HEALING OF PRE- & PERINATAL TRAUMA

BIRTH TRAUMA IS REAL!

by David B. Chamberlain, Ph.D.

Rumblings among psychotherapists early in the 20th Century pointed to the distinct possibility that birth was for most people a traumatic event which left marks--psychological marks. Physical marks could hardly be denied: marks from forceps delivery could plainly be seen and were sometimes carried as scars for years. Heads emerged from a difficult birth cone-shaped, reflecting a reaction to powerful forces impinging on the skull. But this was not supposed to matter. Some babies emerged blue and stiff with suffocation, and had to be brought back from the dead, but it was merely an incident. With an unfinished brain, babies were incapable of human sensations, emotions, or thoughts--only mechanical reflexes.

Sigmund Freud, the father of psychoanalysis, gave fleeting attention to birth as the possible source of anxiety symptoms presented by clients years later, but he found this idea incompatible with his beliefs about the immaturity of the brain at birth. He preferred to think of trauma as a fantasy created by clients for veiled reasons. Otto Rank, an early disciple of Freud, became convinced of the reality of birth trauma and devoted himself passionately to construction of a form of psychoanalysis which worked directly with birth (see The Trauma of Birth originally written in 1924).

Rank,s novel approach dramatically shortened the process of psychoanalysis but was ultimately rejected by Freud, shunting the Rankian method away from the mainstream of psychiatry where it remains to this day. Only a handful of psychotherapists kept the insight alive that birth was an epochal event which left deep impressions and shaped personality, attitudes, and behaviors for many years to come. For a thorough historical review, see Elizabeth Noble (1993), Primal Connections. Current psychologists and psychiatrists for whom birth trauma is central to therapy include Arthur Janov (see his latest, The New Primal Scream, 1991), Stanislav Grof (The Holotropic Mind, 1992), and Lynda Share (If Someone Speaks, It Gets Lighter: Dreams and the Reconstruction of Infant Trauma, 1994).

Among the vast majority of psychiatrists and psychologists today, the notion persists that there cannot be any real trauma at birth because the immature brain cannot register it. This dogma has been the chief obstacle to progress in understanding babies and in understanding the prime importance of early trauma. In retrospect, this dogma, reflecting the age itself, failed to appreciate the holistic nature of babies, preferring to treat them as physical/material objects only. Experts thought the only matter that was real was brain matter, and the absence of brain matter eliminated all possibilities for sensation, emotional, and cognition. This idea is too small to fit the anecdotal, clinical, and experimental data now available.

Although controversy can still be generated, especially among persons who are not acquainted with contemporary findings, we should not proceed arrogantly with the routine traumatization of our infants at birth! Fortunately, an increasing number of therapists are being privately trained to recognize and work to resolve prenatal/perinatal trauma, but there could never be enough of them to do the work that is piling up. It would take an army of therapists to keep up with endless production line of trauma at birth! Their work could be--and should be--eliminated with the prevention of unnecessary traumas of contemporary obstetrics. But there is no end in sight at this time.

In the pages of the Journal of Prenatal and Perinatal Psychology and Health most major points of view on the healing of prenatal/perinatal trauma have been represented. See an up-to-date list of these articles elsewhere in this department. Some papers are reprinted in "Points of View." Past issues of the Journal can be purchased from APPPAH. Tel: 707-857-4041, or send email to apppah@aol.com.

Healing of Pre- & Perinatal Trauma

Editor's Note:

Armed with degrees in anthropology, dance and psychology, ***Dr. Christine Caldwell*** *founded in 1984 the Somatic Psychology Department at Naropa Institute in Boulder, Colorado. She is the author of "Getting Our Body's Back: Recovery, Healing, and Transformation through Body-Centered Psychotherapy" (Boston and London: Shambhala, 1996) and is Editor of "Getting in Touch: The Guide to New Body-Centered Therapies" (Quest Books: Wheaton, IL, 1997). Her innovative work called the "Moving Cycle," spotlights natural play, early physical imprinting, and the transformational effect of fully sequenced movement. She has taught at the University of Maryland and George Washington University, and trains, teaches and lectures internationally. She directs the Moving Cycle Institute in Boulder which offers individual and group counseling, classes, workshops, wilderness programs, apprenticeships, and training in the Moving Cycle process. Her email address is: caldwellmv@aol.com. * Portions of this column are taken from, Getting in Touch: The Guide to New Body-Centered Therapies edited by Christine Caldwell (Quest Books, 1998).*

AN OVERVIEW OF BODY-CENTERED THERAPY

by Christine Caldwell

This column introduces somatic psychology, sometimes called body-centered psychology, as a vital component of a prenatal and perinatal viewpoint. Soma simply means body. Psyche typically refers to the mind. Somatic psychology, then, is the study of the body/mind interface, the relationship of our physical matter and our energy, the interaction of our structures with our thoughts and actions. Somatic therapies draw upon philosophy, medicine, physics, existing psychologies, and countless thousands of hours of human observation and clinical experience, to unify human beings into an organic and inseparable whole, for the purpose of healing, growth, and transformation. As a somatic discipline, this field values the physical body as a material blueprint for our consciousness and our essential aliveness. It seeks to rectify an historical overemphasis on cognitive/analytical processes being central in human experience, a malady that confronts the prenatal and perinatal psychology field as well. This body-centered paradigm looks at physical states and symptoms as expressive of the central themes of our existence.

The splitting apart of the body and the mind, where the body is the domain of physicians and the mind and emotions that of psychotherapists, has been so pronounced in Western thought in the last few centuries that the current idea of unity of the body/mind at first felt like a somewhat odd and suspicious hypothesis. Of course, in most traditional cultures, this splitting up of = the human into parts is seen as laughable, and itself seen as a symptom of Western craziness. It has only been in the last twenty five years that the concept of the correspondence between physiological, psychological and even spiritual processes has been popularized, and increasingly many different forms of somatically-based psychotherapies have flourished. These forms seek to re-sensitize us to our birthright of healthy and optimal functioning by using the direct physical experience of the body as a healing tool. These systems also advocate our continued growth and transformation as humans through reclaiming our integrative being, the being we were conceived to be. Many of us are now more than willing to see physical, emotional, and cognitive events as related, and we owe this to the dissemination of somatic psychology principles into our culture. In a sense we could say that somatic psychology seeks a unified field theory of human nature, even though the roots and branches of its family tree hold many diverse pioneers and practitioners. The field has no single founding mother or father, and it arose in many independent ways, the way in which any good idea will keep cropping up. This makes for a field that holds a tremendous amount of creative diversity, and no clearly articulated central core. As the editor of this column, it is my intention to take on the task of helping to articulate this core, and to clarify its role in the theories, practices, and continuing evolutionary steps of pre and perinatal psychology.

This column will draw together many of the current leaders in the field of somatic psychology. Periodically, the editor will ask each one of these leaders to write about how they see the body in

relationship to prenatal and perinatal phenomenon, and to discuss some of their unique contributions to our understanding of this precious time. By way of introduction, we now look at four basic areas in which somatic psychology may contribute to our understanding of prenatal and perinatal work.

1. Theory

First, what are our theories about human nature? Most importantly, what are our views on health and illness? Some theories hold that we are inherently flawed or are in conflict with society, and that our health depends on how we manage this reality. Other ideas state that we are inherently good and whole, and that illness occurs when we are forced to go against our true nature. These kind of beliefs form the basis of any therapeutic modality, and color everything about it.

Does a body psychology viewpoint help us emphasize gestational and early childhood experience? Current direct experience? Some therapeutic systems delve deeply into early experience as vital for understanding how we currently operate. Other systems grant early influence, but state that healthy change does not occur through understanding, but through locating oneself in the present moment. Figuring out who did what to whom is an act of leaving the present moment.

Do the theories we operate from require an analysis/diagnosis of the client by a therapist? Whether or not analysis and diagnosis occur, and how they occur, influences the power relationship between the therapist and client, and locates the therapeutic system along a continuum of orientation towards understanding or experiencing.

As well, what are our theories about how people change? Do we change through increased awareness or understanding? Do we change by releasing old energy patterns? Do we change through behavioral movement processes? These and other questions about theory can help readers locate themselves along the bridge between somatic psychology and prenatal and perinatal psychology.

2. Orientation

Arising out of theoretical assumptions about the world, we next develop an orientation towards therapeutic work. Do we have specific ideas about how healthy functioning is restored? Or do we believe that the act of following the flow of direct experience is sufficient to bring about change? This is basically a statement about whether we advocate a goal orientation or process orientation or some blend of the two. Some systems are much more interventional, while others work more with the therapist as witness. Another way to look at orientation is to examine the therapeutic relationship. Is it important or unimportant to the flow of the work? Is the therapist more of a technician, coach, or remediating parent?

3. Forms/Techniques

Here we ask how the therapy is done. Is the technique directive or non-directive? Does it involve touch, specific exercises and experiments? Does it use regressive emotional states, or more a tracking of current experience? Does it use imagery? Is it done primarily in groups, with couples, or individuals? Does it tend to be done in an ongoing manner, or in an intensive format? Is it short or long term? Technique can be very crucial in determining a good fit of individual to therapeutic system. We all learn and process our issues in unique ways, and finding a system that fits our bodies and our learning style is essential.

4. Applications

Body-centered psychotherapists work in the world in different ways. Some are at work in corporations, some focus on couples relationships and some are interested in individual healing as the basis for societal sanity. Others take our work into conflict resolution, peace work, and other community projects. Still others advocate an emphasis on creative expression. Some systems focus more narrowly on healing, while others are interested in applying their work to growth, transformation, and societal evolution.

By looking at these four areas, we can begin to discern how somatic psychology and prenatal and perinatal psychology can nourish each other.

The Spiritual Implications of Somatic Therapy

Perhaps one of the most far reaching contributions of both somatic and prenatal and perinatal psychology is in the realm of our understanding of spirit and spirituality. Western society has a tendency to think of spirit as something disembodied, a part of ourselves free from the fetters of the flesh. In somatic psychology, nothing could be further from the truth. As theoreticians and clinicians, we have come full circle to the original meaning and intent of the word spirit, which shares a root with

"inspiration" both the creative kind and the inhaling kind. Spirit comes from the Greek word = for breath.

It is by breathing and being in our bodies that we locate ourselves, and can transcend old, restricting forms of consciousness, many of which are imprinted prenatally and perinatally. When we align ourselves through our bodies, we can balance out the flights of fancy our thoughts are inclined to take, flights that can cause untold suffering when they become blaming and critical of ourselves or others. In somatic psychology we see the body as a temple, a sacred place. Again, we counteract the toxic assumption that our bodies are what gets us into trouble, are our weakness, our tainted, sinfully inclined, lower animal selves. How many of us have heard in church/temple/ashram that we must leave behind the pleasures of the flesh, for they will lead us into sin? This pathologizing of the body has caused immense suffering, and somatic practitioners seek to dissolve this ancient and still festering wound by recovering the body as the part of us that holds, contains, takes care of all our other energies. It is our earth principle, our mother figure. If we care for it, live within it and in accordance with it, we heal both ourselves and the world.

This fall from bodily grace occurs, I believe, in the prenatal and perinatal time. We "gamete" ourselves into the material plane, and if there is any traumatic interruption in this ecstatic dance of forming, we tend to separate from the body we are becoming. Both somatic and prenatal and perinatal psychologists are interested in nothing short of a complete bodymind reunion, and it is through this re-union that we can make unity consciousness more possible. From where else does unity come from than from all the elements of creation? Only through a complete, contemplative return to our essence, our total body, can we locate that essence within the framework of all that exists.

In the summer of 1994, Jack Rosenberg, one of the founders of Integrated Body Psychotherapy (IBP), predicted that in twenty years it will be considered unethical to do therapy without a somatic perspective. This column attempts to keep us on that twenty year track by creating an umbrella that both somatic and prenatal/perinatal psychologists can stand under, as practitioners, clients, seekers, philosophers, and lovers.

THE SOMATIC UMBRELLA

by Christine Caldwell, Ph.D.

Note: Parts of this article can be found in the book Getting In Touch,
edited by Christine Caldwell, published by Quest Books, 1997.

In broad brush strokes, the field of somatic psychology operates on a few basic premises. One is that any event that occurs impacts our whole being: physical, emotional, cognitive, and spiritual. Indeed, any event must come through the sensory systems permeating our flesh in order to register in the rest of our organism, including our mind. And the only way that the mind is made manifest is through the actions of the body it is embedded in. Any event changes physical structure as well as emotions and thoughts. If we think a pleasant thought, our muscles and organs are actually helping to create that thought with their squeezings and quiverings. Thoughts, in this system, are not just events of the mind, but are also physical actions throughout our organism. Somatic psychology sees this body/mind as a feedback loop or a continuum rather than two separate and (hopefully) cooperative systems. Healthy functioning is a physical as well as emotional, cognitive, and behavioral experience, and dysfunction in any part of the organismic continuum will effect the whole system. Any therapy worth its salt must address this basic correspondence, and operate from it.

Energy

The next premise is that as humans we are unique energy systems. Our energy is the form and expression of our aliveness. Most of us think of our energy in terms of how much we have or dont have on any given day, but we can define it in both practical and poetic ways. Literally, it is the force or power of our organism. We could also say that it is the fuel by which we can progress through life, that it is the divine spark by which we know ourselves to be human. We feel our energy as pulsating, much like a sine wave or an ocean wave. Our energy comes and goes, our emotions swell and ebb, our intense responses to life come in quiverings and shakings.

Energy, matter, and space seem to be the three ingredients of the universe; anything existing in the universe is comprised of these three elements. Somatic psychology pays exquisite and detailed attention to human energy. It is the form and process of our energy exchange with the outside world that determines much of our sense of who we are and how we act. Do I shrink when under stress, or do I blow up? What events sap my energy, while others flare it up? It is through these familiar energy

patterns that we begin to know that åthis is who I am. In this field, we look at how energy from the environment is absorbed into people, how it is processed by them, and how they express it back out, similarly to a biologist studying how a plant absorbs sunlight, engages in photosynthesis, and excretes oxygen. Events are seen as stimulations of our energy flow. This energy flow is understood and labeled through how it impacts on the shape and density of our physical structure, which then determines our next energetic actions.

When someone compliments me, blood rushes to my cheeks and makes them hot. My stomach feels fluttery, and I label this energetic event embarrassment. If I have been criticized, I will shrink in my chest area. Or, if I shrink in my chest area, I am likely to interpret peoples words as criticism. This energy is then discharged into the environment in the form of behavior, such as emotions, speaking, gesturing, moving around. Any of these energetic discharges can be spontaneous and healthy responses to the moment, or they can be reactive and conditioned reenactments of our historical relationship to energy. How we use our energy in either responsive or reactive ways is seen as one of the core themes of somatic work. Energy is often seen as being over-bound or under-bound in the body, as a result of our using either tension or collapse as a defense strategy.

One of the important value statements made in somatic psychology is that our energy is so basic a life function that no part of it can be bad. Most pathologies are seen as a result of being punished for having or expressing our energy. How many stories have we heard or told about being made wrong for being too excited, too loud, too sexual, too much? Wilhelm Reich (1986) believed that modern society was a major repressive force that squelched and withered our energies, and that this repression was the basis for all illness. This view contrasts with Freuds (1955) concept of the libido, which he saw as a form of primitive, un-socialized energy in us that must be reined in and controlled for society to operate. Body-centered psychologists believe that judging any of our energies as out of control and potentially dangerous is a self-fulfilling prophecy. Whatever energy we hate or fear will become distorted and wounded, and will not be felt or expressed normally.

This field is also interested in the energy loop of feeling and expressing. Feeling is generally equated with sensation, and with the pulsatory flow of energy inside the body. It is an occurrence within the boundaries of the self that is the raw data of our experience and our sense of who we are. Our ability to stay receptive to inner sensation and energy in an unconditional manner is seen as a prime component of healthy self identity. Many practitioners work to reclaim sensation and energy pulsation by having clients enter into a tracking and validating of sensory awareness (Gendlin,1978; Hanna,1987). It is Freudian free association on a bodily level.

Expression is also a prime component of healthy functioning. Though early practitioners tended to use explosive, intense expressiveness (such as kicking, yelling, and pounding) as a strategy to counteract societys repression of expression, the field now employs this and other options for releasing old injunctions to restrict or diminish our movement, speech, and other expressions. Many clinicians now focus on expressions that most accurately communicate inner experience. Sometimes this means that we may have learned to exaggerate our expressiveness, and need to find ways to disclose it more calmly. Many clinicians will focus on a stage in the energy event where the excitement that is building is formed (Keleman, 1975) or contained (Rosenberg & Rand, 1985). Pesso (1973) feels that it is a basic human need to have limits, and containing our energy, even momentarily, is seen as important for our ability to make meaning out of our experience. For all somatic practitioners, however, therapy and general health involves physically expressing oneself through vocal sound and movement. Often this expressiveness is seen as a way to reestablish the healthy pulsation and vibration that is the natural shape of energy flow in the body. Habitually holding our energy inside has a tendency to increase tense rigidities in our structures, depress our future energy, and create rigid notions of who we are. Expressing it too quickly or chaotically tends to rob us of our sense of self, and our effectiveness in the world. Most theoreticians have developed theoretical models for this basic energy process. Keleman (1975) calls it the charge, formation, and discharge process. Events create charge in the body, which builds and is given meaning and personal identity, and then is discharged as expression and ends in relaxation. Pesso (1973) used an energy action/interaction symbol formula. Integrated Body Psychotherapy (Rosenberg & Rand, 1985) calls it excitation, charge, release, and resolution. Most are derivations of Wilhelm Reichs early pioneering work.

Most body-centered models believe that the body can be divided into energetic segments or zones, and that different segments, due to their form and function, store different memories, emotions,

issues, and traumas. Often this analysis of body segments can be traced back to Reich, and to Eastern beliefs about chakras or energy centers in the body. Energy blockages in the different segments can distort affect, posture, and movement in characteristic ways, and can result in specific physical and emotional illnesses. Generally, these areas are as follows, from top to bottom:

1) The ocular segment (around the eyes) contains issues around what we were allowed to see

2) The oral segment (mouth, jaw, throat): issues of communication, being heard, and the taking in of nourishment and rejection of toxicity

3) The thoracic segment (chest and diaphragm) - anger and sadness, rejection and longing

4) The abdominal segment (the belly): fear, issues of digestion

5) The pelvic segment (reproductive and eliminative organs): sexuality, vitality, survival, and support.

Some practitioners also focus on the legs as the part of the body concerned with grounding (Hendricks, 1991; Rosenberg & Rand, 1985; Smith, 1985).

Movement

Movement enjoys a central theme in somatic psychology. Movement is the way we define life--heart beating, lungs pulsing, and brain waving; its absence is called death or being inanimate. In this field, any movement is generally viewed as a type of vibration or pulsation that can be seen as a continuum from gross (locomotions such as walking) to mid range (fluids pumping in the body, body gestures, emotional quiverings) to fine (ion exchange, cellular metabolism, electrical impulses). The pulsatory process is seen as the primal life movement - expansion and contraction - like breathing in and out, like the squeezing and relaxing alternations of digestion, and the heart swelling with blood then fisting it out. In its simplest form, somatic diagnosis is an assessment of where the person is moving in his/her body and in life, and where he/she is not. Therapy is about restoring systemic motility and pulsation.

Body as Metaphor

Lastly, somatic psychology looks at the body as a template, blueprint, or metaphor for all experience. This is illustrated in how we use language. Saying that a person is a pain in the neck really means something somatically. Getting an ulcer means something about ones abdominal energy flow. Dreaming about having no legs is a statement about standing and grounding. Somatic therapists will listen to our words, images, and dreams about the body to assess how we view and organize our experience (Dychtwald,1977; Hanna,1987; Johnson,1983; Kurtz and Prestera, 1976). When we are influenced by another person, our whole being is affected. Our posture, stance and gestures shape to conform to our significant others. We teach our emotions to flow in ways that are in attunement with the emotional climate of our family of origin. In this sense, we physically carry all the characters, stories and archetypes of our childhood, and we carry these into adulthood as our sense of how the world works. Our families tend to unconsciously act out classic comedies and tragedies. If my mother played a Joan of Arc martyr/heroine to my fathers alcoholic Attila the Hun, I will organismically take on a role that accommodates and mediates between those two. I will then strut and fret my hour upon the stage with gestures, positions, speech patterns, health issues, etc that relate not to the present moment, but to my historical habits of relating that I have been practicing since my conception.

Somatic psychology seeks to dissolve these organismically absorbed characters through direct experiences of our authentic energy and movement. In this way, we can live free of any ways that we may have needed to misshape ourselves in order to get through our formative years.

Human Development From A Somatic Perspective

Somatic psychology holds unique ideas about human development. While the field acknowledges and extensively uses the ideas of the classicists Winnicott, Mahler, Piaget, and others, it also offers some distinct perspectives on childhood development. It particularly looks at how developmental needs and tasks are routed through the body, and how physical interactions in the family have an impact on psychological maturation. It points out the fact that from conception until some time after birth we are out of gravity and in the horizontal world, being held first by the womb and then by our caregivers. When our body begins to be able to move outside the womb, we experiment with gravity and make increasingly successful attempts to become vertical. This transition from horizontal to vertical, from out-of-gravity to in- gravity is the blueprint for all developmental tasks, and often echoes how we progressed up the evolutionary scale, and how we developed in the intrauterine environment.

The work of Bonnie Bainbridge Cohen (1993) has been an important contribution to body-centered developmental theory. Ms. Cohen began her career as an occupational therapist, and from her

specialization working with small children she subsequently developed Body-Mind Centering. She began by observing the developmental movement sequences of normal human babies - beginning with the newborns ability to turn and raise its head, and as it grows progressing down the spine to the ability to raise up on the arms, then to the ability to push onto hands and knees, then to the movements of crawling, etc. When these basic tasks are somehow interfered with, she noted that not only did the childrens growing bodies become more susceptible to postural and orthopedic problems, but she also found that these movement deficiencies retarded perceptual richness, emotional maturity, and cognitive acuity.

Cohen (1993) then began working with adults, taking them back through original movement sequences that had been skipped or inadequately experienced. Her Body-Mind Centering techniques have formed a bridge from early childhood movement experiences to later adult functioning, physically, emotionally, and mentally.

Marion North (1972) believed that personality could be assessed through movement, and her work as a movement analyst led her to look at the movement patterns and sequences of children, studying the origins of personality in the early body expressions of newborns she studied. She found that basic movement tendencies were present at birth, and persisted into adulthood (for instance, a tendency to be more energetic and fidgety, or withdrawn and hesitant). She also correlated these basic movement energies to character structure, and felt that the childs movements were simply outer energetic expressions of inner temperament.

Irmgard Bartenieff (Levy, 1988), is also well known for her work with children. She began her work as a physical therapist and dancer, and developed specialized movement games with children that emphasized the building of movement sequences that integrated physical needs with emotional and motivational ones. All three of these clinicians and researchers saw the early developmental movement tasks of children to be essential in their later adult health and functioning, both physically and psychologically. From the moment of conception, our needs are for physical care--food, warmth, protection. If we do not receive these, we die. As these are met, we need bonding, a sense of attachment first to mothers body, then to other people. Around birth we actually "imprint" on significant others, a biologically driven form of learning that ensures our survival (Lorenz, 1963). This bonding process is very body-focused and body-oriented. It is accomplished through movement and sensory processes - touch, vocal sound, smell, vision, and movement synchrony. Is the baby held in a way that is stiff and braced, or is its body shaped to its mothers in a relaxed and comforting way? The ways in which we interact with the bodies of our infants form their first experience of love and belonging. Love blooms first and foremost as a physical interaction.

Next, we need to be reflected. Rosenberg and Rand (1985) call this mirroring. This manifests in the physical interactions of the infant and his or her significant caregivers. This stage has to do with assisting the child to develop a sense of being both distinct and related to others, and is accomplished through physical cues that give the childs emerging motility plenty of approval and safety.

As the child becomes upright and begins walking in the vertical world, it has the increasing capacity to leave mother and go off on its own. This stage reinforces the sense of separate self, often called healthy narcissism. The child establishes its groundedness in gravity, its first feet-on-the-ground, this-is-me identity. This occurs in the context of being able to re-bond at any time. The young child being able to move itself towards and away from, choosing when it separates and when it re-bonds, allowing it to feel that both being separate and being together is safe, good, and under its own choice. This is often called rapprochement. This body dance of the need for both intimacy and separateness, for both relatedness and distinctness, continues for the rest of our lives. We need relatedness in order to exchange essential nutrients such as love and affection and avoid such toxins as self-centeredness or delusion. We need distinctness in order to separate from poisons such as disapproval or codependency, and to receive such nutrition as solitude and self reflection.

Space, Time, and Effort in Development

When looking at the deeply physical nature of early development, somatic psychology has a lot to contribute. We can look at our development as an issue of space, time, and effort. First, development occurs through our relationship to space. Space has to do with how much of it we take up, how much room there is for us in the world, and how we orient ourselves within it (i.e., facing). It is illustrated in how expanded or contracted our body is, how much space we use to move in, and where we draw our boundaries in terms of who gets close and who doesnt. It heavily impacts upon our ability to form

healthy relationships. Our first physical imprints about space occur in the womb, during birth, and during post-natal bonding. We have needs for space to be enclosing and enveloping, and we have needs for space to be open and unlimited. Our developmental history with space is written in our physical structure, in our expressive movement, in our attitudes, and in our beliefs.

Time is the next developmental orientation. It has to do with speed and pacing. Again it is imprinted before and during and after birth, and continues to be shaped by interactions within our family system. Having our rhythms respected while negotiating synchronizing them with others is the task here. Does a child have permission to put her shoes on at the pace she wants, while still cooperating in getting everyone out the door and to school before the bell rings? Timing issues often manifest in energy and emotions. Are we quick to anger, slow to boil? Do we hurry through things, or hold everybody up? The body stores our timing issues as well, along with our expressive movement (such as going through our day like a hummingbird, or a sloth), and in attitudes and beliefs about being on time, about missing the boat, being too late.

Energy is the third developmental issue. It has to do with power, which in physics is simply defined as the ability to do work. As embryos, infants, and children, we were all given messages about how much energy it is OK to have. "Sit still! Calm down! Shake a leg!" are all injunctions to change ones energy. The essential questions regarding energy are: Do I have enough energy to perform any action to its completion? Is it OK to have as much or as little energy as I feel? Our sense of personal power and accomplishment ride on these questions. Do we pop out of bed in the morning? Do we drag through the late afternoon? Do we feel that we have power over the results we are getting in our lives?

Somatic psychology has made two other interesting contributions to developmental theory. One is a pre- and perinatal (before and around birth) emphasis. It is likely that in verbally-based therapies the pre- and perinatal time is not emphasized because we do not have easy cognitive access to it. But just because we cannot usually remember and talk about the time before age two does not mean that it did not have a deep impact on our formation. Because somatic psychology deals with the belief that the body literally holds all of its history, this field generally believes that we store and can re-access any event that happened to our body while we were in our body, all the way back to conception. This perspective was actually mentioned by Freud (1955), but taken up more thoroughly by his student, Otto Rank. Its influence today is felt in the work of the Hendricks, Boadella, Chamberlain, and Janov, and also in the disciplines of Integrated Body Psychotherapy, Rebirthing, the Primalists, and in Grofs Holotropic Breathwork.

Another interesting contribution comes from Keleman (1985) and others who have very carefully explicated the "anatomy as self-identity" theory. In this theory we see development as the formational interplay between movement and structure, from the cells all the way up to the adult body, from conception through death. Movement actually forms structure, much as the flow of water shapes a river bed, and structure shapes the flow of movement, just as a river bed will channel the flow of water. Since life is measured by energetic movement, and all energy vibrates in some way, all life pulsates. The nature of this pulsation, as it interacts with the formative process of cells multiplying to become tissues, tissues forming into organs, and organs into systems, determines who we are. The history of how this formative process took place(whether or not this process sustained insults to its integrity) determines our vitality and functionality.

Somatic psychology provides a rich addition to theories of human development. By paying more attention to the very real and physical issues inherent in the developmental process, we can understand and treat our children and each other with increased finesse and care.

Pathology in Somatic Psychology

Any coherent body of psychological knowledge has beliefs as to the nature, o rigin, and process of illness. In somatic psychology we begin by seeing a correspondence between physical and (so called) mental dysfunction. Any traumatic or wounding event will negatively impact the functioning of a persons body, emotions, thoughts, and behaviors. Many physical illnesses, such as ulcers, migraines, or skin rashes, are seen as potentially an expression of emotional and/or cognitive upsets. Physical illness is also used as a metaphor for underlying issues. Back aches may be looked on as reflecting issues of support, uprightness, or burden. A sore throat might be interpreted as holding back speech or sound. In this way a somatic therapist will use physical illness as a symptom from the somatic unconscious.

Because this field is so movement-oriented, it tends to see pathology as a state of stillness or blocked movement in the body. If we need to either tighten or collapse to restrict our energy and movement, and if this strategy is used frequently it becomes chronic and fixated in the body; what Reich called character armor. Many practitioners see this armoring as a persona or false self that reacts automatically and dysfunctionally in the world (Kurtz,1990; Keleman,1985). Defense mechanisms are literally physical states of posturing or positioning the body. These postures and positions can be classic in their nature, so that many clinicians will characterize body stances as schizoid, oral, rigid, etc. Many somatic psychologists will "read" the body as a form of diagnosis, noting where it is held, what shape results, and what emotions, beliefs, and behavioral strategies would ensue (Brown,1990; Kurtz and Prestera,1976; North,1972; Pierrakos,1987). Some emerging work (Levine, 1976; Caldwell, 1996) looks at defense strategies as reflective of our animal history. Some of us will, in the face of extreme stress or repeated danger, learn to use our bodies like a rabbit in the grass, freezing in order to escape detection. Others of us will develop the badger strategy, using aggression and all-out attack as a way to defend against predation. These defenses are programmed into our physical behavior at an early age, and most likely reflect strategies perfected back in our mammalian past.

Where do these blockages/stillnesses come from? Most somatic psychologists will agree with standard theory about the origins of psychopathology--abuse, abandonment, disapproval, reality not being validated, etc. All these states lead to a fragmentation of the essential self, with disowned parts being isolated, loathed, and projected, while compensatory false identities are practiced out of survival need. How the somatic field contributes further to these ideas is by physicalizing them. We look at abuse as an insult to the form of a person, altering his or her size, shape and energy. Abandonment is experienced as a state of ache and emptiness in the body that can only result in physical strategies to mitigate it. Disapproval ultimately involves disapproving of our bodies and how they operate, resulting in a physically-based shame that curls us in on ourselves (Lowen,1970; Smith,1985;). When our reality is not properly validated we must learn to mistrust our senses and the body that they are embedded in in order to not be cognitively out of tune with the environment. Being crazy is a tangible, material state of twisted posture, tense musculature, and graceless movement.

Treatment From A Somatic Perspective

It is in treatment that one sees the highly distinctive and creative body of somatic psychology. This uniqueness extends to both our orientation towards and techniques of clinical work. Body-centered psychotherapy enjoys two unique clinical perspectives--its process orientation and its use of direct experience. Somatic psychology tends to focus less on examining the clients story and more on the process of how the client operates within their story. The somatic clinician pays attention to the client in the room more than the clients past or what he or she thinks about the past. Small gestures and changes in breathing are at times more significant than the family tree. The fact that her jaw tightens when the client speaks of her father is pursued as deeply as an explanation of feelings towards the father. Though several somatic disciplines do analyze bodies and movement, most do not see analysis as a treatment form (Grof,1985; Hendricks,1993; Keleman,1985; Mindell,1982; Rosenberg & Rand,1985).

Treatment itself consists of the client having direct experiences that promote healing. In other words, it is only in here-and-now sensory and behavioral experience that change can occur. Gendlin (1978) calls this "felt-level experiencing." Talking about an issue until one understands it is not seen as transformative. Body-centered psychotherapists seek to reestablish the loop of feeling and expressing as their healing modality. Somatic therapists tend to either design exercises that invite felt-level material, or they will simply urge the client to track and stay with sensation and feeling and allow these to completely reveal themselves. There also exists a common body of technique in most somatic disciplines. Perhaps the most universal is the use of breath. Since breath is seen as one of our most life-affirming and promoting activities, breathwork is perhaps the most primary intervention in body-centered therapy. Breathwork can be done by itself, often lying down and deepening respiration until it stirs up energy and feeling, or by asking clients to breathe more deeply as they feel and report memories, emotions, and beliefs. It is seen as able to clear blockages, resolve trauma, and promote healthy functioning (Christiansen,1972; Grof,1985; Hendricks,1993; Keleman,1985; Lowen,1970). A second common technique is expressive movement. Since a primary therapeutic goal is to reestablish movement, therapists will encourage clients to allow their bodies to move with what they feel. Sometimes this shows up as expressive gestures such as hitting or kicking, and sometimes it involves dancing around the room with gleeful abandon. Movement enters into healing

all the way from subtle shifts inside the body to wild locomotion. In this sense, sound is regarded as a form of movement - it is movement on a vocal vibrational level. Clients may be asked to make various vibration-inducing sounds, or they may be encouraged to vocalize their experience as a way to reestablish movement processes that have been blocked (Brown,1990; Grof,1985; Lowen,1970; Smith,1985).

The use of imagery is also common (Gendlin,1978; Masters & Houston,1978; Mindell,1982). Images can be referenced through the body or processed by the body. Images can come through dreams, memories, metaphors, or symbols. All images are somaticized; that is, they are worked with by allowing sensation, energy, and movement to guide them. An example might be of a person working with a dream image of a horse. A somatic therapist might ask this person to feel the qualities of "horse" in their body, which may translate to a feeling of raw energy, forward motion, etc. Most (but not all) somatic therapists touch their clients. Touch can vary all the way from supportive hugs to deep manipulation designed to loosen body blocks. Many somatic therapists have specific bodywork training that assists them in touching clients in a professional and appropriate way.