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Somatic Psychotherapy Today

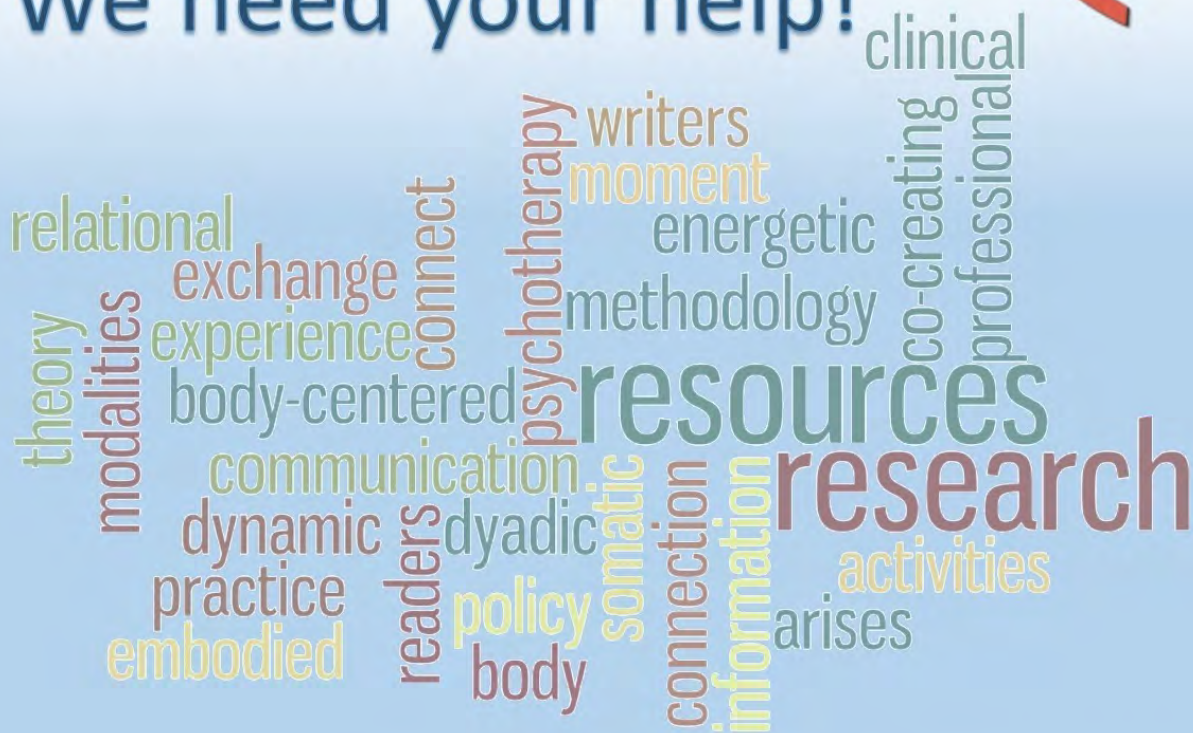


Kim Berggren

Somatic Psychotherapy Today



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Katie m. Berggren

could this moment be yours?

"I capture the magnificence in the relationship you share with your children, and your family. I paint the intimate moments that overflow your heart, but are fleeting in the physical moment.

My purpose is to take hold of those flashes of life, those breaths, and create honest, emotional and stylized paintings that allow mothers to savor the radiance of those moments." ~ KmB



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Somatic Psychotherapy Today

Trending Somatic Practices Influencing Our Field Today

Same trusted name, same proven quality, brand new look

To meet the emerging needs of our readers, *Somatic Psychotherapy Today* is transforming from a quarterly publication to an online presence only.

That's right, instead of having to wait for our enlightening book reviews, our heartfelt author reflections, our stimulating articles, and our engaging regular columnists, you can delight in fresh weekly offerings on our new and improved website.

Our goal is to maintain the integrity of our work while making it more accessible as well as offer current events and share postings from other associations we believe will benefit our readers and those working in our field.

Our past issues are still available and with our new search function you can click a tag or go to our Topics page and use our search box and in mere nanoseconds a list of related articles will appear.

We invite you to enjoy this, our final actual "magazine", and to join us on our new adventure via our RSS feed, Facebook, and on our website: www.SomaticPsychotherapyToday.com

Read us digitally: www.issuu.com/SomaticPsychotherapyToday

ONCE UPON A TIME...

What If We Embraced A New Story Of Childhood, Parenthood And The Human Family?

Families for Conscious Living: "Believing In The Re-Generation Since 1996"

What if everything we thought and believed to be true turned out to be a story passed down from parent to child through daily, unconscious habits to ceremonial traditions, all designed to help us make sense of our world?

What if the chaos we are witnessing in and around us today is a symptom, evidence even, of an Old Story - the belief in our separateness - breaking down?

Would our fears be lessened and our curiosity piqued if we made a conscious choice to turn our attention toward an emerging New Story? Could an expanding sense of wonder allow room for questions like:

What if babies are conscious? What if sustainability begins with conception? What if Womb Ecology Becomes World Ecology?

When we consider the way we create meaning has always been through stories, other questions arise, like, *Who wrote these stories? Can they be changed? What steps can we take toward shifting our current, industrial story of*

a disconnected humanity to a life-affirming and empowering narrative, authored, as always, by US.

Our daily choices and habits are informed by the context, the Big Picture, whether we are aware we even hold a worldview, a personal mythology or a story of our own being and becoming. This revelation is no sentimental notion, but a scientific fact of human conscious development.

Families for Conscious Living and its initiatives have explored this New Story from the ground up - in grassroots communities - and from the top down - with frontier science researchers and social changemakers - for 20 years. FCL's nonprofit work has been pioneered by families who have sought insight and solutions to shifting their own awareness from the limits of the Old Story to the practical wisdom of conscious living heralded in the interconnected threads of the New Story. This New Story comes

with its own language, phrases like Cultural Creatives, Bio-Cultural Conflict, Grounded Expansion, Harmonic Family Resonance, Phronesis and the Ecology of the Child.

What is needed at this time is a safe gathering place, a sanctuary, created with great compassion to inspire and welcome our imaginations to engage in open dialogue, create connected community and identify resources that support an adventurous exploration of holistic, peaceful and sustainable living.

Take a look below at the FCL initiatives created over the past 18 years to meet the growing needs of a maturing Conscious Parenting Movement. There are more collaborative projects on the way and you are welcome to participate in the unfolding of this New Story at www.KindredMedia.org.



"This not-for-profit is an engine room, it generates rivers of social capital. It is exactly the kind of initiative that brings me hope and reassures me - someone is doing something powerful to change the world from childhood up - and the ripples will be felt far and wide." - Robin Grille, *Parenting for a Peaceful World*
www.FamiliesforConsciousLiving.org



Kindred is an alternative media and nonprofit educational project featuring over 200+ contributors and over 15 years of conscious parenting articles, interviews, videos, podcasts and editorials. Kindred serves as a gathering place for families to explore and share their experiences of writing a new story of childhood, motherhood, fatherhood and the ever changing and evolving adventure of being fully human.
www.KindredMedia.org



Parenting As A Hero's Journey is a nonprofit educational initiative employing the elements of curiosity, fun and imagination to support parents in exploring their personal stories while unmasking modern, uber parenting mythologies. This initiative gathers the thought leaders, pioneers, authors and activists of the conscious parenting movement together in LIVE and ON DEMAND virtual retreats that allow the participants to experience a Deep Dive into themselves with the presenter's compassionate guidance and expertise. The initiative calls on Joseph Campbell's great Monomyth Wheel to help us have fun with the ancient process of creating and discarding personal and cultural story lines as a path to transformation.
www.ParentingAsAHerosJourney.com



Book Fairy Pantry Project is a grassroots local literacy movement with goals of increasing bonding between parents and children while improving literacy, an indicator of lifelong wellness in the US. The initiative was founded by Pam Leo, author of the classic book, *Connection Parenting*.
www.BookFairyPantryProject.com



Subscribe to Kindred's Monthly Newsletter



"Looking for readings and videos to spark your imagination and open your heart? Kindred has what you need. Kindred is one of the best sources for holistic parenting that is aimed at child wellbeing. I am honored to be part of the team."



Darcia Narvaez, PhD,
University of Notre Dame, FCL Board Member and Kindred International Editorial Advisory Board



Somatic Psychotherapy Today

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From Our Editor



Welcome to our Winter 2017 issue: Prenatal and Perinatal Psychology and Health

John Chamberlain opens our Winter issue with a powerful statement in his article, "GenPax: Birth Matters":

"We are witnessing the first arrivals on earth of Generation PAX. These babies are Prescient, Attuned, and eXperienced. They are here to bring about an era of peace that will be the result of the solutions they bring with them. This is why good birth matters."

Good birth matters. The birth of an idea, the birth of a sentence, the birth of an article that draws readers in with valid and engaging content, with material that offers something to address, something to contemplate, something to stir a sense of resonance and wanting to talk more. Our contributors' have written from a deep place of knowing, a true sense of being, a real presence in their research, in client dynamics and interactions that result in healthier relationships. We offer divergent voices from practicing psychotherapists worldwide, from students just starting, from authors and leaders and entrepreneurs.

And we invite you to explore our new website as the Winter issue marks the first number of our 7th year (volume 7, number 1) and the last of our public quarterly publications (subscribers will receive special supplements here and there). Please visit our new site, subscribe to our RSS feed, Friend us on Facebook, check in weekly to see what's new and exciting for you to experience.

We're grateful for your readership the past six years and look forward to maintaining the same connection as we provide quality articles and reviews, personal and poignant author reflections, and more on our new site: www.SomaticPsychotherapyToday.com

Warmly,

Nancy Eichhorn, PhD

Nancy@SomaticPsychotherapyToday.com

From Our Awesome Cover Designer



Hello All,

I would like to thank the artist Katie M. Berggren who donated her art work for our cover. We have been fortunate to find a community of artists that appreciate our mission at *Somatic Psychotherapy Today* and are willing to give of their talent. You can find more of her beautiful work here.

Katie m. Berggren ~ Could this moment be yours?

Visit the site & blog: <http://www.KmBerggren.com>

Choose prints and original paintings: <http://www.shop.KmBerggren.com>

On a personal note, I was fortunate enough to participate in the Women's March with some fellow somatic psychotherapists. It was a wonderful experience of mind, body and spirit, also interesting to go with people who can track their somatic markers. I am still processing all that happened and all that I felt, more to come on this.

Warmly,

Diana Houghton Whiting, MA, LPCC

Our Cover Artist

**Thank you Katie M. Berggren
for your generous donation**



The Artist's Statement

As a mother and a painter, I am compelled to create honest, emotional pieces that stylize the intimate moments of life. I delight in capturing the visible affection between mother and child in a dance of paint on canvas. My compositions play with how two or more figures can fold together within an atmosphere of movement, energy and sparkle.

There is a daily conflict for a mother of young children. For me it is a challenge that reawakens every morning as I balance my desire to be a patient, graceful mother and at the same time fulfill an instinctive urge to bring forth the creations of my soul and realize my dreams.

Capturing and releasing are two reasons I paint - to capture a fleeting moment, and to release an emotion. The process of painting allows me to connect with the world around me. But, perhaps most important, it is the way I model to my children the value of following their dreams and exploring their gifts.

A Little About Katie

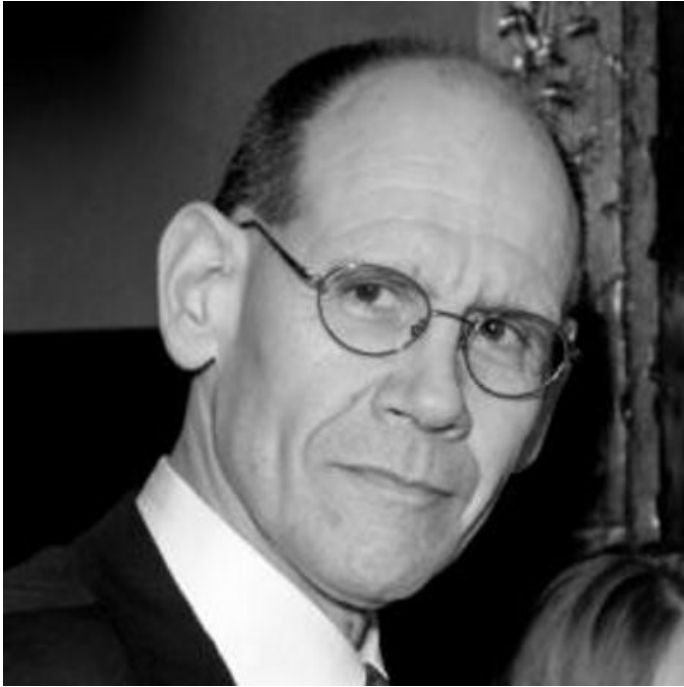
Growing up as youngest in a family of 4 children, Katie relished time & space to explore through writing, drawing and people-watching. Always interested in the dynamic relationships between those around her, she later narrowed that focus to study the intimacies between mothers and their children.

A mostly self-taught painter, Katie's art career began in high school when she launched a pencil-portrait business. Graphic design and illustration took her to Central Washington University where she earned a BFA.

After a brief career in graphic design, Katie was drawn to focus exclusively on painting, vowing to paint every day. With a busy, productive studio and steady commissions from around the world, Katie is enjoying her career as an artist and mother. The Women Entrepreneurs Organization of Washington has honored Katie as Entrepreneur of the Year, and she has been cited as the #1 Motherhood Artist in America. Katie's artwork hangs in the homes of families in over 60 countries.

Katie's days are spent with her two sons by her side... at her heels, and running ahead. Each day she strives to balance simple, loving motherhood with the discipline and craft of painting. The resulting stylized and loving paintings reflect intimate moments of motherhood through gentle, whimsical compositions and soothing tones.

As a mother and a painter, Katie creates honest, emotional paintings that stylize the intimate moments of life. She captures the magnificence in the relationship you share with your children, and your family, the intimate moments that overflow your heart, but are fleeting in the physical moment.



By John Chamberlain

GenPax: Birth Matters

It is no longer acceptable for the more than 20 organizations dedicated to pre and perinatal life to operate as singular entities. We must band together and collaborate, we must aggregate our collective power to change the behaviors of the medical maternity community. If we are to successfully move the needle from traumatic birth – as a daily practice of U.S. hospitals – to a peaceful birth culture, we must form a unified front.

When it comes to giving birth, we've always known what to do – ask any mother! The path to good birth is written deeply into our DNA, and it's not the role of hospitals or their medical staff to counteract this natural programming. If we continue to birth more than 90% of the coming generation in hospital-based maternity, then their staff members must understand their supporting role better or risk losing the implicit support paid by expecting parents.

Parents will comprise the coming revolution in birthing practices. APPPAH is designing the Conscious Baby™ Prenatal Parenting Program in order to facilitate a turning of the tide. This tsunami of good birth will result from a new wave of understanding. The strength of this shock wave has already been measured within our professional community. The passion displayed by practitioners wraps around the globe in the loving guidance of tens of thousands of body workers, doulas, midwives, and lactation specialists already at work laying the path brick by brick.

It is our assignment – our given role collectively – to take up the mantle now. The time for keeping the secret life of the unborn child to ourselves is over. [Bradley Method](#), for example, has directly trained six thousand parents since 1965. Imagine the influence toward natural childbirth that this has had on subsequent generations of those families! These decades have been a formative time of gathering evidence to demonstrate to the rest of the world the truth of what began as a hunch, coming in surprising testimonials in the 1970's. Work on these ideas resulted in [JOPPPAH](#) articles being translated into 15 or more languages – igniting the fire of desire to know more – seeking empirical proof of the Conscious Baby™.

In short, we are witnessing the first arrivals on earth of Generation PAX. These babies are Prescient, Attuned, and eXperienced. They are here to bring about an era of peace that will be the result of the solutions they bring with them. This is why good birth matters

Generation PAX

In this new paradigm, the humans coming into life on the planet are Prescient, they know things already. We sometimes have referred to these young and gifted humans as child prodigies. Guess what, the number of so-called child prodigies is growing exponentially. More are reported by delighted and astonished parents and families daily. These babies are Attuned to the environment surrounding them, beginning with the circumstances of their human conception, gestation and birth. Because these souls have prior eXperience – whatever you wish to believe, they have it – they are demonstrating their understanding long before they could have acquired these skills through cognitive learning. In short, we are witnessing the first arrivals on earth of Generation PAX. These babies are Prescient, Attuned, and eXperienced. They are here to bring about an era of peace that will be the result of the solutions they bring with them. This is why good birth matters—if we get this right, their pathway will be clear of avoidable trauma, enabling them to focus on the extraordinary insights they bring.

There is bad news and good news. The bad news is that we are a small minority of the welcoming committee for GenPAX. The good news is we are extraordinarily dedicated to bringing about the new paradigm of Good Birth. Now we have empirical proof of that 50-year-old hunch. We know that babies IN UTERO are conscious. We are armed with the truth. And this places The Conscious Baby™ at the center of all social science. The hidden headline in all of this is that the reality of The Conscious Baby™ plays a central role in optimizing the human experience; it plays a foundational role in happiness, productivity, creativity and longevity. In short the economic sustainability of humankind hinges on these fundamentals. Our appreciation for the ecological gifts of our home – EARTH – hinges on these same principles. If we get this right – that good birth really matters – so many other pieces of the grand mosaic of humankind will fall into balance and we will achieve the intended outcomes. None of this diminishes the striving of humans to grow, learn, and coexist peacefully. There will always be more to do in another lifetime, should you wish to attend.

Continued on page 12



But this is the golden age in which GenPAX returns the favor of good birth and brings its own offspring on stage for the next act. I assure you it will be even more entertaining than theirs. So, to enable this generation of humanity coming globally to help us, we must set about two important tasks: training Parents and creating welcoming Places of Birth.

Parents and Places of Birth

First we must clearly communicate the benefits of good birth to the parents who globally are creating 500,000 new conceptions today. Yes, TODAY. And 200,000,000 conscious babies are in-utero now. Yes, two hundred million babies in their mother's womb right now. Imagine the positive influence we can have on GenPAX by reducing stress, increasing a sense of safety, and expanding the loving guidance of mothers and fathers birthing GenPAX! We will do this today, tomorrow and the next day, and the next, and on and on until they are just too big to play peacefully inside – and they come out to play.

Our methods for reaching parents are improving. We know we need to be mobile and digital yet not lose touch with the value of in-person interactions. Today, across all of society, half of email is opened on a mobile device. If you are Hispanic by cultural origin, you open 75% of emails on a portable device. Online learning has enabled universities to reach beyond the imitations of room and board and steamer trunks that limited advanced study to classrooms and libraries in the past. Today's learning environment is once again HOME. We are home schooling in record numbers. You are

either continuing your education after college or you are being left behind professionally. Maybe you have already enrolled in a MOOC or other online course.

The APPPAH Classwomb™ is currently training more than 200 Prenatal and Perinatal Educators in 23 countries to bring this learning to their clients. Many of these are the parents of GenPAX.

We plan to train tens of millions of parents who want to become pregnant. Initially, we plan to reach 5,000,000 North Americans with The Conscious Baby™ Prenatal Parenting Program by 2021. In order to do this, APPPAH will identify the top 25 cities by birth statistics and create national events each month that will be broadcast locally. These events will consist of 30 minutes of content by APPPAH's experts, and 30 minutes of dialog in the local setting for parents. These events will serve to promote APPPAH's online / offline offerings. We anticipate that we will need to train 1,000 Conscious Baby™ facilitators who will begin the process of finding and inviting parents to these interactive broadcasts. We will spread the word through offices of birth professionals (body workers, doulas, midwives, maternity, obstetrical, pediatrics and more) to find interested parents. The mother-father-baby triad is our focus. And our message is that good birth matters. If you knew that you could increase the IQ of your child 30% by singing and playing with them in utero would you do it?

Second, these newly informed parents will seek out a maternity program near where they live. This would be ideal to lower stress and improve compliance with the guidelines of The Conscious Baby™ Prenatal Parenting Program.



The Conscious Baby Project

We are working on new curriculum for patterns, lay persons and spiritual seekers. Are you interested in helping APPPAH and our educational efforts? Join us. Email the Director of Education today at Educate@birthpsychology.com

We are more than a program, we are a community!

Find your place in it!

APPPAH will form and launch a Places of Birth™ initiative to identify early adopter hospitals, and to certify the hospital/healthcare organization or maternity birthing centers in the tenets of good birth. This will not only be good for their maternity business but positively establish their brand in a growing family and community. It can significantly reduce risk and increase revenue. It can generate downstream customers and spreads good will. It can produce earned media in the form of "good news" which can bolster their financial bottom line, thereby increasing the value of their business enterprise. Who would have thought that reforming birth practices could do all that?

The APPPAH Conscious Baby Places of Birth™ Certification will bring a hospital or birthing center into alignment with everything we have learned over the past 50 years. Here is a partial list of existing and new departments in a place of birth that could benefit from the Conscious Baby™ Program: Nutrition, physical fitness, conscious conception, fertility counseling, gestation health, natural pain management, gentle birth, sacred hour, breast feeding, infant massage, post-partum counseling, well baby care, body work and more.

The business model for APPPAH's Conscious Baby™ Certification focuses on SITE, STAFF, and PROGRAM readiness for Conscious Baby principles. As parents enter The Conscious Baby™ Prenatal Parenting Program, we will guide them ONLY to places of birth that have completed APPPAH's Conscious Baby™

Certification. Birth in the U.S. today contributes at least \$50 billion per year to our economy. Our goal is to significantly IMPROVE OUTCOMES, LOWER RISK by reducing complications of maternity and childbirth, and enable birthing facilities to safely INCREASE THROUGHPUT. The outcome can be "better birth" for humankind. This will increase the bottom line profitability of Places of Birth™. We have developed a financial model that demonstrates this. Early adopters will strengthen our case and blaze the trail for broad adoption of the APPPAH Conscious Baby™ Certification worldwide.

This is Our Time

Of all the things we have learned over the past 50 years, the most important take-away at this moment is that we must band together, under one big tent, so that our voice will be heard. We shall no longer be the "Smallest Who in Who Ville." Let us bring together all the organizations that have been striving for decades for better birth, to deliver on this promise! This is our time. We have the understanding and evidence that what we practice can birth a more peaceful, resilient, creative, healthy and productive society. Let us call for governments to invest in the first 1,000 days of life instead of spending later in life when returns are lower. Let us support babies where birth is natural, peaceful, and wholesome.

Continued on page 14

Chamberlain continued from page 13

But this is the golden age in which GenPAX returns the favor of good birth and brings its own offspring on stage for the next act. I assure you it will be even more entertaining than theirs. So, to enable this generation of humanity coming globally to help us, we

Parents will lead this revolution.

They always have!

Hospitals will go where the money is.

They always have!

The GenPAX welcoming committee will keep going against the odds.

We always have!

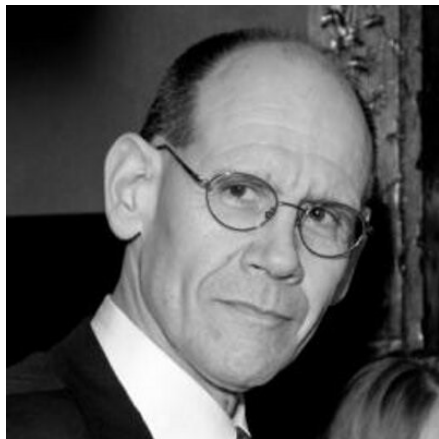
If we get this right, GenPAX will return the favor by improving life on earth.

That will be a refreshing change!



David B. Chamberlain
(1928-2014)

David B. Chamberlain's landmark research with mother and child pairs in the 1980s demonstrated that birth memories were in fact reliable memories. He was a prolific speaker and writer; his extensive publications focused on infant sentience, the emotional world of the fetus, the mind of the newborn, the whole baby from conception to birth and more. He served as APPPAH's President for 8 years.



John C. Chamberlain, Sr. is also a prolific speaker and writer as well as a successful businessman. He serves as a strategic advisor to early stage companies, President of Global Mile Solutions and Vice President of KnowWho. He is a scoutmaster, a singer (church and regional choirs), and an outdoor enthusiast (backpacking, cycling and mountaineering).

John's dedication to APPPAH continues his father's legacy and devotion. Their love for humanity—for babies and families —carries on in their writings and their deeds.

**JOURNAL
of PRENATAL
& PERINATAL
PSYCHOLOGY
& HEALTH**



APPPAH

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Editor-in-Chief, Jeanne Rhodes, PhD

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THE MOTHER-INFANT INTERACTION PICTURE BOOK



Origins of Attachment

Beatrice Beebe • Phyllis Cohen • Frank Lachmann

Illustrations by Dillon Yothers

Reviewed by Nancy Eichhorn, PhD

I grew up listening to my parents talk about John Bowlby and Mary Ainsworth's research and work with attachment. I heard scads about Eric Erickson and Jean Piaget, about Barry T. Brazelton and Touchpoints, Watch, Wait and Wonder, Circle of Security, and more. Babies, families, and development were tops in my parents' professional and personal lives.

As a student myself, first studying early childhood development then education and on to clinical psychology, attachment theory was a constant staple. Yet, my involvement was typically with students and then adults in clinical settings so I worked with and understood the ramifications of secure and insecure attachment in our current day-to-day lives. Getting to the headwaters of the relationship, the earliest origins of attachment was understood in a more global sense—more about what the parents did and didn't do, but not on a micro level.

Beatrice Beebe, Phyllis Cohen and Frank Lachmann now offer visual insight into the makings of attachment.

Their newest book, *The Mother-Infant Interaction Picture Book: Origins of Attachment*, provides pictures of the minute interactive experiences that in the end (over repetitive experiences) impact our attachment patterns. The idea to use pictures to depict the interactive components arose to show readers what occurs between mothers and infants (to help "see") and to protect the participant's identities. There's also a DVD that Beebe narrates, step-by-step, showing one mother with her infant. The process helps readers to understand more of what the drawings show. There's plenty of detailed data accompanying the drawings to guide readers as well. It took Beebe, Cohen and Lachmann ten years of research, data collection and coding to predict attachment outcomes. The illustrations used in the book come from this extensive research. *Continued on page 18*



Mother mock surprise



Stranger woe face with surprise

Pictures from *The Mother-Infant Interaction Picture Book* by Beatrice Beebe, Phyllis Cohen, and Frank Lachmann, copyright 2016, printed with permission of the publisher, W. W. Norton & Company, Inc.

The book offers an informative Introduction that discusses the role of mother face-to-face communications in secure and insecure attachment patterns. The authors explain why the infant's age at 4 months is necessary and why they use microanalysis. They recommend readers watch the DVD first and then get into the book—the DVD is the foundation for the book. Their research has shown that these interactive patterns predict subsequent infant attachment patterns when infants are one-year-old. They offer ten illustrative sequences of interactions at four months that predict both secure and insecure infant attachment. Their goal is to translate the non-verbal language seen in the interactive sequences into words and thus be useful in clinical settings (so clinicians can help mothers and babies change their process to in effect create secure attachment patterns, which will influence the rest of their lives).

Part One explores the ins and outs of mother-infant face-to-face communication with conversations about what the drawings actually illustrate and attachment assessed at one year (of infant age). Infant abilities (i.e., correspondences and contingencies at birth, and life as social creatures) are included along with reasons why brief moments of mother-infant interaction are so powerful. Chapter 2 goes in-depth into microanalysis and Chapter 3 discusses the science of patterns of communication including behavioral correspondences, mirror neurons, the vagus nerve, self and interactive regulation and dyadic action-dialogues. The illustrated glossary of terms helps readers as they move forward in the text.

Part Two is all about the drawings. Each chapter, there are 10 chapters in this section, highlights one attachment pattern, be it secure or insecure (insecure-avoidant, insecure-resistant and insecure-disorganized are described individually). Reading this section several times and studying the drawings helped me create a better foundation of understanding and application.

While the writing in the opening sections (the introduction and Chapter 1 namely) felt redundant, the content that follows offers readers a chance to immerse themselves into micro details that make sense in the context of this picture book. The authors

walk you through each series of drawings so that you see what is typically missed with the "naked eye", what the authors refer to as their social microscope. Readers learn to understand the significance of multiple modalities that occur during face-to-face communication that not only apply to mother-infants but to any and all human beings—learning to look at each of the components in our nonverbal interactions and decipher them has the potential to help us understand what's happening underneath the words in our conversations. I've heard that we take in more from body language and vocalics (pace, tone, etc.) than from the actual words themselves, these drawings clearly support this assertion.

Looking at the minutiae, Beebe, Cohen and Lachmann's studies opened my eyes. They coded: attention (gazing at and away from the partner's face); orientation (infant's head orientation and mother's spatial orientation); emotion (infant facial affect-degrees of positive to negative facial expressions, infant vocal affect, mother facial affect); and touch (infant touching self, object, mother, and mother touching infant from affectionate to intrusive forms of touching) (p. 21). For instance, they discuss the meaning of mother's orientation (sitting upright, leaning forward or looming in) and how it depends on what's happening in the other modalities such as gaze and facial expression, i.e., if the mother "looms directly in, close to her infant's face" but she's smiling, her infant is less likely to become upset (p. 21).

The heart of the book is truly Section Two.

Here each experience is expanded via picture and descriptions. For instance, Chapter 4 describes facial mirroring in the origins of secure attachment (p. 63).

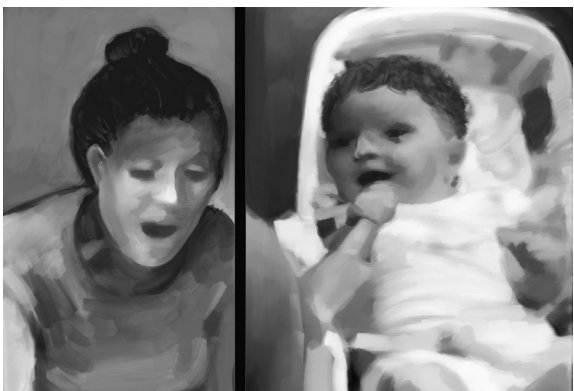
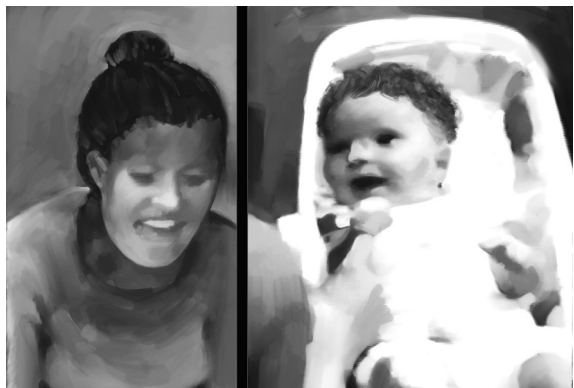
It starts with minute-second 01:33-01:35. A storyline sets the stage: "The mother and infant rise into mutual delight. They respond to the other's slight head and mouth movements as they increase their positive facial affect with mutual gaze." Frame 1 depicts the mother and infant directly oriented to each other vis-à-vis and gazing at each other. Their faces have slightly positive interest expressions. The infant holds the mother's finger with his right hand. In Frame 2, within the same second

as Frame 1, the infant's interest expression becomes more positive and there is a hint of a smile. The mother partially closes her mouth (from the film they know she is singing).

From Frame 2 to Frame 3, in the next second, both continue in mutual gaze and become more positive. The mother has a partial gape smile, while the infant has a full smile. The mother and infant again match the other's facial expressions. The infant continues to hold the mother's finger with his right hand. From frame 3 to frame 4, one second later, both the mother and infant heighten their smiles. The mother reaches a full gape smile" (p.65). Then, thirteen seconds later, the authors offer a continuing storyline where the infant begins to look down and move his head down and close his mouth. The mother's smile tenses. She moves forward and pokes his tummy. The infant looks away, perhaps for a moment of self-regulation. They then go through a series of frames detaining this interactive sequence. Second-by-second we see the mother and infant and the authors explain what we are seeing. The segment is then discussed with commentary on the process and the importance of facial mirroring.

The authors note, "By now you realize that the level of detail revealed by the frame-by-frame drawings is very different from what we see in real time" (p. 73). This is an understatement, and within that, even simply looking at the drawings without reading the interpretations leaves the reader rather blank. It has taken the authors years to learn how to read these second-by-second moments of interaction so their guidance is necessary.

Each segment also comes with comments about relevant research that I found interesting especially the comments about translating the research findings into user-friendly language. For example, on page 75, the authors infer that "mothers and infants in future secure dyads come to expect, I can anticipate when you will look and look away; I know your rhythms of looking at me; I feel seen by you. As you feel happy or distressed, I follow your feelings up and down with my own feelings of happiness and distress. . . . What I feel and what I do resonates with you . . ." *Continued on page 20*



The origins of secure attachment are easier to watch and read about than the origins of insecure (avoidant, resistant and disorganized), emotionally speaking that is—there's this sense of wanting to correct the experience in the moment to repair the mismatch for a happy ending. And, by reading this book, truly learning how to see what's happening, we can help our clients understand just how critical small movements can impact infants' lives (and may have impacted their own lives and continue to influence all of their social interactions).

The authors call for "a dramatic shift in the way we, as adults, and as a culture, view

infants. Already, by four months, infants notice, remember, and come to expect every little thing" (pg. 232). Their hope is to influence our view of infants so that we learn to appreciate infants' extraordinary social capacities. Infants already let us know what they are feeling and we, without consciousness, communicate our feelings to them as well. The authors note that infants absorb our patterns of communication, use them to form the foundation for who they will become. The authors' final point in the book is a call for understanding—with awareness we can be the change that will result in secure attachment pattern outcomes, which in fact do influence our lives, our families, our communities, our world.

**Many thanks to W.W. Norton for sharing Chapter 4 with our subscribers.
Check our recent subscriber's newsletter for the PDF link.**



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The Mother-Infant Interaction Picture Book: Origins of Attachment

Origins of a Picture Book

by Nancy Eichhorn, with Beatrice Beebe

Editor's Note: This article is a compilation of excerpts (both directly quoted and paraphrased, including scripts from the DVD) from The Mother-Infant Interaction Picture Book by Beatrice Beebe, Phyllis Cohen, and Frank Lachmann, copyright 2016, printed with permission of the publisher, W. W. Norton & Company, Inc., as well as from articles Beebe published in Psychoanalytic Psychology (2014) detailing her journey in infant research and psychoanalysis, and personal conversations with Beebe.

Beatrice Beebe entered graduate school at Teachers College in 1968 to study mother-infant reciprocity and infant emotional development. Despite less than encouraging faculty support (she was told infants were undifferentiated and to study children whose emotional development was far more interesting), she pursued a joint doctorate in developmental and clinical psychology. This was no slight undertaking during a time when paradigm shifts were occurring and, with new research on the horizon, more were to come.

A host of influential teachers/researchers became powerful mentors and collaborators in Beebe's life over the past 40-plus years including George Rand, Herbert Birch, Daniel Stern, Joe Jaffe, Fred Pine, Sid Blatt, and Frank Lachmann. Over the ensuing years she published countless articles and five books. And now her publication, entitled, *The Mother-Infant Interaction Picture Book: Origins of Attachment*, co-authored with Phyllis Cohen and Frank Lachmann.

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"Infants and mothers are my teachers," she shares. "I learned a great deal from watching mother-infant interaction. But I learned something different by interacting with the infants myself: how to slow down, how to tolerate long periods of very little happening, how to do less. I learned how to match the rhythm and cadence of the infants' facial and head movements, breathing rhythms, or hand gestures. All of this I learned out of awareness. I became aware of it only gradually as I studied the videotapes of my own interactions with the infants" (Beebe 2014, p. 21).

This newest book is based on Beebe's research (with many collaborators and students over the years) of mother-infant interaction at infant age 4 months. The research involved the second-by-second microanalysis of mother-infant dyads videotaped playing face-to-face. Beebe's technique of video microanalysis captures moment-to-moment sequences of interactions, capturing subtle details too rapid and complex to grasp with the naked eye. The research shows that these details can be used to predict the infant's attachment style at one year.

Understanding these details creates an opportunity for early intervention. Beebe shares that the idea of the picture book came from her desire to demonstrate what these interactions look like, while protecting the mothers' and their babies' identities.

Dillon Yothers was able to draw pictures of the mothers and infants and capture movements and facial expressions all the while preserving their emotions. Further, he was able to disguise the participants' identities. In the lab, face-to-face interactions are filmed with two cameras, one on each partner, generating a split screen view. As a result, the picture book's drawings depict the mother's and infant's faces side-by-side. But, Beebe urges the reader to remember that each drawing actually captures a separate camera view.

The Origins of Attachment

Beebe began investigating the origins of attachment in 1985 with a team of investigators (Jaffe, Feldstein, Crown, and Jasnow) (See Jaffe et al., 2001). A more recent study again successfully predicted

attachment from 4-month mother-infant interactions (Beebe et al., 2010). Mother-infant face-to-face interactions were videotaped at infant age 4 months. When infants were one year, mothers and infants returned for an attachment assessment. This design enabled the team to identify patterns in the 4 month interactions that predicted the attachment strategy that would emerge at one year.

The Strange Situation (Ainsworth et al., 1978) was used to assess attachment. The Strange Situation measures attachment through a series of mother-infant separations and reunions. Specifically, attachment classifications are based on four interaction behaviors directed toward the mother during the reunion episodes: proximity and contact seeking, contact maintaining, avoidance of proximity and contact, and resistance to contact and comforting. Securely attached infants tend to use their mothers as a secure base for protection and nurturance; these infants recover easily from the separation and easily return to exploration and play. Insecurely attached infants show difficulty with the reunion process. Insecure-avoidant infants show little distress at separation and avoid the mother at reunion, continuing to play on their own. Insecure/resistant infants are very distressed at separation but cannot be comforted by the mother's return; they often struggle to return to play. Infants who show incomplete movements and expressions, simultaneous displays of contradictory approach/avoid patterns, confusion and apprehension, and momentary behavioral stalling, are classified as disorganized. (Beebe 2010).

Beebe is clear that while the attachment strategy at one year can be predicted from 4-month mother-infant interaction, the attachment is not set in stone. In other words, our life experiences (i.e. a traumatic event or a wonderful therapist) can transform attachment patterns from secure to insecure and vice-versa. However, attachment patterns at one year often persist and are predictive of various young adult outcomes. Therefore, intervention at 4 months that can alter the attachment outcome at 1 year has powerful potential.

The Mother-Infant Interaction Picture Book

The book presents drawings of 10 sequences of mother-infant interaction at 4 months; four of these sets of drawings illustrate interaction patterns that predicted secure attachment and 6 sets depict patterns that predicted one of the three types of insecure attachment.

As the book is a stationary medium, Beebe says that readers will need to learn to use their own eyes to create movement by shifting back and forth between two drawings. The book includes a DVD intended to help readers grasp the correct technique for viewing the drawings. Beebe narrates several sequences of mothers and infants interacting. She points out the subtler movements and offers interactional meaning. Viewers are guided to notice subtle behaviors (gestures, vocalizations, facial expressions) that are hard to pick up in real time in order to truly see how each partner influences the other. The DVD features one mother playing with her 3 ½-month old infant first in real time and then frame-by-frame. This segment demonstrates the power of the frame-by-frame analysis as it reveals fascinating nuances in behavior not perceptible in the real time video. This introduction prepares the reader to study these subtleties in the frame-by-frame drawings.

An important feature of the book is the description of each drawing. Beebe collaborated with Phyllis Cohen on these descriptions. Beebe notes that she and Phyllis Cohen could describe about four drawings in one hour. With 190 drawings, that's approximately 50 hours.

"Face-to-face communication is very fast, both in adults and mothers and infants," Beebe says. "When we watch people interacting in real time, we often do not see subtle aspects of the interaction. When we slow it down, and view it second by second, or by fractions of seconds, we see a new subterranean world of the details of interactions" (Beebe, 2016, personal communication).

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Referring to her study in 2010, Beebe (2014) notes:

"The most interesting aspect of my study has been the prediction of disorganized attachment at 1 year from 4-month microanalyses. Disorganized attachment at 1 year predicts dissociation in young adulthood [in other studies]" (Beebe, 2014, p.16). "I wanted to better understand the details of these interactions that predicted disorganized attachment. With the help of Jennifer Lyne and Kari Gray, my research assistants (and both former filmmakers), and I used the research findings to identify the exact moments of interactions of dyads who illustrated particular findings in the origins of disorganized attachment. For example, we located moments of maternal gaze aversion, infant simultaneous discrepant smile and whimper, or maternal over stabilized, inscrutable faces. We created frame-by-frame analyses of the various patterns of disturbance. We identified the change points of each partner's behavior that best illustrated the clinical "drama" of that dyad . . . Based on the findings, I proposed that 4-month infants on the way to 12-month disorganized attachment come to experience and represent not being sensed, known, or recognized by their mothers; and difficulty knowing themselves, particularly in states of distress. They come to expect and represent experiences of confusion about their own basic emotional organization, about their mothers' emotional organization, and about their mothers' response to their distress. These experiences set a trajectory in development that may disturb the fundamental integration of the person? (Beebe, 2014, p. 17).

"Viewing the film frame-by-frame is like having a social microscope. You can see how each person affects the other, moment by moment. You can see who acted first- did the infant turn his head away first, and then the mother moved her head in close, looming in? Or did the mother loom in first, and then the infant turned his head away?" (Beebe, 2016, personal communication).

"Microanalysis allows us to characterize the nature of the 4-month infant's procedural representations, or emerging 'internal working models' of attachment: (Beebe, 2016, personal communication).

"Metaphorically it measures expectancies of 'how I affect you', and 'how you affect me'" (Beebe, 2014, p.6).

"When I'm studying visual variables, I study two and a half minutes of uninterrupted face to face play as close to the beginning as possible. Two and a half minutes contains an enormous amount of information (150 seconds). Each second has information about the mother's facial emotion and the baby's facial emotion, the mother's touch and the baby's touch, the mother's looking, looking away, the baby's looking, look away, the mother's orientation upright forward loom, and the baby's orientation," she says. "There is a whole story here that we need to capture: mirroring, disruption, repair. Microanalysis reveals a more complex story" (Beebe, 2016, personal communication).

Microanalysis

"Microanalysis can be extremely useful in mother-infant treatment," Beebe says. "It lets you see things at a level of detail that you really can't pick up in real time. Microanalysis breaks behavior down into these tiny little moments, by coding things second-by-second, we've figured out that

we can detect aspects of communication you really can't detect any other way" (Beebe, 2016, personal communication).

"By watching videotapes with an experienced clinician, parents can learn to observe the infant's 'nonverbal language', and the effects of each partner on the other. Careful frame-by-frame analysis reveals aspects of the difficulty that can't be discerned by watching the videotape in real time. Frame-by-frame analysis itself is rarely part of the treatment process; however, it powerfully informs the treatment" (Beebe, 2016, personal communication).

"In the last two decades I have become increasingly aware of how my microanalysis of mother-infant communication has affected my work as a psychoanalyst with adult patients" (Beebe, 2014, p.20)

"When I entered graduate school in 1968, at Teachers College, Columbia University, the empirical microanalysis of mother-infant face-to-face

communication did not yet exist as a field" (Beebe, 2014, p.5). At that time, the majority of research emphasized parental influence upon children, a one-way influence model, to the relative exclusion of the child's influence on the parent.

The research on early social capacities set the stage for the burgeoning interest in mother-infant face-to-face communication in the 1970s and 1980s. We sought to understand how these infant capacities were used in the face-to-face exchange by 3 to 4 months, when infants' social capacities flower" (Beebe, 2014, p.9). "With increasing recognition of infants' social competence, researchers became interested in bidirectional, or mutual model of influence within the dyad as a system." (Beebe, 2014, p.5).

"Microanalysis can be extremely useful in mother-infant treatment. It lets you see things at a level of detail that you really can't pick up in real time. Microanalysis breaks behavior down into these tiny little moments, by coding things second-by-second, we've figured out that we can detect aspects of communication you really can't detect any other way" (Beebe, 2016, personal communication).

As with any new paradigm, debates over the accuracy of the bidirectional mutual regulation model immediately ensued. "This was the intellectual Zeitgeist that I entered as I began graduate school in 1968 and became interested in infant research" (Beebe, 2014, p.5). Research using time-series analysis to analyze mother-infant interaction has since demonstrated that it is indeed bidirectional.

Research using time-series analysis to show mother-infant interaction has since demonstrated that it is indeed bidirectional. And video microanalysis taught Beebe to see how the intricate process of mother-infant moment-to-moment communication

works.

"It is a powerful research, treatment, and training tool. I owe my love of video microanalysis to Dan Stern," she says (see side bar below) (Beebe, 2014, p. 4).

Meeting Frank Lachmann

When Beebe returned to Teachers College in 1972 for her final year, she learned that Frank Lachmann was her supervisor. This was one of the luckiest turns of her life, she says, adding that she and Frank have continued to meet once a week since that time, now over 40 years.

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"Once I met Dan Stern, everything was different. There was no question that the study of mother-infant communication was hugely exciting and fascinating. I met Dan Stern at New York State Psychiatric Institute (NYSPI), Columbia University Medical School, in 1969, in my second year of graduate school. I was asking everyone for a lead to an infant researcher. I heard about him on Fire Island, where he often went for summer vacation. I remember the day I met Dan. I arrived at the open door of his office, while he was on the telephone. As he carried on his verbal conversation on the telephone, he also carried on another nonverbal conversation with me, through his face and eyes, which were welcoming and interested. Already we were into nonverbal communication.

I worked for Dan Stern as a volunteer research assistant at New York State Psychiatric from 1969 –1973. I later learned that Dan had been a postdoctoral fellow of Joe Jaffe at NYSPi, and they were working together at this time. I had no idea then that eventually I would spend four decades working closely with Joe Jaffe.

Dan, accompanied by several graduate students, was videotaping twins in their homes with one camera. Dan encouraged the students to play with the infants on camera as well. I played with infants, which set the stage for the study of "stranger-infant" interaction. At that time, we had no idea that stranger-infant interaction would turn out to be a powerful predictor of development.

Being the stranger playing with the infants, in those home visits with Dan Stern, shaped my interest in infant research. One of these visits was particularly memorable. I played with an infant whose face was full of joy. As I watched her face respond to mine, tears came to my eyes. I was so astonished and moved by how closely she tracked my face, how exquisitely she seemed to respond to me, how her face burst into what I later came to call the "gape smile," the hugely open-mouth smile, the apex of positive affect. That particular experience led me to do my dissertation with Stern" (Beebe, 2014, p.5).

One idea they worked with was that early social experience was organized in an interactive framework. Over the years, they have illustrated patterns of matching between mothers and infants (age 4 months) as well as derailed exchanges in mutual regulation. Matching patterns include affective direction and temporal patterns of vocal and kinesic (movement) exchanges, while derailed patterns are illustrated by “chase and dodge” interactions. In stark contrast to the prevailing view of separate, static self- and object representations, Beebe and Lachmann suggest that pre-symbolic self and object representations are based on a dynamic process of reciprocal, bidirectional adjustments (Beebe, Lachmann, and Jaffe 1997).

“Frank and I argued that a two-person field organizes infant experience from the beginning. Our view is very different from some current prevailing views that the mother’s response to the infant organizes the infant’s experience. Instead, both infant and mother co-create the nature of the infant’s experience, although the mother has the greater range, flexibility, and capacity. Moreover, we have always been careful to conceptualize the individual’s own contribution to the dyadic co-creation. We think of dyadic bidirectional regulation as existing in dynamic relation to the self-regulation of each partner of the dyad” (Beebe, 2014, p.10).

“Largely because of my relationship with Frank, I have continued to try to integrate my infant research work with my love of psychoanalysis. Frank became my anchor in psychoanalysis as I struggled with the challenge of integrating these two fields” (Beebe, 2014, p. 11).

“Later in my life I came to realize that I needed both the fields of infant research and of psychoanalysis in an effort to integrate my parents’ very different intellectual interests and personalities. My father was a researcher, a radiation epidemiologist, who designed the follow-up studies of Hiroshima, Nagasaki, and Chernobyl. My mother was a school psychologist, and she went to Teachers College, in the same program I attended

some four decades later. She was the psychologist for Beauvoir, the preschool associated with the National Cathedral Schools in Washington, DC. Later for several decades she was a school psychologist in Rockville, Maryland, responsible for 30 schools” (Beebe, 2014), p. 11).

Final Reflections

Like all dedicated clinicians and researchers, Beebe’s work continues to expand. She recently worked with Rebecca Houghton, a dance movement therapist student, who analyzed the first 80 seconds of her session with an autistic adolescent client for her master’s thesis. Houghton and Beebe wrote a conceptual paper that used drawings to depict how Houghton, as a new dance movement therapist, at times disrupted the interactional process, and how the client often initiated repairs (Houghton and Beebe, 2016, in press). There’s also a long-term research project in the works as well as teaching and of course, more writing.

“I’m hoping that people will read the book and watch the DVD we’ve included to help them both understand the book and help them imagine movement as they view the drawings. And I hope the book helps people understand their communication with their babies, and how their babies communicate with them” (Beebe, 2016, personal communication).

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A Body-Centered Pregnancy: How to Stay Grounded When All Else is Changing

By Ann Todhunter Brode

Sarah had worked with me several years ago, and now, five months pregnant, called for help with the challenge of adapting to her changing world. When she came to our appointment, her body looked gloriously healthy but her demeanor look stressed and anxious. I soon learned why.

Sarah is a smart lady who excels at everything she does. Naturally, when she became pregnant, she followed her OB's guidelines, read what to do and not do at each specific stage, signed up for prenatal yoga and got an app to track her progress. She was set to be on top of it but this isn't how she felt.

Like many pregnant women, Sarah understood the road map but needed to find trust for herself in unfamiliar territory. As she explained, "I feel as if I'm managing my pregnancy from a distance and can't connect to any familiar reference points." In the muddle of all the biological timelines, hormonal and physical changes, morphing identity, and opinions of others, Sarah had lost her sense of self. In order to be in the epicenter of her own experience Sarah needed to remember her sensible body.

To begin, we acknowledged her reliable and diligent mind, asking it to step back and observe as we set out to explore the current situation. For Sarah, as a first-time

mother, conceiving and carrying a child was totally new territory and, though she didn't feel like her old self, she was her pregnant self. Tuning in and being aware of her kinesthetic sense of space was a good place to start.

We perceive, interpret, and trust information from our five basic senses without thinking much about it. But, we're less familiar with our sixth sense, the kinesthetic sense. This is the sense that tells you all you need to know about space: the space inside your body, the space around you and spatial relationships.

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It's key to a body-oriented intelligence and, aptly, considered by many synonymous with extra sensory perception and intuition.

Introducing a pregnant woman to feeling space, body breathing, and positive messaging is an effective way to wake up and empower her kinesthetic sense. And, trusting this inner-outer sense of space is essential for the pre and perinatal journey.

As I did with Sarah, let me direct you through a few simple exercises to build kinesthetic awareness and demonstrate how it works. Even though you may not be pregnant, doing these exercises will help you embody the information so you can be informed by your experience when you share it with others. After all, learning how to stay grounded when all else is changing isn't just for pregnancy.

Feeling Space

Close your eyes and bring your awareness to your body and its interior space. Imagine that you're taking a tour of your body home from the inside and observe what's going on. Do some parts feel more familiar than others? Do you feel tension or nervous energy anywhere? Do you feel easy and at home in your chest, belly, or pelvis? Your kinesthetic assessment is as accurate as the smell of coffee or the feel of silk.

To fully occupy and enliven all of your inner space, you may need to do a little housekeeping. Literally, take your hand and sweep away any dust or disturbance. Soften your muscles and let the tension evaporate. Take a deep breath and let in some fresh air. Use your imagination and bring in light and lightness. Bring in so much that it's all space... with no dense matter. To feel the contrast, alternately tighten and relax your abdominals and notice how tension changes the space. Then, allow your inner space to blend with the space around you. Can you feel your sense of self expand a bit beyond physical into space-space?

Feeling space helps the mother-to-be stay centered and connected

The kinesthetic sense helps a woman stay current throughout the pre and perinatal time of physical transformation. Due to hormonal and postural changes, recalibrating balance and knowing where she stands can feel like on-going challenges. As the center of gravity shifts, her kinesthetic body can help her structure realign over its base. Feeling centered helps her be centered. And standing tall helps her feel confident. Becoming intimate with inner-outer space is a good way to perceive conception, carrying and birthing her baby as an integrated part of the whole. For this time, her kinesthetic sense tells her that she and her baby are one.

Body Breathing

Your kinesthetic sense of space can introduce you to the anatomy of breathing... from the inside! Although the primary impetus for breathing is the diaphragm, we feel the movement in our bones and tissues. If relaxed, each breath transfers motion throughout the body. If there's tension or unconscious holding the full movement of breath will be restricted. To observe this body breathing, close your eyes and feel how your ribs move closer together with each exhale and spread apart with each inhale. Let this mobility influence your spine, collar and pelvic bones. Body breathing is a good way to relax and connect with present time. The obvious metaphor of taking in and releasing can be applied to emotions, ideas, personal history, and relationships.

Body breathing helps a mother-to-be relax in the moment

As pregnancy advances and the uterus begins to crowd the front, the back and side ribs expand to allow more breathing space. Knowing and experiencing the anatomy of body breathing is a good way to get in the moment and be in present time. During

pregnancy and afterwards, relaxed and easy breathing embraces both mother and child in its rhythmic flow. This creates a feeling of comfort, intimacy and oneness. During childbirth, body breathing is a vital resource that anchors a woman to her body's intelligence and calm confidence. There's a reason that birthing coaches encourage women to practice breathing and body-centered meditation in preparation for labor and delivery.

Positive Messaging

The intelligent body listens to every word you say, every thought you think. And, the positive or negative message has a direct impact on how you feel. To experience how thoughts influence your body, close your eyes and pile on a bunch of negatives-worry, disgust, criticism. How does the inner space feel? How easy is your breathing? Now do the experiment again and pile on the positives-hope, trust, appreciation. Did the inner space change?

Over the next few days observe the kind of messages you deliver to your body. Even if what you're thinking seems like it's just being truthful, replace each and every negative with a positive. Be particularly diligent with the old favorites. Sometimes these have a source in prior generations and can be passed on.

Positive messaging helps a mother-to-be and her baby feel confident and supported

Creating an optimal environment for mother and baby will ensure that they thrive. Even if circumstances are challenging, the internal space can be sacred space when an aware mother practices positive messaging. Thoughts and words have a powerful impact on the way a woman perceives the pre and perinatal experience. Because both mother's and baby's bodies are listening in, a pregnant woman will want to craft her inner dialogue to convey a positive message. Naturally, such awareness will impact how the mother-to-be cares for herself and walks in the world. It can also shape the way she approaches and experiences the life-

changing events of birthing and being with her new born.

When Sarah tuned in and tuned up her sense of space she began to go with the flow and trust her body again. Her kinesthetic sensitivity enabled her to be in the fullness of space where the gentle movement of her breath could gather in both mother and baby - to relax and be in the moment. Here, positive messaging helped her align body, mind and spirit. In addition, awakening her inner sense of knowing and practicing kinesthetic awareness was the perfect preparation for labor and delivery. After the baby was born, Sarah's inner sensibility was on hand to help her shift gears, embrace post partum changes, and support the emotional needs of her new born. Including her baby in the intimacy of inner-outer spatial awareness and body breathing was the perfect foundation for intimate attachment and bonding.

Ann Todhunter Brode is a body therapist and recognized master in her field. For over 40 years she has worked with people to help them understand and feel comfortable in their bodies. In addition to her acclaimed meditation CD, *Body Breath* (available on Amazon and iTunes), Brode is a writer for Huffington Post <http://www.huffingtonpost.com/author/ann-642> and will soon publish her first book, *Body Wisdom-How to Listen To, Care for & Enjoy Your Most Valuable Asset*.

More information can be found at www.bodywisdomforlife.com.

Understanding the Impact of Early Trauma and How to Heal It

By Kate White



Caroline suffered. As a young woman, she had chronic anxiety that often led to depression. She had trouble sleeping and only felt her best when she had absolute control of her environment. She had difficulty with intimacy—she was unable to relax and trust that her partner was there for her. At age 32 she realized she needed more than traditional counseling. She was just not getting better.

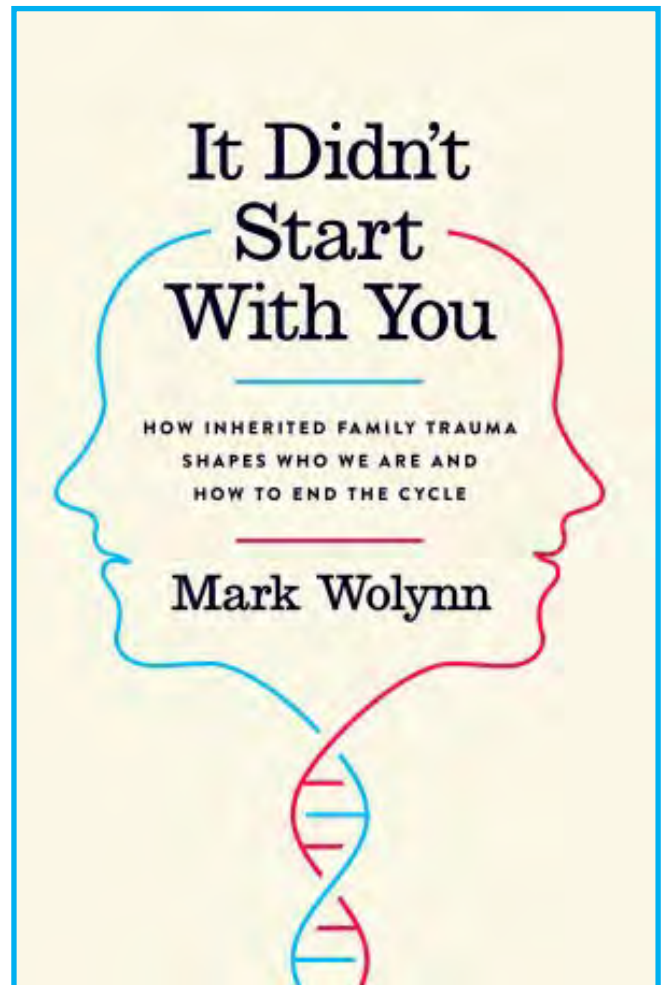
She sought professionals able to help her understand her body and nervous system using methodologies that allowed her to explore the impact of early trauma. Appropriately trained therapists included those trained in integrated approaches that include touch or somatic interventions. Sensitive touch is crucial to healing early trauma. Other therapies with good outcomes include hypnotherapy, music therapy, and mindfulness. Adults can be taught to recognize their own internal states and what to do to shift them from anxiety and overwhelming states to those that are more calm and centered. Caroline worked with practitioners trained in body-oriented therapies such as Somatic Experiencing®, Biodynamic Craniosacral Therapy, hypnotherapy, Body-Mind Centering©, as well as implementing a wide variety of integrated approaches.

Caroline discovered that her body tells a story, that deep in her nervous and muscular-skeletal systems, a pattern was laid down that hijacked her normal healthy rhythms of excitement and performance, and rest and relaxation, and interfered with her ability to connect to other people, she realized that she had choices.

Just how does this work?

The roots of early trauma can begin as early as two generations before conception. Research has shown that the experience of the grandmother, whose body was the home of the child who then became a mother or father, can set up just how genes get selected for future generations. This “epigenetic” reality or how the environment informs which genes are turned on or off has been proven through extensive studies of health records, in animal laboratories, and in twin research (PBS, 2007). Therapists who understand epigenetics are trained to listen to the stories of clients for clues to trans-generational or intergenerational trauma. Profound stories have come from people whose ancestors were exposed to genocide, war, starvation and severe trauma. We now know that high cortisol levels and the internal chemicals that come from severe stress and trauma can influence gene selection.

The next place where health roots are evident for humans is in conception, pregnancy, and birth. Cell biologists tell us that gene selection can be influenced by what is going on the lives of parents-to-be as early as three months before conception. Parents wanting to conceive can start by settling the conditions of their lives, influencing their bodies, introducing states of relaxation and excitement, bonding and connection. This connection lays the ground work for health and well-being in their children. Still, previous genetic code from the ancestors can influence conditions in a baby, especially anxiety. This condition is particularly “sticky” within generations and families. The good news is that families can create environments around sensitive children to help them thrive and grow. Therapists and educators can help parents see what needs to happen for families to give them the best possible start.



Pregnancy and birth truly matter. Research has shown that the internal states of a mother influence the life of the baby inside her, especially those created by chronic stress and overwhelming events (Weinstein, 2016). Caring for a baby inside the mother means more than proper nutrition; it involves helping the mother and her partner connect with the baby, and determining what supports that mother, in particular. Every baby needs two layers of support; for the inside baby, the mother is her world. She receives lots of information about the outside world just from sensing what is going inside the mother. Support for the mother is key for the health of her baby, and the future generations. Here, therapists, bodyworkers, good friends, sisters, other mothers, support circles of all kinds and most especially the father or partner can play this key role.

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**Pregnancy
and
birth truly matter.**

Birth interventions can also disrupt natural cycles in humans. While often these interventions are necessary, they can be overused. Birth matters because of the birth sequence pays out a pattern that we see play out in life repeatedly. Therapists trained in understanding birth imprints know that this pattern is about a sequence of moves: intention, preparation, action, follow through, integration and rest. Sometimes called 'the cycle of satisfaction' this sequence can be seen in the way we do anything in our lives. How do we plan? How do we do the things we do? Do we take time to appreciate our actions and take them into our awareness? This pattern is most evident in birth as the baby, with his own awareness and intention at play, begins the passage into the world outside the mother to be received and acknowledged. Too often, this pattern is disrupted. Still, the best outcomes are when mom and baby are connected from the start of labor, realizing that they are laboring together for one outcome: healthy birth. It is optimal when the baby stays with the mother, skin-to-skin. Hospitals now know this and there are world-wide movements to support health birth and bonding: The Mother-Friendly and Baby-Friendly practices and hospital policies supported by the World Health Organization.

conceived. What her parents didn't know was that Caroline's grandmother was badly abused by her husband—Caroline's grandfather—who was also an alcoholic. He died before Caroline was born. He had been a child in a war-torn country and lived in chronic fear and deprivation most of his early life. His early trauma created the internal violence and alcoholism that terrified her grandmother. Caroline's mother had anxiety, inherited quite understandably from her mother and her own early life. Caroline then inherited this, too. Caroline's mother also did not know that she conceived twins. One twin did not survive past the first trimester. Caroline, developing normally next to her twin, was exposed to the life and death of another being, which put her into a fear state even in the first trimester of life. Then, Caroline's grandmother died before she was born, putting her mother into depression, as she was very close to her mother.

The support of a woman by her mother as she, herself becomes a mother can be so key. If there has been difficulty for a woman in life, having a baby can be transformational. It can be a time a great healing, all the more important that support for the newborn family be there. Caroline received a message inside the womb that life on the outside was full of loss. Naturally, her mother grieved. Caroline felt reluctant to be born. Her mother went past the due date. She, too was reluctant to have the baby, overwhelmed by grief. A long labor resulted in a C-section. Caroline had difficulty breathing and was isolated from her mother in a NICU, but just briefly. Bonding and breastfeeding were difficult. Caroline's father tried hard, but he, too was overwhelmed with caring for Caroline's mother and the baby.

The Teenage Years

After ancestral patterns, conception and birth, the roots of health and well-being appear in the lives of our teenagers. What they eat, how they take care of themselves, and what they experience in life as their bodies mature and come of age all play a role in the health of future generations.



So what was Caroline's story?

Caroline was a wanted baby. Her parents were in love and she was consciously

Research studies such as the Adverse Childhood Experience study done by Kaiser Permanente show that early overwhelming experiences can be the root of conditions like addiction, heart disease, diabetes and more.

Epigenetic studies have shown that high amounts of corn syrup from soda or chemicals such as bisphenol A, or BPA, found in plastics that leaks into food can disrupt the endocrine system and influence reproduction. Teens need to be supported to see their phase of life as preparation for the future, as well as a time for learning, growth, and coming of age. Historically, tribal people have had ceremonies to help young people realize the importance of this period. Communities supported these rituals. They were an integral part of life that children saw happening all the time, and it gave a felt sense of being held and nurtured by a greater force, a whole community of aunties, uncles and elders who were watching over them. This feeling still happens in some ways in more modern communities where extended family plays an important role, but many of our families are totally on their own without this kind of support.

Finally, optimal healthy patterns are at play in the relationships between mother, partner or father and baby. The science of attachment, the biological and psychological connections between parents and their children, has been studied for decades. Research shows that secure and insecure attachment patterns are often passed on without awareness. Parents can work to understand how they were parented, and how these patterns affect their nervous systems and world views. Very often, early trauma is about insecure and/or terrifying chronic situations in a child's life before cognition, or around the age of two. These stressful situations have a life or death feel to them because we are so dependent at that time of our lives. These situations get hardwired into our bodies. This is another layer of difficulty for humans. Research studies such as the Adverse Childhood

Experience study done by Kaiser Permanente (Felitti, 1998) show that early overwhelming experiences can be the root of conditions like addiction, heart disease, diabetes and more.

Therapeutic Choices

Caroline's family rallied. It took a while, but eventually they got back into a loving space. Caroline was a very loved little girl. Her parents doted on her, especially her mother, as she loved her own mother very much and highly valued the mother-daughter relationship. She did well in school. Her mother had another child, and this pregnancy and birth was easy. Still, at times, Caroline felt deep fear that she could not pinpoint and had high performance anxiety that she could not understand.

Therapy for her consisted of awareness of her body and ways to shift her internal state through mindfulness, bodywork, and education about the pre and perinatal period especially just what can happen to a baby. She connected with what worked in her life, where she felt health and connection and was oriented to that in a felt sense bodily way. Education also included how the nervous system works, conditions that helped her feel calm, and how to create them. Adults do not need to re-experience their past to heal; in fact, that can be retraumatizing. What is most healing is orienting to the present, education about what is possible, being made aware of what the pattern is that keeps that person in a less than optimal state, and discovering just what tools help. This can be the therapeutic process.

Transforming Procedural Memories: Body Based Patterns

All these experiences, starting with the ancestors, adolescence, conception,

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pregnancy, birth and the first 18 months of life happen before cognition. Scientists, researchers, therapists and educators call these early imprints in life “procedural memory,” or memories that are held in the body in the actual tissues. These early patterns, once a healthy response to an overwhelming situation, can cause havoc in the present when they are no longer needed and recapitulate over time. Therapists see these re-occurring patterns as recapitulations of early experiences sometimes caused by unavoidable conditions in the lives of their grandmothers and parents. The consequences of not addressing early patterns can be huge. The story is being told over and over through health conditions like chronic anxiety, depression, heart disease, diabetes, thyroid conditions, adrenal and chronic fatigue and more.

Yet, there is a health in our body that is always there and healing approaches need to have a somatic or body-oriented practice to access these early patterns and transform them should these patterns continue to play out in life. Somatic and movement oriented therapists appropriately trained can help stabilize and re-orient overwhelming experiences that are looping inside a person. The right kind of approach can be settling and empowering. Sometimes, it just takes a few sessions for awareness to come in and the health that is there takes over. Adults can be empowered to make a choice rather than stay in the old pattern. These choices need to be coupled with the body through sensation.

It works.

Families who had an overwhelming birth or who have a baby that is hard to settle and connect with can seek out therapists who understand birth and bonding. Baby massage and other somatic approaches are crucial here, as is support for the mom and father or partner. If I can help the mother feel good in her body, the baby does better. If I can help normalize the experience of birth for the mother and partner/father, then everyone feels better. And if the mother does not feel good, the father often doesn't either. Studies on postpartum depression show that if the mother suffers, so does the father.

Furthermore, families can be taught games to play with children to help them overcome early difficulties. They can develop their own way of being together around the children to create a healthy environment for that child in an “epigenetic” approach to being a family. Good education and trial and error come into play here. Birth can be supported through bonding prenatally and choosing conditions that will help as much as possible for the least amount of interventions. This, too, is unique and variable. Awareness, communication, support, and a calm, protective presence aid optimal birth.

Finally, our culture needs to shift. Cultural creatives in our midst are already hard at work in this effort. Mothers and fathers need more support; families that have difficult conditions also need more support; some cultural traditions and awareness of how important adolescence can be are also crucial elements to cultural change. At the very least, we as a culture can shift to see that we are spiritual beings first, conscious, sentient and aware before birth, and how positive feeling states in the body and present moment are useful elements of a complete recovery program from early trauma.

Kate White is Director of the Center for Prenatal and Perinatal Programs, owner of Belvedere Integrated Healing Arts and Director of Education for the Association for Prenatal and Perinatal Psychology and Health. You can see more about her at <http://www.ppncenter.com> or about prenatal and perinatal psychology at <http://www.birthpsychologyedu.com>.

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A Cultural Transformation

by Dr. Mia Kalef

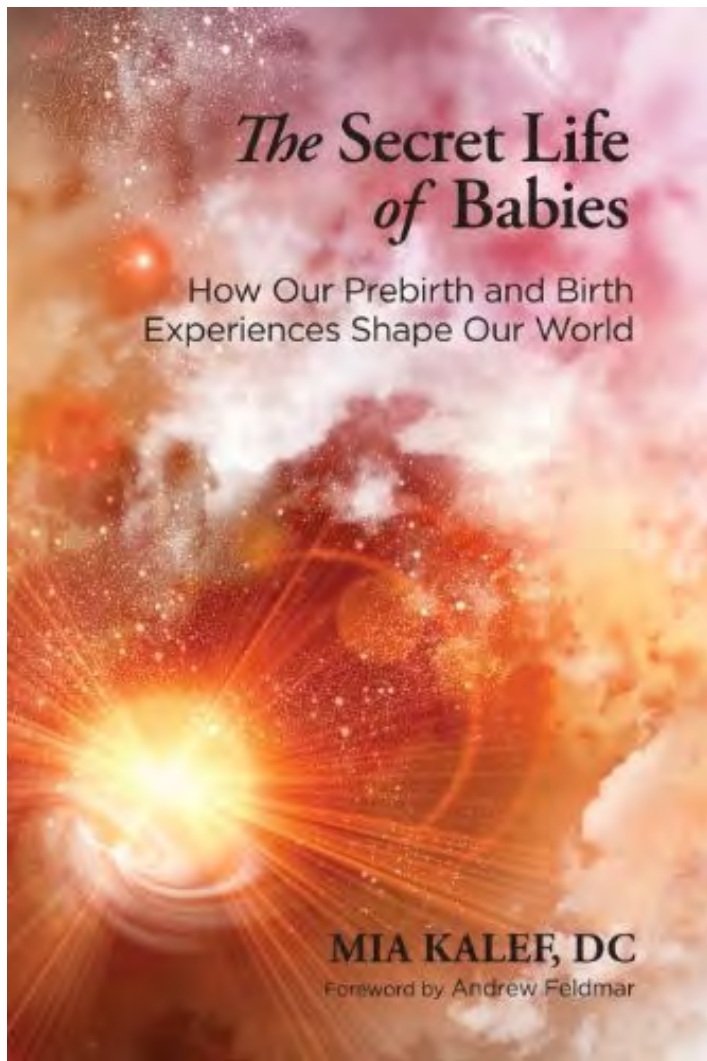
“Scientists began with the assumption that they were learning about the physical processes at work ‘out there’ in stars, hurricanes, dinosaurs, and so forth. Then one day, it began to dawn on us that we were actually studying the processes that *gave birth to ourselves.*”

Brian Swimme

I’ve recently wondered about the similarities between human healing and other natural events. My research has only begun, and yet I’ve found some very interesting bodies of work to support my curiosity. One is by mathematical cosmologist, Dr. Brian Swimme, known for his work, *The Powers of The Universe*.¹ In it, he outlines eleven agreed upon qualities that scientists say the Universe partakes in while it evolves. Upon reading them for the first time, I noticed each was familiar; and in some way mirrored common themes in human healing. The list —*Seamlessness, Centration, Allurement, Emergence, Homeostasis, Cataclysm, Synergy, Transmutation, Transformation,*

*Interrelatedness, and Radianc*²— all are words we might apply to the rhythms of our physiological and emotional lives.

For the purpose of this article, I will focus on *Transmutation* and *Transformation*. Per Swimme, transmutation is when, “the Universe insists that something new comes forth”³. Swimme’s example is that the Universe never seems completely satisfied, that it has to always create something new, something more complex. He gives the example of hydrogen and helium— weren’t their arrivals enough? No, he goes on, the earth emerged and so did bacteria, followed by more complex beings. He explains that transmutation becomes



necessary because the Universe periodically comes to a crossroad in which change is necessary or [we] risk being erased from the story⁴.

As a scientist, Swimme has somehow managed to buck the trend of scientific materialism⁵, that all matter is without consciousness, in his intimation that the universe is a living organism, unfolding with deep intelligence and apparent wisdom. He has, himself, undergone a transmutation of consciousness in *his* recognition that the material world and consciousness are inextricably entwined. In this he joins with a growing number of philosophers, medics, healers, parents and teachers who can no longer abide to a worldview in which mind or consciousness is an epiphenomenon of matter. The ethos that unites these communities is *animism*⁶, the worldview that dominated human consciousness prior to modernism, which sees all matter as being animated by mind or soul.

The medical approaches accompanying scientific materialism aim to address health issues with great consideration for the physical body, but without consideration for the patient's emotional life, spiritual life, and subtle energies⁷. For this reason, scientific materialism allows us to do things to ourselves, each other, and the planet that are deleterious to these realms. This is no truer than in obstetrics, in which painful and frightening procedures like anesthesia, forceps, vacuum, and cesarean are often administered with little or no consideration of the consequences on the soma and psyche of the mother and child⁸.

In a world where it is only now becoming acceptable to speak amongst colleagues and professionals in these terms, the pre and perinatal perspective may find its place as an exemplar and guide to recovering from the four hundred year split of spirit, soul, and matter, that gave rise to scientific materialism.

Given that we come into the world enjoying our own consciousness, one that scientific materialism doesn't recognize, prebirth and birth therapy is well positioned to heal not only the schism enacted on us, but the prevailing world view that we are unconscious at conception and through birth and infancy. The transmutative step of healing the ways each of us have had our inner consciousness or soul overlooked can ripple out to the healing of a culture who has endured the same.

To return to Swimme, herein lies the relevance of Transformation:

"An interconnected and self-amplifying dynamic: transmuted individuals give rise to new organizing codes that create a community in which it is even more likely that new individuals will go through transmutation."⁹

Pioneers like Carl Jung and Otto Rank were outstanding in that they were willing to come forward and share that prebirth and birth experiences had lasting effects on

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health¹⁰. They were followed by others, like Nandor Fodor¹¹, Francis J. Motte¹², Lietaert Peerbolte¹³, Frank Lake, R.D. Laing, Stanislov Grof, Elizabeth, Fehr, Thomas Verny, Lloyd De Mause, and David Chamberlain, to name a few.

Enough people have, in a literal way, transmuted the effect their prebirth and birth experiences have had on their lives, and through that, have guided others to do the same. The therapeutic work they've done with their communities and the theoretical frameworks they then courageously share(d) with the world have informed what we can now call a transformation. Because of them and others, we remember that prebirth and birth shapes our world. Our job is to now decide which side of the shift we are on.

I give thanks to Brian Swimme for his sentient slant on the Universe, one that I agree gives birth to us. And after further study, I'll be interested to learn if it is the Universe that's teaching us, or if through our own acts, we also teach the Universe.

Dr. Mia Kalef is the author of *The Secret Life of Babies: How Our Prebirth and Birth Experiences Shape Our World*. She has practiced Craniosacral Therapy for twenty-two years and was a Chiropractor for eighteen of them. She studies relational intimacy between humans, Nature, and community and teaches in Canada and the U.S. Her home is Vancouver, Canada.

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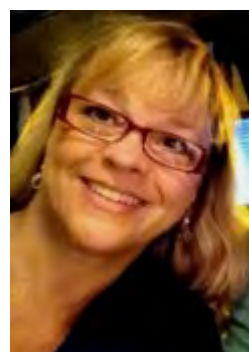
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In Utero: A New Documentary Brings Educational Opportunities

By Lisa Reagan



After a year of international film festivals, awards and translation into ten languages, the documentary *In Utero* became available for on demand viewing in October. Audiences quickly arranged home and clinic screenings, eager to discover and discuss the film's cinematic and epic journey through the revelation that "womb ecology becomes world ecology."

Through well-organized subsections

with titles like *Breeding Hostility* and *Beyond the Blueprint*, the film tackles the complex science of epigenetics, transgenerational trauma, and the human psyche's attempts to resolve birth trauma through mythology, especially fairy tales and pop culture movies like *Alice in Wonderland* and *The Matrix*. A dozen international experts – including Gabor Maté, MD, Rachel Yehuda, PhD, and Thomas Verny, MD -- weave a coherent tapestry of diverse scientific insights amid scenes of a fetus jolting at the sound of parents arguing, caged monkeys deprived of mothering attacking each other and aerial shots of industrial agriculture and other modern ecological hell holes.

The film received mixed reviews and reactions, from professionals who are grateful for the careful integration of multiple fields of science to some "triggered" audience members who walked out of public screenings. The filmmakers themselves have cautioned audiences that this film's "dark message" was necessary to "outline the problem" and may not be suitable for some pregnant mothers.

In an interview with Kindred Media, filmmaker Kathleen Gyllenhaal says, "I really feel it is almost 50/50. Some women come up to me pregnant and just thrilled that this film is there. They understand that it is tough, but they are grateful to have this information. I myself, having been pregnant during the making of this film and being hyper aware that all of the stress studies and all of the stress that impacts the fetus in pregnant women and so I had to navigate through all of that and I was angry. I was frustrated. The irony was not lost on me. How do I get rid of this stress so I can be a wonderful vessel for my child? But, you know, learning what I learned helped me find some ways to reduce that stress and so I think it really depends on the woman, the mother, herself. I think it is up to her to decide."

"We had a midwife not long ago at a screening say I would never show this to any woman that I was working with, any pregnant woman. I thought, well, okay, that's your opinion, but I would ask her, you know, these are the things that this film is going to lay out. You can even go to our website and look at the information. Maybe that's less confrontational, but that's really

up to her. I say that again, based on the feedback that I've gotten from women who seemed that they've want to know and I wanted to know everything that I could know."

Samsarah Morgan, executive director at the Oakland Better Birth Foundation, held a screening of *In Utero* for her regular Tuesday night childbirth class days after the film's on demand release in October. Pregnant mothers, childbirth educator students and other parents watched the film and discussed its impact on them afterwards.

"I sat in the corner out of the way to gauge their reactions so I would know how to lead the discussion," said Morgan. "I cried while watching a young mother realize 'this is my baby.' After the film she said she had an instinct that that was the case but other people were telling her that it wasn't true. I was crying watching her watch this movie. She was crying about what this meant for her and her baby."

Morgan said she "loves Maté and reads all of his books" but the section of the movie focusing on the holocaust, titled *All The Jewish Babies Were Crying*, could easily have pivoted to the state of black mothers and babies in America today. Black mothers in America die at four times the rate of their white counterparts, a disparity that is consistent across all income levels. Morgan says the omission of the plight of transgenerational trauma of slavery to black families in America was the focus of her group's post-film discussion.

"What makes it hard for African American moms to bond with our babies is that we have cellular memories of having our babies taken away from us. It makes it hard to breastfeed because they had their babies taken away and were made to be wet nurses for white babies," said Morgan. "We need to help heal black mothers cellularly and a cultural apology would go a long way. Can we talk about 400 years of rape and child abduction? And then you wonder why parents would have a hard time bonding with their kids? To know their black son may go out and get shot? I can't tell you how many black mothers call me crying when they find out they are pregnant with a son. It's not safe here. How do we counteract that?"

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At a home screening of the film to a group of birth psychology professionals in Charlottesville, Virginia in October, the discussion turned to the film's excellent presentation of "the problem," but its shortfall in presenting the existing resources and healing modalities available for anyone wishing to explore their birth imprints, and the blueprint for wholeness beneath it.

Marti Glenn, PhD, Clinical Director of Quest Institute in Santa Barbara, California, pointed out, "The film is theoretical. It does not delve into the known and applied modalities for addressing and healing birth trauma."

In a post viewing response, Glenn points out the vast and growing resources for exploring our birth imprint. "The film brings to light some incredibly important facts that have not yet become part of our cultural fabric. In the film we are hit with the concept that our life blueprint is established between conception and birth, a fact that we in the fields of pre- and perinatal and somatic psychology have been trying for decades to push into professional conversations.

"Though controversial, this film containing dark images from fairy tales and cultural icons, helps open vital conversations with parents and professionals. Otherwise, I'm afraid it would just go on our stockpile of 'nice,' 'interesting' films. I participated in several such films whose reach has certainly been valuable. *What Babies Want; What Babies Know; Reducing Infant Mortality and Improving the Health of Babies* are all excellent films. However, *In Utero* brings a dimension that these films do not. It brings controversy that lays the groundwork for rich discussion and, hopefully, the opening of minds to the scientific facts that the in utero period is most critical in creating the blueprint for our lives."

Glenn encourages professionals and parents to watch the film together and to prepare to discuss the film and their feelings about it afterward. "I don't think the film is intended to be simple entertainment, nor is it intended to be seen alone. The film is best viewed in the company of others who can discuss the concepts and their implications. This can be a big step in helping shift the cultural norms that have too long ignored or

placed little emphasis on the importance of the in utero experience," said Glenn.

"I believe the film is intended to help prevent some of the negative imprints and trauma that ensue through personal and professional ignorance. It does not delve into the known and applied modalities for addressing and healing trauma that occurs between conception and birth. It is essential for all of us to understand that, yes, we want to focus on the importance of this primal or primary period, and, if that time was not ideal, it does not have to be a life sentence. Current research is demonstrating that healing can occur at any time. Many of us are devoting our professional lives to helping adults understand and heal these early imprints, freeing us to live meaningful lives of resilience, presence and connection."

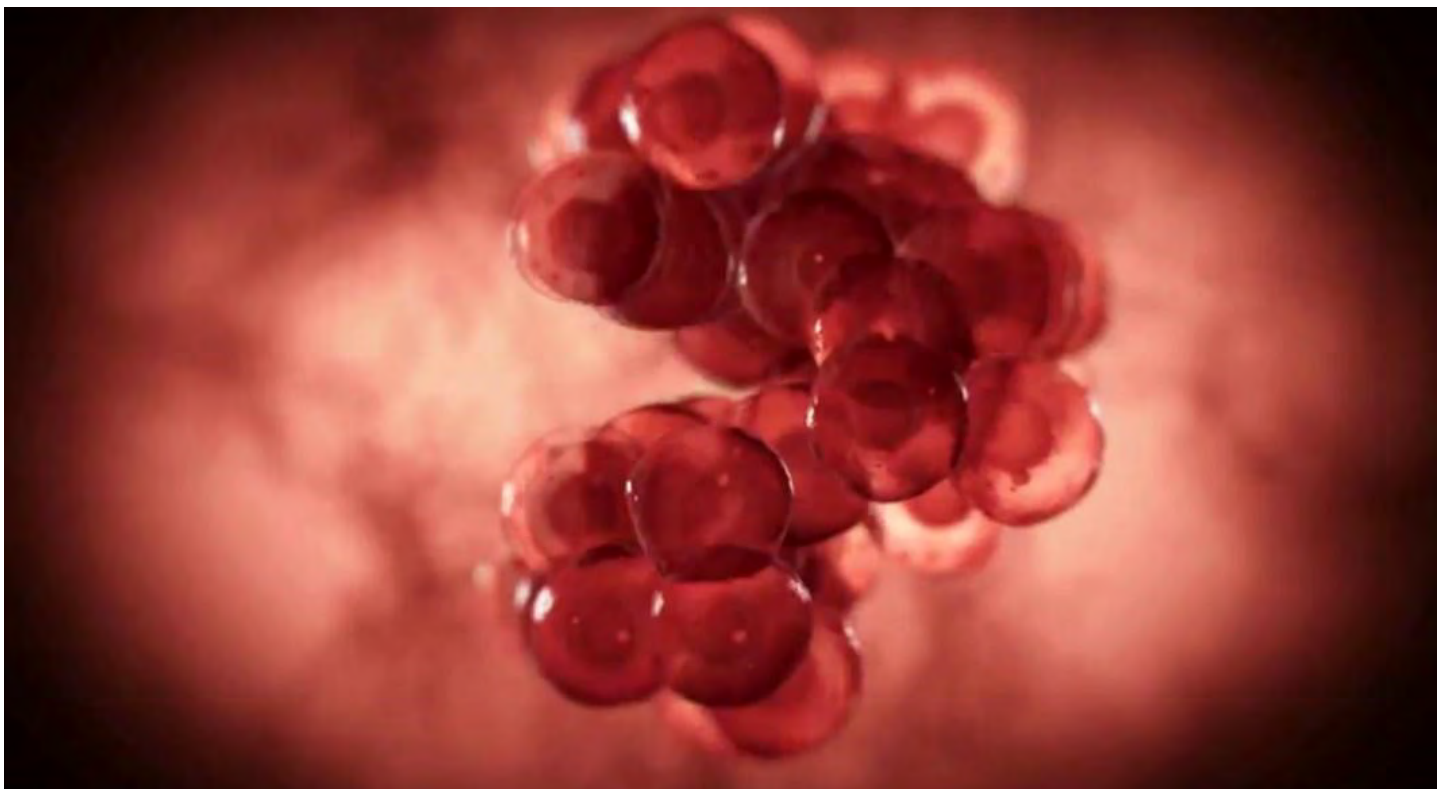
A film discussion and resource guide

was prepared by a team at the Association for Prenatal and Perinatal Psychology and Health with the blessings of the Gyllenhaals to help viewers find guidance for discussing the film as well as resources for healing their own birth or planning for pregnancy. "The Film Discussion and Resource Guide will help audiences and hosts create a rich and resourced dialogue about the film and the implications of the information in it. I encourage hosts to print copies and give to participants beforehand so they can be prepared for sections," said Kate White, director of education for APPPAH.

The filmmakers, Kathleen and Stephen Gyllenhaal, are passionate about their work and have plans to continue *In Utero's* mission in the form of a current blog featured on Huffington Post as well as an upcoming television show, *Making Modern Babies*. Stephen Gyllenhaal says an *In Utero 2* would feature the missing "solutions" based therapies, but he couldn't give a deadline for the film's production.

Despite its omissions and dark delivery, the film's longevity is assured, with most viewers thrilled at the sensational Hollywood treatment of decades of hard science "outlining the modern problem" of missing human connection to human development and consciousness. The welcome film discussion and resource guide will support the film's educational mission and amplify its potential and reach.

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What is the problem?

Featured prominently in the film is Gabor Maté, MD, author of *In the Realm of the Hungry Ghost*, who succinctly says:

"What we're not recognizing is that people are parenting and conceiving and carrying and birthing children under increasingly stressed conditions. Increasingly, it takes two people now to provide a living in this culture to families. And they're doing so in the context of less support because one of the ravages of industrialization and globalization is the destruction of the extended family, the tribe, the clan, the village, the neighborhood. Parents who are stressed have been shown not to be able to be as attuned with their infants and children as parents who are not stressed. Not their fault. Not because they do not love the child. Not because they're not dedicated, devoted, committed. Simply because the stress effect impedes their ability to attune with their child . . . And that has an impact on brain development."



In Utero is now streaming on demand on Amazon, iTunes and Vudu.com. Visit the website to find public screenings or request to host one in your area at www.inuterofilm.com. The film discussion and resource guide is available on www.birthpsychology.com and www.kindredmedia.com or by [clicking here](#).

The Bodydynamic Psychotherapy System's Approach to "Rebirthing" – a Re-orienting Birth Model

By Erik Jarlnaes



A family brought in their 8-month-old infant. The problem was, the family's daily commute (1 hour to work and 1 hour back again) meant that the baby sat in her car seat, crying more or less loudly for two hours every day. The crying became too much for the parents, so they came for help.

Our intake interview revealed that the safety belt diagonally crossed the baby's body, thereby touching the baby's throat. It was also revealed that during the birth process the umbilical cord was around the baby's neck.

These pieces of information were basically enough to suggest the scenario that the contact with the seat belt was evoking the memory of the birth process by touching/pressing the throat. Further, in this case, the umbilical cord around the neck was not just an ordinary thing but somehow a problem. Maybe it was so short that it stopped the oxygen, which could lead to death, maybe it was so long that it formed knots that pressed on the baby's throat or perhaps the cord was wrapped around the neck more than once. Whatever it was, our experience is that the seatbelt may have

elicited an old birth memory—danger is connected to pressure on the throat.

The treatment involved placing the baby on a table (the size like a massage table) around which the adults stood. The baby was placed on her back and in this position her legs were pulled up towards her chest. The therapist instructed one adult (a parent or another therapist) to support the bottom of the baby's feet with her hand, (usually using one hand), especially under the heels. Then the therapist put one hand on the top of the baby's head, while the other hand applied some pressure on the throat so that the baby "didn't like it". This discomfort made the baby react by doing several things simultaneously: she started to cry loudly and she pushed/kicked with her feet into the adult's hand.

Because the hand (of the adult) was steady, her whole body moved upwards due to the "power" of the push. Finally, she threw her little arms and hands up to touch the hand on the throat, making movements in an attempt to remove the therapist's hand. Then of course the therapist removed her hand, picked up the baby and gave her to the mother to comfort her. During the whole process, which only lasted a few minutes, the therapist talked to the baby.

After approximately 15 minutes, a second "round" was done, then a third and a fourth (sometimes a fifth round is necessary considering the infant and the event).

During each progressive round, the baby kicked more strongly and "removed" the therapist's hand more decisively. The therapist supported all this power, by telling the baby that she has the right to protest, and to be angry that the cord was threatening her. Two hours later the family left.

As a result of this session, the baby stopped crying when the family commuted to work.

The Bodydynamic Psychotherapy Systems Approach to Rebirthing

Bodydynamic is a psychotherapy system that combines knowledge about the motor development and the psychological development, with a lot of teaching included. We believe that the origin of some problems in life can be traced back to the pre - and perinatal period. Then they can be resolved, and new patterns can be learned and integrated - the old problem disappears and new ways of living can begin. This can happen no matter how old the person is.

This re-orienting of the birth process is part of the larger Character Structure Model we developed in the 1970's, a model that both has a hyper response side like so many other models, and also a hypo response aspect at each age level. When a hypo response happens, we need to teach the client what they gave up doing. Therefore,

our model is a combination of teaching and supportive confrontation.

What happens in the birth process

The rebirth period is located in the time period from the fourth month of pregnancy to three months after birth; therefore, we know what to do when problems arise in the womb (before birth). Here, the area on the body that is most impacted is the area between the shoulder blades, very close to the torso - and this is where we put one hand when we work with such an issue (the client is lying down on a mattress more or less curled up). Then, in this position, we feed words that both address the problem, as well as the ideal positive "how-it-should-have-been."

Our Bodydynamic Model was later expanded to include an Ego Function Model (Ego-Strengths), Communication Model, Team Building Model, and a Shock-trauma model.

The Bodydynamic rebirthing model we use has five stages, just like the model used by midwives and medical doctors:

Before labor
Soft labor
Transition phase
Hard labor
Coming out
Reception

Before labor:

We orient clients and helpers about the process and what part they will play in it. We interview clients about what they remember or know about their birth. We do this to begin to prepare clients for the process. Then we ask clients to lie down - on a prepared mattress/thick blankets - on their side, and the therapist and the helpers place themselves around the client.

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Soft labor:

The therapist starts to provoke specific places on the body: under the heel, on the sacrum and under the base of the skull (the sub-occipitals) Later, someone from the group "takes over" and continues the provocation. The provocations make the client begin to curl up, more and more, and after 1-1.5 hours the client cannot curl up any more.

Transition period:

As the provocations continue, other group members move closer and put their hands on specific areas of the client. Because the provocations make the client want to "get away from them", the client makes herself smaller and smaller, and then, when the client finally cannot get any smaller we begin the next step.

Hard labor

The client starts to lengthen to "get-away-from-the-pressure". This movement invokes the stretch reflex and supports the client's pushing away the effort of five or six people to keep them small. Now, the client is "coming out".

This last process is repeated two to three times to give clients the experience of being able to overcome maximal resistance by using "all" their power and that they have the right to use all their power.

Reception

Finally, the client is received. One of the helpers role-plays the mother who has given birth, and as the client lies in her arms, the client is "treated" like a newborn baby. What do you say and do with a newborn?!

Case Examples:

A family brought in a baby, 6 months old. The issue was that when nursing, the baby would only turn her head in one direction. Instead of turning the baby to suck from the second breast, the mother had to hold the baby to the side of her body/next to her body. The baby "refused" to turn her head.

The interview revealed that the baby had the umbilical cord around her neck/throat during the birth process and that this "refusal" to turn the head was present from the birth.

The treatment was similar to what was described in the first example. But in this case, two sessions were needed before the baby was able to turn her head in both directions.

A woman, 25-years-old, came in with an urgent problem. She was going to take her final written exam at the University. After getting the topic, she would have eight days to prepare and write her paper, which then had to be delivered to the University. She had tried to do this exam twice already and had failed because she fell asleep while writing the final edition, so that she did not finish in time to deliver it before the deadline. And now she only had ONE try left.

The interview showed that during her birth process the mother was anesthetized with drugs. This one piece of information was enough to yield the scenario that during a very stressful/high intensity situation, when the baby tries to use all her power to be born, she becomes anesthetized (via the mother). Attempting to pass the final exam at the University resembled the high intensity birth process and therefore triggered the memory of "passing out", which of course, happened "outside" of her control and awareness.

The treatment was to create a "re-birth" situation during the next session. She brought in five of her friends, who, together

with the therapist, helped in creating a “re-birth” - a process wherein she was exposed to a lot of specific pressure while doing movements that resembled those she made during her original birth. When she did this, she once again encountered the situation when she was drugged via the anesthetics the mother had received. Once triggered she began to lose the power she needed to push herself “out” of the curled-up position that she was in. Then, the original impact was exchanged to the new possibility that she had the right to use her power when she was in a stressful situation. In this case, it meant pushing against a solid wall, stretching her body upwards and “out” of the curled position. She was able to do it,

while sensing herself and being in contact with all the helpers.

The reception phase became a very beautiful and supportive phase of her new power. This process took two and a half hours and the group left after three hours.

The outcome was that the woman completed her third attempt at the final examination, and not only delivered her paper on time but she also passed!

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Some Background

In our original research in the 1970's, we found relationships between areas of the body that relate to the time of birth.

We found that the heel, the sacrum and the sub-occipitals were three main areas that belonged to the birth situation, so provoking these three places starts impulses in the clients' bodies that resemble those of their original birth – so we are evoking memories from the original birth where "a problem" was created – and by doing this process, we release the old impact and install a new successful imprint.



If anything happened in the original birth process before the pushing out, we meet it in this "Re-birth", and we allow it to be, and we help change it to be "ok", and when we come to the pushing out – which is the successful part – we also meet possible problems and rework them.

We meet conditions that make it difficult for people to function optimally in life:

anesthetizing, cord around the neck, being taken by cup or forceps, being in "wrong" positions, as if they were born feet first or with a shoulder stuck or their behind/butt/ass first – and we "correct" these things and let them then come out the "Ideal" way, and have their success.

One of the important things we also found was, that as a client, you need to have an arch in your lower back to feel and experience your strength and success when pushing and stretching out your whole body; therefore, we most often teach this way of holding the lower back before we do the process. The lack of ability to keep the arch is often linked to the problems mentioned above.

Helpers touch and slide their hands on the body after the client has been stretching his/her body, overcoming the resistance. It may easily be very difficult for 5-6 people to give enough resistance to the newborn, but they need to feel we can meet his/her strength.

So, let me repeat what the babies were doing in their session. They experienced success by removing the hand on their throat while they used their power to push themselves "out" (pushed with feet against a stable hand, so their head was pushing into another hand and their bodies stretched out).

The client's movement from passive to assertive and from immobilized to resisting, enables her to shift and "get rid of" (release) dysfunctional stuck patterns and actively make changes towards healthy ways of moving – and bringing these into their life.

Interested? Some Training Options

My colleagues and I help clients in different countries with pre-and perinatal issues. We teach our Re-Orienting Birth Model in a 4-day workshop plus 2-days of supervision in various countries, when there is an interest in this topic. The last ones were in Germany, Russia, Belarus, Ukraine, Greece and Denmark.

We teach our Body-Psychotherapy model in 10 different countries - first a 1-Year Foundation module and then a 3-Year Practitioner module. We also teach a 2-Year Shock-Trauma module.

Erik Jarlnaes is co-founder of Bodydynamic International (1982). He is a senior trainer in six countries and has been an EABP-member since 1991 (also a former EABP Board member).

Contact info@bodydynamic.gr (our secretary lives in Greece) or

www.bodydynamic.gr and in

The United States: www.bodydynamicusa.com

You can also contact the author via email: jarlnaes@bodydynamic.dk



All pictures provided by Erik Jarlnaes and published with participant permission.



Meeting the Realised Child

By Joan Harold

When I speak of the Realised Child, I am speaking of the souls of the children here and those to come. They show us the place where they are creating their embodiment to allow their divine and unified consciousness to be lived. The Realised Child does not only belong to the mother, the father or the family, but to earth and the cosmos. He is of something bigger than we can know. His consciousness is unity. His arrival is the angels' fanfare. His embodiment is cellular truth.

As practitioners (in the pre- and peri natal context), we have the opportunity to become aware of and to receive the soul's geometry and essence through the fluid field within and beyond the body. We can feel the physical changes that allow us to meet these children as souls creating their own passage to conception and birth. We can feel the soul in the structure of the family and how the family moves into unity around his arrival.

This work is radically shifting the paradigms of understanding in conception, pregnancy, loss, birth, parenting and community. It is constantly evolving, eternally reverent and always in the full integrity of receiving what these souls bring.



Truly Listening: A Story To Hear

We can listen to these children, from our bodies. We can receive the geometry of the child that shapes our cells for his coming, and shapes our being and our living together.

To his Mother—the gifted one, the one who receives the gift of knowing, carrying and loving her babe from before their time on earth to after—who listens and receives, he says it all:

Here is the unhindered love to you Mother. Where you have looked for me before, in the depths of your what-you-thought-you-knew-ness, where you have longed for me and lived to feel me in you.... I see that, and see the beauty in where I can be with you now.

We are here, together, inside the widest womb of heart. We are in the flow of each other. Here, I am ready to come to you, be conceived in your body.

Can you see how gentle I am?

And yet how absolute, filled full with the strength and voice of all the Gods and Beings that you know.

I have brought you to this seeing, this place, this readiness. Because I am ready. I needed to let you see me in the fullest transparency of the soul, so that we could see each other in the matrix that weaves us together. I needed you to see me as I see me.

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Harold continued from page 51

I needed this - the seeing through the transparency and the structure to the soul - so that I can build the structure of myself, that dissolves into our family.

Daddy sees me. My brother and sister see me. The world sees me.

And I see it all, from the world's centre and from the stars. They are one and the same.

I can be born into my world, that I create, because I created this seeing in you.

I AM THAT BIG. I AM THAT SPECIAL. I AM.

And as I come, with our full and mutual seeing of the cosmic matrix of creation, there is the juice of the flesh that moves us both when we meet in the womb. There is the nakedness in the cells that allows us to rest so kindly and fully in each other. There is the biochemistry that allows us to dance with each other, me in my beautiful physical transparency, through which I hear the song of the truth of our human and universal family... *that* is the food of my placenta, *that* is the nourishment that feeds me in my fullness.

In this now familiar place, you hear me in my physical movement through to birth. This is the place where you can fully, fully stand into *our* true knowing of how it can be. This is where we feed others, and teach them our birthing song. This teaching is from my perspective and my ultimate and absolute knowledge beyond things that need to be verified by anything less than the truth of the soul.

As I come, fully, through your body, here is the gaze that you have longed for, and the presence that my family know already. Here is the smell of me, the taste, the beautiful bountiful flesh of me that fills the senses of our existence.

I have shown you the equations of my soul. You feel it now because I am already created in our family matrix and in the matrix of source consciousness.

And because you see and feel me like this, there is such endless more....

You know this is how I will function. You know that I am creating the world that I need to live in with the truest and purest connection to all beings, to the earth and back to the stars again.

You know that the waves I create are palpable and resonant in all things.

There is purity in how I am received, because I bring purity. There is unity in how I interact, because I bring unity. There is precision in my existence because I am precise. This changes things.

There is no going back. I have moved the goalposts. Because I am the goal.

I am from Source. I am from God, and I bring that Home to this one.

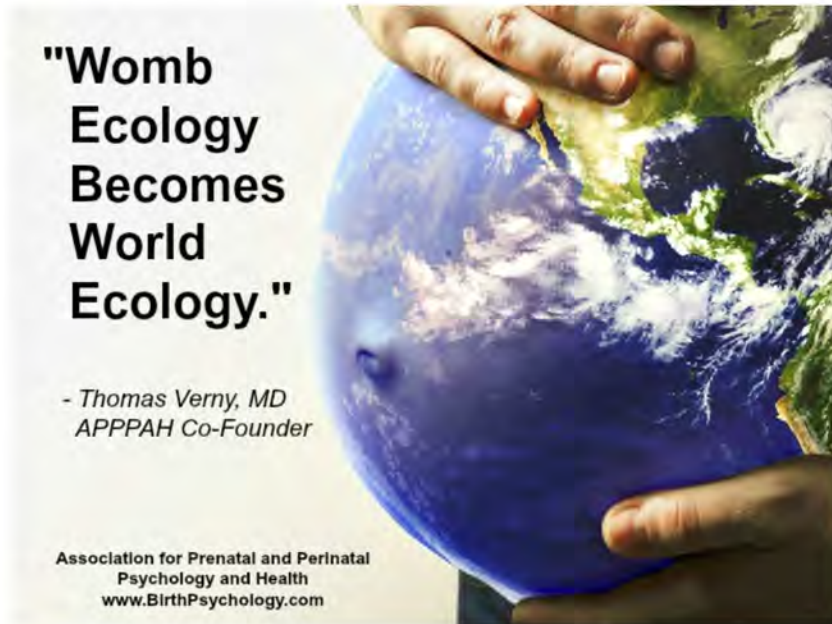
Joan Harold started work-life as a Speech & Language Therapist, fulfilling her love for supporting basic human interaction, and the joy that comes from the beauty of connection. She then studied and worked as a Biodynamic Craniosacral Therapist (BCST), where the interaction became more visceral-emotional, intra-cellular, and beautifully and dynamically still. Her current work with The Realised Body, includes multi-dimensional BCST as it is led by visceral and inter-stellar resonances through the human body and greater body of toroidal flow of the universe and all that exists within it.

The Realised Body are listening at the edge of evolution to the Incoming Souls and unified consciousness - work which originated from Shelley Lemaire. For more information about this stunning work visit therealisedbody.com

Joan lives with her husband and young family in the Burren in Ireland and works in the beautiful still surroundings of this stoney and fertile landscape.

APPPAH Is Birth Psychology

The Association for Prenatal and Perinatal Psychology and Health, APPPAH's nonprofit mission is to educate professionals and the public, worldwide, that a baby's experience of conception, pregnancy, and birth creates lifelong consequences for individuals, families, and society. As a result of scientific discoveries and continually emerging evidence, we know babies are conscious and sentient beings.



APPPAH
Birth Psychology

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Our unique supportive classroom is more than just an educational experience, it is a community. Join us for this great opportunity to learn about pre and perinatal psychology and health.

For more information contact
educate@birthpsychology.com

Why Do We Need Birth Psychology Education?

The pre- and perinatal period includes the time before conception, pregnancy, birth and the first year of life. Many aspects of health come into play. Recent findings in cell biology, neuroscience and epigenetics emphasize that we are influenced by our ancestors' experiences, our mother's experience when we were in utero, and our birth, bonding and attachment with our caregivers. These early and ancestral experiences can influence our genetic code and create implicit memories that in turn, influence our perceptions and experiences today.

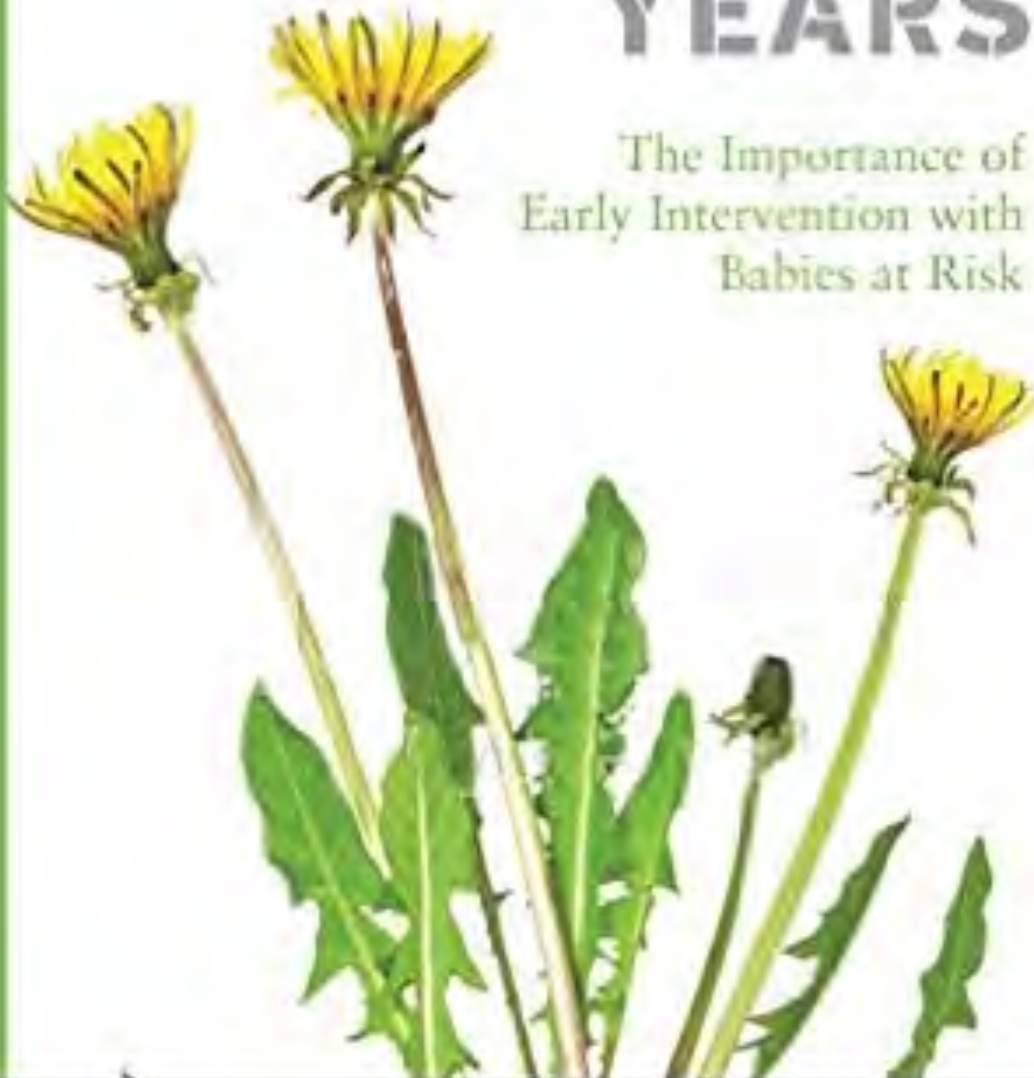
APPPAH has developed an educational program that supports professionals in many different fields with 11 modules that represent our competencies. These include epigenetics, neuroscience, psychological theories from our unique perspective, bonding, how the womb is a learning environment, the importance of the baby's experiences of pregnancy, birth and breastfeeding, a long ranging implications of this early period.

Our educational program seeks to improve human health from the very start. Join our pioneering and supportive community at www.BirthPsychology.com today!

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SURVIVING THE EARLY YEARS

The Importance of
Early Intervention with
Babies at Risk



Stella Acquarone

Editor & Contributor



Conferring Excellence in
Psychotherapy and Counselling

Reviewed by Nancy Eichhorn, PhD

“We cannot expect people to ‘manage’ or ever forget their experiences, but, through reflection they are able to acknowledge their impact and keep them at bay so that they can get on with everyday life” Zack Eleftheriadou

Editing an anthology isn't easy. Theme-based anthologies are not simply a random collection of professional essays; the contributions must work well together. The theme must be narrow enough to support cohesion yet wide enough to appeal to a large enough audience and attract them beyond page one. The editor must consider a coherence of tone and theme—the interplay between various voices, different writing styles and content that must not only fit together but read with a sense of commonality and flow.

Stella Acquarone's anthology, *Surviving the Early Years: The Importance of Early Intervention with Babies at Risk*, succeeds on many counts. The authors—all noted as experts in their clinical specialties—discuss themes relevant to the development of healthy parent-child relationships. They address dangers that can easily jeopardize the natural development of these key developmental relations and what's important to improve and repair what's been damaged by trauma (be it developmental, generational, situational and so on) (pg. 272).

The sad reality is, not all babies are born into perfect environments, into loving, skilled, healthy families. Many babies are born into difficult situations, ranging from experiences in intensive neonatal care units to contending with mothers with health conditions or extreme personal situations (the mother, or father for that matter, may be incarcerated, may be abused, may live in a war zone, may be depressed and affectively void). As well, one must consider the society and cultural practices the baby enters. Many families simply slog along, unlike mothers who, as Acquarone writes,

recall the early years with their babies as a dance of understanding and development. Acquarone highlights the need for better parental and infant support during the prenatal period and the need for greater availability of appropriate services and clinicians to accompany and support families beyond mere physical survival and innate resiliency in order to calm the fears and fallout of early traumatic beginnings, and to help make connections between these traumatic experiences and the traumatic consequences of survival. There's much conversation about the capacities of newborns and the potentials that exist for parents and children.

Acquarone begins the book with a quote from the "The Rime of the Ancient Mariner":

There passed a weary time, Each throat
Was parched, and glazed each eye
A weary time! A weary time!
How glazed each weary eye

The Rime of the Ancient Mariner depicts the story of a ship that set out "into a sunny and cheerful sea" yet sailed into frigid water and was caught in a maze of mast-high ice. It's noted as an epic tale of despair and in this text functions as an emotional allegory of "the despair resulting from the unmet needs of infants, parents, and careers (with their little albatross) and the 'sea' of society in the early years" (pg. xxi).

Mariners, it seems, cling to hope to survive. Acquarone notes that the early years for many infants and families can be as despairing as what those sailors felt on their fateful journey. Sure, she writes, they may manage to survive but at what cost?

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“This book is about the hope underlying the ability to survive the early years” (pg xxii). It brings readers face to face with the “wonderful capabilities of the newborn and the great potential for parents (mother and father) and child to continue growing together in a society that cares for them” (pg. xxiii).

Surviving the Early Years comprises three sections: Thoughts in Search of a Thinker; Reaching the Vulnerable at Risk from “External” Circumstances; and Vulnerable Groups Coming from “Internal” Fragile Circumstances. Acquarone writes the introduction, conclusion, and a chapter dealing with autism. Her introduction clearly sets the stage for the overall flow of the book and the topics of each paper (13 in total). Each section begins with a clear topic statement, repeated from the introduction, to further guide the reader’s focus. The content is academic, researched—extensive in-text citations and reference lists accompany each paper. The tone is clearly scholarly and the data meant to instruct though the authors write from personal (albeit) professional clinical experience. The papers in section one are clearly longer and have a more theoretical feel, more heady reading that without previous background knowledge means more time to assimilate the content. The papers in section two are shorter and contain more case examples—user friendly reading. Those in section three, also using case examples, contain more pictures and graphics to highlight the content, feeling a bit more like presentations within a textbook. The authors have much to offer and readers have much to gain by reading this book. This review simply offers a snippet of each paper and will let readers explore the content more in-depth when they read the book.

Part 1: Thoughts in Search of a Thinker

“Consider a particular dialogue of emotions: the principal physical and psychological ideas and thoughts of what happens to parents from the moment they conceive” (pg. xxiii).

The Emotional Dialogue: Womb to Walking by Joan Raphael-Leff. Raphael-Leff writes from the mother’s perspective—noting the

This book brings readers face to face with the wonderful capabilities of the newborn and the great potential for parents (mother and father) and child to continue growing together in a society that cares for them.

mother's mental representations and emotional contributions to the primary relational system (pg. 3). The womb is considered a 'habitat' and pregnancy is considered a shared emotional experience between parents. The strength and presence of the couple has a tremendous impact on the new experience of parenthood about to occur in their lives.

Sharing Joyful Friendship and Imagination for Meaning with Infants, and Their Application Toward Early Intervention by Colwyn Trevarthen.

Trevarthen describes the effects caring has for a developing newborn who arrives with the desire to fully interact. He shares how babies communicate via his theory of infant intersubjectivity then traces changes in motives and interests due to maternal factors, e.g. depression. He also discusses the positive effects of music and song to help promote attachment and intimate relationships. He writes that recovery is more difficult when neglect starts early and ends with a powerful comment on autism—it may not simply be a genetic disorder but perhaps a product of the parent-child relationship.

"Happy Birthdeath to Me": Surviving Death Wishes in Early Infancy by Brett Kahr.

Brett divides his paper into three sections. He begins by reviewing ideas about unconscious death wishes toward infants from the time of the ancient Greeks. Next, he analyzes clinical scenarios—the sense of being killed off but still being alive . . . what he calls infanticidal attachment—a type of disorganized attachment where there's no safety for the child that could potentially stimulate severe psychopathology (pg. xxv). Lastly he offers a working model to help clinicians identify death wish symptoms in adults and thus avoid potential catastrophes in children (pg. xxv).

Part Two: Reaching the Vulnerable at Risk from "External" Circumstances

Contributors discuss mothers at risk because of external situations such as trauma.

Acquarone writes that "to be reflective and thoughtful about babies and themselves, they have to overcome their trauma."

Creating Safe Space: Psychotherapeutic Support for Refugee Parents and Babies by Zack Eleftheriadou. Eleftheriadou writes about Winnocott (a holding environment) and Bion (containment) and how these approaches permit different points of entry into parent-infant relationships.

Interventions with Mothers and Babies in Prisons: Collision of Internal and External Worlds by Pamela Windham Stewart. Life in prison is clearly not conducive to healthy mother-infant relationships. Mothers in Stewart's group learn how to have new relationships (not repeat past patterning) with other mothers in the group as well as with the therapist, and in turn with their child. They learn how to move away from what they grew up with and what they currently contend with in prison.

Talking To, and Being with Babies: The Importance of Relationship in the Neonatal Intensive Care Unit by Lucie Zwimpfer. Zwimpfer works with NICU babies and discusses ways to be with babies in this environment, which offers limited time and access and an overworked staff (who are also stressed out). She talks about attuned vocal soothing as one pain management tool during painful procedures.

"Toward the Baby": First Steps in Supporting Parents in Early Encounters with their Infants. A Reflection from Poland by Magdalena Stawicka and Magdalena Polaszewska-Nicke. Stawicka and Polaszewska-Nicke write about changing viewpoints in Poland, which is noted as war torn and rampant with social difficulties such that the concept of infant mental health doesn't exist.

They write about their baby program and how it helps parents develop healthy parent-infant relationships to potentially avoid future emotional and behavioral disorders.

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Adoption and Fostering: Facilitating Healthy New Attachments Between Infant and Adoptive Parent by Maeja Raicar, with contributions from Colette Salkeld and Franca Brenninkmeyer. Raicar looks at concepts related to loss and mourning when an adoption occurs whether from choice or the infant/child is removed from the home. The contributors offer positive effects on the family when they generate a circle of security as well as the negative impacts of vicious cycles that become repetitive and pathological.

In a Strange Country without a Map: Special Needs Babies by Julie Kitchner. Kitchner writes that babies must deal with their deficits (*a concept often not considered*). Attention is more likely given to the parents who often feel overwhelmed and disoriented, due to unbearable feelings of loss, dislocation, and anger about what they expected with their new child and what they received. She notes the need for imaginative engagement to strengthen the quality of their relationships and to enable the child to gain a sense of self and other like any other child.

Part 3: Vulnerable Groups Coming from "Internal" Fragile Circumstances

Vulnerable groups of babies due to internal fragile circumstance learn what's essential for them to develop in a healthier way. Acquarone notes the need to recognize the power of the relationship and to be grateful for ways to prevent the occurrence of disorders and difficulties that can be avoided.

Four chapters include:

Early Recognition of Autism by Daphne Keen. Keen explores, from a neurodevelopmental pediatric point of view, the importance of recognizing the condition (autism) as early as possible. She looks at co-existing medical and developmental conditions and how diagnosis is made through recognition of sensory impairment, psychosocial deprivation, selective mutism, attention and hyperactivity deficient disorders, intellectual disability and developmental syndromes.

The Power of the Relationship to Awaken

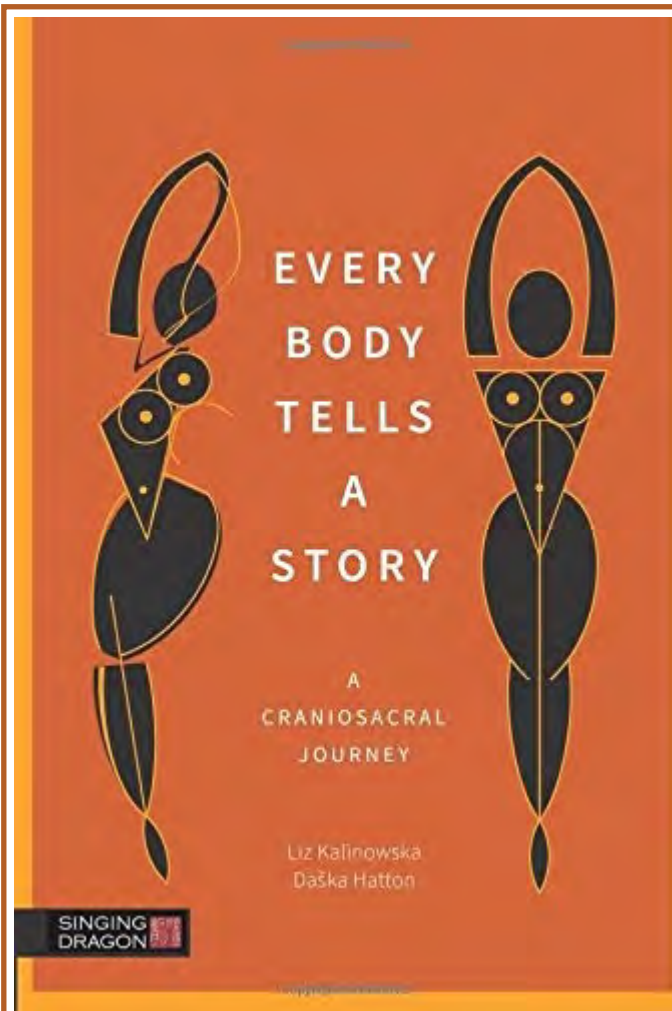
Positive Emotional Potential by Stella Acquarone. Acquarone writes about autistic evolution, noted as when infants and children retreat into their own world. She describes her program designed to help these children move out from their world and in a sense normalize. She presents a clinical case study to illustrate elements that are considered when helping children form relationships.

Early Pediatric Intervention: To See or Not to See, To Be or Not To Be, With Others by Jo Winsland. Winsland discusses the importance of doctors' listening to parents' concerns about their infants when there is nothing obviously physically wrong with them. Emotional development is just as critical and effective care can be hampered if doctors don't listen and monitor their concerns. She offers clinical case examples showing how early intervention can make a tremendous difference when done skillfully and sensitively.

Working in a National Health Service Setting with Toddlers at Risk of Autistic Spectrum Disorder by Maria Rhode. Rhode works with infants at risk of autism and describes a program where toddlers considered at risk are offered an infant observer (a therapist) to visit them at home. The therapist's role as observer is to make links between parent and child. Rhode writes about a 17-month-old who needed to be treated after presenting various signs that alarmed parents. Through collaboration with the family, she writes, they can overcome the "vicious circle of discouragement" (pg. xxx).

To Close

Acquarone, in conjunction with the contributing authors in this anthology, is helping to promote public awareness of the need for better support for parents and infants throughout the perinatal period. The comprehensive nature of this book—centered on the psychodynamics of traumatic early beginnings—and the presentation of multidisciplinary interventions offers both clinical applications that may potentially serve to help clinicians working with families today, and it offers a significant contribution to help broaden mental health debates about babies and families and the importance of prenatal and perinatal care.



different types of body healing. While some readers may prefer research based books, those who prefer a personal experience-based book will find this intriguing.

The story is composed of ten sessions, each having its own chapter in which the reader is let into 'Sarah's' perspective, the the same story in 'Anna's' perspective, followed by a review of the chapter's session story from the authors. This style successfully creates an immersive understanding of a regular craniosacral session from the various positions taking part. Any questions or holes left in one narrative are answered or picked up in the next person's view, allowing a 360°view into a session. Kalinowska and Hatton admit 'the therapeutic process that we described, has, of necessity, been considerably telescoped and outcomes like these would almost certainly take much longer than ten sessions" (21). The compact nature of the book and the lack of direct evidence creates an opportunity for doubt for a reader, but the book serves as an introductory, or at most, a supplemental read in craniosacral education.

In that spirit, the book takes its place by being an experience based narrative, rather than research based. While the lack of research creates a lack of citable evidence, Kalinowska and Hatton's argument is proved in the book by their results. The book is, in the multiple perspectives, an application of craniosacral theory and technique. Leaving the reader satisfied with the ending, and thus the results, of the book, the authors provide a personal and exploratory narrative of the craniosacral experience.

Reviewed by Kevin Jeffrey Goldwater

Liz Kalinowska and Daska Hatton are practitioners of craniosacral therapy and are firm believers in the methods of body healing. Right off the bat, this dynamic duo admits "We are not suggesting that complementary medicine is the only way; since we are not scientists we do not aim to challenge the work of those who are" (18).

This book is not a scientific, research based handbook; rather, this book is an experience-based fictional narrative of a singular patient's therapeutic journey from multiple perspectives: the patient ('Anna'), the therapist ('Sarah'), and the supervisor ('Liz' and 'Daska', Kalinowska and Hatton starring as fictional versions of themselves).

This educational story is built for working body practioners, their clients, or even someone who is seeking to understand



Kevin Jeffrey Goldwater studies Applied Psychology with a minor in music at New York University and is set to graduate in May of 2019. Born in Chicago, Kevin has done immersive research on psychoanalytic theory and the role of gender in today's media. In

addition to working for SPT, he writes reviews for the *International Journal of Psychotherapy*.



Confessions of a Clinician . . .

By Stella Acquarone

I never think of myself as a writer, really. Even though there are always books and chapters and articles and case notes flying about. For me, writing is a part of a process. Take this book, for example, "Surviving the Early Years: The Importance of Early Intervention with Babies at Risk". The title was important...a way of referencing the baby, the parents and the professional. At the same time, I wanted to express an important dynamic...the unplanned emotional-level plunge into simple survival that having a special-needs child can bring about OR – from the child's point of view – having parents who aren't coping well. Because I'm really a clinician at heart, I didn't want to write another feel-good/self-help book about early parenthood reverie. The book that needed to be written, I thought, was about the grim reality of genetics, family history, chance and circumstance.

I'll have to admit that getting such a counterintuitive book published was not straightforward. The book emerged as the product of a process...getting the big wheels to turn which turn the smaller wheels. First, I accept invitations to speak at workshops and conferences all over the world so that I can reflect on my own clinical cases and organise a presentation about what works. Next, I organise a conference so I can invite world-class speakers to find out what they do that works in their practice. The speakers refine their presentations by becoming authors of the chapters. Then the process starts to turn these presentations-made-into-chapters into a book. One of the important cogs in the process is finding the right metaphor. In "Surviving the Early Years", I thought of Coleridge's Ancient Mariner who detains a young man going to a wedding and demoralizes him with a dreadful retelling of a ship set out "into a sunny and cheerful sea" which eventually gets hemmed inside a maze of mast-high ice. The metaphor is an apt

frame for the book...surviving the early years can be grim but survivable. What is necessary is hope...ancient mariners, parents and special-needs babies alike search the horizons for hope in any form.

I suppose that any book – not just its title, process and frame – is just a container holding the writer's true questions: What is the inner world of the special needs child like? What is it like to be the parents of the special needs child? Given the constraints and everything we know of genetics, family history, chance and circumstance, what can we do that leads to better outcomes?

It is terribly painful for parents to admit their love when they have produced a deformed child, or a child with severe, possibly life-threatening difficulties. But it is that very possibility for love and good attachment that will make life worthwhile and fuller for the family and the professionals who work with them. The problem for the professional is how to contain the parents

without themselves adopting the same devastating defensive mechanisms they employ, leaving the child with a double deficiency: the syndrome, and an outside world that has difficulty accepting them.

If you were to point out that accumulated trauma is the common factor underneath all of the cases we present, you would be right. Apart from the primary disability of the special-needs child, if the parents don't share and digest their feelings of disappointment and sometimes guilt, then it becomes an unnecessary extra burden that can create a secondary disability.

Certainly, from a clinical point of view, you can see how challenging and interesting the work is!

Now that I've confessed that I'm really a clinician who writes, I should also confess that the urge to get this book written is partly biographical.

I identify with special-needs. Arriving in this country as a young professional, speaking a different language, produced a certain ambivalence in me. Lack of knowledge of the cultural ground rules, looked down on as foreign, not being understood properly, and appearing mentally slow because of difficulties in following conversations produced a feeling of being disabled. On the positive side, the parallel thinking I developed led to a better understanding of autism and special-needs infants. How much more difficult it must be for a fragile or special-care or special-needs child, who has to face the parents' failed expectations and is misunderstood, mistreated, and undervalued. I explored the possibility of becoming a last resource, when all other professionals had given up or could not work with a family, to try to find the unique challenges facing the infant and the family.

Being born premature. So many premature babies are later brought to the clinic with severe mental and emotional disturbances. The disturbances that they presented, such as autism, was a secondary disability born out of the distress of the trauma for survival at 24 weeks.

A personal friend. In the late 1960s a friend of mine had five children and the fifth was Downs syndrome. In spite of the first three years of cardiac difficulties, her Downs -syndrome child was treated no different than the other children. All of the social circles the mother was in were saying, "Poor mother, she was deluded". But at the end of the year, her special-needs child was normal. My friend insisted on treating her child normally...eventually she was driving a car and attending university. At the time that was inconceivable. For me, that was a good lesson.

Spurred on by personal experience, my interest in early interventions has become my specialty. Early interventions are necessary when the destructive emotional factors underlying family dynamics interfere with relationships and development. As clinicians, we all know how destructive emotions can smother constructive development. So, unless we deal with the underlying emotional dynamics, special-needs babies can't reach their cognitive potential...and might even die. One of the strengths of this hypothesis is that it recognises secondary disability, that whatever a child's specific difficulty may be, the parent's sorrow, anger and guilt can be just as damaging to a healthy relationship as the disability itself.

The plasticity of the brain is amazing. And so is the power of the early intervention. Together, they have the power to change outcomes and destinies.

Stella Acquarone PhD is founder and principle of the Parent Infant Centre, London. She is an adult and child psychoanalytic psychotherapist. Worked for over 30 years in National health Services and privately. Presented workshops and conferences worldwide. Published several books: *Infant-Parent Psychotherapy: A Handbook, Signs of Autism in Infants: Recognition and early Intervention*. Member of the Neuropsychology Section of the British Psychological Society, the British Psychoanalytic Council and the Association of Child Psychotherapists.



Tea with Winnicott

Written by Brett Kahr

Reviewed by Kevin Jeffrey Goldwater

Often considered the most influential psychoanalyst from the English-speaking world, Donald Winnicott has become the 'if you could invite one person to dinner' of choice for many a psychoanalyst. After his passing in 1971, dreams to interact with Winnicott were dashed and the world was left with his immense legacy and without hope to speak with him. However, in the first offering of Karnac Book's *Interviews with Icons* series, we are cleverly brought into a private conversation with Winnicott and a Winnicottian historian, the author Brett Kahr.

Introduced by Winnicott's now deceased private secretary, Joyce Coles, the two sit for ten 'cups,' or chapters. The book is set up not as a novel, but as a dramatic libretto. Kahr's conversation with Winnicott follows a chronological understanding of Winnicott's life and his work. Beginning with *The resurrection of Dr. Winnicott*, Kahr explains Winnicott's current legacy to him, and the two chat, developing a repertoire and characterizations for each character that are seen in the rest of the book. Moving on to *The making of a maverick*, Cup 2, begins the chronological overview,

and this is the way the rest of the book progresses. *An undistinguished physician*, Cup 3, discusses Winnicott's years as a pediatric physician his transition to psychoanalysis, and *Lurching towards war*, Cup 6, discusses Winnicott's life during World War II and the division into the three groups for the infamous controversial discussions within the British Psychoanalytical Society. Finally, Cups 8 through 10, including *A crash course on Winnicottiana* and *A psychoanalytic maestro* conclude the conversation with a more direct review of Winnicott's theories rather than discussing them through his personal history. With an epilogue explaining his connection with Winnicott, Khar ends his book stating the importance and relevance of his and Winnicott's work.

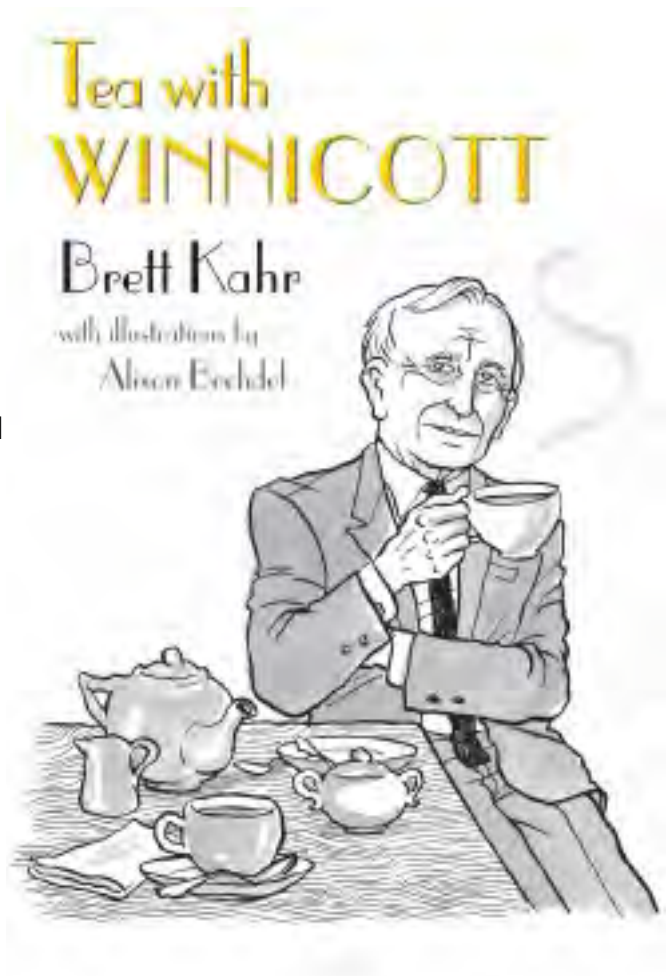
Khar's book is captivating, entertaining and wholly original. As a Winnicott historian, his book tends to act as a biography with theories added at the end. An attempt to sew Winnicott's work and theory into the biographical portion as a working pair is noted. However, the last three 'cups' seem to be the concluding proof about why the aforementioned biography was important,

rather than a tag team to provide an overview of Winnicott in general. It would be a mistake and an underappreciation of the book to pick it up with no prior knowledge. The book really is a personal meeting with Winnicott with the reader serving as Khar, and the value lies in understanding the value of Winnicott. Despite this, Khar successfully creates an original form of biographical and theoretical relation that keeps the reader interested and refreshed, and gives the reader a personal standing in the Winnicottian world.

Tea with Winnicott is a pleasure. It really does seem like a real conversation with the acclaimed psychoanalyst, and allows the reader to develop a personal understanding of Winnicott as not just a figure of modern psychoanalysis, but as a regular person. Often funny and charming, Winnicott ends up capturing your attention and perhaps even your heart, creating a valuable place on the shelf to reflect on the importance and value of Winnicott.

Brett Kahr has worked in the mental health field since 1978. Brett is a Senior Clinical Research Fellow in Psychotherapy and Mental Health at the Centre for Child Mental Health in London, and Honorary Visiting Professor in the School of Arts at Roehampton University. Brett is a qualified adult psychotherapist and couple psychotherapist, and serves as the Chair of the British Society of Couple Psychotherapists and Counsellors, the Professional Association of the Tavistock Centre for Couple Relationships, at the Tavistock Institute of Medical Psychology.

Kevin Jeffrey Goldwater studies applied psychology with a minor in music at New York University and is set to graduate in May of 2019. Born in Chicago, Kevin has done immersive research on psychoanalytic theory and the role of gender in today's media. In addition to working for *Somatic Psychotherapy Today*, he writes reviews for the *International Journal of Psychotherapy*.





Body Wise: All at sea

with Kamalamani

"He allowed himself to be swayed by his conviction that human beings are not born once and for all on the day their mothers give birth to them, but that life obliges them over and over again to give birth to themselves" (Márquez, 2007).

It's late afternoon and my friends and I are making our way along the beach connecting Polzeath and New Polzeath in North Cornwall. We have been wandering for hours. We check our watches—we're late—and start to run, joking, giddy with sugar highs from eating candy canes. We're suddenly in the midst of swirling tides, waves from all directions—not knowing whether they are coming or going—the strength of the undercurrent tugging at our ankles, the unforgiving rock face ahead of us too steep to scramble to safety. My senses are scrambled as I remember. Jokes are replaced with concerned yelps as we hop about trying to find shallow water and to avoid rocks. We piggy back the youngest of the party who starts to cry. It is unknown and suddenly dangerous; all the giddiness is gone. If we had been any later, we wouldn't have got through.

I'm reminded of another watery memory I found myself recounting at a conference workshop I facilitated last weekend, also in Cornwall, this time at the Eden project. I invited participants to tell

their 'earth stories' through sharing glimpses of my own. I included images of particular landscapes and seascapes, animals and flora and fauna, which have been significant in my earth story, one of them being Trebarwith Strand, a shallow-shelving beach barely 10 miles up the coast from Polzeath.



I recounted body boarding here when I was 13 years old—one of my favourite things at the time— and being dragged off of my board, thrown head over heels and dragged along the sharp rocks of the sea floor. I emerged shocked and sobered, gladder than ever to catch my breath and to turn to see people on the shore's edge. I have always felt awe for the sea, and that day it was amplified, with the sore bruises across my hips and thighs cautioning me of the sea's strength.

"Birth memories, deeply hidden in the unconscious mind, usually announce themselves indirectly. They appear in association with some triggering event, such as watching people fall through space in a movie, seeing someone pinned down in a fight, or perhaps just watching a fish wriggling and struggling on a fishing line. The extreme feeling of anxiety stirred up by these events calls attention to the significance of the memory hiding at deeper levels of consciousness" (Chamberlain, 1998, 92).

Birth memories often emerge in relationship to the sea for me, with its undercurrents, turning tides, rocks, and possible danger. Apparently, I have a very 'Neptunian' influence in my birth chart; I'm no astrologer, so I'm not sure what that means. Once I had recovered from my early terror of water and fear of disappearing down the plug hole when I was bathed—yes, really, much to the sadistic delight of my older brother, making sure I would be seated at the plug hole end whilst he sat back and enjoyed the drama...! I loved being in water and spent literally hours swimming, messing about, floating, body boarding. I think, for me, a triggering event, in Chamberlain's words, was recalling the body boarding memory at Trebarwith Strand.

Changing tides are the themes that emerge as I turn my attention towards engaging with this final print version of *Somatic Psychotherapy Today* about pre and peri-natal psychology. It is a timely theme, given that life has been punctuated by endings and beginnings of late. Four friends have died—three pretty suddenly—and I'm in the process of amicably leaving the Buddhist movement and order of which I have been a part for the past 21 years. In June I finally started being treated for two long-standing health issues, and I am feeling better and have much gratitude to the medical world,



after, I confess, much ambivalence (we didn't get off to a good start—when I was on the final module of my pre and peri natal training I had one of my most profound and mightily unexpected spiritual experiences holding some high forceps in the palms of my hands as I might an objective of infinite value or beauty). It has been a phase of thresholds; the unknown and unknowable. I suppose that as things draw to a close, as people die, or even as we move between things, our earliest echoes—our experiences in the womb and birth canal—are evoked on a visceral, if subconscious level. No wonder I feel a bit stuck for words and all at sea as I attempt to string something together, which has a faint hope of making sense.

**"Let nothing disturb you
Let nothing frighten you..."**

(St Teresa, see SPCK)

St Teresa of Avila counsels, very wisely and helpfully, her words leaping off the page of the order of service at my friend's funeral last Friday week. Roy was my first spiritual teacher, the second vicar I met at my local parish church as a girl. It's uncanny to be reflecting on my early connections with spiritual practice and the stage I find myself in right now, leaving my spiritual home of more than two decades; a spiritual death of sorts. I hope that there will be some sort of spiritual rebirth after this in-between crepuscular space, but I can't know for sure.

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What I do know is the beauty of the farewells I have been blessed to be part of this year. Two contrasting memories: Pete's funeral in a green Staffordshire valley on one of those days when summer makes a surprise curtain call. An afternoon of Polish song, coming of age tales, belly laughs and copious tears. Roy's simple, quiet, touching funeral on a still, beautifully blue, cold, crisp, clear winter's day on a pretty Somerset hillside, still speckled with the last few red and golden autumn leaves clinging to their branches.

I've found myself much comforted by St Teresa's words. I realise I'm much comforted by them because they put me in mind of Roy. Years ago I visited Roy and his lovely wife, Winifred, herself an exemplar of deep faith, when Roy was vicar to British expatriates living on the Costa Blanca in Spain. We had been to the beach—sea and sand again—and I was fussing about the sand on my legs and feet; I'm not a big fan of sand between my toes. Roy looked at me, smiled, and said in his gently lilting Yorkshire accent, "oh don't worry love, your legs will soon dry and the sand will brush off, don't notice it for now." I have often remembered this incident when I've been stressed, and I've remembered it many times since Roy's passing. To him it was probably just a passing comment; to me it was kind, soothing words at just the right moment.

In the past few weeks most things have frightened me, although thankfully this phase is easing. In remembering and writing about Roy I feel like I have been reminded of my church-going roots and remembering what I left behind in my early teens. I am gladdened that there is a chapter on the 'Theological Paradigm' in Maret's 'The Prenatal Person' (1997), which I plan to re-read and digest over the midwinter.

I am finding it hard to distinguish between birth and death, beginnings and endings, right now, so I looked them up in the dictionary; I go to my head and the safety of the intellect when fear is close at hand. The dictionary never fails. At birth our mothers bear us. Thinking about it, after death the earth bears us, or, at least, our remains. The 'th' of the words birth and death denote, apparently, a word which is a process. Quite a few wondrous words end in 'th', now I care to notice: aftermath, myth, oath, sooth, betroth, bequeath, growth,

earth. I like that the word earth denotes a process: 'earthing'? I am reminded of my friends who have died and how their return to the earth will give rise to new life in the next round of things. On and on it goes, the cycle of life.



The other memory that absolutely refuses to budge as I write this article is reading the magazine, which came with the Sunday paper in my teenage years—I'm guessing I would have been about 12 or 13 and it was *The Sunday Times* magazine. It was an article documenting the changes in operations on foetuses and very young babies and how it was only very recently that anaesthetics were used in these procedures. I remember my incredulity that clever people like doctors wouldn't have known or guessed that foetuses or babies feel pain. I think I even went and found my Mum to check whether this was actually the case (she was horrified too.) I can't get that memory out of my head. Interesting words—my poor head was so battered and bruised by my own tumultuous birth and rocky arrival here—not to mention my poor, long-suffering Mum, who was in shock following her Dad's very recent, sudden death. As a girl, I was terribly reluctant to join the world of grown ups - - with the exception of grown ups like Roy and Winifred. This memory throws one light on why this was the case.

"As we move through life we continue to change and grow. But events such as birth and weaning, which until now have been viewed as 'object', physiological phenomena, produce definite and long-lasting effects on the personality of a child. We must learn how to make the most of these opportunities" (Verny with Kelly, 1982:116).

I hadn't planned to write this final piece in a whatever-emerges-next sort of way. It's quite unnerving. I had planned an interesting article exploring character structure; voyaging into the patterns and character with birth at its heart—the boundary character, more traditionally known as the schizoid character. I wanted to explore how boundary character defences and patterning intrapsychically and relationally interact with the other character positions, which can shape us and our clients at the key stages of feeding, trying out our independence, time-tabling, coming in relationship with our sex and gender, and our emerging wilfulness (see Kamalamani, 2012). But it wasn't to be; hopefully another time.

As this draws to a close, I'm laughing at myself—Zen style—because it feels like this piece of writing might be one of those pieces that never quite made it off the ground; a bit like my feeble attempts at making paper airplanes, let alone more sophisticated forms of origami. It puts me in mind of some of the great Mahayanan sutras of Buddhism; the White Lotus sutra comes to mind (see Soothill, 1987). These sutras are incredibly flowery and abundant; there is much praise for the wisdom and insight of the truth displayed in the sutra's verses, with repetitive verses and ornate surroundings, populated by billions of beings of shapes and sizes—lots of detail so that it is easy to miss what the sutra is actually saying.

Well, I'm not comfortable comparing my writing to a Buddhist sutra (!) but in the mean time, I have finally got around to the project I set myself, the night of Roy's funeral, which is to translate or adapt the words of St Teresa of Avila into non-God language. I've got nothing against God or those who worship him; it's just that life itself is my God (and I hope St Teresa forgives my poetic license).

**Let nothing disturb you,
Let nothing frighten you,
All things are passing:
Life constantly changing.
Practise patiently.
Whoever knows life lacks nothing;
Life alone prevails.**

I want to thank dear Nancy, editor of *Somatic Psychotherapy Today*, for her invitation to write for this excellent publication four and a half years ago. It has been a fabulous experience to be part of this project and to get to know you through this working relationship, as well as to read words of wisdom from the rest of you writing and contributing. A big thank you.

Kamalamani 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. *Continued on page 112*

Val Hudson is a painter drawing on a wide spectrum of ideas and influences. Her paintings present a dreamlike quality of ephemeral spaces punctuated with half seen evocations of memory, experience and sensory imaginings. The content of her paintings are the starting point of a conversation with the viewer where the language is not just visual but emotive and evocative with a subtle potency of shifting illusive signs and symbols. *Continued on page 112*



How We Can Be Together From Before the Beginning: Womb Surround Birth Process



**Kate White, MA, LMT, RCST®,
CEIM, SEP**



**Ray Castellino, DC
(retired), RPP, RCST®**

Group experiences are a powerful way to repattern early trauma when they are positive, connected, resourced and grounded. Eventually, experiences of early trauma from our family of origin or from overwhelming groups in general will arise when you engage in therapy with others.

What exactly happens in these gatherings?

How is it that an early overwhelming memory like birth can be brought to the surface and changed to something new?

A small group of 5-7 people can explore prenatal and birth experience in The Womb Surround Birth Process Group, a form developed by Ray Castellino DC (retired), RPP, RCST®. Trained facilitators evoke positive affect, promote a specific set a principles, and encourage contingent communication between group members. When implicit memories are brought into consciousness, facilitators can slow the pace, resource the person having the experience, and create a felt sense of safety so that early, bodily-felt memories can be released. New neural pathways connected to our blueprint for life can be created, restored or repaired.

Ray Castellino is credited with bringing the notion of slow, universal, biological rhythms and energetic attention as governing principles for health to the pre and perinatal world. The practical application of “attending to” as a modality changes the focus from the traumatic history to the present, life-giving energy and flow found in the body or somatically-oriented world.

Today, Castellino is a vivacious man in his early 70's with over 40 years' experience in the somatic healing arts. He has made a significant contribution to the therapeutic world through the development of the Womb Surround method and his related professional training so that practitioners can learn his specific format to explore early trauma. Patterns that arise from early prenatal and perinatal trauma include: transgenerational trauma; conception; a variety of prenatal experiences that range from abortion ideation to prenatal bonding and baby consciousness; birth interventions of all kinds; family dynamics; and a special kind of prenatal and perinatal experience that fits a category called 'Double Binds'. Castellino offers two out of eight training modules just on these experiences, which can include ancestral patterns, twin loss and twin dynamics, near death experiences, breech deliveries, adoption, neonatal intensive care experiences, and more. Positive early imprints include feeling welcomed, wanted, loved, safe, protected, attuned to, seen, and heard. Each person carries his/her own unique signature of experiences.

A Historical Overview

Prenatal and perinatal early trauma resolution therapies have evolved along an experiential continuum. Early pioneers in birth trauma healing were psychoanalysts, starting with Otto Rank, a disciple of Freud. As therapies grew, body psychotherapy emerged as a discipline through the works of Wilhelm Reich. However, there remained a vein of psychoanalysts who explored early prenatal and perinatal imprints including,

RD Laing, Donald Winnicott, Nandor Fodor, and Graham Farrant. Significant contributions were made to the field of early memories in the body from Frank Lake, Stan Grof, Arthur Janov, and William Emerson. A curious enthusiast of prenatal and perinatal therapies may remember Priming, Rebirthing, Holotropic Breathwork and more from the last century.

Castellino's approach is uniquely different from the original Pre and Perinatalists. He developed his theories and practices from a blend of energy therapy, bodywork and trauma resolution, including Randolph Stone (founder of Polarity Therapy), elder osteopaths including William Garner Sutherland, and Chiropractor/Osteopath, Major Bertrand Russel DeJarnette. He is credited with bringing the notion of slow, universal, biological rhythms and energetic attention as governing principles for health to the pre and perinatal world. The practical application of “attending to” as a modality changes the focus from the traumatic history to the present, life-giving energy and flow found in the body or somatically-oriented world. Influences from William Emerson (pioneer in prenatal and perinatal psychology), Franklyn Sills (Biodynamic Craniosacral Therapy Pioneer) and Peter Levine (founder of Somatic Experiencing®) have profound influences on his work. Castellino is an avid collaborator. His work is cross pollinated with Mary Jackson (home birth midwife), Tara Blasco (co-director of the non-profit family research clinic that Castellino found with Wendy Anne McCarty) and Anna Chitty (a noted Craniosacral and Polarity Therapy Teacher).

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White and Castellino continued from pg. 69

His work is also highly informed by his training as a musician and music teacher. He is a master of sensing into the patterns that can arise from difficulties from the prenatal and perinatal period. His observations, somatic skills, and passion for healing early overwhelming events in the nervous system of the families he was seeing came about after he started doing healing work with babies. Seeing how families' experiences affected the baby, he began to work with small groups to create a therapy that would help the whole family. This small group workshop is the product of the training and the form he developed. It is ideal for creating a safe container and experiential dips into a person's early history, and it is somatic therapy at its core.

overwhelming event or events in our history but no longer serve in the present; in fact, they can get in the way of our growth or even the resolution of the original trauma. Examples of early overwhelming patterns include feeling wrong because our birth pattern was different than the norm, that we don't belong because of something that happened in utero, or that relationships are just too hard. People seeking these group experiences grasp that something implicit is at play and talk therapy isn't enough to heal it. We often see health conditions in adults linked with early overwhelming imprints such as complex syndromes, chronic pain, depression, hyper vigilance, sleep disorders, eating disorders, and more.

The Womb Surround functions to provide reparative experiences that we needed then to develop more fully and



Early Imprints and Sequencing

We develop in a sequence: conception, implantation, embryo, fetus, baby. Our cells unfold in a sequence, too. We form our bodies in relationship with our mother, our first environment, and then our family. Participants in the Womb Surround Process create specific intentions based on patterns that continue, in many ways, to confine and function as constrictions detrimental in their lives. These patterns are adaptive to the

completely so participants are able to change how they feel about themselves and be free to be the people they want to be today.

Facilitators of the Womb Surround Birth Process begin with defining a set of Principles that Castellino created (White, 2014). These are:

Principle of Mutual Support and Cooperation

Principle of Choice

Principle of the Pause: Self and Co-regulation

Principle of Self Care

Principle of Touch and Attention

Principle of Brief and Frequent Eye Contact

Principle of Confidentiality

Then a specific form is employed so that the process unfolds in a slow, deliberate sequence. The group plays a huge role because the early patterns are often coupled with relationship and family. Skilled facilitators encourage contact with people in the group in a friendly, connected way. The pattern that needs to be explored emerges. Models of group process before the Castellino method sometimes referred to this exploration of early patterns as sacred research. The key to repatterning is the slower pace and group coherency. Facilitators pay attention to relationships in the circle and the feeling tone of the group. There are as many ways to explore a pattern as there are people. As these early imprints emerge, the blueprint for health also emerges.

The Map Versus the Territory

A blueprint for wholeness, health and wellbeing exists in each of us. Therapies that flowed together to support the development of prenatal and perinatal health from its inception promoted energetic and physical healing models. The old osteopaths and polarity therapists like William Sutherland and Dr. Randolph Stone referred to our early roots of health as a blueprint, or a map of human development.

It begins with our genes and then continues with connection. There is a saying in human development: genes are the architect and experience is the carpenter. Other examples of the blueprint lie in our understanding of the autonomic nervous system. We each have within us our capacity to live fully, to have the energy we need to follow our true path, build relationships, pursue our passions, and live well until the end of our days. The deeper health patterns in our bodies are described as tides by the old osteopaths. There are manual therapists trained to feel patterns in the body with their hands and their body.

As the Polyvagal theory, developed by Stephen Porges, has become widely known, we can now also speak in terms of functional nervous system health. We can further define patterns in our bodies as responses to threat or safety. Even embryos have early roots of nervous system function as the patterns for safety and survival begin in the first trimester. Our bodies develop at an amazing rate, recording experiences in the womb. Recent and distant research show that babies have experiences in the womb and that these experiences have lifelong and future generational implications. In fact, we know that the experiences our mothers, grandmothers and sometimes great grandmothers can imprint in our DNA.

Womb Surround facilitators support people to find an early health map of connection, support, safety, protection, and a sense of belonging. Also coupled with this map is deep compassion, love, and a spiritual sense that comes with us as our soul drops into human form. Castellino often refers to this a "stepping down into the Creation." This is our human map. The imprints are the territory. We all live within different territories and their meanings. Each is encoded into our lived experience. Perhaps your territory has elements of our natural response to overwhelming events: fight, flight or freeze. Trained group leaders help find these places and help the

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participant name the experience. In the slow pace, these experiences are titrated so that they are no longer overwhelming, and access to the present, group energy, and the adult consciousness is always there as a resource. Participants are encouraged to feel that the map is always there, but obscured by the overwhelming response still looping in the body. There is the possibility of illuminating the map, draining the stress of the long-ago imprint, and reclaiming, restoring or repairing wholeness.

Embracing our Humanity

Many people don't feel safe in their bodies; that is an imprint. Prenatal and perinatal therapy like the Womb Surround or Somatic Experiencing® by someone trained to understand early trauma offer ways for people to get to these implicit memories and see them for what they are: something that happened long ago frequently even in the previous generation. It is possible to find out who we are in the now and live there. Reclaiming, restoring and repairing our early overwhelming experiences from our very first human connections are among first layers for establishing safety. Castellino brings in the elements of cellular and embryonic development through specific energetic and body-oriented meditations. By slowing the pace, we can experience our human form in relationship to the earth, sky and relationship with others: we are here on the planet in a human form with other human beings. We are spiritual, individual and social beings.

The stories that we know about incarnation can be as simple as answering the questions: Did you want to come into human form? Do you get a sense of what drew you in? What helps you feel more welcome if you sense you were reluctant to come? Those who practice with the intent to heal early traumatic imprints know that we are spiritual beings in a physical body; and babies are the closest beings on the planet to those spiritual planes. Can we remember these places and be embodied, too? Embracing our humanity in our bodies is a big challenge.

Fortunately, we have our biology that we can train. Our social engagement system (cranial nerves V, VII, IX, X, and XI plus the heart) is a unique heart, voice, face connection that interfaces with others. We can work with that in the Womb Surround circles. We know that our facial expression informs our body, and vice versa: the vagus nerve is 80% sensory informing our brain and our neurophysiology of the felt sense of safety (our interoception). The deep neuro-anatomy of our brain reads the environment for signs of danger or safety (our neuroception). This group process evokes the Surround, or how can we come together to create safety and connection. For the person exploring their patterns, the group can begin to represent what happened for them, and the facilitator can resource and reorient the person as well as the group to the difference between the history (that was then), and the present (this is now), and finally, what would be the most healing here. How we are together can heal these early imprints. Participants are taught to track their nervous system, and they gain skills and a new perspective they can carry into the current lives.

This modality is growing in use as qualified practitioners from trainings offered by Castellino are branching out and offering them.

For more information see <http://www.castellinotraining.com> and <http://wombsurroundworkshops.com/>.

Kate White is Director of the Center for Prenatal and Perinatal Programs, owner of Belvedere Integrated Healing Arts and Director of Education for the Association for Prenatal and Perinatal Psychology and Health. You can see more about her at <http://www.ppncenter.com>, <http://www.birthpsychology.education> or about prenatal and perinatal psychology at <http://www.birthpsychology.com>.

Raymond Castellino, DC (retired), RPP, RPE, RCST®, draws on over four decades of experience as a natural health care practitioner, consultant and teacher. His current practice focuses on the resolution of prenatal, birth and other early trauma and stress. See more about him at <http://www.castellinotraining.com>.

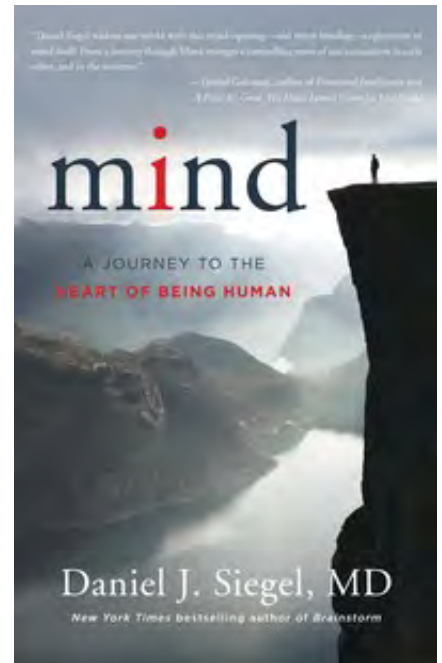
Mind: A Journey to the Heart of Being Human



Reviewed by Janay Anderson

What is the mind?

Is it different from the brain?



Of course, we would expect the mind to be clearly defined since thought, discourse, and creativity are the crux of our modern societies. However, Dr. Daniel Siegel explores a major gap in our understanding of mind: we don't understand it. We don't have a collective definition of the mind, which is different from the mechanistic brain, even though we engage daily in professional capacities with the mind. Dr. Siegel's sometimes autobiographical, oftentimes exploratory book, *Mind: A Journey to the Heart of Being Human* reveals this very disparity: "various disciplines focusing on the mind did not have a definition of the mental" (143). However, we still manage to think we do understand the mind because we can describe what it does. A mind enables us to think, emote, and be conscious. Yet, what is the mind beyond the description of its characteristics?

Dr. Siegel defines the mind as an embodied and relational, self-organizing emergent process that regulates the flow of energy and information both within and between. His definition of mind is full of his own language that he develops throughout the book. This way of talking about the mind would not appeal to some readers: "If instead you are looking for more of this conceptual discussion, seeking a purely theory-based, subjectively-distant discussion about the mind, you'll need to explore other more standard books rather

than this one" (pg. 20). Thus, he self-selects his audience early. He sprinkles "both scientific discussions and experiential reflections" into this text and the result is that as you move through the book he subtly shifts more into a mystical or spiritual understanding of mind (pg. 20).

The solitary critique that I have of this text is that it can only be read straight through. There are simply no shortcuts for reading this book. That is to say, Dr. Siegel begins the journey into the mind quite innocently and simply in the beginning and gains complexity throughout the chapters. Bouncing around while reading the book might lead to an uninformed reader coming across sentences like these: "This is what integration entails—the linkage of differentiated positions along the energy probability curve" (pg. 285) which makes much more sense in the flow of his writing over time.

Janay Anderson studies French and pre-medicine at Columbia University and is set to graduate in May of 2017. She has done oncology research in New York City for two summers on small protein receptors that are implicated in the pathology of certain lung cancers and continues to work in the Biological sciences department at Columbia University. In addition to working for SPT, she writes reviews for *the International Journal of Psychotherapy*.

Matrix Birth Reimprinting: The New Paradigm in Holistic Birthing

By Sharon King



Simon had not wanted to be held or touched by his parents since birth. Talking about his birth history, his mother, Sarah, mentioned that she wasn't aware that his collarbone had been broken at the time of his birth furthering the already painful experience of the forceps delivery during the birthing process. When Simon was an infant and Sarah tried to hold him, to feed him, he screamed. She had to prop him up in a chair to bottle-feed him. It wasn't until three months later that the doctors finally discovered he had a broken collarbone. By that time Simon had already made the decision that 'touch was painful' and you 'can't trust others to keep you safe'. At age 14, he still objected to being held. They came to me for help.



How we come into the world really matters. Perhaps one of the most impacting traumas a baby can experience is birth. It's not that birth itself has to be a traumatic experience. It's that our western birthing process has become highly mechanical. We've lost touch with one of our most important rituals—the ritual of birth. When I say the word ritual in conjunction with birth or add in the word holistic, people often picture candles and soft music, perhaps even a birthing pool with a doula or midwife involved. And while creating what some may consider as ideal circumstances for birth is important, I believe a new paradigm in birthing is greatly needed. This new paradigm starts with one vital understanding that has been overlooked in our western birthing model—babies are conscious beings. Our culture does not fully understand the concept that babies are conscious beings and all that comes with being a sentient being. With the misunderstanding that babies can't feel or remember anything, they are often brought into the world in barbaric ways with forceps, needles and rough handling, as well as overlooking the vital opportunity they need to bond with their mother as nature intended. The minute babies experience this kind of treatment they make decisions about the world they live in. Decisions that are often carried for the rest of its life.

In fact, their consciousness begins in the womb, even at the time of conception. If this is the first time you have heard this information you may want to take a moment to digest what it means because mostly we have been taught that babies are unconscious and unfeeling, and we have built our western maternity concept on this false belief.

Even before they are born, babies are receiving information about the world around them and forming beliefs based on what they receive. Every stress, every trauma that the mother experiences is perceived and understood by the unborn baby. The baby is recording this information and using it to gather data about whether the world that it comes into is safe or dangerous, loving or hostile.

For the past decade I have been exploring the impact that this new understanding has on us as individuals. What I have come to understand is that the implications are far reaching into our adult lives. If our mother is traumatised while we are in the womb, we don't just experience that trauma at the time. If you think about the impact that trauma has on us as adults you will probably be aware that it can still ricochet into all corners of our life long after the event is over. Similarly, babies who experience trauma through their mother in the womb can be deeply impacted by what they went through, long into their adult life. It shapes their brain, which in turn affects how they show up in the world as adults.

When I talk about trauma, I'm not simply referring to what are classically considered the 'Big-T' traumas, such as car crashes or disasters. I am also referring to the family and life traumas that occur as part of our day-to-day living. Even the sense that a baby is not wanted can be experienced as a trauma, shaping the identity of the child to believe that it doesn't belong and is not wanted in this world.

Although I may have painted a bleak picture of our current situation, there is also hope. Because it is actually possible to rewrite our experiences from the womb and birth, which changes how we experience and perceive life as an adult. The technique that I created to rewrite birth trauma is called Matrix Birth Reimprinting. You may already be familiar with the technique that it evolved from, called Matrix Reimprinting, which uses EFT (Emotional Freedom Technique).

EFT is known as a 'tapping technique', and a whole plethora of these techniques have emerged over the last few decades. They involve tapping on meridian points on the body whilst simultaneously engaging the mind on a particular issue or problem that you are experiencing. The problem can be from the present or the past. When you tap on these points in this way (which are similar to the points used in acupuncture) and focus on a particular issue that you are experiencing, you can release the problem from your mind and body simultaneously.

Continued on page 76

Matrix Reimprinting, created by Karl Dawson, enables us to rewrite our memories. With EFT, we take the emotional charge out of traumatic life events but the memory stays the same. With Matrix Reimprinting we actually go back into the memory, not only clearing the charge of what happened, but also finding out what we learned about life on that day, and imprinting new beliefs.

This has a profound effect on how we show up in the present day. We hold our memories from the past on an unconscious level, and tune into them, particularly when something in our external environment reminds us of what went before. We often experience this as triggers, and end up riding an emotional rollercoaster, that is our life. If we go in and change the memories they no longer have the same power over us. But more importantly, when we change what we learned about life the day that they happened and install new and supportive beliefs, the way that we see the world changes on a core level. The exciting part of using these techniques is that it also works on a surrogate level not only releasing the trauma for the person you are working with but also for those connected to the event.

I used Matrix Birth Reimprinting, Sarah and I went back to the time of Simon's birth. She apologized to him for not realizing he was in so much pain. We tapped on him for his pain and for his frustration at not being understood. We then guided him back through a healthy birth and bonding experience and reimprinted him happily breastfeeding in her arms.

The evening of the session he came into the kitchen with a friend whilst Sarah was washing up. He said, "Mum, I've hurt my back playing football, can you rub it for me?" After she had done so, he thanked her and gave her a huge hug. This was very atypical behaviour for him. In fact, this was the first time in his life that he had initiated contact with her.

It sometimes comes as a surprise to mothers that their young children can recount their birth experience.

At Julian's birth, Lesley was excruciating pain, especially in her back. She described

her labour as back-breaking. The labour was not progressing so she was given an epidural; unfortunately, they gave her an overdose that paralysed the whole of her body right up to her neck. She couldn't move her arms and was struggling to maintain her breathing, which was making her panic. Eventually, they ended up giving her a C-section. This is the story her son Julian shared with her as she was preparing for his third birthday party:

"Do you remember being born, Julian?" Lesley had asked him.

Julian went quiet and replied, "Yes." He paused and then said, "I remember I tried to go in there and it was too tight so I came back and I waited. Then I went and got a ladder, I climbed up to where the light was, and then your back wasn't broken any more." This was just as Lesley had described the pain in her back during the labour.

He then went on to say, "I remember I was so sad because you didn't pick me up."

She explained to him that the doctors had given her too much medicine so she couldn't move. The medicine made her so scared; she wasn't able to hold him. "I'm sorry but I wasn't able to move," she said.

So he repeated that he had waited and gone and got the ladder to get out himself so it was okay. We later did a Matrix Birth Reimprinting on the birth and gave her the experience of giving birth naturally and being able to hold her son.

I started to work with expectant mothers who had had previously traumatic births (either when they were born themselves or when they had given birth previously) and experienced profound results. The first was Caroline who was pregnant with her third child when we worked together. Her first two children had been born under highly traumatic circumstances and when I came to work with her it turned out that her own birth had been traumatic, too. We rewrote all these experiences and created a future imprint of the birth of her unborn child. Her third child was born exactly as we had imprinted, and there were many positive side effects for her existing children once the trauma of the birth had been cleared.

Since then, I have reprinted the births of literally thousands of people around the world. Sometimes, core-beliefs that have been held for six decades, dissolve during one session. In the case of people who weren't wanted while in the womb, for example, they may enter the world with the core belief that they don't want to be here. When we go back to the root of where that belief was formed, and heal it, a new perception of the world is formed.

Perhaps one of the most surprising revelations for me has come from the fact that rewriting a birth of a child who is still an infant can have an affect on their own health and well-being. I worked with Jake's mum when he was still a small child. He had experienced a highly traumatic time in the womb and at birth and has had epilepsy since birth. I worked with his mother over three sessions, and remarkably, Jake's fits went from occurring daily to something like once every 3 or 4 months after we had cleared his prenatal and birth trauma. And the important thing to note in Jake's case is that I didn't work with him directly. I only worked with his mother. When we understand that we are all connected by a unified energy field then this kind of surrogate work seems less remarkable. Yet it still has far reaching implications for the health and well being of our children, particularly if their birth or time in the womb was traumatic.

The one key thing that I can say about my work is that we have all been born! And most of us experienced some kind of trauma, either when we were in the womb or during the birthing process. It is my understanding that we can all benefit from Reimprinting our birth. We don't even need to know the circumstances of our birth to do so, because once we start the process, the tapping brings memories to the surface, so that we can understand why we see life a certain way and install a belief that is more supportive. As I said earlier, the way we come into the world really does matter. But we can also change the way we came into the world too. Our past is rewritable. And when we rewrite it, it can lead to a more positive and fulfilling future.

Sharon King is the creator of Matrix Birth Reimprinting and the author of *Heal Your Birth, Heal Your Life: Tools to Transform Your Birth Experience and Create a Magical New Beginning*. She teaches practitioners worldwide in her process, and is available for private consultation and speaking engagements globally.

www.magicalnewbeginnings.com

www.healyourbirthbook.com

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Leadership: The Art of Relationships

By Alex Lobba

AHA! Moment

Two years ago I had an AHA! moment that set me on a new, unexpected course to create a leadership training: Flow of Leadership. My wife, Mary Jackson – homebirth midwife and pre and perinatal practitioner extraordinaire – had invited me to join her for a Circle of Security Intervention training with Glen Cooper in London. We had been reading his book together, and I had just finished a software consulting project – my main line of business. So, I decided to go. The day before leaving, I managed to find an open seat on her flight right next to her. That was a good start, but things kept getting better.

Bringing together somatic experiencing, attachment theory, neuroscience, and intrinsic motivation for businesses and organizations

In the training, everybody was a social worker or psychologist and nobody, including Glen, quite knew what to do with me: a computer geek. And I was not sure what I was doing there myself, except that I love attachment theory and was learning great information. What impressed me the most about Circle of Security was the simplicity and pragmatism of their model without having to use advanced attachment theory terminology, and the amazing results they have been producing with their intervention. Then, on the third day, the dots connected and I had my epiphany: this is what's missing in business! People want to be good leaders as managers and coworkers, but their early imprints often get in the way of constructive relationships and all hell breaks loose. Just like what happens with parenting. As a result, all too often people in an organization spend more time in threat response mode (usually called "dealing with politics"), unable to tap in their creativity to solve problems.

On that warm summer day in London, surrounded by its multicultural richness, I glimpsed the opportunity to bring together my 30 years of experience in organizations and businesses with pragmatic ways of unpacking early imprints from Circle of Security. I also sensed the fit with the principles of intrinsic motivation and with the direct access somatic experiencing and neuroscience provide. My head was spinning, but I knew from direct experience that people in business are starved for leadership skills and training that go beyond models of personality and communication types, and empower actual self-reflection and transformation.

Not wanting to step on toes, I asked Glen if Circle of Security was focusing on businesses. He replied that families have been their primary mission, and gave his blessing for me to borrow some of the Circle of Security principles to apply them to business.

The Journey

Back at home a couple of weeks later, I shared my thoughts and excitement with my son Marco, who immediately grabbed a notepad and said "Ok, let's start" and we were off to the races – no discussion, no excuses, no maybe later.

The process has been incredibly rich. The best part has been the personal insights and transformation I gained by having to put myself through the program to create it.

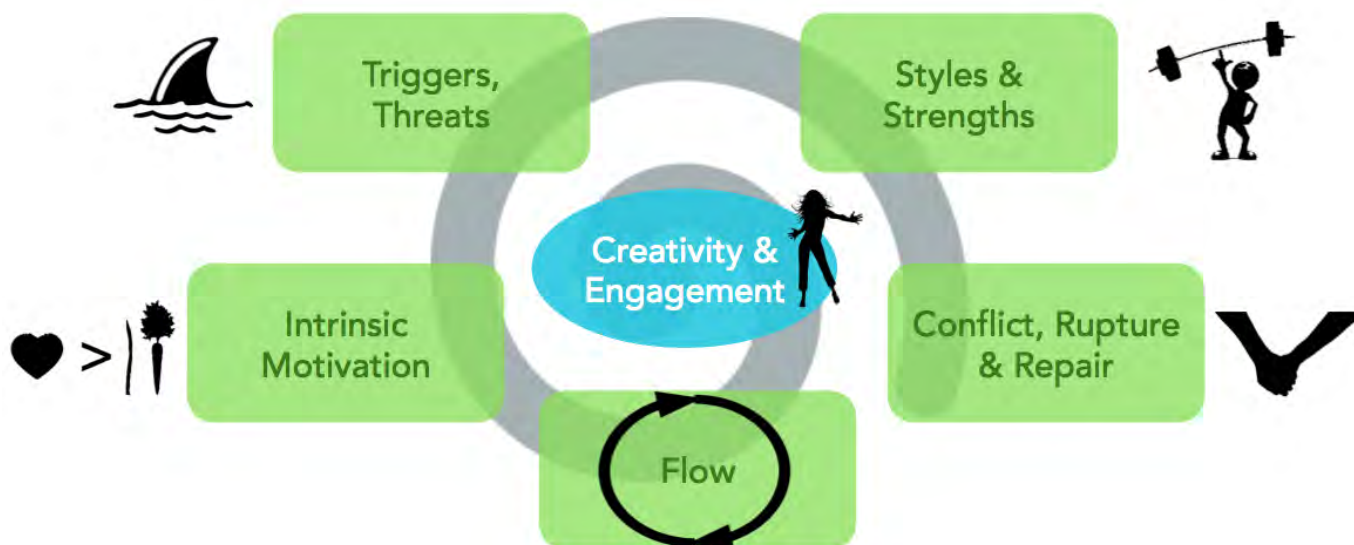
I am indebted to my son Marco for helping me jump start the project; to the friends and colleagues who have been my early guinea pigs; and to my wife for inviting me to London and for helping me refine and deliver the program.

Flow of Leadership

The goal of Flow of Leadership is to make more choices available for ourselves in those situations where implicit memories bypass our conscious mind, causing us to act or respond in ways that produce havoc and disconnect. Situations where when we look back, we feel like our survival was threatened, and if we have enough objectivity we are left wondering "What the heck happened? Why did I do that?"

The training focuses on six major areas and through a combination of lectures, discussions, and exercises, we build the incremental set of skills that gives us a wider range of choices.

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Creativity & Engagement - We start by looking at what makes a team experience memorable and how creativity and engagement are key to most jobs today because they tend not to be repetitive and require problem solving. What happens in our brain and nervous system when we go into threat response, and what happens to creativity and engagement?

Flow - To be able to understand what we experience as triggers and threats, we explore the natural flow in all activities and relationships. What were the aspects of the flow in which we experienced safety growing up and those where our needs were not well met? The flow is simple: there is an OUT phase and an IN phase. The OUT phase is where we explore the world and get things done. The IN phase is where we integrate our experiences and reflect. Throughout each iteration of the flow we need to CONNECT.



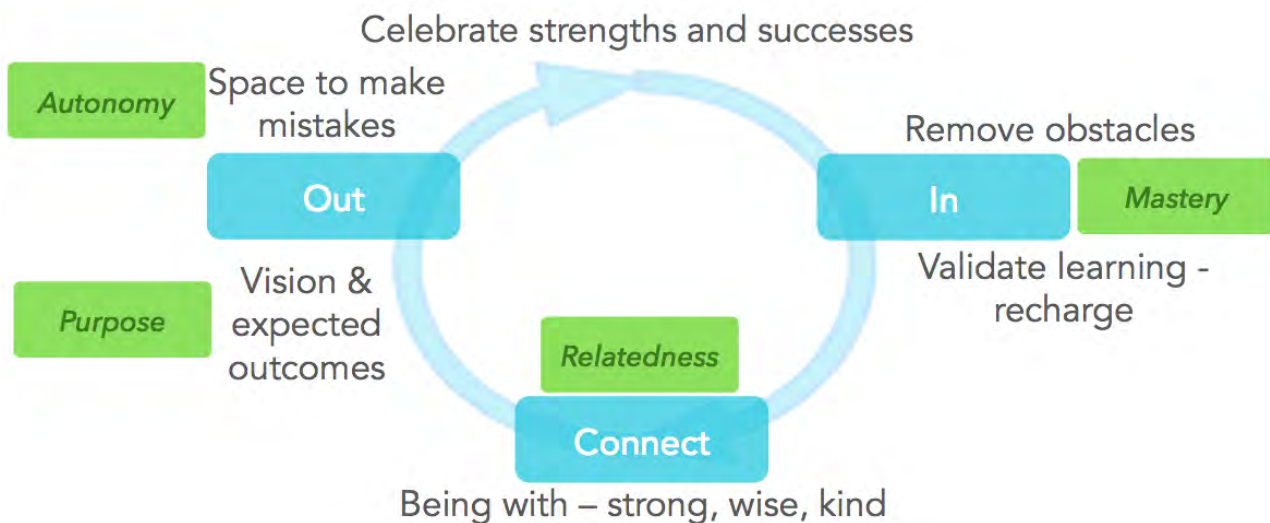
It's fascinating to overlay this flow with the sequences and needs of birth or childcare, and to correlate our earlier experiences to areas where we are most comfortable in relationships and at work. For me, for example, it's been a lot easier in my life to be in the OUT phase and focus on getting things done than dealing with somebody who may be upset and IN need of help integrating and connecting. My family was extremely loving, but there was also a lot of insecurity from my parents on how to parent, so I was often in a

position of taking care of their emotional needs. Not an appropriate role. How did this impact me? If somebody at work needs a lot of hand-holding, I tend to get impatient. Another example is that when my wife was in labor with our first child, I expected to be giving her massages between contractions and do all this cool stuff to support her, but she didn't want any of that and just wanted me to be there within a foot of her. Be there and do nothing? Are you kidding me? My whole being freaked out, but how could I resist her? I was able to settle in that role and ended up loving it and truly being there, connected.

The bottom line is that it's optimal to be comfortable around the whole flow and recognizing where we have over and under-utilized strengths helps us focus on developing those under-utilized strengths and widen our range of choices.

Intrinsic Motivation - Next we overlay intrinsic motivation to the flow. Extensive research has shown that as we evolve to a society where focus shifts from basic physical survival to activities that require creativity and innovation for problem solving, Maslow's pyramid of needs and motivation becomes inverted. The old carrot and stick approach to motivating people no longer works, in fact, using it has the opposite effect. The scary part is that 93% of managers do not understand what motivates employees¹, and only 3 out of 10 people are engaged in their work²! The personal and economic impact are huge (over \$500B per year to the US economy), and this type of leadership work in organizations is badly needed.

Research shows that carrot and stick must be replaced by: Purpose, Autonomy, Mastery, and Relatedness. Interestingly enough, these map very well to the flow.



To be effective and feel secure at work, for the OUT flow, we need a clearly articulated vision and expected outcomes (Purpose), then we need the space to make decisions and make our own mistakes (Autonomy). To have a sense of Mastery we need our strengths and successes celebrated, we need leadership that helps validate the lessons learned and removes obstacles. We need leaders who are strong, wise, and kind.

Continued on page 82

1. Walter Chen (7/14/2014) 95% of Managers Follow an Outdated Theory of Motivation - <http://blog.idonethis.com/management-maslows-hierarchy-needs/>

2. 2014 Gallup State of the American Workforce - <http://www.gallup.com/poll/181289/majority-employees-not-engaged-despite-gains-2014.aspx>

Triggers, Threats - Chances are that the over and under-utilized strengths we discovered looking at our early imprints also reflect on how we do in the flow at work and on how well we support intrinsic motivation needs. It is also very likely that the aspects of the flow that we are the least comfortable with are those that activate our triggers and put us in the threat response modes of fight, flight, or freeze.

Because these triggers are from implicit memories, registered in our primitive brain, they are activated very efficiently, without us being aware of it, to protect ourselves from threats (same response if they real or just perceived). And off we go, in auto-pilot mode, as if our life depended on it.

The most effective way to access these triggers and move them from implicit to explicit is by tracking body sensations through somatic experiencing, giving them language and therefore engaging the frontal cortex of our brain to make choices. "Name it to tame it!"

Threat responses from the primitive brain:

Fight



Flight



Freeze



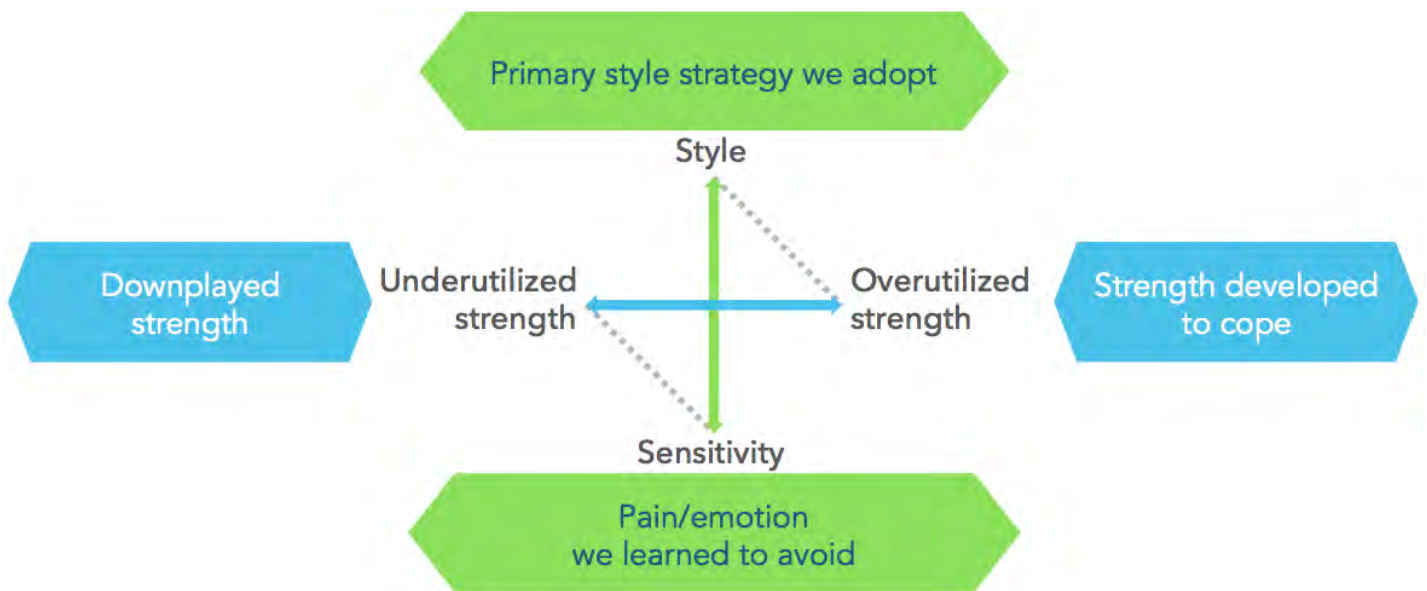
Recognizing the triggers and the sensations that turn-on our threat responses



Styles & Strengths – The blueprint we all come to the world with has a full palette of strengths. Our triggers are the expression of defensive strategies we developed from early imprints in order to cope with the pains and emotions we learned to avoid (under-utilized strengths), and in order to focus on the behaviors that got positive reinforcement (over-utilized strengths). The combination of under and over-utilized strengths that drive us defines the primary style in which we operate.

In the training, we explore the three primary styles, and understanding them helps us acknowledge our over-utilized strengths, nurture our under-utilized strengths, recognize our triggers, and develop more choices for ourselves and more empathy for the people around us.

Conflict, Rupture & Repair – In leadership, just like in parenting, it’s not about being perfect all the time – that’s impossible. If we are doing the right thing 30-40% of the time, we are doing great! Besides, conflicts and mistakes are what deepen trust and strengthen relationships, when handled well. *This article is continued on the lower half of page 85*



We make mistakes



Opportunity to strengthen relationship

Prenatal Development *and* Parents' Lived Experiences

*How Early Events Shape Our Psychophysiology
and Relationships*



Ann Diamond Weinstein



Reviewed by Kevin Jeffrey Goldwater

In her introduction, Ann Diamond Weinstein declares "...a veil artificially separated prenatal and postnatal experience in this discipline [of psychology]" (1). Her work presented here stands as a hand lifting that veil, attempting to synthesize the separation between two apparently equally important aspects of human development. Indeed, she explains that the various aspects of prenatal development in their relation to later life experiences are overlooked, and that the time has come for attention to be paid. In presenting qualitative and quantitative research regarding pre- and perinatal phenomena, Weinstein both proves and explains the value she has found in the focus of her career.

Weinstein presents twelve chapters of symphonized research on various aspects of pre- and perinatal related development, covering a wide range of subject matter. Chapters One and Two serve as evidence of theory through life examples and research in general, while the rest take on more specific, centralized subject matter. The next chapters focus on the pre- and perinatal effect outside the womb, understanding biological mothers and their integrated being's effect on the upcoming neonate. The remainder search the biological, direct in-womb development. The final chapter explains the implications and 'opportunities' the research presented provides to the field of psychology.

Within her twelve chapters, Weinstein's immense passion for her work is evident. Because of this, her tone presents research in a way that expresses the need to enter this discipline into the wider zeitgeist. With this direct and amalgamative method, Weinstein provides a concise, easy to follow structure that, without her guidance, would seem randomly ordered. This book is inviting for, at earliest, a graduate student stepping towards a pre- and perinatal related field. However, in her expansive review of modern research, Weinstein seems to lose her personal and clinical experience that so often drives a book such as this. While she does reference her own work, and even her and her maternal ancestors' lives, she still loses the sense of connection between the ideas and someone applying them, leaving a sense of reading consolidated research. This does not take away the value of her work, but it loses a chance to communicate direct, personal effect.

With her heart in it, Weinstein presents a book that conveys not only the relevance of pre- and perinatal development to a person's being, but also the importance of

including that within different psychological disciplines. Her presentation remains impressive, and leaves the reader to reflect on the lost time spent without the ideas offered. This book earns its place on the shelves by expressing and proving the need of attention to pre- and perinatal effect.

Ann Diamond Weinstein, PhD, is a Preconception, Prenatal, and Early Parenting Specialist with a doctorate in Prenatal and Perinatal Psychology. Weinstein began with her work as a Certified Childbirth Educator for 13 years and later became a Birth Doula, and now focuses on stress management and issues relating to preconception, pregnancy, birth, and early parenting experiences. With training from a wide range of psychological disciplines, she resides in New York.

Kevin Jeffrey Goldwater studies Applied Psychology with a minor in music at New York University and is set to graduate in May of 2019. Born in Chicago, Kevin has done immersive research on psychoanalytic theory and the role of gender in today's media. In addition to working for SPT, he writes reviews for the International Journal of Psychotherapy.

Lobba continued from page 83

And sometimes rupture is not caused by a "mistake", but a necessary step by a person in a role of authority. Repair is not about abdicating authority; it's about focusing on the impact of an action regardless of the intent.

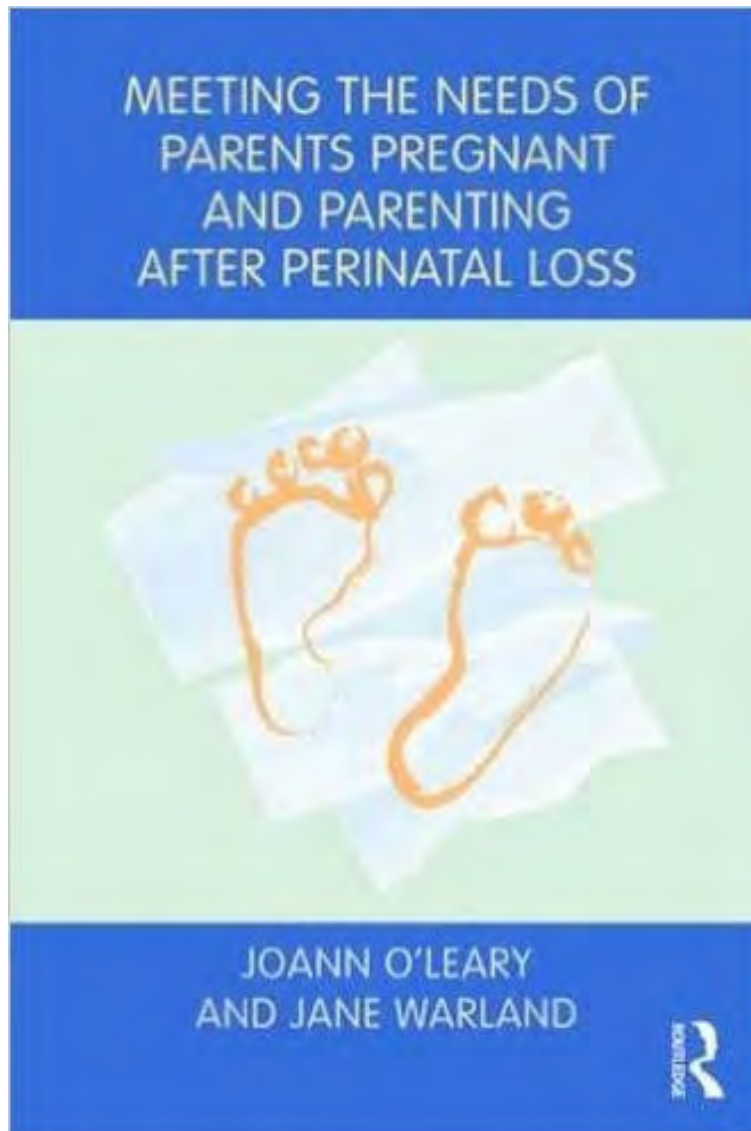
So just when most of my peers are getting ready to retire, I am thrilled to once again reinvent myself and bring this important work to the world of businesses and organizations. Because work can and should be exhilarating, and because relationships are the foundation of everything in our lives.

Alex Lobba is the founder of Flow of Leadership (www.flowofleadership.com), and a 35 year veteran of the software industry, with over 20 years of experience facilitating workshops and council circles. Alex and his wife, Mary Jackson - a midwife who brings decades of experience in pre and perinatal work- have created an engaging and pragmatic platform to facilitate self-reflection, cohesion, and communication. Flow of Leadership is a transformative leadership training

program that helps unpack early imprints for team members and managers to excel at the toughest part of work: relationships. Alex can be reached at alex@flowofleadership.com.

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Reviewed by Nancy Eichhorn, PhD

Perinatal loss. The experience is sadly familiar. Family members, friends, me. Though the term used then was “miscarriage” and the emotional support more than lacking. The sense then was that it wasn’t a real person anyway and the pregnancy wasn’t viable so let it go and move on. Give it time, you’ll get pregnant again. For many of us getting pregnant again either didn’t happen or ended up in another loss. I know one woman who endured seven miscarriages before turning to donor eggs. Two friends went with adoption. I didn’t have children.

In today's culture, there's far more sensitivity to the pregnancy experience, viable or not. I know a professional photographer who donates her time to go to the hospital and take photos when there's a stillbirth, or a sudden death, etc. She captures the family, and yes, they are a family, and yes, the infant was in fact a real person in the parents' hearts and minds. Yet, even with research that highlights parents' increased anxiety and risk of attachment issues with the pregnancy that follows a perinatal loss, there is often little understanding that bereaved families may need different care in their subsequent pregnancies.

Joann O'Leary and Jane Warland set out to change that as they explore the lived experience of pregnancy and parenting after a perinatal loss in their new book, *Meeting the Needs of Parents Pregnant and Parenting After Perinatal Loss*.

Meeting the Needs of Parents Pregnant and Parenting After Perinatal Loss offers a supportive framework that integrates continuing bonds and attachment theories to support prenatal parenting at each stage of pregnancy. Giving insight into how a parent's world view of a pregnancy may have changed following a loss, readers are provided with tools to assist parents as they explore pregnancy (conception, gestation, labor and birth) once again.

The authors discuss multiple perspectives starting with the Parenting Experience of Loss. Yes, the moment a couple learns they are pregnant the relationship with the wee one begins. There's the anticipation and at times fear, the joy and at times confusion. It's all about the emotions and the preparations. The authors note that in all of this, parents don't anticipate their baby dying during the pregnancy or in the newborn period. How, they ask, does one recover from such a profound loss? (pg. 1). And then, extending the experience, how do parents make sense of being a parent to a baby no longer physically present when pregnant with a new baby? Touching and touchy subjects to consider.

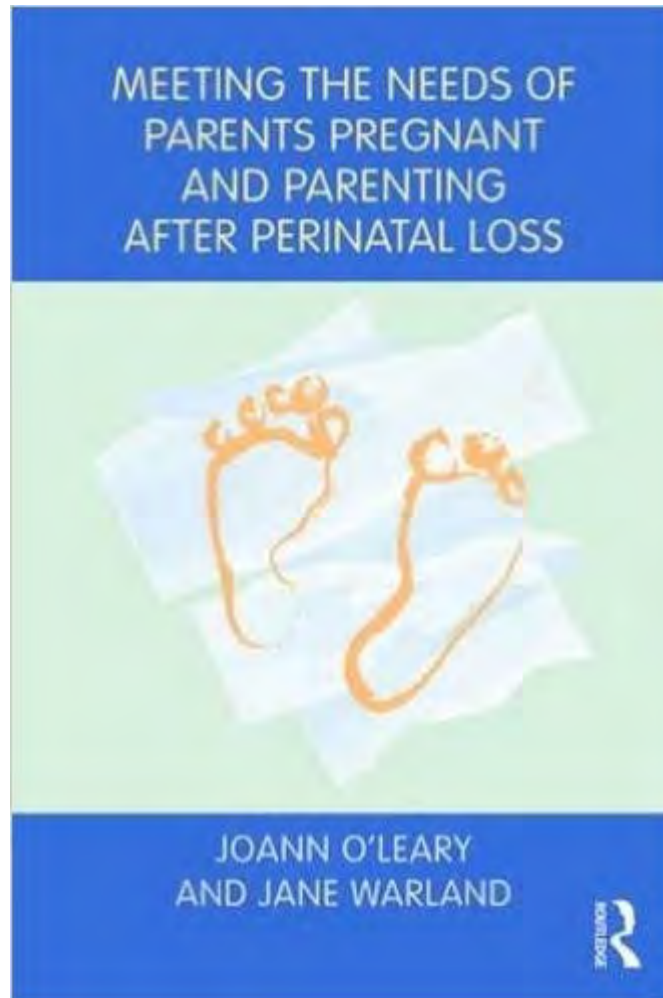
The authors note that "the resolution of

parental grief involves a reorganization of the survivor's sense of self to find a new normal and transformation of the inner representation of the dead child in the parents' social world" (pg. 3). Working with parents who are pregnant after a previous loss involves uniquely different tasks such as working with fear (of another loss), working through avoidance (not wanting to attach to the new baby), moving past not wanting to let go of their grief (feeling loyal to the first baby), and grieving the loss as a parent (as a self) (pg. 10). O'Leary and Warland have created a relationship-focused attachment-based intervention (discussed in this book) to address how to gently guide parents at each gestational stage of pregnancy.

These stages include the following: smooth phase (preconception); break-up phase (disequilibrium); sorting-out phase (12-24 weeks gestation); inwardizing phase (24-32 weeks gestation); expansion phase (32 weeks-birth), and preparation for labor and birth. Each phase is discussed in detail including helpful interventions for professionals working with these families (recommendations for practice), parental features (behavioral and emotional states), vignettes from parents reflecting on their own experiences, case studies and up-to-date research findings.

Other chapters deal with loss in a multi-fetal pregnancy, fetal reduction in multi-fetal pregnancies, heart-break choices, education support groups, bereaved parents raising children, the children themselves—what's it like living with the loss of a twin in utero, what's it like living in the shadow of a sibling who died before you were born?, fathers and holistic health care for bereaved parents. Every conceivable experience with perinatal loss is included in this well written, well thought-out book.

Written for professionals, students and interested persons (those mainly in health and social welfare), this book explores what's currently known about supporting bereaved families encountering the challenges of a subsequent pregnancy and how to integrate a relationship-focused attachment-based intervention.



Joann O'Leary



Jane Warland

Our recent book, *Meeting the Needs of Parents Pregnant and Parenting after a Loss*, combines the clinical practice and research of our work with families who have experienced a perinatal loss. Jane more personally in the loss of her stillborn daughter, Emma, and Joann from her work with families who had experienced an unexpected outcome of pregnancy.

We believe when parents understand that the unborn baby is playing a role in developing a reciprocal relationship during pregnancy this can help prevent stillbirths. Our book outlines specific interventions to use at each stage of pregnancy that facilitates prenatal parenting to connect with the unborn baby.

Jane and I connected sometime in the late 1990's when we found out we had both written in the area of pregnancy after loss. In fact, Jane's book with that title was the first book written on that topic in 1996, and Joann wrote the first chapter in a book on the topic with her colleague Clare Thorwick in 1997. We met in person in Australia in 2001, and Joann returned to do some of her research with families there.

Collaboratively we have learned from each other and now share our knowledge on how to change practice for bereaved families who enter a new pregnancy. Our collaboration lead to providing an intervention model to use during routine medical care to help parents understand that parenting does not begin at birth. We began to promote and teach the concept that the baby is already here during pregnancy.

We visualized unborn babies who were at risk for attachment issues because they were being carried by mothers who were afraid to believe they were even pregnant, fearing this new baby would never be born alive. Further, we believed when parents understood that the unborn baby plays a role in developing a reciprocal relationship

during pregnancy this could help prevent stillbirths.

We have offered one-day workshops for helping professionals about this important material and ultimately produced this book to: help professionals who support parents who are pregnant after perinatal loss; and to go wider and deeper than we can possibly go by ourselves.

We're committed to spread information to parents that the unborn baby's personality and development can be impacted during pregnancy. Today we have solid research to support that the mother's stress during pregnancy may indeed impact a child's personality. Thus, an intervention to help parents know ways to engage with their unborn baby, whether in a low risk pregnancy or one that follows a perinatal loss is an important goal.

Our book outlines specific interventions to use at each stage of pregnancy that facilitates prenatal parenting to connect with the unborn baby. We hope that you find it useful resource, and we thank you for your work with bereaved families.

Prenatal and Perinatal Psychology and Health: A Therapeutic Approach



By Myrna Martin, MN, RCC, RCST®

Prenatal and perinatal psychology was founded on the truth that, as our birthright, we have the resources within us to live full, creative, gratifying lives. We can reconnect with our authentic selves and reclaim the health and wholeness within us despite early adversity.

Practitioners in this field know that how a child is welcomed during the pregnancy, supported through the birth process, and the quality of the infant parent attachment process in the first eighteen months of life all form the foundation of the psyche, brain and the nervous system's approach to life. This time period impacts our sense of intimacy and sociality throughout life as well as the structural aspects of the body. Our earliest life experiences establish templates (imprints or patterns via our subconscious programming) for our physical, emotional, and cognitive development that influence how our later experiences are felt, perceived and integrated into our lives.

Because physical, mental, emotional and spiritual health in adulthood can be linked to prenatal/birth/attachment experiences, therapeutic approaches to health and

healing based on prenatal and perinatal psychology work with the root source of life's difficulties and wellbeing to address early adverse imprints.

The work often involves an intensive process to repattern difficult and painful historical experiences at the somatic (bodily) level. We can release and repattern unwanted and unnecessary imprinting from our nervous systems—the nervous system's response to stress can be repatterned: neuroendocrines can be released differently activating different parts of brain allowing new ways of being with situations to arise. We can regulate our actions, emotions, beliefs and thoughts in ways that support us. We can learn to slow down, experience and name the sensations, feelings, images, memories and not get lost in the 'story' so that our health and full energy can emerge.

Pre and perinatal psychology and health is based on embryology, infant / child development, attachment theory, neurobiology, craniosacral therapy, trauma resolution, family therapy, and midwifery and obstetrical practices. The prenatal time frame covers the first nine months of life (conception through gestation) while the perinatal period encompasses the short but critical hours involved in labor, delivery (birth), and establishing breastfeeding (a connection with the mom). It further evolved via research demonstrating that prenatals and newborns were sentient beings—conscious, aware, perceptive, learning and relating with others from the beginning. The attachment period of the next eighteen months is also extremely relevant

In this nonjudgmental, gentle process we co-create the space to understand and accept our history, and see the ramifications of these imprints and more accurately understand how certain patterns show up and repeat in our daily life. Clients work at what we call the leading edge where they are in touch with their resources to create and integrate the changes they want in their lives.

The result is a deeper commitment to one's authentic self, more compassionate loving relationships, and the creation of healthy families that support the optimal growth of infants/children through effective parenting. Healing early adverse/traumatic imprinting makes a major contribution to the emotional connections and secure attachments in the entire family.

Because these early templates are present regardless of the psychotherapeutic/somatic processes we practice, truly understanding the depth of the imprinting process and how it affects our day-to-day life is imperative. Further, the work can offer deep, profound, and often comparatively quick resolution of problems and issues that have resisted other therapeutic approaches.

To support and promote this work, I have produced a 13-module video series (available in different module combinations) covering: attachment; preconception/conception/prenatal; vaginal birth; chemical and surgical imprinting at birth; ancestral double binds; couples from an attachment

perspective; pre and perinatal work in small groups; infants and their families; preschoolers and their families; pregnancy loss and assisted reproductive technologies; adoption; prematurity; and sand play and expressive arts in PPN. Along with the basic training materials, each module includes 12 monthly group support calls, additional notes, home projects, references and research articles and abstracts. You can view the live introductions at <http://myrnamartin.net/video-series-training/>

I've developed a series Summer Residential Intensives designed for personal exploration and supervised practice in the actual therapy. These Summer Intensives provide a concentrated way to learn to do this work, with face-to-face supervision in a small group of 12 people. The first two levels cover the foundation knowledge and experience necessary, and Level 3 is focused on Working with Couples and Adults 1:1. Come to the pristine lakes and mountains and be nurtured by fabulous food, deep work, and beautiful gardens. See <http://myrnamartin.net/summer-intensives/> for details.

Myrna Martin, MN, RCC, RCST® has 40 years experience working with people therapeutically as a nurse, public health nurse, family therapist, Integrative Body/Mind Therapist and teacher (IBP), Biodynamic Craniosacral Therapist and approved teacher. She has been in full time private practice and teaching pre and perinatal workshops, seminars and full professional trainings since 2000.

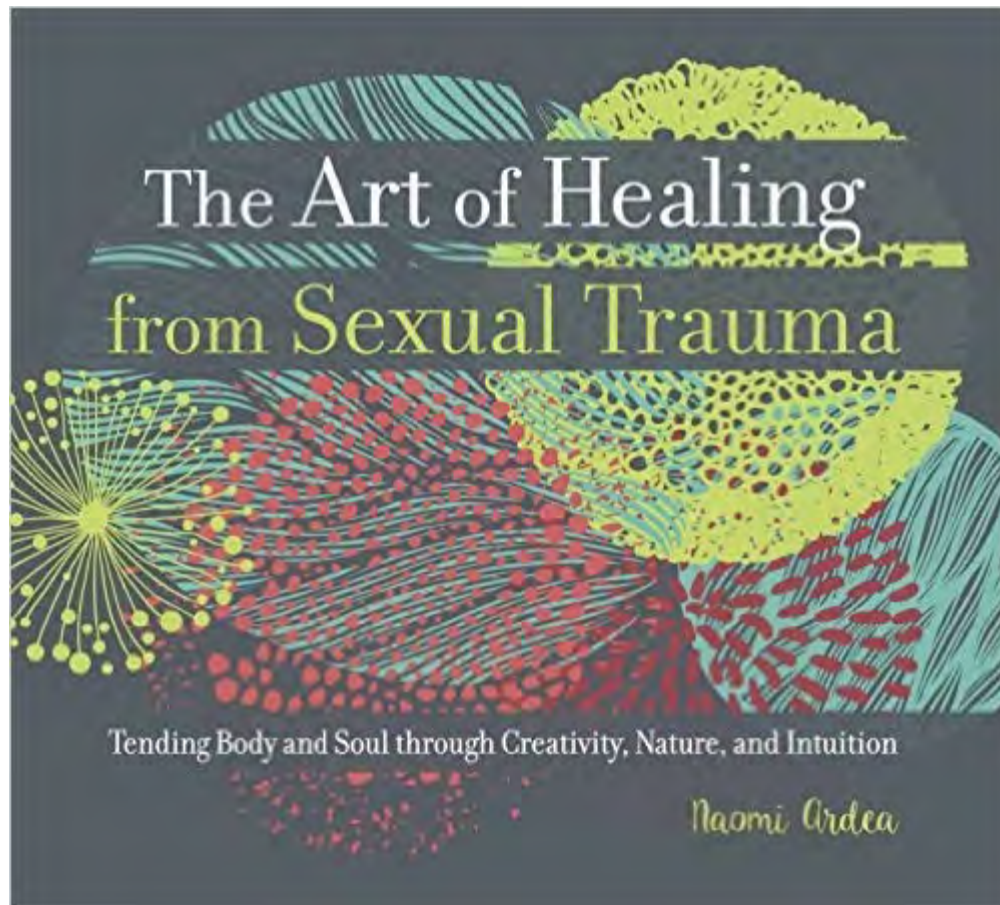
The Art of Healing from Sexual Trauma: Tending Body and Soul Through Creativity, Nature, and Intuition

Written by Naomi Ardea



Reviewed by Johnny Szeto and Nancy Eichhorn

Sexual abuse has long-lasting physical and emotional effects even years after the initial incident. Naomi Ardea, in her debut book, *The Art of Healing from Sexual Trauma: Tending Body and Soul Through Creativity, Nature, and Intuition*, invites readers to experience a profoundly intimate personal tale of abuse and survival as she journeyed through her own recovery. Ardea offers a rare in-depth view into the inner world of a sexual abuse victim as she struggled to regain peace, a sense of wholeness—her profound pain and confusion are real, the chaos and overwhelm present, the sanctuary and escape, the clarity and release poignant. Her soulful and soul-filled paintings swirling on the page (with retrospective reflection as to what was occurring when she created each painting and its impact on her body, psyche, soul), her tone setting photographs (that helped her to realize the way that changing perspectives with a camera lens, the angle for taking a shot, helped her to change her inner reactions to the world), and her authentic, compassionate words, often poetic in nature, offer outlets for the ripples of pain forever present in survivors and bring hope and healing to those still learning to cope in trying times.



Ardea writes with bodily expression, with movement in color, in text, in breath:

"My pelvis feels inflamed, wobbly, twisted. It's heavy like an overloaded water balloon. When I breathe and pay attention to my pelvis, I feel sadness well up, as though there's an artesian well bursting up from my lower abdomen to fill my heart with sad, sad, waters. My hands feel prickly as all these waters overflow from my heart. They gust out in shaky waves down my arms and hands" (pg. 82)

The Art of Healing from Sexual Trauma is part memoir and part toolbox for victims of sexual violence.

Ardea introduces the book as a guided journal, a safe space where anyone can flip through her personal experiences and the art that arises when patching her wounds; she provides open writing and drawing spaces for those who want to explore their own feelings on these blank pages. And she offers a time out at the beginning of each chapter if the day isn't right to work more intensely; Her mantra is the same: "Feel

like you need to avoid possible triggers today?" She then offers page numbers to skip forward to her creative self-care suggestions. To help readers ease out of a traumatized state she offers ideas such as self-talk, lying on the ground, journaling, dancing, crying/screaming/venting out any sounds, resting and aromatherapy and to redefine boundaries she offers colored light meditation, painting or drawing, cultivating inner awareness, rebuilding boundaries through the body and yogic breathing techniques.

Each chapter ends with creative self-care suggestions (A survivor's tool box) for managing various circumstances that stunt the healing process including dissociation, anger, and self-blame. Each of the areas that make up the complex emotional web post-trauma are given various practical suggestions for healing: for those who self-blame, alternate nostril breathing can calm anxiety; for those who are consistently triggered, a salt bath might take away the emotional edge in those situations. There are empty pages after each chapter to make

Continued on page 94

room for letting out the shame, rage, and pain that is typically pent up after experiencing sexual violence; there is no blame—only patience and hope.

Her Anatomy of Sexual Violation and Healing Care chart on page 115 offers readers a clear connection between a bodily symptom and possible self-care actions, followed by a blank chart to write in their own. A discussion on intuition comes next with Ardea noting changes, internal shifts in thoughts, emotions, and sensations, and what intuitive signals may look like (feel like). Many abuse victims disconnect from their body, lose the intuitive sense of what feels right and true, of what feels off kilter, plain old wrong and bad. She grounds intuition with easy to sense concepts such as, feeling sick or prickly or heavy usually means something isn't right for her or that goosebumps or a rain-like feeling of energy flowing through her usually feelings like something is right to pursue (pg. 117).

Ardea confronts her feelings with a raw tenderness, her discussions with her own therapist about feeling twisted and sexually manipulated. Her words resonate as truth for many sexual abuse survivors—"I have doubts about speaking up and writing opening because it's exhausting to sort through the opinions of those who blame. Or even to meet the silence of those just thinking rather than expressing those attitudes" (pg. 49).

For those who are reading this book to heal, it is a great beginning to the road to recovery. The practical self-care techniques are useful, but this book is merely a stepping stone through the path of healing. It provides perspective and is a model for those who feel alone. Victims are encouraged to release pent-up feelings through art and to embrace the visceral feelings that come up during this emotional process.

Acknowledging that help is needed might be the most challenging part of any situation. *The Art of Healing from Sexual Trauma* reaches out to those who feel lost. It is a thoughtful guide that victims, families, friends, and even allied health professionals can benefit from. And it includes a section on getting help from others, what to look for in a helping professional. For her, three



Emerge by Naomi Ardea

characteristics came forth: "They have extensive knowledge of trauma, they communicate clearly about therapies and techniques, and they are adept at integrating the client's internal, in-the-moment experiences into the consultation or therapy room (pg. 179). She recommends ways to choose help wisely and offers a list of therapies that she's found helpful such as EMDR, Somatic Experiencing, Movement therapies (i.e., yoga, tai chi, Continuum Movement), and touch therapies and energy healing (i.e., EFT, polarity therapy, craniosacral therapy, and reiki).

For those hesitant to make the first step to heal their sexual abuse experience(s), Ardea's book will be that initial push toward self-love and healing that many survivors.

Johnny Szeto has a Bachelor of Arts in Urban Design and Architecture Studies from New York University. He continues to do public health research at the CUNY School of Public Health on the psychosocial and physical effects of environmental design in low-income neighborhoods. In addition to working for IJP, he writes reviews for *Somatic Psychotherapy Today*.



Me, A Tree by Naomi Ardea

Trees, Naomi writes, inspire her. "They're powerfully rooted. They harness energy from the earth, air, and sun. I see in Me, A Tree how important it's been to learn to harness energy and keep it within me creating durable edges where in the past only holes existed. Violated shredded my boundaries, letting me leak out and letting other in" (pg. 71)



Naomi Ardea is an artist, massage therapist, early childhood teacher, and mom currently based in North Carolina. Her work and personal background centers on nature, children, creativity, and the power of touch. She is a contributing author in *The Ethics of Touch, 2nd Edition*, and offers workshops to nurture creativity and inner awareness for holistic self-healing.



Truly. Mindful Coloring

Stay Calm, Reduce Stress, & Self-Express



Reviewed by Nancy Eichhorn, PhD



The truth?

I can be mindful and present when I'm walking. Some of my most inner most soul connected times are when I'm hiking. Movement takes on its own rhythm. My mind stops as my footsteps continue. I lose track of the fact that I'm not keeping track of what's what in my brain. The mental chatter fades and a deep tranquility fills my being, awe overcomes me, joy embraces me.

But, I struggle to sit still (unless I'm sitting outside in nature, but I'm talking about everyday life here). Ask me to sit and be silent? Well my mental chatter loves to make me nuts. I focus on the breath. I focus on sensation. I focus on the fact that I am not focusing, with a touch of loving kindness and compassion. I am kind to myself no doubt there; I accept that my mind loves to whirl and twirl, to take facts and create stories, to take a fleeting image or sensation and create a long-winded tale. Even here, on the page, the words keep flowing when the point has most likely already been made.

I've read countless books (reviewed many, done the practices). I've attended webinars and workshops and meditation groups, all with the same frustration. Silence while sitting escapes me. I thought I was hopeless until now.

All drawings by Terry Marks-Tarlow and reprinted with permission

Terry Marks-Tarlow saved me, well, maybe not quite that dramatic, but her new book, *Truly Mindful Coloring*, is in fact a great tool for me to calm down, reduce my stress and appreciate self-expression, mine that is, not my clients.

Marks-Tarlow starts her introduction

with the question, Why be Mindful? She notes that tuning into ourselves—being grounded, present-centered, body-based—allows us to engage more fully with our ongoing perceptions, feelings, and sensations. the more grounded we feel, the more we can cultivate pleasure and present in our lives (p.xi). I agree with her statement that mindfulness is a way of life, it is not something we practice one hour a day. It's all day, every day. She also offers a useful distinction in terms of how we pay attention in a mindful way:

- ◆ If sitting quietly in meditation, we need a still mind
- ◆ If studying for a test, we need a focused mind
- ◆ When exploring an unknown place, we need an open mind
- ◆ When trying to solve a problem, we need an associative mind
- ◆ When engaging meaningfully with other, we need a compassionate mind (p.xi).

According to Marks-Tarlow, we can shift between these different awareness states with practice and by noting what internal habits might remove us from presence of mind. Questions she offers for reflection include: do you act impulsively, automatically, without thinking? Do you think too much and repetitively, with the same thoughts looping around and around? Do you become stuck in the past, either by regretting or ruminating over events? Do you zone out by disconnecting from your emotions or bodily experience? and more (pg. xii). With some inner understanding, you can become more conscious when these habits occur—you can then set the conscious intention to take interest in the process and open a wider space of possibilities.

The intention of this book, Marks-Tarlow writes is “to foster different qualities of awareness while offering varied opportunities to engage in mindful coloring” (pg. xiii). Each of the five chapters begin with information about the “nature and importance of that quality of attention” (pg. xiii) and then further subdivided into specific practices (with information for context and questions to spur self-reflection) such as:

Chapter One: Creating Inner Refuge Through Stilling the Mind

Sitting still

Wheel of Awareness

Beginner's Mind

Inner Critic

Staying Present

Self-Control

Self-Reflections

Polarities

I/Eye of Self-Awareness

Two Brains/Two Selves

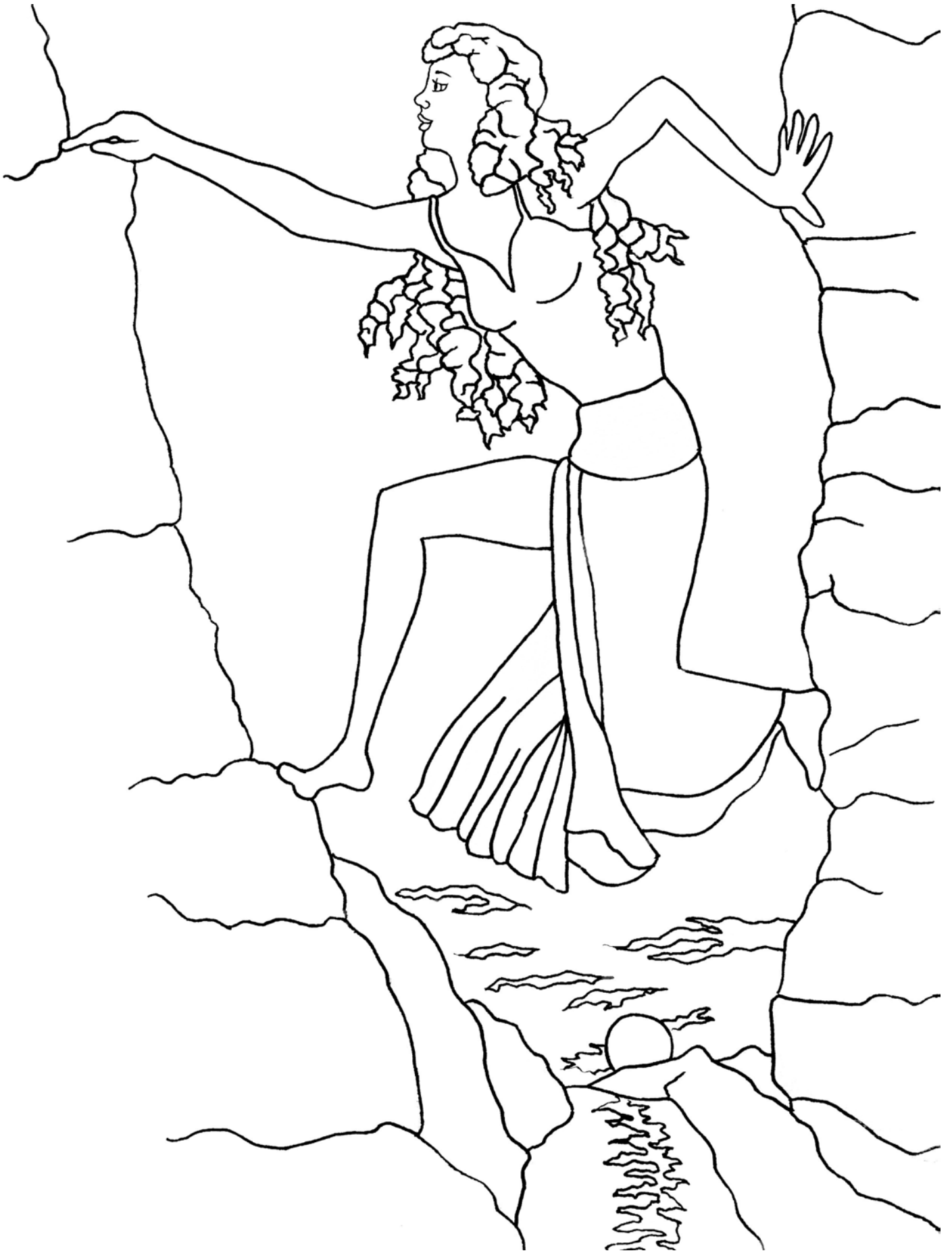
Personal History

Inner Wells

Chapter two works on: Focusing Your Mind into Laser Beam Attention, with subsections like: ambiguity, chaos, the shadow, corridors, and detail. Chapter three deals with Cultivating an Open, Receptive Mind (the tree of life picture, the eye of Horus, curiosity and shifting self-states jumped out for me). Chapter Four: Enhancing Creativity and Play by Making Associations, and Chapter Five: Fostering a Compassionate Mind to Take Care of Self and Others also offer unique and useful subsections to help you focus on these particular qualities of attention.

The idea is to reflect on your feelings, internal truths, and needs you are sensing internally before, while, and after you done coloring. By doing so you are in effect practicing mindfulness and ensuring you're

Continued on page 100



not tuning out, disengaging or going on autopilot. "By drawing mindfully for prolonged periods of time, you can get into flow states that will enhance your ability to extend mindful awareness into all of your activities during everyday life" (pg. xiii).

Fill-In-The-Blanks

Not everyone believes in fill in the blank formats for creativity. As an elementary school teacher, I truly avoided worksheets that had students fill in blanks, color within the lines etc. Even today, when facilitating a writing workshop, I ask participants to use blank paper (no lines, no computer) when starting their creative process (we draw, we scribble, we use large letters, huge colorful words, shapes etc) as part of the brainstorming process, as one way to connect with our inner "muse" and hear our stories and let them flow on the page.

Marks-Tarlow addresses this head on.

When creating the pictures to accompany each chapter (she is a phenomenal artist), Marks-Tarlow said her intention was to open up and expand rather than suppress creativity. She offers readers permission to leave the lines, to move outside the shapes she's provided. Mindfulness, she writes is about the process rather than the outcome as is creativity. "In order to inspire you, I tried to choose images that would prove meaningful, deep, and stirring" (pg.xiii). The mindfulness practice begins by setting an intention, she writes.

She offers several ways to proceed:

- ♦ Systematically: by beginning at the beginning and finishing at the end
- ♦ Thoughtfully: by attending to whatever quality of mindfulness you most lack or wish to cultivate in the moment
- ♦ Intuitively: by honoring your current mood and internal promptings and thinking through the pages until an image pops out (avoiding thinking too hard about why)
- ♦ Spontaneously: by opening up to a random page and committing to its completion

- ♦ Playfully: no rules or guidelines

And she invites readers (drawers), to explore a new approach when drawing, to take a risk, to let go of assumptions and expectations of who you are and what you are capable as you sit down to read, reflect and color.

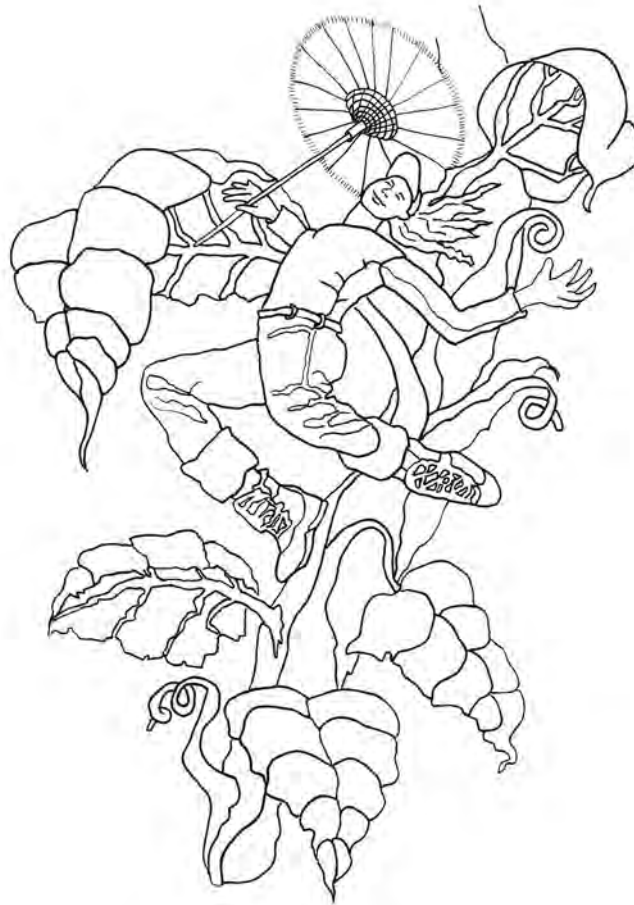
Tips for Mindful Coloring

There are several pages with artistic suggestions such as using colored pencils for shading and blending, artist pens for vibrant colors, and gel markers for metallic and glitter colors. She talks about how to hold and use your drawing tools (i.e. how to build layers of colors) and how to sharpen the pencil for the finest point. Readers can learn how to apply the right pressure to achieve a bright effect or a faded-out effect, how to shade to create a 3-D effect and more (pg. xix).

Starting:

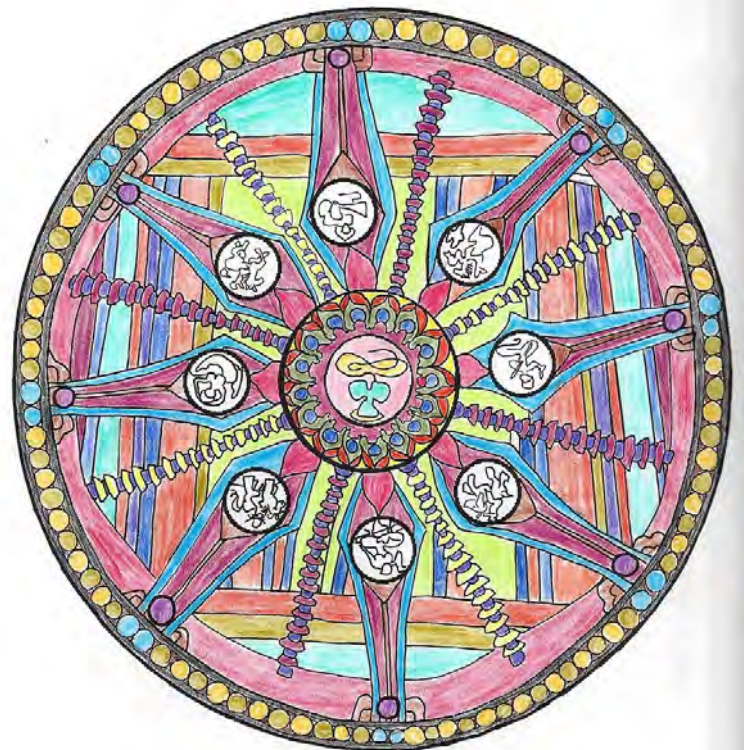
When starting to color, she offers ways to prepare yourself and your space—many are the same practices I share with writers:

- ♦ Empty your mind of all thoughts (as possible) from the day's events
- ♦ Create a sacred space where you can draw
- ♦ Before starting, look at the page, let the image there speak to you noting what it may say, what emotions may arise, what you feel is missing or how you can play on the page
- ♦ Consider color as well as patterns, texture, more lines you might want to add
- ♦ Put aside your inner critic
- ♦ Practice dual awareness: shuttle between internal experiences (body, feelings, thoughts) and external experiences (perceptions, sensations, observations)
- ♦ Notice your breath, then, lengthen inhalations and especially exhalations for greatest relaxation



Rather than spend more time writing about coloring, I think it's far more useful to experience the process. With permission, we offer some of Marks -Tarlow's drawings in this article. I invite you to print the page, grab some pencils, and let yourself experience the joy of simply being present on the page, being present in your body, being present as you reflect on the picture, on the colors you want to use, the texture, the shapes, the patterns, the process of what you are experiencing without taking time to think about how much time you are wasting, about what you are supposed to get from doing this and how the darn picture should look when you are all done.

For me, at the end of a long day, I crave my couch time. I want to sit with my book and pencils, read the short clips of information she offers, and simply color.



Nancy's Wheel of Awareness

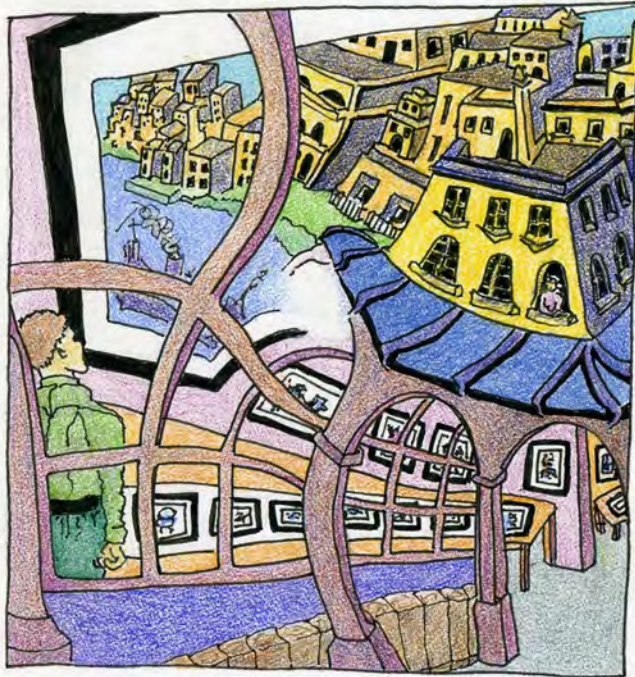
**Self-Reflections about
Creativity**
**Through the Production of
*Truly Mindful Coloring***

By Terry Marks-Tarlow

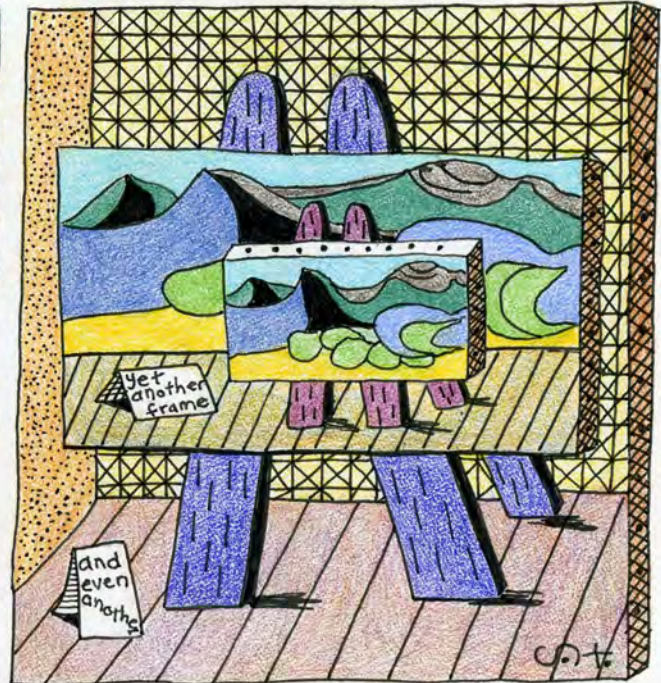


For much of my life, I have concerned myself with the question, “What does it mean to be creative?” When young, I thought being creative meant having raw talent, a view that automatically disqualified me from the ranks. I would peer at the ever-much more elegantly crafted artwork of my elementary school classmates in despair. In fact, this view caused me to set art aside art-making for many decades.

In my 30’s, I returned to drawing by finding a clever way to work around the talent issue. I began drawing in service of communication. In other words, I started to illustrate the concepts I was developing in the books I was writing. This device became especially important in my first psychotherapy book, *Psyche’s Veil*, which applies nonlinear science to clinical practice. Because I was working with such novel concepts, I had to make my own illustrations to facilitate visualizing them. Here is an example from that book that illustrates two forms of self-reference, continuous (Escher on the left) and discrete (Hockney on the right).



Escher



Hockney

During my current stage of life, I have a different view of creativity than talent. I have also gone from focusing on product to focusing on embodied process. I recognize a crucial way that mindfulness and creativity dovetail, as initially inspired by the work of Ellen Langer at Harvard. Langer is both a psychologist as well as an artist, plus an early proponent of mindfulness. Unlike John Kabat-Zinn, another early Buddhist-informed practitioner who views mindfulness as the capacity for present-centered awareness, Langer views mindfulness as the capacity to perceive novelty. From the embodied position of my yoga practice of 40+ years, I completely endorse Langer's perspective. After tens of thousands of sun salutations, the art of the yoga involves making the next sun salutation completely new and distinct from all others.

I now believe in two contrasting ways to approach the essence of creativity. The first implicates traditional productions like painting and sculpture and other works of art, which is all about creative expression, whether as meaningful, novel, or useful product or as enjoyable, productive, or otherwise meaningful process. A second, contrasting way to understand the essence of creativity revolves around creative perception. This approach fits Langer's notion of mindfulness as the perception of novelty. It also fits the kind of creativity involved in being a spectator who fully experiences and deeply appreciates a piece of someone else's art. For example, in literature, to deeply enter into a great piece of fiction is in essence to co-create and re-create the book. In this more receptive sense, creativity emerges in the eyes of the perceiver.

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From an expanded sense of creativity, I suggest that all psychotherapists, whether engaged in somatic work or in traditional talk therapy, are simultaneously artists, and that all effective psychotherapy is co-creative by its very nature. The art of psychotherapy is in the precise timing and subtle choices of what gets said or how touch is delivered. From the perceptual side, psychotherapists pick up on tiny cues that

allow synchronous rhythms of body, mind, heart and soul. Likewise, it is a creative act to encourage, inspire, and welcome in emergent products from the relational unconscious, such as images, symbols, metaphors, or dreams that guide, light, or unblock the path forward. For example, the Wild Woman drawing above (first appearing in *Psyche's Veil*) came from the spontaneous imagery of a patient who felt her aliveness trapped within her body.

Most recently, to innovate a new genre of adult coloring book has, for me, morphed into a creative act of sheer joy, which allowed me to take a walk down memory lane. I began by collecting drawings appearing in my three previous books: *Psyche's Veil*, *Clinical Intuition in Psychotherapy* and *Awakening Clinical Intuition*. To drain out the color on the computer and clean up the lines from noisy backgrounds was thoroughly captivating, much in the way that coloring itself can be. I invented methods to use photographs from trips, including people and artifacts from other cultures. For example, I drew the image below from a photograph of a sculptural relief of Angkor Wat in Cambodia.



Little did I realize how much of my own life and wisdom I had collected in this coloring book until very recently, when I taught a class at Pacifica, a Jungian graduate school in Santa Barbara. I showed the contents of the coloring book to the class, and one student remarked, "This is your Red Book!" To have my little coloring book compared to Jung's Opus Magnus from which his ideas sprung was unbelievably thrilling! Only then did I become aware of how archetypal many of the images are. I suppose I instinctively gravitated towards meaningful images in my desire to touch the soul and open up channels of self-awareness.

Continued on page 106

Here is a coloring book image that appears to touch many people deeply, called Tree of Life.



While creating *Truly Mindful Coloring*, I had a number of insights. For example, I used to perceive a cavernous divide between creating from the inside-out, e.g., fashioning an idea in imagination that then becomes materialized in the outside world versus operating from the outside-in, as in rendering objects and people from life or

photographs, which is the way I personally started out as an artist. I used to glorify the inside-out direction to elevate imagination as a “higher” kind of creativity, while devaluing my own outside-in process as mere technical skill, not much higher than being a copy-cat of reality.

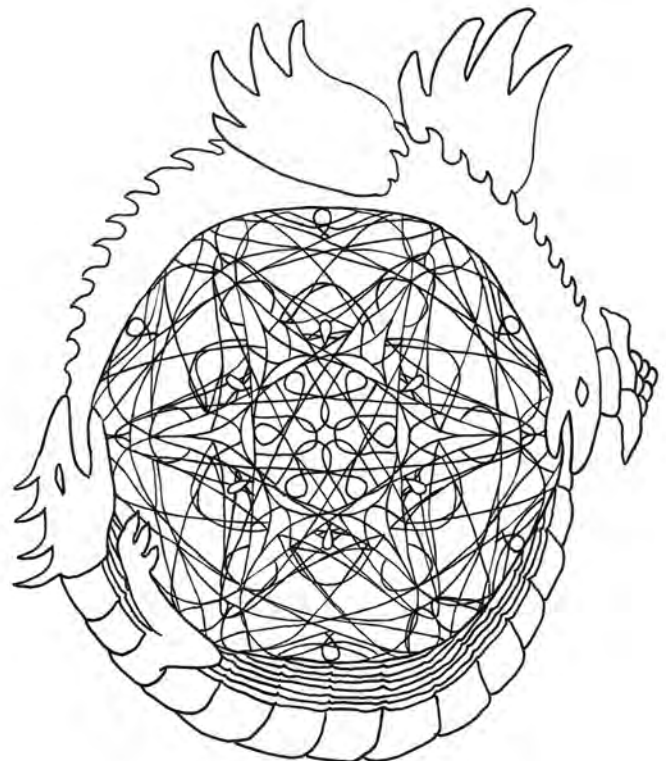
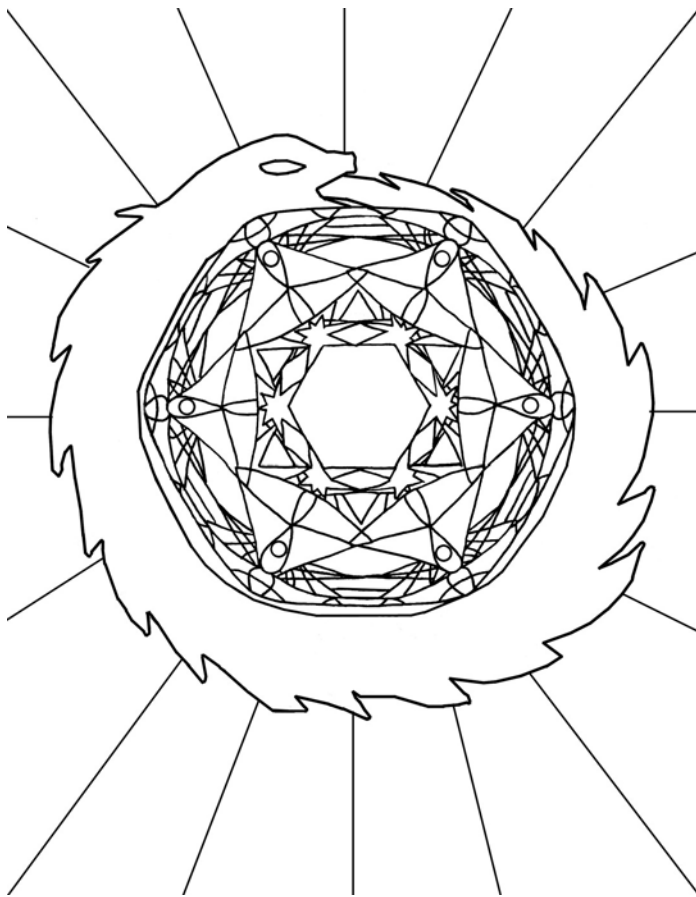
Through creating *Truly Mindful Coloring*, I no longer perceive a big difference between these two directions of inside out versus outside in. Every work of art requires some degree of shuttling between inner and outer faculties. Sometimes this means scrolling through the art of others to borrow certain elements. In this respect, the line between stealing and inventing becomes thin indeed! I'm reminded of Picasso's equation of art with theft, or his infamous claim, "Bad artists copy. Good artists steal." From an embodied perspective, I understand the importance of shuttling back and forth between inner and outer faculties through my five day a week ballet classes, where I continually strive to incorporate feedback. Whether originating from the teacher or from a careful look in the mirror, outside in information I gather then allows me to make an inside out adjustment by contracting this or that muscle, extending the line of this or that foot or finger, or otherwise tweaking some area of my body in service of continual improvement.

The kind of creativity that we therapists employ invites continual exchange between inside and outside faculties. Therapists move in a facile, often elegant manner, from introspection to extrospection, from noticing aspects of the other to feeling aspects of our selves, from outside perceiving to inside imagining. I believe imagination is a central aspect of psychotherapy that is highly undervalued and all too often neglected. For example, have you considered the fact that our central tool of empathy is an act of imagination (see *Clinical Intuition in Psychotherapy*, 2012; and *Awakening Clinical Intuition*, 2014)? Empathy begins with acts of perceiving the states of another which then are partially simulated inside our own minds. Imagination is likewise central to our therapeutic ability to retain hope, e.g., that a patient's future could be different and more positive than the negative or traumatic state of the present.

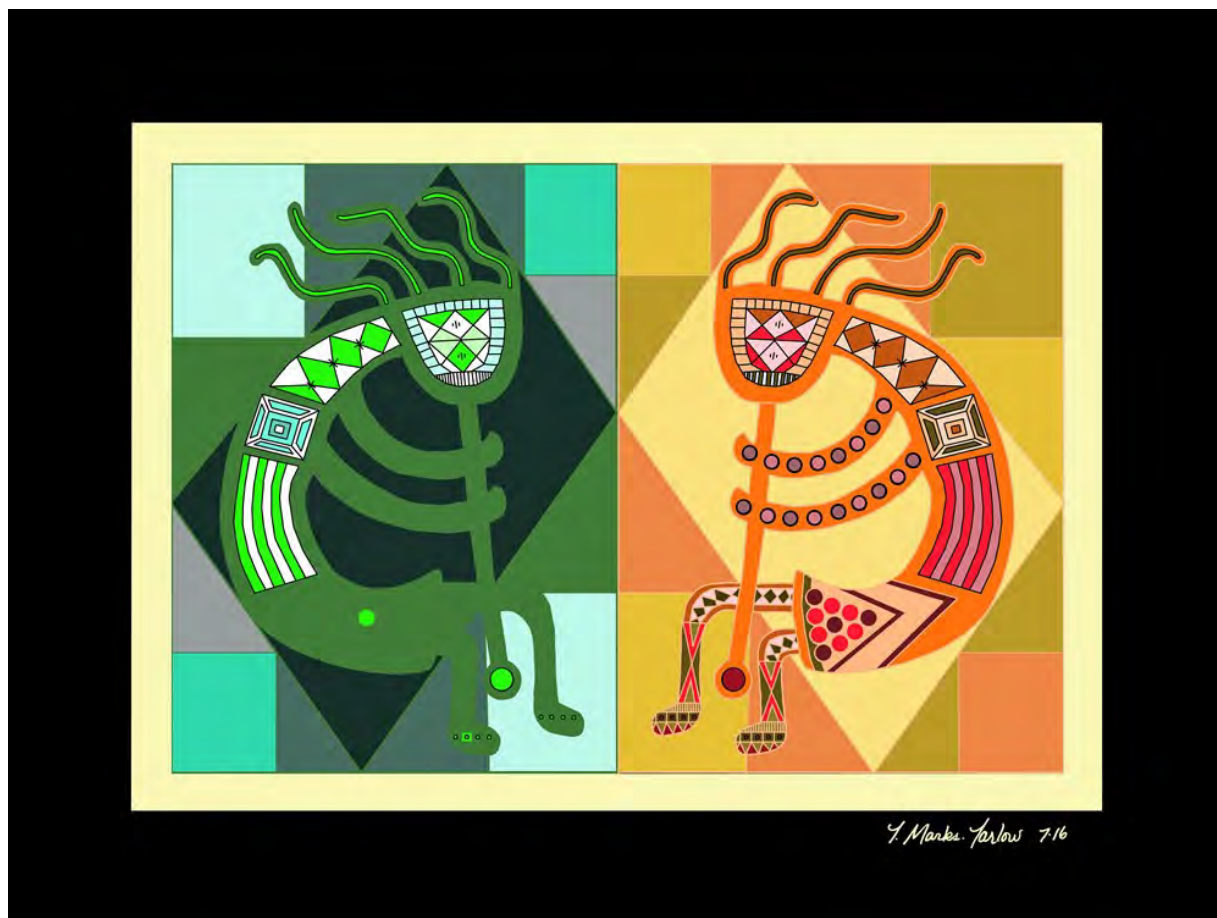
In many respects, the art of incorporating feedback is tantamount to the art of psychotherapy. All therapists continually take information from the outside to let it move us on the inside. Conversely, we also take in information from the inside in order that it may direct our outside movements and interventions. Whether moving from

The kind of creativity that we therapists employ invites continual exchange between inside and outside faculties. Therapists move in a facile, often elegant manner, from introspection to extrospection, from noticing aspects of the other to feeling aspects of our selves, from outside perceiving to inside imagining. I believe imagination is a central aspect of psychotherapy that is highly undervalued and all too often neglected.

the outside in or the inside out, from an archetypal perspective, the circular incorporation of feedback is captured by the image of the Oroboros, the snake that swallows its own tail/ tale, symbol of self-creation and regeneration (see *Psyche's Veil*, 2008). The Oroboros is a great image for improving through incorporating feedback, whether in dance, language, or the acquisition of any complex skill. Within the practice of psychotherapy, the double Oroboros is a wonderful symbol of mutual incorporation of feedback such that interpersonal patterns continually escalate, whether for better or for the worse. Below is my version of the single and double Oroboros that comes from *Truly Mindful Coloring*. Notice how all of the serpents encircle creative chaos.



Through creating this coloring book, I also learned how to experiment with color on the computer by taking an image and playing with various palettes using the paint bucket function in Photoshop. I experimented this way with the Kokopelli, page and liked the result so much, I had it printed on a large size canvas and subsequently had the honor to exhibit and even sell the piece during Mirrors of the Mind 5: The Psychotherapist as Artist.



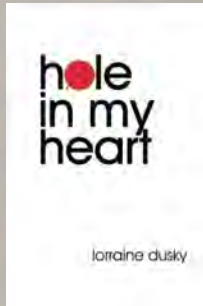
As the reader can tell by now, I am a huge fan of the intersection of art, psychotherapy, and self-reflection. I poured so much energy, experimentation, and enthusiasm into my new coloring book. I strived to re-invent the genre, both by providing mindfulness content, but also by offering some wide-open spaces for participant self-expression and creativity. Please have a look for yourself. In the process, I hope you will consider possibilities for co-creativity within psychotherapy by offering this resource to your clients.

Terry Marks-Tarlow is a licensed clinical psychologist in private practice in Santa Monica, CA since 1985. She specializes in deep transformation as well as creativity and its blocks. Besides being a psychotherapist and drawing, she has practiced and taught yoga over the past 40 years, and she has been studying ballet and jazz for nearly as long. Before becoming a psychologist, she toyed with the idea of becoming an artist. She's never given up this dream. She draws on a regular basis and has written and illustrated four other books. She writes about nonlinear science and the importance of clinical intuition to effective therapy.

Resources

Jacqueline A. Carleton, PhD

and the National Institute for Psychotherapy Interns



Hole in My Heart

Reviewed by Johnny Szeto

Adopting a child in today's culture is viewed as an act of charity; children living without their birth parents are given a welcoming home and a loving family. However, not much attention is paid to those who are either considering giving up a child for adoption or to those who already have.

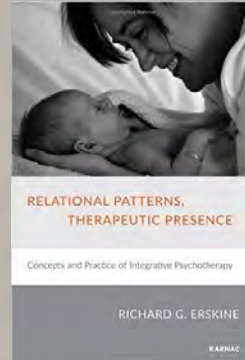
Hole in My Heart is Lorraine Dusky's second memoir about her emotional journey of giving up her daughter for adoption and the effects of her decision both on her life and on her daughter's life. Leaving a child is never an easy choice, and those who do are often demonized. Dusky's personal story shines a light on those who have suffered through the process and how to live life after the fact.

Dusky's memoir takes us through everything from the conception of her daughter to the aftermath of reuniting years after having given her up to adoption. Her story is unique, but her message is

universal. We are taken through the ups and downs of her life: learning about the disappointing failure of birth control, making the consideration to have an illegal abortion, and giving up a child for adoption.

Sprinkled throughout the memoir are Dusky's historic views of adoption in the US. She gives us data on the annual number of open adoptions in the US, the reported trauma of children given up to adoption, and the risk of suicide in those same children. She discusses a purview of sealed certificate laws and adoption policy as she's known it and the issues that are still being discussed to this day. These tidbits of policy help give the reader a more well-rounded perspective on Dusky's decision-making. Her choice of leaving her child was shaped not only by the dynamics of her family system but also by the current sociopolitical climate in the late -60s.

Whether socially acceptable or not, giving up a child to adoption is no easy feat, and Dusky's maternal instinct in search for her daughter will always be there. The persistence of thought is compelling even for those who might view her negatively. *Hole in My Heart* is worth considering to read and might inspire you to learn more about adoption reform policy.



Relational Patterns, Therapeutic Presence

Reviewed by Kevin Jeffrey Goldwater

In his newest book, Richard Erskine creates a book that is, in its simplest form, an example of his life's work so far. As an integrative psychotherapist and professor, Erskine presents chapters pulled from previous writings and sessions sewn together to create a concise book on the value of integrational psychotherapy.

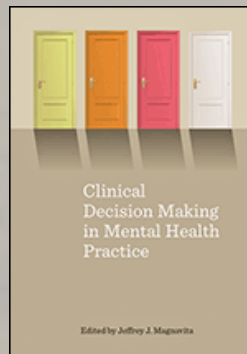
Erskine explains in his introduction that he has eight constant themes that don't necessarily appear labeled in each chapter, but that indeed are underlying in each. These themes are his 'philosophical principles' that "influence [his] therapeutic outlook, attitude, and interactions with clients." Arguing that these are the inherent principles of any quality integrative psychotherapy, he

explains that principles are his original and his own, but uses them as proven fact.

Erskine's principles highlight the commonalities between patient and therapist, and the problems with seeing them as opposite beings. He argues many of his principles seem relatively obvious or stemming from different methodologies in psychotherapy, this is indeed Erskine's example of psychotherapeutic integration. Even before beginning the major content of the book, Erskine's introduction already has the reader nodding and agreeing with his guiding philosophical principles. Indeed, it creates a sense of the major content being proof of his argument, rather than the argument itself.

Each chapter is an independent essay, constructed off singular essays Erskine has already published, on one of twenty different issues or themes in general psychotherapy. The book is identified in the preface as a 'collection of articles,' and each article explains the theoretical concept referenced quite thoroughly and an understanding of a client's unconscious patterns and needs. Though sprinkled with small dialogues and charts, each chapter will not begin with a smooth introduction or story to bring the reader in, rather it will start somewhat abruptly and dive on into the subject matter. Stripped of padding, the chapter becomes an intensive lecture. The book is argued to be for anyone—teaching trainees, students, or just a refresher for those who have been firmly rooted in psychotherapy for a while. While I considered this book a "wonderful read and incredibly fascinating," I also add that it is best held in the hands of someone who has somewhat significant psychological education under their belt. To a layman, this book could quickly become confusing and require further explanation.

Despite its direct, intensive tone, Erskine creates a book based on his eight principles that both educates on individual psychological processes and exemplifies the weaving that is integrational psychotherapy. Its place is held by being a citable proof to the value of psychotherapy and the methods within it.



Clinical Decision Making in Mental Health Practice

Reviewed by Kevin Jeffrey Goldwater

Despite the best of efforts, clinical psychologists often have difficulty shedding emotional innate responses in making decisions on client treatment. This emotional bias can indeed decrease the amount of help to a patient if applied without thought, and in understanding this phenomenon Magnavita and his colleagues provide concise research and theory to prevent emotional bias and promote sound theory and empirical findings as the basis for client treatment. Designed for both new and experienced practitioners, the volume attempts to apply decision analytics in ways to improve the deciding of the therapeutic method for patients.

In a group of eleven chapters, Magnavita and his colleagues attempt to cover the basic overviews of clinical decision

making and of bias and then proceed to provide various research and theoretical essays regarding the role and methods to avoid clinical decision making bias. The first two chapters serve both explanations and instructions regarding the basic themes of decision making in bias. Following, both Magnavita and his colleagues discuss various themes and situations. These first seven chapters allow the reader to develop a basic understanding and interpretation of the theories and their various applications; in doing this, the reader's understanding is solidified and can move on to practice. The next group of chapters allow the reader to identify potential usage in their own practice. Following that group of chapters concludes with the next step: *Teaching Clinical Decision Making*. The eleven chapters produce a forward moving, progressive educational overview of Decision Analytics and its application to bias.

Magnavita's team is impressively able to pack a magnitude of information in singular chapters; though trading bias for proven evidence is indeed hard, they successfully provide a presentation that is easy to follow and personal. Their method of introducing the theories, guiding into examples and then slipping into application allows the reader to let the information sink in in a way that makes sense and leaves little to question. The attempt to create this for both new and experienced practitioners is noted, however the book does have a noticeable tilt towards experienced practitioners as an audience. The new practitioner can certainly learn, but some content calls for years of experience to fully integrate a proper understanding. Perhaps in a future edition the new

Continued on page 112

Reagen continued from page 42

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What's Behind the Increased Numbers of Black Women Dying During Pregnancy and Childbirth in the United States? <http://www.ourbodiesourselves.org/2016/03/increased-numbers-of-black-women-dying-during-pregnancy-and-childbirth/>

Samsarah Morgan at the International Center for Traditional Childbearing: <https://www.youtube.com/watch?v=TqgNh8fAXNQ>

Post Traumatic Slave Syndrome: <http://joydegruy.com>

Association for Prenatal and Perinatal Psychology and Health: www.birthpsychology.com

Resource review continued from page 111

practitioner can be involved more in the book, but for now the team does an impressive job for the experienced.

Magnavita and his team successfully tackle a difficult, underestimated and often overlooked portion of psychology and create a succinct overview of Decision Analytics and its application to bias. If applied to practice, one who wishes to shed inappropriate bias and focus on almost exclusively empirical based treatment could successfully do so. Whether applied in part or in whole, Magnavita's encouragement to shed bias provides the psychological community with a chance to improve treatment and explore new methodologies.

Kamamalani continued from page 67

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 two books: 'Meditating with Character' (post-Reichian character structure applied to meditation) and 'Other than Mother: Choosing Childlessness with Life in mind'. www.kamalamani.co.uk

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Val Hudson continued from page 67

There is a sense that the viewer is invited to decipher meaning through their own non-verbal, non-cognitive contemplation. The paintings are also imbued with a strong visual presence because of their human scale and strength of colour and composition. The only way to fully appreciate Val's painting is to stand in front of one until the internal noise quietsens ...

<http://www.valhudson.co.uk/>

Kalef continued from page 38

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2. Swimme, B.T. (2011). The powers of the universe. *EnlightenNext*, 47, 29-41.
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4. *ibid.*
5. Scientific Materialism grew out of form of philosophical monism which holds that matter is the fundamental substance in nature, and that all phenomena, including mental phenomena and consciousness, are results of material interactions. This thinking arose in multiple foci in Eurasia as early as 800-200 BC.
6. Animism was first coined by Anthropologist, Edward Tyler in 1871 after witnessing the beliefs of Indigenous peoples. One could say that Animism has roots in Aristotleanism, in his use of the term *form* to denote the invisible aspects acting on matter and certainly the scientific work of Phenomenologist, Johann Wolfgang von Goethe, in the late 18th and early 19th centuries, with his teachings on *Urphanomen*.
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