amounts of blood are being redirected into a vast endothelium forming in the center of this newly born body.

Then I make contact with the *right and left colic arteries* using the thumb and forefinger of one hand. The right colic artery is a main conduit of blood to the ascending and transverse colon. It derives from the superior mesenteric artery. The left colic artery is a main conduit of blood to the descending and sigmoid colon, including the rectum. This simple contact is valuable in blending the function of these two arteries. In the distal portion of the transverse colon where the two mesenteric arteries overlap, is the overlap of the terminating point of the subdiaphragmatic vagus and the beginning of the sacral outflow of the parasympathetic nervous system. Therapeutically, this arterial contact offers a deep relaxing balance to the ANS. It supports the function of the subdiaphragmatic vagus that is monitoring blood glucose levels in the portal vein and liver.

Along with microcirculation, the gut microbiome of the baby is being constructed. Beginning in utero, ignited at birth, then fueled with breastfeeding, snuggles and playtime, the process of human microbiome acquisition takes approximately two years. The parasympathetic function of vagal immobilization has an essential role in bladder and bowel function, especially in the newborn. The sub diaphragmatic vagus initiates communication between the gut microbiome with its immune and endocrine functions, the brain, and heart. The vagus monitors gut inflammation and sends these signals to the heart and brain.

This gut-central-vagal communication is foundational to an internal sense of safety while the brain of the newborn is oriented to an external sense of safety via the social nervous system that includes both the vagus nerve and the facial nerve. Such safety is an integral part of the formation of one's body image, whether the infant loves their body, or struggles within it as if eternally flawed. The rapidly developing heart mediates these responses via its heart rate variability (HRV) and

respiratory sinus arrhythmia (RSA). Thus, the heart juggles the internal and external safety in its basic function of vulnerability and openness to the environment. The heart can be easily imprinted in this intense metabolic remodeling. The house of the body is developed on a poor foundation.

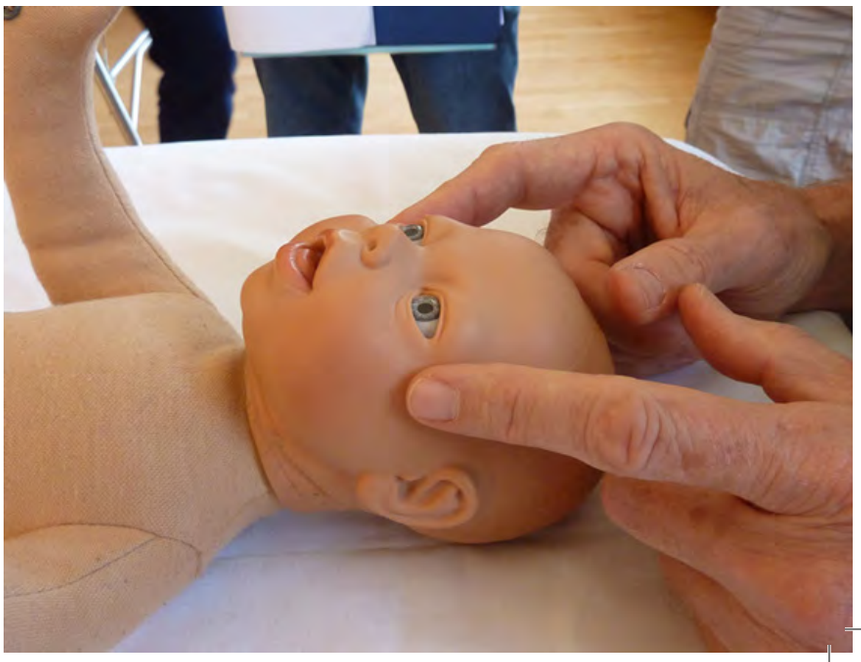
The Neck

The next suggested contact is with the *subclavian arteries*. In our current culture, incredibly high levels of stress are endemic. Because of this it is important to approach the subclavian, a highly ANS innervated area of the body, gently and with great kindness. Since a baby's body is small, it is possible to make bilateral contact with just thumb and index finger. However, in my experience, babies are very particular about contact around their heads and necks. At the beginning of a session, I introduce myself to the infant and figure out a communication style where I can negotiate permission to make contact and receive a "yes" or "no". This could be anything from a nod of the head to a facial expression. At this point in the session, upon reaching the neck, re-establishing permission is important. With infants, as with most adults, I contact the subclavian arteries ipsilaterally and approach one side at a time. The *ipsilateral* approach offers a sense of safety to the wary contemporary client of any age.

Then I approach the carotid arteries. Once again contact is ipsilateral. Remember that the left carotid artery arises directly from the aorta, and the right carotid artery arises from the subclavian artery. Each artery has a very different sensibility and responsiveness to the slow breath of Primary Respiration. I like to differentiate the middle of the carotid artery. This is the *carotid sinus* where the carotid artery bifurcates into its external and internal branches. Located here is the carotid sinus baroreceptor, an important regulator of the ANS, innervated by the glossopharyngeal nerve. This baroreceptor is important in the regulation of blood pressure to the entire body including the carotid arteries provision of 80% of the total blood volume going to the brain and face. In the infant, the baroreceptors are doing crucial work: stabilizing peripheral and central blood pressures, regulating heart rate and variability, and coordinating cardiovascular functions with sleep and wake cycles

The Cranium

On the rare occasion that I approach an infant at their head and face, it will be for contact with the *temporal artery*. This artery goes over the temporomandibular (TMJ) joint space and branches up into the temporalis muscle. This contact is supportive of the suck-swallow-breathe reflex. Optimal functioning of this reflex is crucial for an effective, efficient and enjoyable breastfeeding experience. The TMJ of a newborn is not a hinge joint. Suckling, whether at breast or bottle, requires that the mandible is able to glide forward, not just hinge down.



The Heart

Last in this teaching protocol but never least, is the heart. The most common contact I make with any baby is centering my palm around the fifth thoracic (T5) vertebrae on the child's back. Never have I had a child refuse this contact; it seems to be both welcomed and deeply appreciated. I hold the child's heart with the slow breath of Primary Respiration until I feel myself, my heart, the infant's heart and their myocardium, all breathing with Primary Respiration.

If an infant is being held by his mother (or is playing on the floor or lying supine) I may place my hand palm up over the central portion of the sternum to feel the Fluid Body breathing. Often, while making this contact, I notice the feeling of a blessing being offered. Using my fingerpads, I connect with the valves of the heart, starting with the costosternal margin on the left third rib (R3) and finishing with the right costosternal margin of the fifth rib (R5). With fingers on the sternum in this diagonal line, the palm of the other hand can be placed at T5, supporting the back of the child's heart. This contact is intended to synchronize the pulmonary valve, aortic valve, bicuspid (mitral) valve and tricuspid valve.

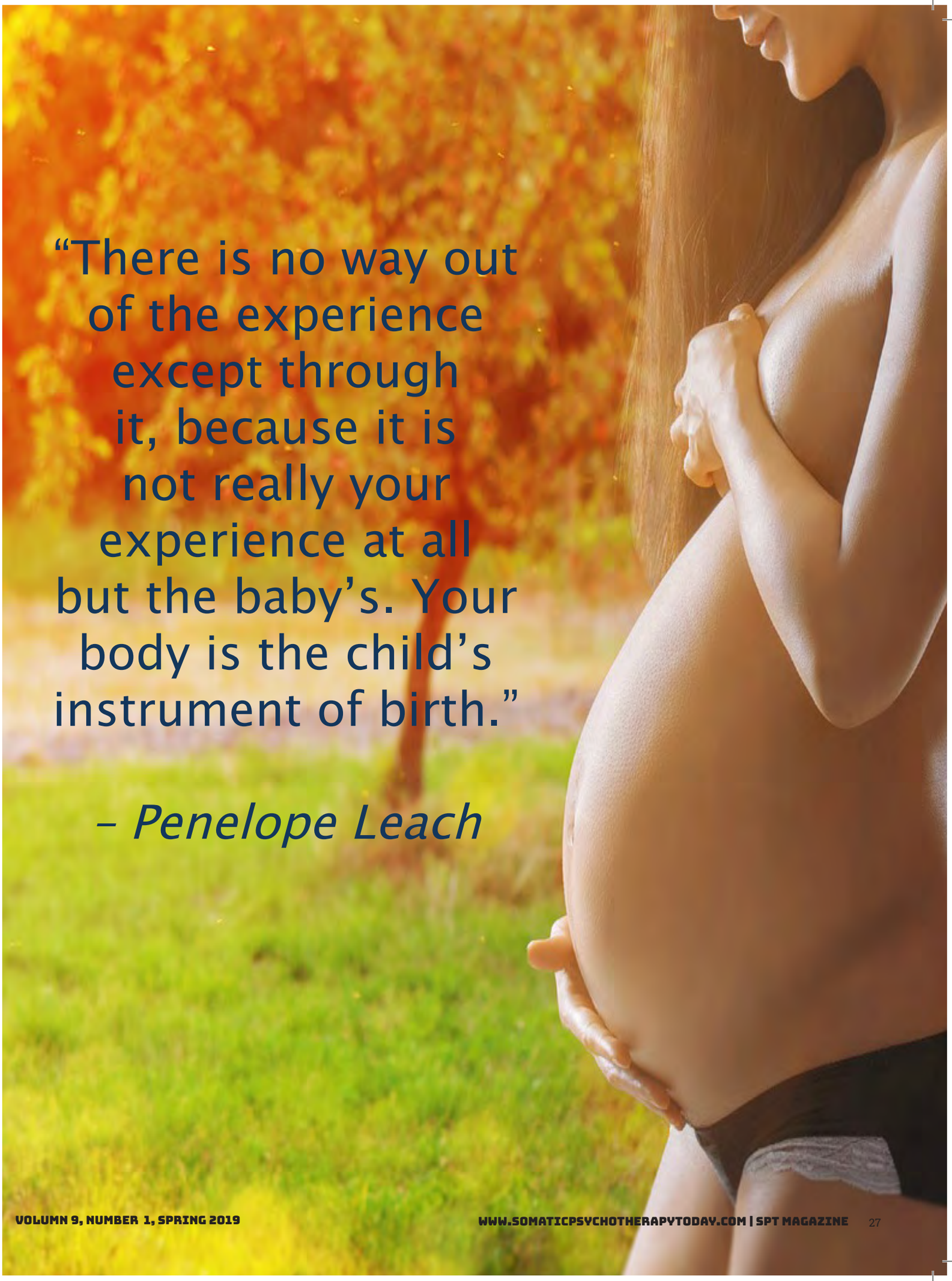
Conclusion

In conclusion, I will mention that if the mother/caregiver hands the baby to me, and if the baby is comfortable being held by me, I will receive the infant with one hand under its sacrum and my other hand supporting the baby's occiput. With this dual hold, I sense the infant's entire central nervous system breathing with Primary Respiration. This contact is especially lovely after treating the infant's abdominal arteries. Through this dual hold, and the entire Neonatal Cardiometabolic Protocol as presented in this article, Biodynamic Craniosacral Therapy is applied to both the metabolic and physiological systems of the baby. With this work, we offer balance, stabilization, relaxation and normalization to the newborn human with the mother after their enormous work of gestating, birth, and transitioning to extrauterine life.

Acknowledgement

I owe a great debt of gratitude to K. Michelle Doyle. Michelle is a gifted midwife and biodynamic practitioner. She has been of enormous benefit to the world and her addition to the classroom where we teach together. She has greatly influenced this article.

Michael J Shea PhD obtained his master's degree in Buddhist psychology at Naropa University in Boulder, Colorado, and a doctorate in somatic psychology at The Union Institute in Cincinnati, Ohio. He taught human embryology in the pre- and perinatal psychology doctoral programs at the Santa Barbara Graduate Institute in Santa Barbara, California, He is the author of several books: *Biodynamic Craniosacral Therapy, Volumes 1-5 and Myofascial Release Therapy.* He teaches Shamatha meditation classes around the world. Michael 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 lives in South Florida with his wife, Cathy, where they grow mangos, avocados and papayas. For more information visit his website: **sheaheart.com.**


"There is no way out of the experience except through it, because it is not really your experience at all but the baby's. Your body is the child's instrument of birth."
– Penelope Leach

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KEYS TO LIVING A SOMATICALLY BALANCED LIFE: HEALTH, FITNESS, VITALITY

Considering our July 2019 issue, we pondered essential factors for living a healthy life. Balance captured the essence of everything. Then we wondered: what does a somatically balanced life entail?

Factors that came to mind included: health, fitness, and vitality, all of which include mental, physical, spiritual and social elements.

Further we knew it involved:

- a healthy diet
- exercise
- feeling loved and loving
- playfulness
- sleep
- social connections
- spirituality (prayer, meditation, mindfulness, belief, faith)
- spontaneity
- vitality—feeling aliveness in our entire being

Now, we 're turning it over to you: What do you consider essential to living a somatically balanced life?

We'd love to hear your thoughts, discuss an article for our July 2019 issue.

Deadline for first drafts is May 5, 2019.

Please send your ideas to our Editor,
Nancy Eichhorn PhD at Nancy@NancyEichhorn.com or Nancy@SomaticPsychotherapyToday.com

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~ Peter A. Levine, PhD, Founder of Somatic Experiencing®

Infant and Toddler Development: From Conception to Age 3.

What Babies Ask of Us

Written by Mary Jane Maguire-Fong and Marsha Peralta
Reviewed by Nancy Eichhorn

Personal interest and academic requirements in prenatal and perinatal psychology and health (PPN) meant reading literature and learning from leaders in the field. I've immersed myself and I've been guided through the work of many luminaries including, but clearly not limited to: Stella Acquarone, Beatrice Beebe, T. Berry Brazelton, Jerome Bruner, Magda Gerber, Jaak Panksepp, Bruce Perry, Daniel Stern, Ed Tronick, D. W. Winnicott, J. Ronald Lally, and Donis Eichhorn PhD.

Yes, Dr. Eichhorn is my mom. Throughout her career she's been recognized for her involvement in the field as well as being "on-the-cutting-edge" educating educators as well as families. For as long as I can remember, we have attended conferences and workshops together, and with later age and limited mobility, online webinars as well.

Two of her colleagues, Mary Jane Maguire-Fong and Marsha Peralta, recently published, *Infant and Toddler Development: From Conception to Age 3. What Babies Ask of Us.* In their "Preface", they acknowledged my mom as a colleague and friend who has been "a source of wisdom, counsel, and inspiration in this work" (pg. x). Peralta noted, "We have so appreciated her contributions to our thinking and perspective" (personal correspondence, November 28, 2018).

I felt honored by their nod to my mom—she has been, and at age 89 continues to be, inspirational. Her work with parents and infants, from preconception through the first 5 years of life, created awareness and change during times when infants were not recognized in mainstream medical and psychology fields as conscientious beings but rather as a 'bundle of joy' that needed to be taught how to be and who to be in order to survive in this world.

Studies have, in fact, supported my mom's and others' points-of-view when it comes to fetal sentience and abilities online at birth. And, based on incoming data, transitions have thankfully occurred—infants were once viewed as

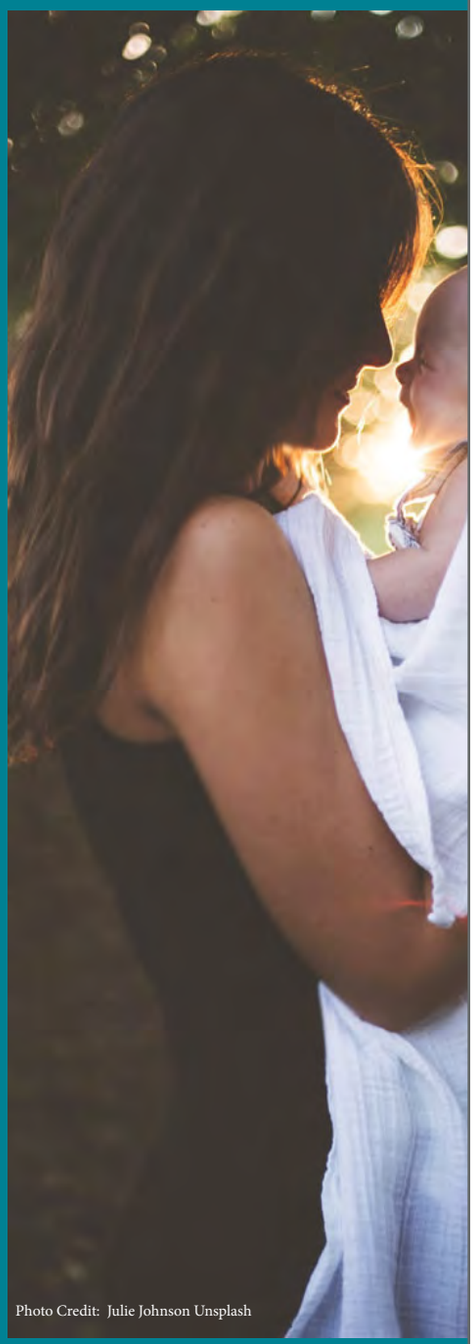
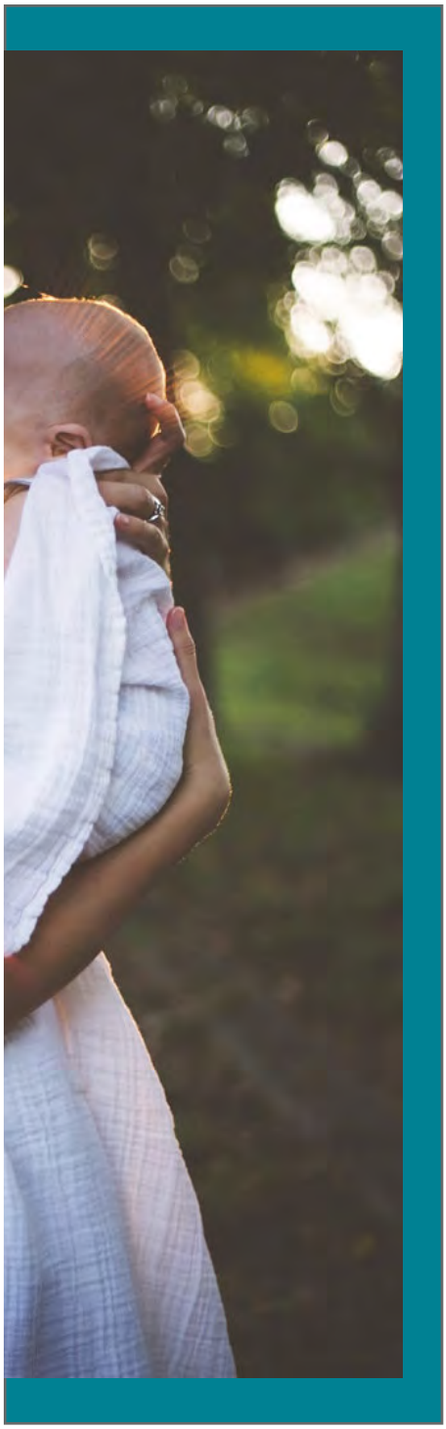


Photo Credit: Julie Johnson Unsplash

immature, undifferentiated, unknowing beings. Now, they are seen as competent and actively participating in their care, with behaviors actually primed by their biology to be in relationship with others (p.2).

Maguire-Fong and Peralta have added their combined knowledge to a field still in transition. Their recent publication, along with its Foreward by J. Ronald Lally and Afterward by Ed Tronick, offers insights and research from an academic and clinical vantage for readers interested in PPN work. And, as an added positive, it is also written to engage and instruct laypersons interested in knowing more. Lally considers Chapters 2 through 4 "must reading for anyone considering having a child."



As Lally notes, this book " . . . clearly and purposefully communicates, in direct and easily understandable language, the day-by-day development of infants and the essential role adults play in the optimization of that development" (Lally, pg. vii).

Maguire-Fong and Peralta hope that the book serves as a guide in making meaningful sense of infants' development from pre-conception through the first 3 years of life as well as being a detailed guide for those responsible to care for them (pg. ix). They offer their work as an invitation for readers to take a closer look at "how we see babies, to sharpen our understanding of what babies know, how they feel, how they relate with others, and how they learn" (p. 1).

Although both authors have extensive backgrounds in the field as clinicians and educators, their foundational information for this book is based on current understandings derived over the past 50 years from research studies and their findings in infant development that culminate, summarize, and open understanding regarding how infants operate, change, and grow, and most importantly what they need from caregivers. According to the authors, "How adults understand and treat infants directly affects the rest of the child's life and influences evolution of the species."

According to Lally, the research cited and interpreted in chapters 5 – 11 clearly illustrates how infant development progresses, how we understand the underlying structures that are gradually built through the first 3 years of life, and how most of the building takes place in relationship with trusted adults.

"There is no such thing as a baby . . . A baby cannot exist alone, but it is essentially part of a relationship"

(D. W. Winnicott, 1964, 88).

"What do babies ask of us?"

Maguire-Fong and Peralta organized the book into four parts to answer two primary questions: "What do babies ask of us?" and "How do we see our role as a traveling companion to the meaning-making infant?"

Each chapter tells a story of what researchers are learning about infants in a particular domain of development (p. 1). From Winnicott's pronouncement that infants are not blank slates, to Bowlby and Ainsworth's research with attachment and Daniel Stern's work with affect attunement (*the affect of one influences and potentially changes affect of other*), Maguire-Fong and Peralta are clear that babies arrive with biological expectations that they hope to find within their environment, and in the care they seek. They need and want connection, participation, belonging, meaning-making, and companionship. Infants arrive at birth more conscious, more aware, more inquisitive and more capable than previously imagined (p. 1). Today we know that a biological and physiological synchrony exists between infant and caregiver, with infants acutely sensitive to communicative cues of others (p. 3).

In terms of the actual structure and layout of the book, there are extensive photos, graphics, charts, and other aids to facilitate understanding. Each section has separate boxes called "A Closer Look" that offer guided reflections based on a summary of the content presented thus far; important points to recall and retain are highlighted. There are definitions, charts of terms, and an extensive reference list. The authors weave in content from previous chapters, offer reviews, reminders, and extensions for readers to move forward into next stage of infant development. Their tone, the delivery of data with terms defined in text and in sidebars sets an introductory feel to the topics presented, a primer to teach those with little to no background in PPN. I appreciated their clarity when using specific terms such as 'parent' to describe the caregiver who is emotionally meeting the demands of parenting, and 'mother' when appropriate—when speaking of the birthing mother. They do their best to avoid gender related terminology.

Chapter 1 begins before Part 1 (there are four parts, 13 Chapters). Entitled, *Infants and Toddlers: How We See Them*, Chapter 1 sets the stage for all that follows. Of importance are five areas of development that continue throughout our lives: connection, participation, belonging, meaning-making, and companionship. Maguire-Fong and Peralta are clear that "babies have much to teach us, and the most important task for us in caring for babies is to listen to them well" (p. 1). Throughout the book, they show us how babies arrive primed to be in relationship, and how they seek, from their caregivers, what they need to grow and thrive.

An Overview

Part 1 focuses on development, conception through birth. It begins with Chapter 2: From Stardust to Birth, an overview of conception and parental development with attention to how experiences during gestation impact development. They discuss how development unfolds from cellular beginnings to our nervous system development. And they highlight negative impacts of alcohol, drugs, other substances. Chapter 3, Labor and Birth, explores babies' biological expectations for birth and their active participation in the birth process. They discuss hormones that prepare mothers for birth, different labor

Photo by Andrae Ricketts on Unsplash

positions that facilitate birth, cervix dilation rates, and different states of birth: active, birth, and the delivery of the placenta 15 to 20 minutes after the infant is born, which marks the true severance of the biological connection between infant and mother. They talk about the importance of not rushing the cutting of the umbilical cord, letting the mother and infant be together, noting that the first hour should be preserved as a sacred time of meeting. They also talk about optional birth support and the role of Doulas. The authors also note ways to avoid unnecessary routine medical procedures, which can traumatize both infant and mother.

Part 2 covers Newborns and Responsive Care. Overall, they stress ways for caregivers to pay attention to the physiological synchrony that exists between babies and themselves, so they can provide appropriate physical and emotional care. Chapter 4 takes a close look at biological expectations during the first hours and days of birth, including how the environment that greets the baby supports those expectations. They highlight how newborns and young infants seek nourishment, warmth, and protection from their caregivers, and they look at our social engagement system and its role in responsive caregiving. Chapter 5 discusses the inherent biological synchrony between mom and baby during lactation and breast feeding. Chapter 6 keeps with the theme of synchrony with respect to patterns of sleep and decisions families face when dealing with sleep. According to the authors, the care infants receive during meals, diapering, and preparing for sleep influences their physical health and how they learn and how they feel about themselves and others (p. 53)

Part 3 is focused on Babies Making Meaning. Chapter 7 details how infants pay close attention to the dynamics of conversation and how this leads to language acquisition. Chapter 8 looks at how infants figure out the complexities of movement, including both small muscle use such as reach and grasp, and large muscles, including crawling. Chapter 9 looks at how infants make sense of people and how play interacts in development. Chapter 10 then looks at how infants build ideas and concepts within play and how they learn about their physical world, and the world of objects and events.

"We speak with more than our mouths. We listen with more than our ears"
(Fred Rogers, 2002, p.116)

When people ask me about my writing life, i.e., when I started and so forth, I jokingly say I was finger painting in the womb. Turns out, I might have been. According to Maguire-Fong and Peralta, language begins in the womb. At 14 weeks gestation, the structures of our vestibular system are mature (the sensory system related to balance, spatial orientation, coordination, balance). Prenatal rhythmic stimulation (i.e. rocking, swaying) "most likely establishes an innate sensitivity patterns that sets a foundation for beginning to understand the rhythmic cadence of language" (p. 73). Around 30 weeks gestation, brain regions that control hearing mature and infants show sensitivity to sound. "Fetuses respond to mothers' heartbeat and to external stimuli, such as voice, speech, song and music" (p. 73). The entire section on language and correspondence fascinated me.

As did the chapter on the biological use of play. The authors' focus on how babies learn through touch was rich with specifics for caregivers to encourage different experiences designed to support development, i.e. batting at objects first then developing grasping, starting with palmar and then the pincer grasp. They then offer detailed information and experiences to address: classification, causality, spatial relationships, numbers and representation.

Part Four: Widening the Lens, looks at family and community first then outward to address cultural influences and impacts. Chapter 11 deals with the biological expectations that come with a sense of belonging to a caring social group, how infants build friendships, how they learn expected values and behavior in the culture they are raised. Chapter 12 looks at what happens when infants experience adversity or trauma, and how supportive intervention can begin to heal its impact (they include information on 'ACES' a long-term study looking at adverse childhood experiences, note there is a useful graphic on page 141 that frames these experiences and building community resilience). And Chapter 13 returns to the overall guiding question: what do babies ask of us? Here, the authors look at baby friendly policies that align with infants' biological expectations, support their optional development, and treat babies and families with dignity and respect.

Within several email correspondences regarding the book, Peralta noted that it is not all-inclusive, that it was meant to be an overview, an introduction. And like most writers that I know, myself included, she shared, "I'm nervous about the reviews, but hope you find what's inside "good enough" (personal correspondence, November 28, 2018).

I **appreciated her reference to Winnicott's "good enough mother".** I've heard this term many times in many instances and thought it simply meant the mother was generally fit to be a mom, it wasn't about perfection but at least she was there. Reading this book, I learned what Winnicott meant by the phrase "good enough mother". Per Winnicott, infants are "born with unique and individual potentials" that they bring to relationships but "these potentials can only be realized when there is a responsive, holding environment provided by what he described as a 'good enough mother'" (p.2):

“ ‘Good enough,’ in Winnicott’s view, is a mother who is positively preoccupied with her child, who adapts her behaviors fairly extensively to the needs of the baby, gradually stepping back to allow infants’ competencies to take hold as they emerge over the first year” (p.2).

This book is clearly “good enough”. As Peralta noted in an email conversation, books “are like friends and one has this relationship with them, when they came into your life, how they shaped you, etc.” (personal correspondence, February 18, 2018). She and Maguire-Fong were preoccupied with the birthing of this text. They nurtured it during the editing and revision phase. They stepped back when professional editors offered insights. The authors, working in relationship with one another and with editors at Teachers College Press, allowed one another’s and outside others’ knowledge to support the book’s competencies to flourish as they emerged both spontaneously and with guidance and support. The authors’ ability to be with the material, to attune to both the text and to perceived audience needs, to offer support as readers experienced the content and found their way into their own understanding flowed with the content itself. They wrote from a PPN base about PPN concepts—the two were one, resulting in an effective offering of current knowledge about what babies ask of us and what we can do to meet those needs.

Mary Jane Maguire-Fong is faculty emerita in early childhood education at American River College, in Sacramento, California and author of *Teaching and Learning with Infants and Toddlers.*

Marsha Peralta is professor of early childhood education at Folsom Lake College in Folsom, CA.

Transforming the Trauma Tree: Recognizing, Reaching and Healing Earliest Trauma

Kate White, MA,
BCBMT, RCST®, CEIM, SEP, PPNE

There is a saying in osteopathy, "As the twig is bent, so grows the tree." What we mean by that is, if a small tree is somehow affected in its growth sequence, it might follow that growth pattern into its prime. Imagine a young tree affected by wind, weather, or injury, then growing again but at an angle or with a large burl. Seeing humans as trees is a way to talk about prenatal and birth trauma as part of the earliest development of a baby, the root of the tree. The roots form the basis for the rest of the tree, with birth at the ground level, early childhood in the trunk, adolescence in the branches and adulthood in the canopy. In earliest trauma, during the prenatal and perinatal time, we can track layers and sequences connected to these earliest experiences.

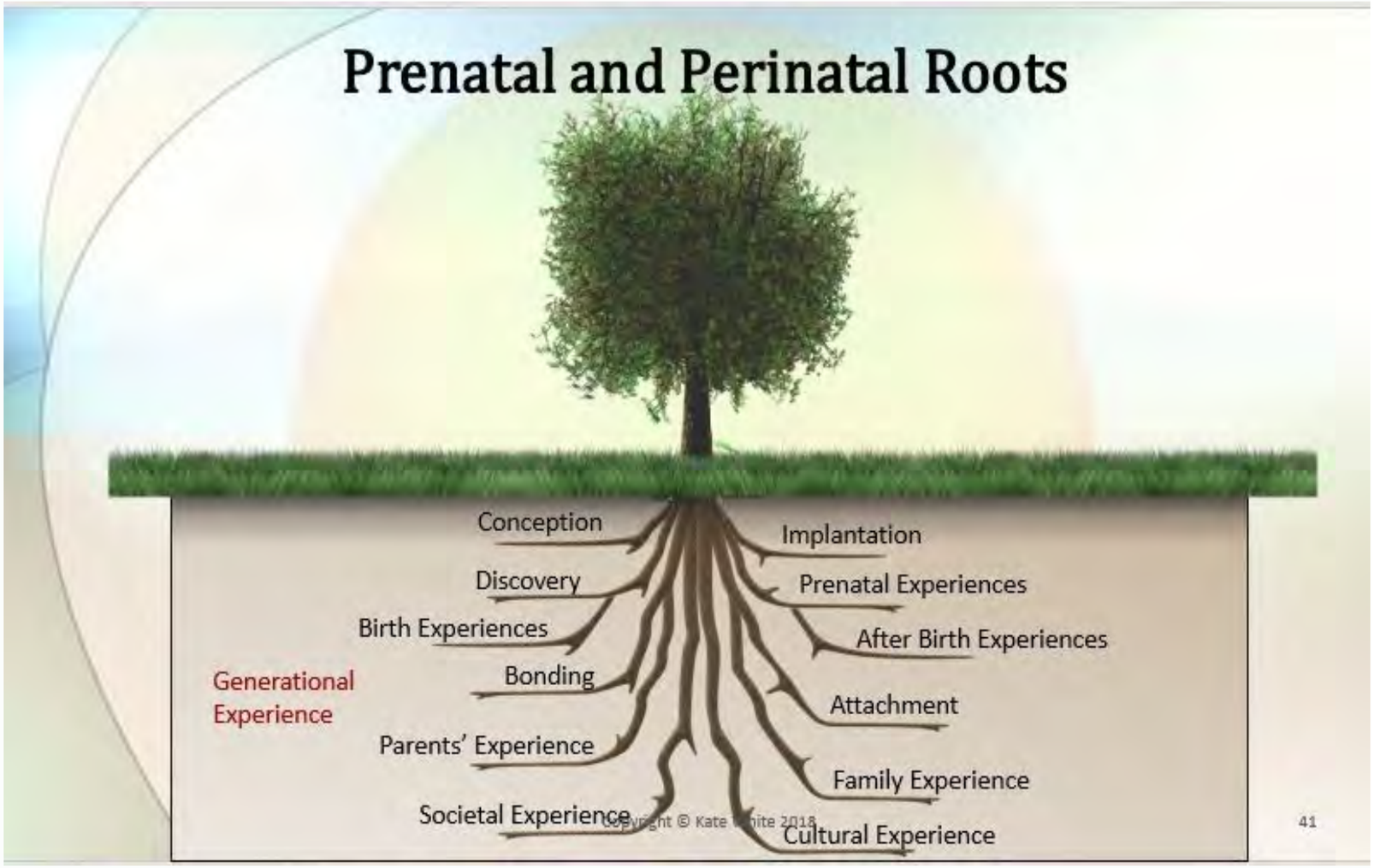
The soil around the roots can be labeled as our intergenerational/ transgenerational genetic material. Our ancestors are part of our inheritance. Research has shown that trauma can cross generations such as the impact of famine, war, or natural disaster. Trauma can travel from parent to child in learned behaviors. As you can see in this picture, there are many layers in the prenatal and perinatal period:

- Conception
- Implantation
- Discovery of the pregnancy (the Little One!) [1]
- Prenatal experiences, like twin dynamics
- Birth experiences, like use of interventions, long or fast births
- After birth experiences, like separations, stays in the neonatal intensive care
- Bonding and attachment, are there any ruptures?
- Parent experiences, like birth trauma or postpartum depression

- Family experiences, including having little or no support, siblings too close in age
- Societal and cultural experiences, like rules around numbers of or gender of children

There are indicators for each of the layers that show up if the story is still there, cycling around waiting for healing conditions. Here are some conditions that might occur where healing wants to happen in the prenatal and perinatal realm:

- Conception is a vital time in human development; best outcomes are when couples are consciously inviting a baby in. But data show that almost half of pregnancies are mistimed or unwanted. For the incoming human being who is not wanted or welcomed, healing lies in opportunities to feel wanted in present time. The Little One



asks, Am I wanted? Am I welcomed? A nurturing healing message for conception can be: I am waiting for you, I am watching for you. When a baby is wanted, the mother waits for the good news.

- Implantation patterns are connected to finding and making a home. How are moving transitions for you? They can be very stressful. How was your last move for you? Did you notice any feelings of depression or high anxiety? Or were you excited? Was finding, moving and creating a new home easy for you? These are all connections to when the Little One finds a place to implant in the womb. And how is it to be discovered? In prenatal and perinatal healing, we know that if a baby is not wanted on discovery of pregnancy, it can be shocking.

- There are many prenatal experiences that a baby might encounter in relationship to their mother's experiences, or in very impersonal anatomical and developmental issues. Recent research suggests that babies feel their body through movement in utero, and it is linked to a sense of self. David Chamberlain, author of *Windows to the Womb: Revealing the Conscious Baby from Conception to Birth*, and co-founder of the Association for Prenatal and Perinatal Psychology and Health claimed that babies have 12 senses in utero, not just five, and these senses feed human consciousness. The roots of how we feel about ourselves start in utero, as do many epigenetic challenges. If a mother experiences toxic stress so does the baby.

- Birth interventions can have an equally large imprint on a baby's experience. If we need to be helped at birth, it often hurts but helps, too. A feeling of a double bind can arise, where the person feels like if they do nothing, it hurts (or worse, they feel like they are going to die), but if they get help, it will hurt, too. This can be like a Little One who is stuck in utero and needs help to be born.

Bonding and attachment are some of the most studied research patterns in human development. Research shows that attachment patterns can cross generations, so that a parent can unconsciously parent their children like they were parented. We know that secure attachment helps create better health on every level: cognitive, emotional, physical, mental and spiritual. It lays the groundwork for health lifelong, especially in relationships. Bonding and attachment starts in the womb, and even preconception.

These are but a few of the patterns that can be addressed by understanding what happens during the first months and years of life. Professionals can gain skills in working with earliest trauma, especially somatic specialists like Somatic Experiencing® practitioners or those trained in somatic psychology. Skills that help integrate our earliest experiences include:

- Slowing down.
- Noticing sensation and gesture, what is the nonverbal story?
- Allow space for the story to unfold in the body, since it is an implicit, somatic memory.
- Self and co-regulation with others.
- Listen for metaphors in language and speech.
- Are there patterns that occur over and over? We see this most often in double binds.
- Differentiation is key to help uncouple past from present.
- The best of Somatic Experiencing comes into play: titration and pendulation, but with earliest trauma, the practitioner will need to be ready for big survival energy and even terror, as many early patterns have near death experiences coupled with them.

Learning about healing our earliest trauma can start with simple explorations in books, or in the online classes offered by the Association for Prenatal and Perinatal Psychology and Health (APPPAH). Basic practitioner skills are offered in the new 'Toolkits for Facilitators', or in the on-demand classes. To see more about APPPAH, go to birthpsychology.com or our new online Classwomb™ http://www.birth-psychology-teachable.com. Lectures and experiential classes are offered through my center, the Center for Prenatal and Perinatal Programs.

[1] In the language of understanding earliest imprints, or the layers of implicit memory in our bodies from the prenatal and birth time, we refer to who we are at this as the Little One. Some practitioners also call this experience the Baby Self, or even, Little Poopsie (hat tip, Franklyn Sills!)

Kate White is an award-winning prenatal and perinatal educator and an advanced bodyworker. She is trained in somatic therapies, prenatal and perinatal health, lactation, brain development, infant mental health, and has specialized in mother-baby dyad care using somatic prevention and trauma healing approaches for nearly 20 years. She is a mother of two children, holds a BA and MA in Communication, a Registered Craniosacral Therapist in the Biodynamic Craniosacral method and a Somatic Experiencing® Practitioner. Her work combines somatic therapy, birth preparation, recovery from difficult birth, trauma resolution and brain development to help give families with babies and small children the best possible start. She is the Founding Director of Education for the Association for Prenatal and Perinatal Psychology and Health and currently co-directs this department, administering an online program for parents and parent professionals, runs a private practice and offers her own seminars through the Center for Prenatal and Perinatal Programs. **www.ppncenter.com**

Human Baby, Human Being...

Matthew Appleton in conversation with Emma Palmer

Editor's note: *Due to the length of their conversation—they had much to discuss—we offer an excerpt here and invite you to our website to "hear" their fascinating talk (audio recording) and/or download a PDF of their complete conversation.*

The Human Baby, Human Being: Contributions from the emerging field of pre and perinatal psychology 2-day conference is being organised by Conscious Embodiment Training and ehealth Learning. An important aim of this landmark event is to bring together professionals interested in the long-term effects of prenatal and birth experiences. The speaker list is as follows, with presentations from many of the innovative pioneers of this field: Thomas R. Verny, Cherionna Menzam-Sills, Dr. med. Ludwig Janus, Anna Verwaal, Kate White, Klaus Käppeli, Thomas Harms, Matthew Appleton, Jenni Meyer, Kate Rosati and John Wilks, with day-long workshops before and after the event.

Gladdened to see this conference happening in my home town and having trained on 'The Birth Journey' course with Matthew, Jenni, and Kate from Conscious Embodiment Training a while back, I suggested to SPT editor Nancy that I interview Matthew to find out more, ahead of this event. During the six years that I was writing the 'Body wise' column for *Somatic Psychotherapy Today* I became accustomed to emailing my writing to Nancy, 5,000 miles across the pond. So, it was a novel and welcome experience to be able to walk a mile for this latest assignment!

An excerpt:

Emma
Having started life as a body psychotherapist can you start by saying how you got into pre and peri-natal work? That would be useful to hear . . .

Matthew
I initially got into body psychotherapy because I was working at A. S. Summerhill's school. Summerhill, as a democratic school, was set up to see how children self-regulate. He and Reich were talking about self-regulation before anybody else. It's very popular now, of course, but it wasn't back then. What I was seeing with the children was that they were coming with a lot of history already, so I started getting interested in what they were expressing.

I had read David Boadella's book "Lifestreams", which touches into the pre and perinatal. Then I went over to Germany to train as a body psychotherapist, in the traditional Reichian way. Interestingly, my therapist trained with Morton Herskowitz, Reich's original student. He died just last week, so it's the passing of a whole era, The combination of my experience at Summerhill and body psychotherapy made me curious about these experiences. I had also trained in craniosacral therapy, so I was working with babies and I was seeing that they were expressing things I wasn't understanding.

Then I heard about someone called Karlton Terry, a pre and perinatal therapist from America, who was working in Switzerland at the time. I was curious - maybe even a little bit sceptical! I went over there and it opened up a whole new world for me. I began to see this territory of human experience which is totally in the cultural shadow. Because it's in the cultural shadow it has a huge amount of power. Through training with Karlton I began to work with babies in a different way, began to work with families in a different way, and worked with the individual in my private practice in a different way; but still in a body-based way. The same with workshops; workshops with adults, working in an embodied way to create the space for this aspect of their experience to express itself.

So moving into this work wasn't intentional . . .

Emma
No, more like meandering?

Matthew
Yes, leading, deeper and deeper . . .

Emma
. . . into the question . . .

Matthew
. . . always, always, yes, being lead by the questions, being lead by the client's experience and being open to what the clients were showing through their bodies and through the themes and images they were bringing. Karlton Terry had trained with Graham Farrant, the Australian psychiatrist. Farrant describes six universal body movements which he discovered through his own self experiential work. These are associated with very early cellular experiences - cellular experiences which then expressed themselves at the level of the organism: the whole body. As Karlton trained with him he started to introduce me to this territory, and, again, I was sceptical! Cellular experiences? Expressing themselves at the level of the body? That sounds bizarre, I thought! Yet I found, once I opened up to this, and once I began to see it, it opened up a whole level of experience. It meant that clients could bring that whole level of experience into the therapy room which is not conventionally welcomed, either because they might not feel comfortable with it, or the therapist might dismiss it, or interpret it in a different way . . .

Emma
. . . or therapists might not even be open to those experiences or phenomena. . .

Matthew
. . . absolutely. So I talk about these templates of early experience which get held at a cellular level, they get held within our psyches, and again, because they're often in the cultural shadow, there's a deep need in people to express something. I could give you a few examples?

Emma
Please, yes.

Matthew
So in the way we talk about birth, there are four stages of birth from the baby's perspective, which have very specific baby body language. In our work we see a lot of baby body language – when I say baby body language I mean something we see clearly in babies, but it remains within adults, even if we have often learned to suppress it. At particular times and in particular situations, or in therapy talking about particular themes, this archaic body language expresses itself. We often see it associated with the umbilical cord and the umbilicus - clients touching that area [pats lower belly] and talking about themes from that time. We see it in early cellular experiences associated with the sperm and the egg and implantation.

I could give you an example of working with somebody who was experiencing a lot of anxiety in her body. I invited her to lie down, inviting her to 'just see what your body wants to do'. She got into these strong movements which we would associate with the movements of the sperm. She didn't understand, so I just encouraged her to stay with them. She suddenly connected with this deep anxiety, 'I'm going to die here'. If this had been a birth issue, I would have dealt with it quite differently. Because I recognised this movement, and this is one of the movements that Graham Farrant talks about, there were two particular points on her body, connected with where the head and the tail of the sperm intersect where I made contact – quite a strong contact – with her permission. I encouraged her and said 'let yourself die'. She went into a slightly different movement which we associate with the actual conception and she then went into a deep, still point. The whole room became still. She said 'oh my God, my head's expanding, I can feel all this stuff is coming out of my head!' She carried on 'I'm in a completely different space, I'm in this beautiful, glowing, round, vast space'. Her fear of dying completely subsided. She was describing what we know happens when the sperm expands and the genetic material gets released. This is just one example – I could give you hundreds like this . . .

Unless our courses are being infiltrated by undercover embryologists, which I don't think they are [laughter] something very profound is going on here. I would like to give you another example. Just a couple of weeks I was working with someone in a workshop. She felt this need to arch back, her body strongly wanted to arch back. She felt there was a vast space behind her which was terrifying. She was afraid she could get really lost there. What I was seeing in this particular gesture is what we call an 'ovulation arch'. It's related to the movement of the egg, which of course is a circular movement. The body holds the memory of this, in adults and babies, and we often take them through the ovulation arch. She wanted to move and there was a fear there. Because I knew this language, I knew how to support her in this. I got the group we were working with to support her to go in a complete circle, we took her right the way round and back. It changed everything for her – we did it twice. She said 'my body's wanted to do this all my life and I've never understood why!' We were able to give her a context to do this work so that she was able to link it with the fear she had been feeling, and what was going on for her mother around the time of her ovulation, pre-conception.

These sound like bizarre experiences. They're not bizarre but they are very, very profound. Other examples are when we work with both sperm movements and egg movements. I've got some wonderful film of working with an IVF baby. This was an ICSI baby, where the sperm head is injected into the egg. A lot of these children have so-called 'hyperactivity disorders'. Actually, what they're holding is a lot of stress and trauma around their conception. We worked with this boy and we took him through a number of ovulation arches. The beautiful thing about this was – and I want to stress, it came from him, his body was arching, we just supported and followed the movement – initially he was incredibly distressed when we did it. That changed. He arched around a few times. Each time he came round, he became more embodied. His Mum

was saying 'each time he comes back he's heavier! He's more relaxed!' Each time he came back from doing this arching he came into contact with her in a much deeper way. The Mum and baby came with a lack of bonding, and he made more contact with her from half an hour of working with these early early experiences than he had at all up until that point. So we see this not just with adults, we see it with babies, we see it with children. I want to emphasise that this baby language is a universal language, we might say these are archetypal matrices which are held in our bodies, in our psychology and neurology.

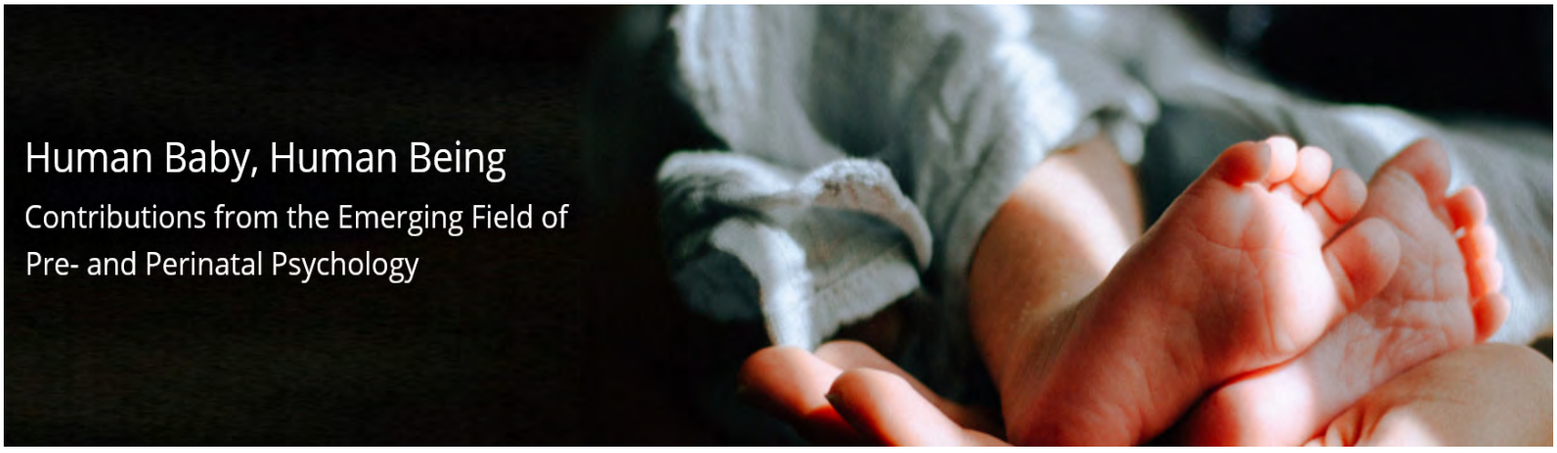
For me this belongs to body psychotherapy because it's being expressed through the body. When that part of the embodied experience can be welcomed in, I see profound healing happen.

Emma
I remember when I trained with you, something in particular that you said stayed with me. This was the fact that we'd all done this training - we'd started to learn about and practice with an awareness of pre and perinatal work - will be hugely enabling for clients – young and old. They would intuitively know that we are receptive to this work. You urged us to keep on practising, deepening that understanding and awareness . . .

Matthew
. . . absolutely . . .

Emma
. . . because there will be an awareness of this level of work in the room. I remember trying to cram and remember everything you taught us, the pressure to learn it all overnight (part of my patterning, I'm sure!) and what you said stayed with me about that receptivity. Not just with adult clients, I notice it with my nieces, too. There have been moments when I've been with them when an awareness of this work has been useful and I've seen how they and their bodies know, intuitively, about my interest in their early experience. Knowing that was as important as other things you taught us . . . Trusting that the body wants to express itself; early experiences want to express themselves.

Matthew
Absolutely, that's absolutely true. We train people to do 'baby therapy'; the participants might be midwives, osteopaths, psychotherapists, body psychotherapists, craniosacral practitioners, etcetera, and we warn them at the beginning of the course. 'When you do this', we say to them, 'babies will respond to you, because they feel you get it'. The analogy I might use is imagining you are in a country where



nobody speaks the language you speak, and you hear somebody speak your language and your response is 'ah, okay', there's that recognition. For our students they find that if they look at babies in a restaurant the baby might go into a birth process or a prenatal process, because they feel 'ah, okay, you get this!'

Emma
Also if adult clients have already done some work in this area and they then go to a therapist or body psychotherapist who hasn't, it might not work out too well? To me it feels like there's a responsibility for all of us therapists to know at least something about pre and perinatal work, in order to be there for our clients.

Matthew
This is a huge problem actually . . .

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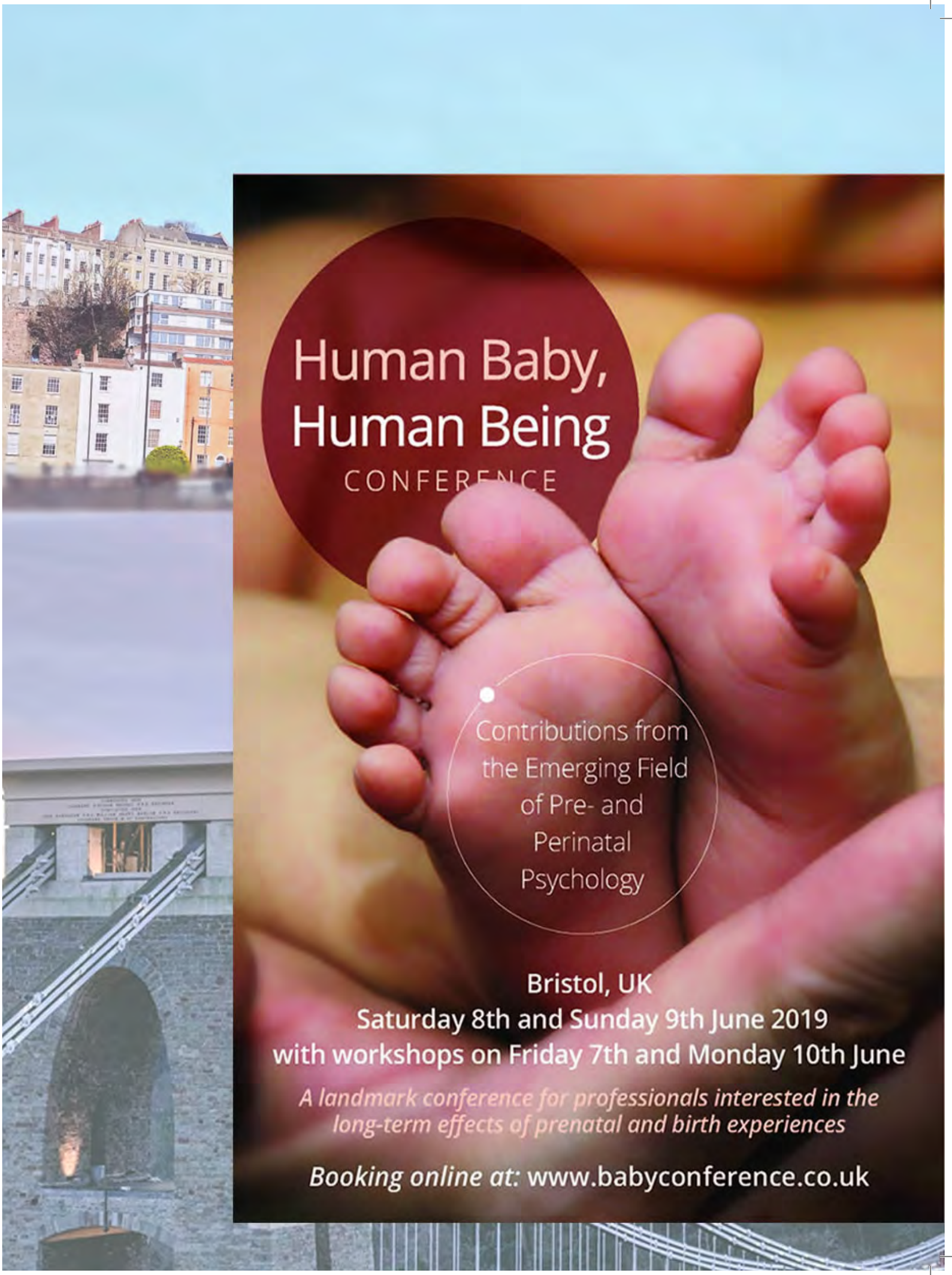
TO READ MORE OR LISTEN TO THE AUDIO

Matthew Appleton co-founded Conscious Embodiment Trainings in 2006, with his partner Jenni Meyer, to promote awareness of pre and perinatal psychology, sacred ecology and embodied process therapies. Prior to this he was also co-founder of the Institute of Craniosacral Studies and was a co-director and senior teacher with the Institute for 12 years. Matthew is a registered Craniosacral Therapist and Core Process Psychotherapist living and working in Bristol. He trained in Pre and Perinatal Education with Karlton Terry in Switzerland and assisted Karlton in the UK for a number of years. Matthew is a member of the International Society of Prenatal and Perinatal Psychology and Medicine has more than 20 years experience of lecturing and facilitating workshops in the UK and Europe. Drawing from his work with babies an children and his training experience with Karlton Terry, Matthew developed Integrative Baby Therapy, which he has been teaching to craniosacral therapists, osteopaths, psychotherapist, doulas, midwives, nurses and paediatricians in the UK, Germany and Italy. For ten years he worked as a houseparent at A. S. Neill's famous democratic school Summerhill and his book 'A Free Range Childhood' based on his experiences at Summerhill has been published in several languages.

Emma Palmer is an embodied-relational therapist, Wild therapist, supervisor, facilitator, and writer, living and working in Bristol, England. She's 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. She has published three books: *Bodywise: Weaving Somatic Psychotherapy, Ecodharma and the Buddha in Everyday Life* with all profits donated to SPT; *Meditating with Character* (post-Reichian character structure applied to meditation); and *Other than Mother: Choosing Childlessness with Life in Mind.*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Exploring the Relationship Between Prenatal and Perinatal Psychology and Family Violence: A Memoir

Submitted by:
Sally Dear-Healey, Ph.D., PPNE, CBE, Doula

"Therapists will have much more impact when they are able to conceptualize or discern more precisely what this client's core problem really is, how it came about developmentally, and how it is being played out and causing symptoms and problems in his (or her) current life" (Teyber, 2010, p. 7).

The memoir you are about to read is a disclosure of personal and familial experiences with family violence. More specifically, it highlights experiences of child neglect and abuse, sexual assault, and intimate partner violence, as well as the emotional and physical symptoms that often result. Because it contains graphic and potentially overwhelming information it may not be easy to read. In fact, some of my experiences may trigger somatic reactions, resulting in sensed feelings of discomfort, shock, and perhaps shame. The point is, this was and is my reality, and I invite and encourage you to read it in its entirety. The story does have a happy ending and it clearly illustrates important concepts in trauma-informed awareness.

I offer my story as an impassioned call for therapists, clinicians, and teachers to better understand prenatal and perinatal psychology and trauma informed practices. According to SAMHSA's concept of trauma-informed approach we need to 1) *Realize* the widespread impact of trauma and understand potential pathways for recovery; 2) *Recognize* the signs and symptoms of trauma in clients, families, staff, and others involved it the system; 3) *Respond* by fully integrating knowledge about trauma into policies, procedures, and practices; and 4) *Seek* to actively resist re-traumatization (https://www.samhsa.gov/nctic/trauma-interventions). This is critical not only for self-care, but also for client care, a lesson some of us don't learn until later in our lives and careers. In fact, it wasn't until I began studying prenatal and perinatal psychology and enrolled in the Prenatal and Perinatal Psychology Educator (PPNE) Certificate program offered by The Association for Prenatal and Perinatal Psychology and Health (APPPAH), that I realized the extent

to which my history impacted my subsequent, yet not entirely conscious beliefs, attitudes, and behaviors, as well as my relationships and the career paths I took. I also became acutely aware of how my own unhealed imprints impacted my relationships with my clients and students. This is because unhealed wounded healers, by virtue of the Law of Attraction, tend to attract clients who have wounds and issues similar to theirs (Weinhold, 2018).

In retrospect, it comes as no surprise that for twenty years I worked as a childbirth educator, doula, and apprentice midwife. And then, for the next twenty years taught courses such as *Family Violence, Sociology of the Family, and Couples and Family Therapy*. I also became a domestic violence (DV), intimate partner violence (IPV), rape crisis counselor; family mediator; and more recently a divorce mediator. Birthing and mothering my own children and doing my life's work has been my way of making the world a better and safer place. It has also been a path of self-discovery, repair, and healing. Everyone has their own unique story that needs to be heard. This is mine.

"TO BE BORN UNWANTED MAY BE A BABY'S GREATEST PERIL"

In the beginning

Chamberlain (2014) states "To be born unwanted may be a baby's greatest peril" (pg. 7). I began my life unwanted. My birth mother already had two daughters, no husband, and was working multiple jobs just to survive. She had not intended to get pregnant nor did she ever plan to keep me. When I found my birth family in my fifties, I discovered two (half) sisters, products of an abusive relationship and a (full) sister that had been given away three years before me, also at birth. While I knew I had been adopted when I was six months, I didn't know that I had spent the previous months in an orphanage. Hearing that news made me extremely sad, but it also explained the feelings of abandonment and insecurity I had felt most of my life. It also makes sense from an attachment perspective since it is highly unlikely that I had the benefit of a caring adult, or what Michael Trout (n.d.) refers to an "Aunt Rosie," in those critical early days and months.

Although my adoptive parents told me they got to "choose me," I never felt unconditional love, especially from my mother. My parents, who were born in the early 1900s and were in their early forties when I was adopted, utilized corporal punishment to deter and punish unwanted behaviors. I was frequently spanked, slapped, hit with a belt, and sent to my room so I could "think about what was wrong with me."

One of the main things I learned in my PPNE work, and later trauma informed studies, is that instead of asking 'what's wrong with you,' we should be asking 'what happened to you?' or 'what didn't happen to you.' From a clinician's perspective this means that we need to have a comprehensive understanding of the widespread prevalence and effects of trauma, as well as the ways in which trauma can - often unconsciously does - influence emotions, behaviors, and the development of coping strategies.

My mother, who I believe carried the shame of not being able to bear her own children, was hard on me. While many are missing, I have distinct memories of finding her sitting downstairs in the dark late at night. When I asked what was wrong, she would say that I was a "problem child," and that she was going to "give me back." I remember sitting on the floor at her knee, pleading with her not to give me away and promising I would be "good." These experiences served to reinforce my imprint of abandonment.

When angry, she would say, "Wait until your father gets home." When he did, she would meet him at the door with a list of my wrongdoings. My father would then take off his belt and hit me across the back of the legs. Once, when I was in high school, I dropped off a friend on my way home. My mother, who had seen me come from the opposite direction of the school, met me at the door and accused me of skipping school and lying. The lesson I learned was that people hurt the people they love and the truth didn't matter. I now understand why I engaged in substance abuse (drugs and alcohol) and self-harm (cutting). My mother died of cancer when I was seventeen. Sadly, the only written memory I have of her is a letter she wrote when I was a young teen highlighting everything they did for me and all the ways I disappointed them. I have kept it all these years.

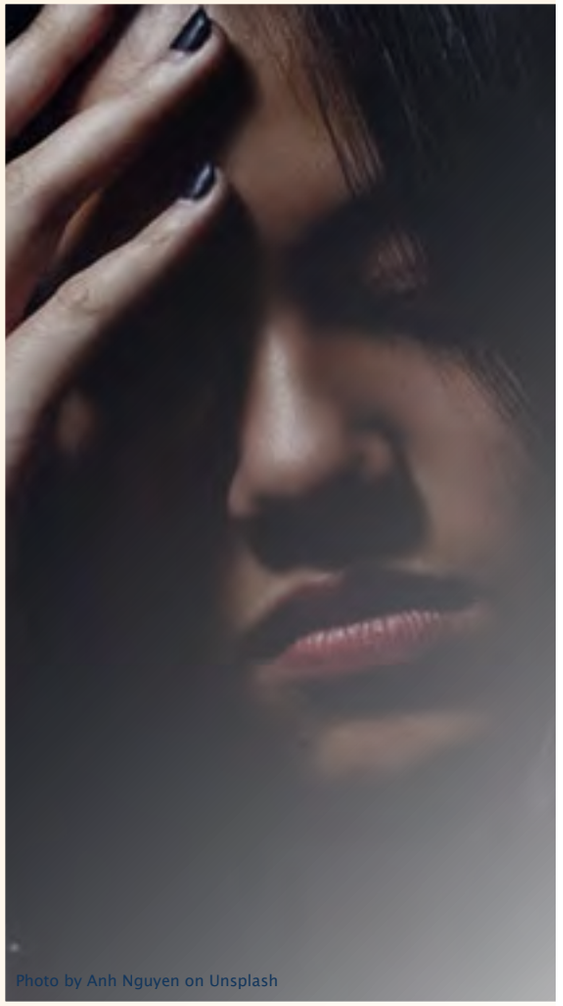
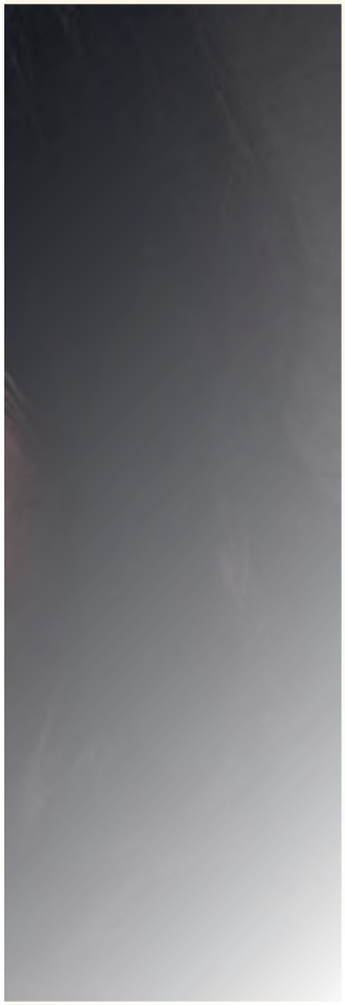


Photo by Anh Nguyen on Unsplash

In the *Ten Principles of Mother-Infant Bonding: Foundations for Human Trust, Harmony & Peace*, Prescott (n.d.) said that one of the ten principles of mother-infant bonding is that "emergent sexuality must be respected" (http://www.violence.de/prescott/letters/10principles.pdf). Not so in my family of origin. Whenever my face broke out (acne), my mother accused me of having "sex

thoughts" and told me how shameful that was. She said sex was "nasty, and that when your husband wanted it you prayed for it to be over soon, washed up quickly, and hoped he wouldn't come near you again for a long time." She also told me my birth mother was a "whore," and that I was going to be just like her.

We want to believe what our mothers tell us is true. I remember being exceptionally curious about sex, and subsequently acted out my fair share of promiscuity at a very young age, having my first experience of sexual intercourse at fifteen. Research by Brown et al. (2015) showed "adverse childhood experiences (ACEs) have been linked to early sexual debut" (Pg. 89). I now realize what I was really searching for was love and acceptance and to feel needed. When boys/men paid attention to me it felt good. Unfortunately, many of my experiences were not positive. For example, when I was eighteen, I joined the Army Reserves. The Major in my office repeatedly made sexual comments and threw peanuts down the front of my uniform and asked to "get them out". During my out-processing, I was raped by one of the Captains. Both flattered and ashamed, I didn't tell anyone until years later. I blamed myself, thinking I had deserved this treatment. As Levine (1997) noted "compulsive, perverse, promiscuous…behaviors are common symptoms of trauma" (pg. 32).



In Chamberlain's article *The Sentient Prenate* (1994), he reports that children who feel unwanted or abandoned "were more hyperactive," "felt more rejected by their mothers," "reported far more dissatisfaction, unhappiness, problems, and worries," had "repeated disappointments with love relationships," and "reported their marriages were less satisfying" (pg. 8).

In school, I was described as "very busy," "very talkative," and had "trouble sitting still." I felt rejected by my adoptive mother and had experienced the ultimate rejection of being given away by my birth mother. Even today, I have a tendency towards dissatisfaction and unsettlement, dysthymia, and I worry excessively, especially around issues of safety, emotional security, and money. I now understand much of this was imprinted by my birth mother's socio-emotional and financial state prior to and during her pregnancy with me, as well those early months spent in the orphanage. As for my own relationship/marital history, my love and sexual relationships have often felt unfulfilling and my first husband was emotionally and sexually abusive. His extensive travel schedule also triggered my imprints of abandonment

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and to self-sooth I engaged in extra-marital relationships. Even though my relationship with my second husband is entirely different, I still struggle with occasional feelings of insecurity and rejection (Emerson, 1995).

Mothering

Despite all of this I was committed to mothering differently than I had, and hadn't, been mothered. There are, however four distinct memories that I still struggle with, times I slipped into my historical past. When my eldest was five, she 'talked back' and without even thinking I slapped her across the face. I remember we both experienced an intense sensation of shock—truly a traumatic moment that left its imprint on both our psyches.

Another time I called my middle daughter a "rotten little shit." She laughed, but I felt shame. Once, when my eldest was acting out, I took her to the floor and said, "I brought you into this world, and I can take you out, so you better shape up." I felt our mutual sense of helplessness.

Each of these experiences replicated aspects of my own upbringing. In their enactment, I was reliving the imprints. Seeking repair, I apologized. I still 'own' the final incident. During an argument with my eldest, I called her father (my first husband) upstairs for support. He came into the room, threw her to the floor, and started slapping her across the head and face. The younger two witnessed this. My (adult) children still blame me for calling out to him, and my heart aches with the memory.

One of the main reasons I left the marriage was because my daughter's father parented in a way that I believed was harmful to our children. In essence, it was unconscious, emotionally distant, and abusive, much like his own mother had been.

Violence was normalized in my ex-husband's family. He and his siblings were introduced to killing early on. For example, my ex was given the task of shooting 'sick' kittens. He bragged about putting mice in a jar filled with gasoline and setting fire to them when he was a teenager. One day I went to church with two of my daughters and came home to find my dog's collar laying at the door.

When I asked where she was, he replied, “I shot her.” When I asked why he would do such a thing he said, “She was getting old and wasn’t useful anymore.” I asked him what he was going to do with me when he thought I was old and not useful anymore, and he said, “I’ll probably shoot you too.”

He believed the way you get children to behave was to make them afraid of what you will do to them if they didn’t. In contrast, I wanted my children to ‘trust their gut’. I believed that if I raised them mindfully, and sensitively, they would instinctually recognize right from wrong.

My ex also believed in physically overpowering or hurting someone to gain control (power). This was also a learned behavior. His father had beat his mother, and she hit her children. We know that the symptoms of this abuse show up much later in the form of behaviors (Copeland et al., 2018) (Copeland et al., 2018) and health issues. There has been more recent recognition that the impact may begin prenatally.

Of my ex’s seven other siblings: one (son) were abusive in his marriage; at least one daughter was the victim of domestic violence; one son died of brain cancer; one daughter died of colon cancer; one daughter has had breast cancer; one daughter attempted suicide and has since been diagnosed with cancer; and the youngest son committed suicide at nineteen. In my own family of origin, I am aware that all three of my sisters have been diagnosed with breast cancer and my mother died of complications of COPD. The Adverse Childhood Experiences Study (ACES) clearly documents these illnesses, and others, as complications of childhood trauma.

Understanding the generational patterns of trauma, we can now see that there are many stories here— my birth mother’s, my adoptive mother’s, mine, my ex-husband’s mother’s, my ex-husband’s, and those of my three daughters. Had I not come to the study of prenatal and perinatal psychology, I might have never discovered any of this nor recognized that, as Peter Levine (2010) argues, “Trauma is not what happens to us, but what we hold inside in the absence of an empathetic witness” (pg. xii). Through APPPAH and the personal and professional work that subsequently

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"Giving birth and being born brings us into the essence of creation, where the human spirit is courageous and bold and the body, a miracle of wisdom."

– Harriette Hartigan

ensued, I have finally become my own empathetic witness, and in turn I invite you to do the same. The Weinholds (2018) argue that "Given that up to eighty percent of those who have psychopathology and seek therapy have Disorganized Attachment (DA), there's a high probability that a comparable percent of therapists also have DA" (pg. 242). They acknowledge that "Much of the harm that that does happen in clinical practice is unintentional, and happens through the mechanism of countertransference" (pg. 242). This is likely the result of the therapist not following the principle of "doing unto myself before doing to others" (pg. 242).

In conclusion, it is vitally important for us as therapists and teachers to see trauma-informed awareness and care as both an opportunity and a gift to ourselves and our clients and students. Even though we may view ourselves as healthy and whole, when we are able to consciously and deliberately address our own prenatal and perinatal histories, as well as those of our clients and their ancestors, and when we are able to openly acknowledge both conscious and unconscious imprints, we are able to positively influence both the quantity and quality of learning and healing that takes place.

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Sally has worked in the birth field for over thirty years. She is a Certified Labor Assistant and has attended home births as an apprentice midwife and hospital births as a Doula. She received her Doctorate in Sociology and a Graduate Certificate in Feminist Theory from Binghamton University. Her dissertation was a tri-generational study of beliefs, attitudes, and behaviors in pregnancy, birth, early mothering, and family healthcare. She taught for over 20 years at the university level, including ten years in Human Development and three years in Child and Family Studies. Her research areas are pregnancy and birth, prenatal and perinatal psychology, family health, and family violence. Sally is the Co-Director of Education for the Association for Prenatal and Perinatal Psychology and Health (APPPAH) and is a faculty member with the Chicago-based HealthConnect One's Birth Equity Leadership Academy (BELA). She also serves on the BirthWorks Board of Directors and is a Trainer for Birth Works Childbirth Education, Doula, and ACED (Advanced Childbirth Education Doula) workshops. She is the mother of three birth daughters, a son, and grandmother to nine.

BETH HAESSIG

Contemplating from the EMBODIED AWARENESS

When we are socializing with other people, our conversation often entails sharing something we know, such as "the government is doing such and such," "She doesn't like that," or "Did you know the Giants lost last night". Sharing information as such keeps us feeling as if we know stuff—we know what we're doing, we know what life is about, and we know facts. But the real truth is, we know very little. In fact, we don't know more than we know, about everything.

We are good at reporting events that took place, and we act like knowing the how and what of an event means we are in control in some form. "It's going to snow tomorrow."

The truth is, we are helpless and vulnerable beings, subject to random occurrences all around from our thoughts, feelings, and perceptions, to events outside of us, such as, whether the car in front of us cuts us off.

But don't just take my word for it. Consider for yourself how little you really know about life. And if you were to imagine that a being in utero and just after birth is just as helpless, just as vulnerable in a certain way, as you are, how would you feel?

Change places with one right now, in your mind. Close your eyes and imagine. You would lose your conceptual world, you would lose your sense of self, your psychology, and therefore, "your story" of you—the me you think you are, the me that worries, plans, frets, is happy, feels empty—you take away your psychological self and be exactly as you are—a living being who does not filter their experience through concepts. You are a being who knows directly what feels what, who doesn't know her vulnerability necessarily, but doesn't have psychological concerns of appearing as if you know things, when you don't. You know your vulnerability as the way things are, but you're not overly concerned with it. Are you still imagining your in utero self? You have yet to make up stuff that's not the truth that tries to hide your helplessness. You just live. You know nothing, but you know your experience. You know it as you live it and are not concerned with sharing it, understanding it, or making it different from what it is.

Pre and Perinatal Perspective

Are you at peace? Let's just say you are freely doing your thing. Life's thing. Living it but not fretting over it. Something larger than you (life itself?) is moving you along. Knowing or not knowing is not even on the table. You are just living, or being lived.

This state, I'll call it, the state that you experience being lived, as opposed to "a self, living your life" is something akin to the spiritual states people practice. These states, where the psychological self dissolves temporarily (or for some, permanently) are experiences people have in deep meditation, flow states, or chanting/prayer, and are experienced as peaceful, sometimes blissful.

We need to be willing to live in the truth of our not-knowing, to let go of thinking we know (anything of real value) in order to drop into these states. Another way of stating this is, if we move from headspace and enter into bodyspace, we join our fellow humans in utero, and just born, consciously. This is what I mean by embodied awareness. We live from our being, rather than from a place that feels full of our psychological self's desire to control, to seek, or to understand what is happening around us.

Before the birth of the psychological self, the self that knows that you are you, and I am me, there was this place of oneness. This issue is focused on that stage of human development. It's interesting to me that that stage does life the way many humans long to live and feel—as if they are just in total trust of the flow of life, without concern for their own self-identity survival.

I don't know. Just contemplating from the Pre and Perinatal perspective.

Beth L. Haessig, Psy.D. is a licensed psychologist, a certified body-centered psychotherapist, and a certified yoga therapist. She is the former president of the United States Association for Body Psychotherapy. Beth received her doctorate at the Graduate School of Applied and Professional Psychology (GSAPP) Rutgers University, specializing in Schools. She trained 5 more years in somatic psychotherapy at the Core Energetics Institute in NYC, founded by John Pierrakos, MD, and one year post graduate with Radical Aliveness/ Core Energetics in Mexico. In addition to being a partner/facilitator for Social Harmony program, she works privately with children, in schools and in an urban hospital as an integrative health psychologist.

Listening to Your Body: How to Include the Body in a Therapeutic Conversation

By Ann Todhunter Brode

In a world dominated by the intellectual and imaginal mind, the body can be shunted to the background as something that's dumb, numb, inconvenient or untrustworthy. But, what if this is an illusion and the body is intelligent, responsive, and reliable? What if listening to the body could be a way to discover your deepest truth?

Like most people, you're probably more familiar with your smart mind than your smart body. This leaves a whole bunch of valuable awareness on the table that inform your everyday life as well as your well-being. To access all of your resources, you'll need to get out of your head and in to your body. Paying attention to the intricacies of what you see, hear, and smell is a good place to start. Including your body in the full scope of awareness forges a new perspective- a body-oriented perspective. Once you find the way and tune in, listening to the body is akin to learning a new language.

Your body communicates with sensation rather than actual words. Because it's non-verbal, you'll need your mind to help translate its straight-forward, symbolic communication. Let your mind be the astute observer and interpret what your body's feeling. Often, if you're patient and take the time to listen in, without prejudice, the words to describe your experience are body-centered and illuminating. Use your imagination and the richness of cultural experience to help connect the dots and find meaning. Remember, the body is both literal (the heart is the heart) and metaphorical (the heart represents love). Making your own connections will help you find the message and insights that are relevant to you.

In my body therapy practice, I use three exercises to help people listen to their body. With follow-up assignments to take home, these body-centered explorations offer simple ways to become familiar and comfortable with the sentient body. Designed for therapists, clients, and any interested reader, learning to pay attention and understand the unique ways the body communicates is the first step in a therapeutic conversation.

Exercise One: What does your internal dialogue tell you about your relationship with your body?

Take a moment right now and see where you stand with your body. Close your eyes and bring your awareness to your inner experience. Do you feel intimate,

comfortable and confident in this physical space? Place a hand on your abdomen. Do you feel connected and loving? Or, are you distant, awkward, or judgmental? When you speak about your body, are your words respectful and generous? Are you as kind and loving to your own body as you would be with a dear friend?

The way you answer these questions isn't random. Your descriptive words are part of an internal dialogue and reveal something important about your relationship with your body. Recording a few key words and phrases is a good way to initiate a deeper understanding for your journey. As the therapeutic conversation continues, returning to this simple exercise is a good way to track your progress, uncover deeper layers, and recalibrate your internal dialogue. In a very real way, the body is listening to everything your say and think. What message do you want it to hear?

Pause for a moment to drop in and see how the interior space feels. Letting your awareness be your guide, explore the qualities of space and sensation. Making a note of where tension lives and how full, empty, crowded, comfortable you feel. Although not as well-known as the other senses, your kinesthetic or sense of internal-external space lets you know the particulars of how your body feels. To use this sense, you'll want to close your very active eyes and ask yourself the following:

- Do I feel comfortable and at ease?
- Is some part of my body tightened up, squeezed off, or tucked under?
- Are my ribs moving with each breath-front, back and sides?

Remember, the body is both literal (the heart is the heart) and metaphorical (the heart represents love).

Assignment: Listen in to your internal dialogue over the next week and consciously change the tone and content to reflect love and respect. Stop "dissing" your body—dismissing, disrespecting, and disregarding. Start "inning"—inhabiting, inspecting and including. Even if it feels unusual or awkward, just do it! Being proactive in creating a positive relationship with your body is a brand new approach and something you'll need to practice. When you change the internal conversation, it shifts the perspective to reveal what needs to be healed. In addition, seeing things from a new angle can offer new insight, new creativity, new solutions, and renewed enthusiasm.

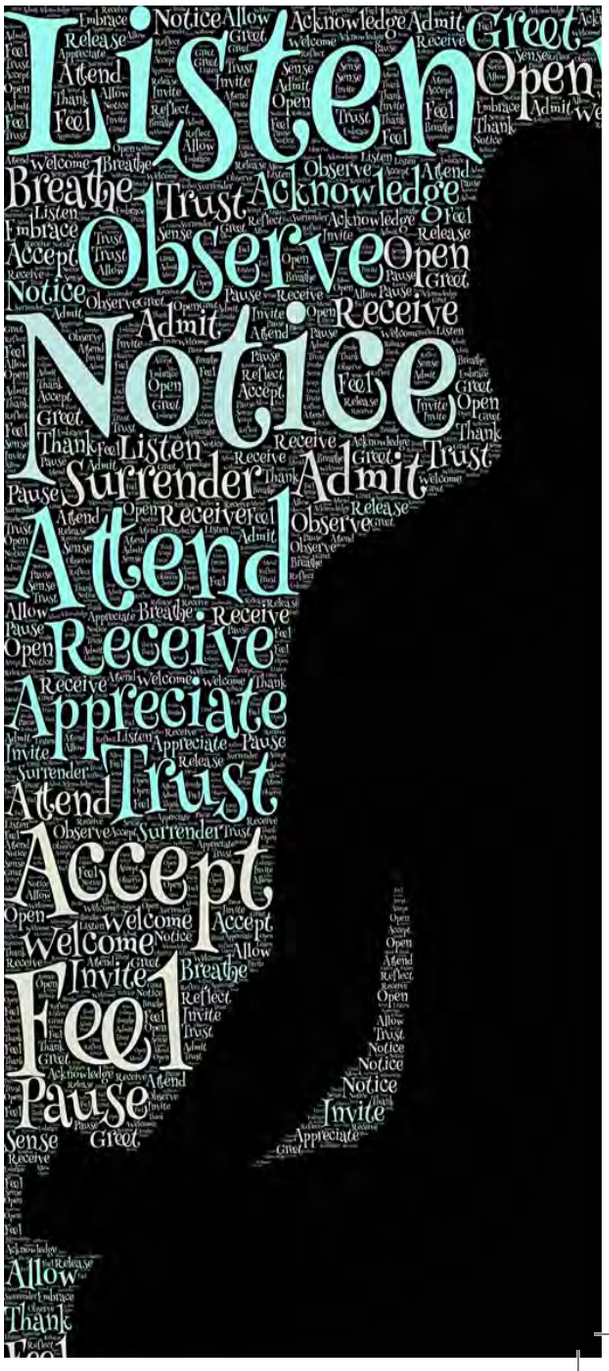
Exercise Two: Use your body sense and answer the question *"What's Happening Now?"*

Listening to your body is like hearing an inner voice.

- Do I relate more to my head than my body? My upper body than my lower body? My left side or right side?
- Do I feel my pelvis on the chair, my feet on the floor?
- Am I aware of where my body is in relationship to the space around me?

Listen to the feedback from your body and expand the conversation using your imagination to connect the dots. For instance, if you're not at ease, this could be due to stored history or emotional content. If you're breathing in a limited range, perhaps you're not showing up for the fullness of life. If you're mostly in your head, how can you hear gut instinct or your heart's desire?

Assignment: Tune in and pay attention at key times during the week, such as in the interlude between work and rest. Use your body's sense of internal space to listen to what's going on. If you're occupying less than full space, determine if this is due to habit or circumstance. If due to habitual holding, what are you holding in, holding back, or holding on to? If due to circumstance, what is your emotional body telling you?. For instance, is your inner space open to an idea or shrinking away? Does a situation make your stomach feel jumpy or relaxed? Listening to your body is like hearing an inner voice. When you learn to trust and include its guidance, you strengthen the circuitry for intuition.



Exercise Three: The Body Home Tour

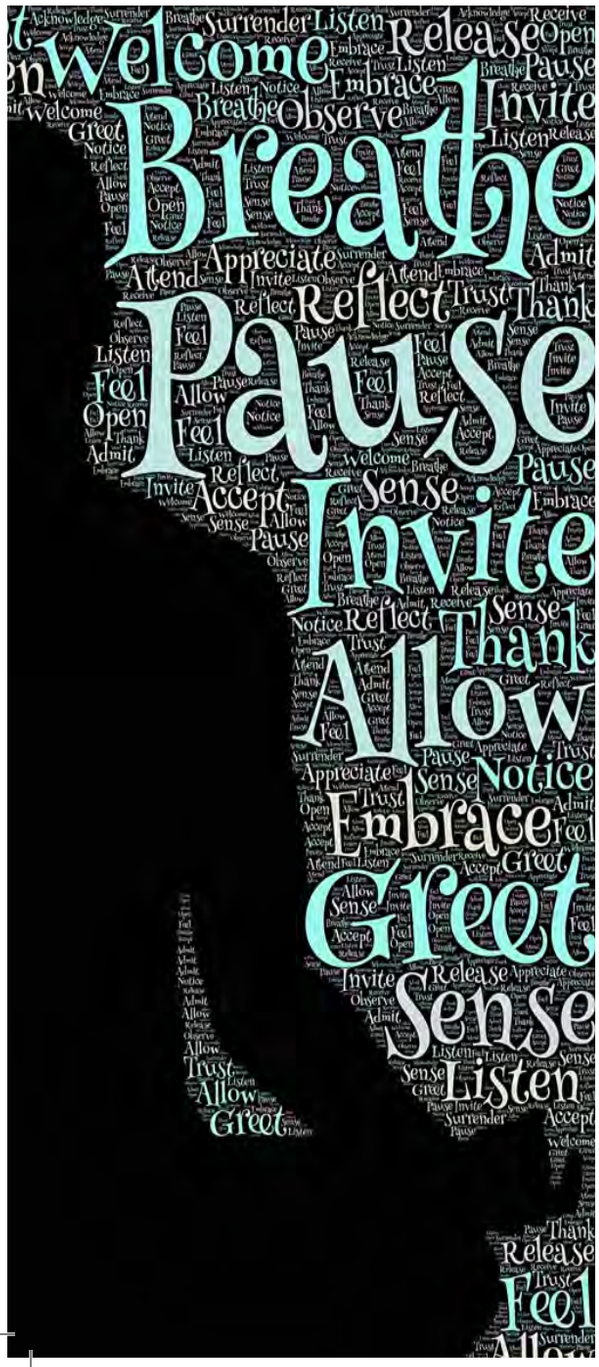
Close your eyes, connect to your internal sense of space, and take your curious mind on a tour of the premises. Imagine that you're visiting different rooms of a house as you go from your head to your neck to your upper chest, etc. As you pause along the way and take stock, make a note of varying qualities (awareness, comfort, familiarity) and answer the following questions:

- Do some places feel more like home than others?
- Are some places bright, shiny, warm, cozy while others are messy, dark, and cobwebby?
- Are some places triggered with emotions or memories?
- Do some places have something they need to say or want you to hear?

There's a cache of rich information here. In a profound way, your body holds the story. Even if it feels numb, blank, or unapproachable, it's telling you something. Jot down some descriptive words to note how you felt as you toured your body home. Be sure to include anything that surprised you and everything your body had to say. Taking this tour increases your familiarity with your body and lets you know what healing needs to be done.

Assignment: Check in with your body home a couple of times over the next week. Setting an intention for healing, go to a particular place that caught your interest and linger there for a bit of time. Using your hands, breath and imagination, do some basic house cleaning. A dense place might need some breath to free it up; a musty, dark place might need some light; an emotionally charged place might appreciate the comfort of your loving hands. If you run into some old attitudes or emotional detritus along the way, just sweep it out the door with successive exhales.

Developing a relationship with your body-self aligns you with your inner self. You might be surprised by the depth and complexity of your body's truth. Learning how to listen to the straightforward message demystifies the body and opens a doorway to deep transformative work. These body-oriented exercises have introduced the mind to the body in a very tangible, unthreatening way. You can count on your body to deliver a simple, no BS truth. Each time your mind acknowledges its validity, your body voice gets just a bit clearer and more confident. Over time, you'll discover that checking in and listening to your body gives you access to the most personal, present, constant part of who you are.



Once trust and familiarity are established, deeper layers of emotional and physical healing can be approached without unnecessary overwhelm. Even when grappling with the most disturbing content and painful emotional healing, when an awakened body consciousness is on board, you have a valuable ally and safe container for the therapeutic conversation.

Ann Todhunter Brode has been an Aston Patterning practitioner and body-oriented therapist in Santa Barbara for over forty years. A recognized master in her field, she is dedicated to helping people understand and feel comfortable in their bodies. In addition to her clinical practice, Brode shares her personal and professional experience through down-to-earth, compassionate articles on the challenges & rewards of living consciously in the body. Her recently completed book, *A Guide to Body Wisdom- What Your Mind Needs to Know About Your Body* (Llewellyn Worldwide) is available through local booksellers and online.

More information can be found at
https://www.llewellyn.com/product.php?ean=9780738756950

www.bodywisdomforlife.com
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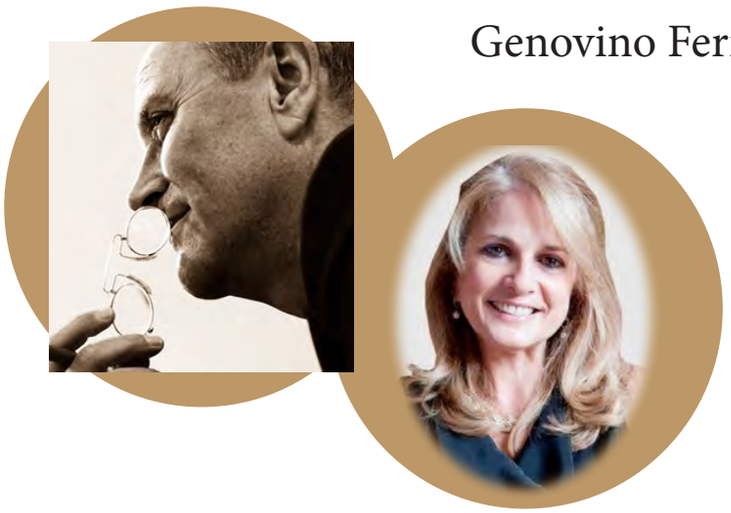
PRIMARY OBJECT RELATIONSHIP: A NEW READING

With

Genovino Ferri

and

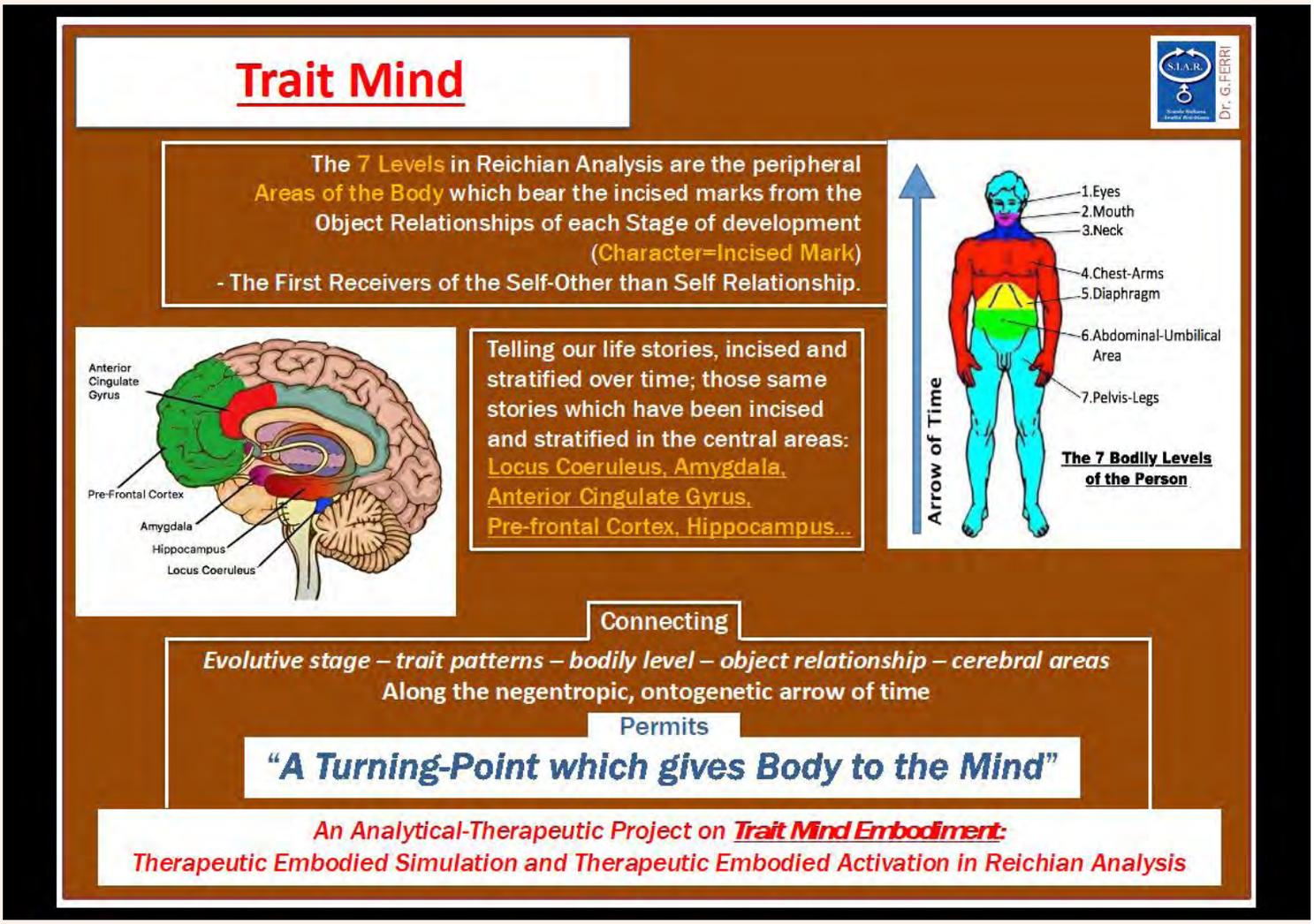
Mary Jane A. Paiva



When we talk about the primary object relationship, we first need to clarify that our perspective is one of an observation of the phenomena of life—we look at their causes and their sequence in time. We offer a perspective that we believe is acceptable and coherent within the arrow of the evolutive time and can only be *the one* of the entire existence of a person, from conception forward.

This is a complex, systemic position of observation with high epistemological coherence; it is tridimensional. Indeed, it sees the whole time of an individual: the relationships, the timing of the relational patterns, the body, the brain, and the mind.

It is a reading with a clinical and analytical view of psychopathology and the unconscious as they relate the philo-ontogenetic time—the time when the incised marks, which are the imprinted signs, of the relationships are recorded on the body and in the evolutive stages. It is the awareness of the biological and biographical history of a person in their here and now. In the light of complexity, this kind of reasoning observes the intelligence of life and sees the person as being a complex, psychobiological living-system that originates from fecundation—the birth of new energetic nucleus—which is the Self, and its relationship with the Other than Self from intra-uterine life onwards.



This reading points out that the development of life has an entropic downward direction, from order to disorder. This law of thermodynamics is called, "The Law of the Dissipation of Energy," and refers to observing the external time, the time of the cognition.

Nevertheless, the development of life also has an upward negentropic evolutive direction, moving from disorder to order (Schroedinger, 1995). It is considered bottom-up when observing the internal time; for instance, the birth of an individual, or the origin of a relationship—the time of emotions, of feelings and of relationships.

In the continuously evolutive history of this new psycho-corporeal perspective, Freud (1938) introduced the evolutive stages and the relational objects, Reich (1932) introduced the bodily levels, and Ferri (2016, 2017) connected the relational phases and the bodily levels.

Therefore, the psychopathology gets bolder and returns to the analytical channel including the body. In this analytical and clinical model of psychotherapy, we can see three kinds of language: verbal, bodily and relational.

A NEW READING

With the inclusion of the body, the primary object relationship—the biological phase of our relationship with the mother—appears in two different analytical worlds. The world inside and the world outside the womb, time of the post childbirth; in both worlds the communication is inter-corporeal and pre-subjective.

The world inside the womb is represented by the intrauterine fluids, the placenta, the umbilical cord, and the amniotic fluid. The birth leads to the outer world, to another bodily relationship, to the breast, to the lips, to the milk, to the air and to the epidermal contact.

Indeed, the oral stage can be subdivided in two distinct time intervals. The first phase relating to the intrauterine time—nine months—the second one relating to the orolabial stage—six months post-birth, liquid nursing.

The rising of the first teeth represents a clear indication for solid food, and with the teeth the weaning begins. Weaning is the second big separation that marks the gradual exiting from the primary object relationship and the entrance into the subjectivity phase. The acquisition of the striated muscle function, the standing position, the locomotion, the stereoscopic-tridimensional vision and the evolution of the motor circuits brought the development of the “I-Subject”.

The “Self-Object” comes to our minds as the “I-Subject” (Damasio, 2012). We conquer the space-time dimension and the possibility of pinning the explicit memories in the hippocampus—the area of the central deposit of the explicit memory—as to indicate the beginning of the subjectivity phase. Explicit memories join the implicit inaccessible ones stored in the amygdala—the central area of storage of the implicit memory—before the subjectivity phase.

In order to clarify the concept of the primary object relationship with the mother, we offer

“Birthing and delivery process are extraordinary events resulting in a determinant incised mark in the formation of our character.”

some examples.

FIRST ORAL STAGE RELATING TO INTRAUTERINE TIME

The fetal movement is the natural way of the continuous and warm dialogue between the mother and the child before the birth (Janniruberto, Zulli & Catizone, 1982).

The mother is the fertile humus where the fetus makes its trades and establishes its first relationships still in a pre-subjective and inter-bodily time. This is the base for a balanced growth and a good biological definition with

the mother. In the intra-uterine stage—the phase of the first big mouth—coincides with the umbilical-abdominal area—the prevalent relational bodily level in this period of life, in a bottom up vision.

The dialogue between the fetus and the mother-womb object relationship may be sufficient, insufficient or excessive. Its modality defines the degree of a person's "primary resilience", which is fundamental for their evolutive and psychopathological development.

Another example of the fetus mother-womb primary object relationship in the peri-birth interval time: a sufficient *(good enough)* mother creates healthy contact through her nurturing warmth. This is essential for good myelination through the intrauterine life and for the months after the birth. Indeed, it represents an important basis for an appropriate dialogue of the person with the world as stated by Stephen Porges (2014) in his documentation of the ventral vagal circuit and as highlighted by Genovino Ferri (2016, 2017) through the history of his emotional relationships.

An insufficient or excessive mother could create an alarm or an attachment, and therefore generate an unsatisfied or a repressed orality that could represent a pre-subjective platform for the development of the Borderline Personality Disorder and/or Depression.

We highlight the importance of including the body in psychotherapy, together with the biological and biographical history of the person. Indeed, finding the bodily level—time and bodily stage—in which it is possible to re-actualize one's pathology, makes it easier to understand the psychopathology and the unconscious underneath. This process permits a more precise diagnostic evaluation.

SECOND ORAL STAGE RELATING TO OROLABIAL TIME

In this phase a different relational bodily level is prevalent, which is the mouth—the newborn's mouth and the mother-nipple primary object relationship.

Here, a sufficiently good mother creates good contact through mirror neurons (Gallese Migone, & Eagle, 2006). Her nurturing milk and her warmth generate sufficient levels of serotonin to build safety, self-esteem, and trust in the baby, which are the fundamental nutrients to grant good myelination thus providing quick communication.

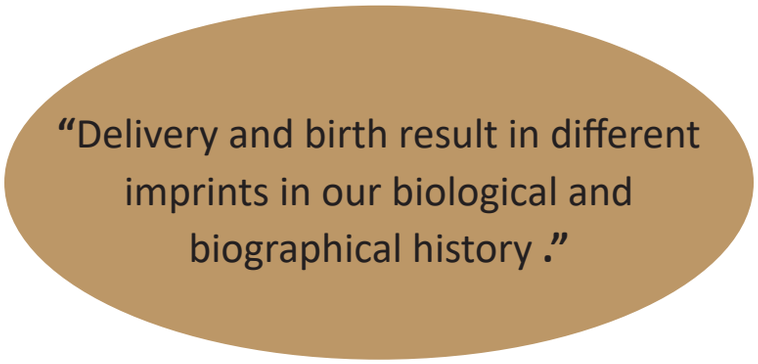
An insufficient or excessive mother could create, respectively, dependency or attachment, as well as insecurity, leading to a regressive tendency in the baby's growth. This could also represent a pre-subjective platform for the development of eating and/or abuse disorders. In this phase, the sustainability of the mother is not just represented by breastfeeding but is mainly characterized by the quality of her care-giving. In fact, her psychophysical and emotional condition influences her relationship with the baby.

Examples of disruption exist when the mother cannot breastfeed due to anguish, anxiety, post childbirth depression, or any other obstacle to the contact and bond between the mother and her child, from the mother's side. In this instance, some issues may arise like loss, abandonment, low self-esteem and depressive equivalents.

EMBODIED SIMULATION

The examples cited above allow us to review the concept of 'Embodied Simulation' within mirror neuron function (Gallese, Migone, & Eagle, 2006).

We view embodied simulation as a specific mechanism through which our 'brain/body system' models our interaction with the world. This simulation can acquire a therapeutic character thanks to the reading of the psychotherapist's counter-transference of their character traits (Ferri and Cimini, 2018). It rises from the unconscious dialogue between the analyzed person and the analyst. This can lead to a more appropriate position of the psychotherapist in the relationship with the person in relation to their needs



emerging from the psychoanalytical setting. Therefore, bodily psychotherapy could use therapeutically embodied activations through patterns of actions or 'actings' that are ontogenetic movements appropriate to the therapeutic question arising from the setting (Ferri, 2016, 2017). Actings are specifically addressed to the prevalent bodily relational level of that evolutive stage, a peripheral afferent pathway from which we access the central areas in order to harmonize that bodily relational level.

CHILDBIRTH

The birthing and delivery process are extraordinary events resulting in a determinant incised mark in the formation of our character, identifying the first real separation in our lives, the passage from the inside to the outside.

It is important to note that an eventual threatened abortion in the intrauterine interval time can represent a vital menace of separation for the embryo-fetus because of its total biological dependence on its mother. So, in turn, we ask: what can this threat cause in placental and in fetal biologic fluids? Do the values of neurotransmitters, biochemicals etc. change? How intensively might a pre-subjective anguish of death be stored in the amygdala (the storage area of fears)? And, could it be a predisposing co-factor in the development of the person's personality?

Delivery and birth result in different imprints in our biological and biographical history. These imprints indicate the principal modalities and behavioral approaches of our future separations; these elements will also contribute to characterize our primary object relationship.

For example, events of loss and separation of an individual characterized by a first oral stage with low resilience can cause disorganization and alarm. Nevertheless, in individuals with good intrauterine resilience, the fact of having had a dystocic delivery could represent a pre-subjective platform for the re-actualization of panicking issues when in phases of transition and/or could determine separation anxiety disorders.

IN CONCLUSION

Including the body in our vision enables us to read the complex living system through different lenses reaching a more precise diagnosis and a more appropriate project with a proper, replicable methodology.

We reflect on how much our "liquid modernity" - slipping through time like liquids, without form or shape, since there isn't enough time and space to have shape – it is liquefied by the speed (Bauman, 2003) - can today become and represent an incised mark for the primary object relationship and for the peri-natal relationship.

Therefore, we avoid the risk of being lost in complexity without corporeity and, thus, we avoid the risk of "formless" *liquid psychotherapy*, which might be the reflection of our current risk of liquid modernity.

We are living in a time with more instants and less roots, more emotions and less feelings (which are made of time), more excitement and less awareness, more communication and less relationship (that are also made of time), more information and less knowledge. We are more 'on' time rather than 'in' time, more on the surface rather than in the depths. We are a social living body that today moves towards a reduction in serotonin, the 5HT neurotransmitter, which is associated with affection, and an increase in dopamine (DA), a neurotransmitter associated with action, which is, rather, depression masked by acceleration.

In our primary object relationship, good *affective* nutrition is fundamental. The lack of time and the lack of nutrition (of quality affective care) could determine an altered bodily expression. This could lead to the loss of the sense of life and of the meaning of the body in the history of the relationships of that person.

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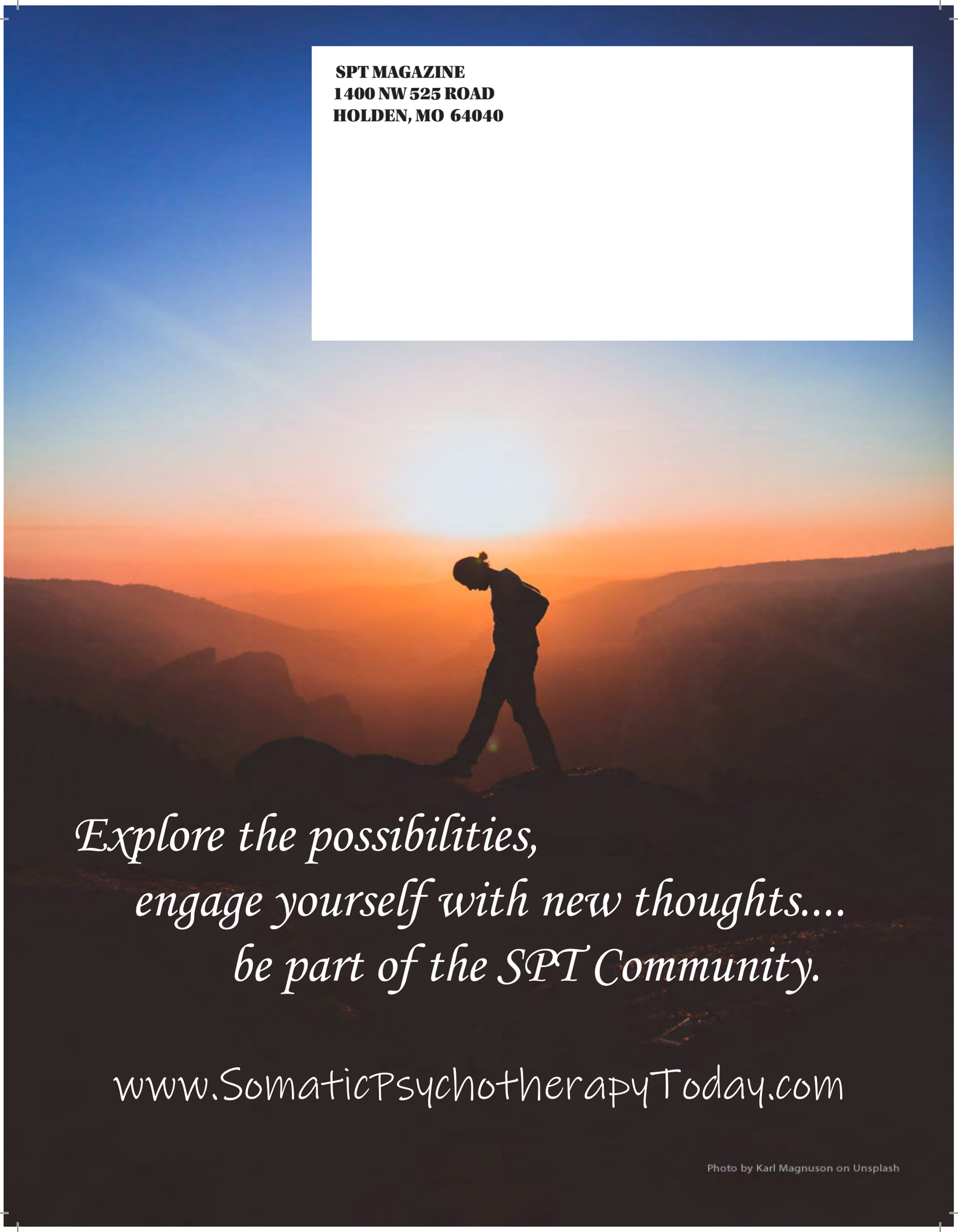

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