

The Use of Body-Centered Psychotherapy in Working with Prenatal and Perinatal Imprints within a Group Context

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Introduction

Current research demonstrates that our earliest somatic experiences – conception, gestation, birth and bonding – create the template out of which we live our lives. These imprints, often less than ideal, shape the foundations of our health, personality and relationships. Prenatal and perinatal psychology employs energetic and body-oriented interventions that help heal these early patterns and traumas.

Group psychotherapy naturally engenders a re-enactment of the family of origin. A group psychotherapy model that incorporates somatic referencing and interventions would not only elicit our core imprints, the foundations of our dysfunctional patterns, but could be the modality of choice for healing. Therefore, it seems prudent that group psychotherapists have a model that incorporates a paradigm for this early material, and that therapists choosing a modality of treatment for clients dealing with early issues consider a pre- and perinatal oriented group.

This paper explores the rationale and the protocols for somatically-oriented psychotherapeutic work with a prenatal and perinatal focus within a group context. The similarities and differences between this and conventional group therapy are highlighted. Rather than being a scholarly treatment of this work it is intended as a framework to guide somatically-oriented practitioners in facilitating the resolution of prenatal and perinatal issues which arise within a group therapy context.

Brief History of Prenatal and Perinatal Work in Groups

During the LSD research of the 1950's and 1960's patients often relived their earliest traumas, especially birth. Frank Lake (See Maret, 1997) began using LSD with groups of Anglican clergy throughout Great Britain. At the same time, Stanislav Grof (2000) gained similar findings in his LSD research and illuminated the Birth Matrices and thus provided a valuable framework for this early material that arose spontaneously. Following the work of her father Wilhelm Reich (1972) and his student, Otto Rank (See Kramer, 1996), Eva Reich created birth regressions in groups using pillows and blankets.

With the advent of cathartic work in group psychotherapy, such as Gestalt and/or Reichian-based work, pre- and perinatal material naturally emerged. Often, however, neither the therapist nor the client was aware that a birth sequence was being experienced. Or, only after the fact, were they aware and surprised by the prenatal or birth memory that arose. Arthur Janov, (1986) originator of primal therapy, worked with birth issues that emerged during primal sessions in groups.

One of the earliest forms of non-drug group work to purposefully evoke birth memories and experiences began with the use of breath and the eliciting of cathartic states. Similar but different models of breath work emerged and remain active today, such as the types of rebirthing offered by Stan Grof (Holotropic Breath Work), Leonard Orr and Sandra Ray (1987) (Rebirthing), and Gay and Kathlyn Hendricks (1990, 1993). In these sessions, clients are attended by a fellow group participant, often called a sitter. The client, lying on the floor uncovered or in a sleeping bag or wrapped in a blanket (head uncovered) with eyes closed, is instructed to breathe in a particular way. As the breath becomes rhythmic and often faster over the course of the session, the client may experience unfinished psychological material, often the birth process. This process is also done in warm water.

Other approaches that helped clients experience and work with their birth process within a group context followed the primal model, developed by Arthur Janoff (1986). Barbara Findeisen in the STAR process and William Emerson are the two pioneers with which I am most familiar. In the STAR process, participants receive one private and one or more group regressions in the course of a 10 to 17 day retreat. The client is wrapped in a sheet or other covering (head usually lightly covered) and guided back in time to the birth experience. Often group members press their bodies and/or pillows against the client's body to simulate the womb surround and contractions. With William Emerson and his trainees, group members experience various regression sessions, either through guided visualization or by members simply being placed in a covered, tight situation and encouraged to move through with support. Usually people work in dyads or small groups within the context of a larger group. Neither the Emerson nor the STAR process generally offers individual work with the therapist in the context of the group process. Please note, in both Emerson and Findeisen processes, there is always a built-in "stop," a code the client practices to indicate "stop, I mean it," and everyone in the group instantly stops what they are doing, checks on the client, and resumes only with the client's permission.

I began working with groups in the early 1970's using a somatically based Gestalt therapy model. Clients would occasionally move into birth postures but I had no idea at the time that was what I was witnessing. After encountering prenatal and birth material in numerous hypnotherapy sessions, I began to realize that participants were moving through birth sequences. It was not until the mid 1980's when I read Thomas Verny's (1981) book *The Secret Life of the Unborn Child*, and discovered the Association for Prenatal and Perinatal Psychology and Health and the professionals there, that I began to understand and shift my group work to include a pre- and perinatal focus. I brought with me the tried-and-true principles of Gestalt therapy where I conducted individual sessions and utilized the group to support the person who was taking a turn. This remains an important part of the model we use in pre-and perinatal group work.

As with any method or model it becomes refined over time. We must thank Ray Castellino (1995, 2000) for a more refined and very specific protocol for pre-and perinatal group process workshops. He applied his knowledge of the body, embryology and the principles of craniosacral therapy and polarity therapy to the group setting with adults. The research he and Wendy Anne McCarty (1997, 2002) conducted with babies also contributed immensely to his group process techniques. Castellino added the process of setting an intention, which, in psychotherapy, is the

Transactional Analysis concept of the therapeutic contract. He also contributed the practice of discovering and claiming one's turn in the process workshop setting.

Types of Pre-and Perinatal Groups: Weekend, Weekly, Family

I have facilitated many different types of pre-and perinatal groups. Each is different and is effective for different reasons. Because I have long believed in and experienced the healing power of groups, especially when working with early material, I am regularly looking for safe and therapeutic ways to bring meaningful groups together in which my clients may do the work they are ready to do. Here are a few examples.

I have facilitated larger groups with 10 to 30 participants, either over a weekend or longer, where the clients act as facilitators for each other and one or more therapists mill about and assist. For this model to be effective, participants need to have a high level of skills. Although some powerful work can and does occur, it sometimes moves too fast to be integrated by the client. There is a risk of disconnected and unresourced catharsis (mentioned later in this paper) in which the client experiences hyperarousal and dissociation.

At a residential treatment facility for teens, I conducted multi-family groups where several therapists work with a family in having a turn. Members of other families support. This can be quite effective and life-changing work. Every family has a turn, but not every family member. Usually the turn is focused on one family member. For example, we once worked in a family group with 16 year old Shauna who had been brought to the Center for self-mutilation and depression. Shauna wanted very much to change but felt helpless and stuck. During her family session, she spontaneously moved into an experience of her Cesarean section birth. Another mom came to support her mother and another dad stepped up to stand beside her father and help him express his fear. Shauna was able to express her anger at being taken away from her mother as another teen in the room, an adoptee, held and encouraged her. She was able to re-experience and repattern her birth and the self-mutilating behaviors stopped. Shauna is now attending college.

In my practice I sometimes work with an adult family for extended sessions. Usually one or more parents is working with one or more adult children. Each session usually focuses on one family member in a similar way as a process intensive workshop.

I have conducted a number of on-going weekly groups. These are usually groups of six to eight adolescents or adults who meet for two to three hours weekly. After rounds, the group decides whose turn it is. Each week, one member has an individual session with group support. The advantage is that the group can grow and deepen over time. One disadvantage is that it is easy to spend most of the time checking in and "avoiding" someone having a "real" turn.

The ideal group, in my mind, is what we called a "Village" where a small group commits to meet for one weekend a month for a period of time, usually a year, where each member has a turn each time. The obvious downside is that few people have the resources or the time to make that kind of commitment.

The most practical and effective group in my experience is the weekend process intensive. This is the structure with which I work in group psychotherapy classes at Santa Barbara Graduate Institute and in my private practice assisted by doctoral students.

Rationale for Group Versus Individual Therapy

When a client has enough ego strength, can have healthy interactions and boundaries with others, is resourced and can make and keep commitments, I highly recommend pre-and perinatal group therapy. In my experience, a good process intensive group experience can have a tremendous impact on one's healing and ability to sustain meaningful contact with others.

Prenatal and perinatal group work simulates the family/womb surround for both the person working and other participants. In this modality, one can experience various family roles and repattern family experiences and norms. It is also a good modality for working with and changing current family dynamics.

Because we are dealing with the very foundation and building blocks of the self on all levels, pre- and perinatal work is very intimate, probably one of the most intimate one might experience in a professional setting. In pre- and perinatal individual therapy transferences often escalate and can become detrimental for the client, (and therefore for the therapist.) On the other hand, I've also seen that, because the work is so intimate, both therapist and client either have to work at deepening the therapy or either may unconsciously sabotage deep pre- and perinatal work in one-on-one sessions. The group experience diffuses transference and helps create peer support. Appropriate touch becomes less personal, less fearful and safer physically for the therapist and everyone concerned.

The group tends to help the client create self-support and provide modeling and feedback in ways that are not possible in individual therapy. Within the context of the group, members are encouraged to try new behaviors with a lot of support. They also receive modeling from other group members relating to similar situations. In addition, things happen spontaneously in a group that are very healing. For example, in one group, a woman was experiencing an overwhelming fear of spiders. Another member spontaneously jumped up, became a larger-than-life exterminator to protect her. At that moment, from her very young state, she was able to receive protection in a new way. She later expressed, "That was the first time anyone ever just protected me for me, because I needed it. And I didn't have to pay her to do it. She just did it."

Another advantage of group work over individual work is, in Gestalt therapy, called coat tailing. During group sessions each person's work triggers images and experiences for other participants. When they experience the unique working through of a fellow participant, they are in a very real way doing some of the work for themselves. As the work builds, it has a cumulative effect on the group as a whole and on participants who relate to the developing themes. For example, when one client works on an issue involving a loss, it is likely to trigger issues of loss in many of the other group members. This grows, and as participants feel safer, they are able to touch places within themselves they might never have reached in individual therapy, and may be able to follow someone else's lead in taking risks.

This work is safer for the therapist in groups because it is conducted in a larger social context. It is also often video taped so there is a record of what occurred.

Irving Yalom's Therapeutic Factors of Group Therapy

Prenatal and Perinatal group process is built on some of the same theoretical principles as conventional group therapy, such as group configuration, creating and maintaining group safety, transference and counter transference. Some of the differences and similarities in conventional groups and pre-and perinatal groups are highlighted and summarized here.

Conventional groups are generally groups of adults who meet with a therapist for the purpose of personal growth. Groups may have a focus, such as loss, a particular disorder or simply to experience improvement in social skills or managing everyday life. Most conventional groups are guided by a therapist but the real work is among the members mutual interactions. Gestalt-oriented groups are a noted exception in that the therapist facilitates one-on-one work with the support of the group. A pre-and perinatal group is similar to a Gestalt group in that the therapist works one-on-one with an individual with group support. A pre-and perinatal group brings together people who want to make changes in their current lives, just as in conventional groups. The focus of the pre-and perinatal group, however, is the exploration of earliest experiences and core imprints.

To begin, let's look at the factors of group psychotherapy that Irving Yalom (1995) calls therapeutic factors and see how they apply to the pre- and perinatal group therapy process.

1. **Instillation of Hope.** Members of conventional groups often find hope as they discover commonalities and focus on solutions to current problems. The pre-and perinatal group seems to take this to another level as clients explore their earliest experiences and re-experience, re-pattern and reprogram at visceral and cellular levels. Because we create beliefs and make decisions about ourselves and our world at such an early stage of development, we often feel hopeless and helpless, just as we did in the very early experiences. (McCarty, 2002) We may feel stuck, hopeless that things will ever change, that help will ever come and helpless to change things ourselves. These feelings are from the more primal centers of the brain that do not know time and sequence. Therefore, when familiar unpleasant sensations emerge, the feeling of hopelessness often arises. Within the somatically-oriented group context, there are more opportunities for what Allan Schore (1994) calls right brain to right brain synchronization, which can help move one from despair to hope. Like conventional groups, in a pre-and perinatal group, clients get a sense that they are not alone, others have had similar experiences and "lived through them". They often find a role model for a certain aspect of their process that gives them hope. Because much of the pre-and perinatal work has a somatic focus, they also begin to experience in their bodies that they are not stuck, hopeless or helpless as they (literally) move through their process and discover and utilize their internal resources. Hope also naturally comes as we move from external support to self-support in a healthy way.

2. **Universality.** Many people believe their situations are unique and they feel alone in their fears and fantasies. Conventional group therapy helps dispel this as clients learn that others are having similar experiences. Pre-and perinatal group therapy is often able to create an experience of universality and add a deeper level. Because our earliest experiences are before we have a sense of separateness or a sense of self—we

are merged with our environment—we imagine we are alone. In a pre-and perinatal group, we can understand the roots of our early beliefs and how universal they are. From an adult perspective, we have an opportunity to witness the little one who created these self-defeating, albeit survival, self-beliefs and change them.

3. **Imparting of Information.** In many conventional groups clients garner information about their malady and their recovery within the group setting. In pre-and perinatal groups, most of the imparting of information is implicit and experiential. It is body based, a kind of “learning from the inside out.” Because knowledge of the pre-and perinatal period is fairly new to most people, some information is given through brief explanation, experiencing and witnessing of various processes. Information is also given in service of orienting and creating safety.

4. **Altruism.** In the pre-and perinatal group, each member becomes a vital part of every member’s process. It is a good opportunity to learn appropriate helping and giving as well as appropriate boundaries.

5. **The corrective recapitulation of the primary family group.** Probably more pronounced and articulated than any other type of group, the pre-and perinatal group embodies various aspects of one’s family of origin. It is also a corrective, or positive experience of belonging, supporting and receiving support, of seeing and being seen, of claiming one’s turn and supporting others to have their turn. Small behaviors such as orienting, attention, mirroring, and slowing the pace help this process, as well.

6. **Development of socializing techniques.** Yalom states that groups are a place you can be with others, listen, and talk to others. A pre-and perinatal group also encourages clients to become aware of and hold boundaries, take risks in styles and modes of communication as well as learn to give and receive safe and appropriate touch.

7. **Imitative behavior.** Yalom believes that groups allow one to try behaviors they have witnessed in others with the thought, “maybe it will also work for me”. We know that babies learn by imitation. In the pre-and perinatal group, the pace is such that small movements, behaviors, innuendoes, things that might otherwise be missed can be made conscious, experienced and integrated into one’s life.

8. **Interpersonal learning.** Yalom says that interpersonal learning is a major curative factor. We learn that life doesn’t always unfold as expected, that others are dealing with similar issues and we see other options for behavior. A pre-and perinatal group is definitely an interpersonal learning experience. I would add that the pre-and perinatal group is also an intrapersonal learning experience. We understand the origin of current maladaptive behaviors and life long patterns. We also discover our wants and needs and we learn to formulate and work with an intention. This is much more than cognitive learning. We connect with and follow sensation and learn from moving our bodies, just as we did as infants. One of the most important learnings is to come

from an impulse inside the body, inside the self. This is a powerful intrapersonal learning that often leads to transformation of unwanted patterns and behaviors.

9. **Group cohesiveness.** Yalom states that being with a group once a week may instill a capacity of being with a group. Certainly a pre-and perinatal group instills a sense of belonging, of group decision-making and cohesiveness. This can easily transfer to groups in the context of daily life.

10. **Catharsis.** Yalom writes about the client being able to vent and explore feelings and gain relief from having expressed them. I would add the importance of connected catharsis, not just emotional expression for the sake of catharsis. This is explored in more detail below.

Process Intensive Group Structure

Having looked at pre-and perinatal group therapy compared to both conventional groups and individual therapy, we turn our attention to the actual structure of one modality of facilitating pre-and perinatal group process, the process intensive. In what I call the process intensive group, six to eight participants commit to work over 21/2 to 3 days, each having a turn, working with the therapist one-on-one with group support. Ray Castellino, to whom we owe a lot for standardizing this protocol, calls them process workshops. In my opinion, this is truly group psychotherapy at its finest.

Pre- Group Protocol

In setting up a process intensive group there are a few guiding principles that help create safety and make the group beneficial for all. Remember, safety should begin at conception, the first contact. Pre-screening is a must. A form designed to pre-screen participants and give you, the therapist, valuable information that will help you support their work, is completed prior to the group. This form also helps the client become clear about their intention and orients them to the type of group and work for which they are enrolling. It should ask them about their intention, special physical considerations, their support system including therapy available after the intensive, as well as their birth history. They also agree to keep other group member's experiences confidential. Answers to the questions will help you as the therapist understand their history and their potential for benefiting from the group. I have used a simple form for years. Ray Castellino has a four- page form which I have adapted and now use. Thomas Verny (2002) also has an extensive pre-and perinatal history form that may be quite beneficial.

Potential group members must be able to contribute to and benefit from a group experience. This is critical to the success of the group. Participants must be physically healthy (or know their limitations) and be emotionally stable. This is not a group for someone in crisis. It is also important that the person wants to be in the group, not just attending because a partner, parent or friend wants them to.

When accepting a participant, help them orient to the space and expectations of the group therapy experience. Be clear about schedules, expectations around food and meal times and appropriate attire. Make certain the person understands that each session is different and open ended so it is important not to plan anything for the evenings or the close of the workshop. This

is not only because of the uncertainty of the ending times, but because clients tend to receive the most benefit when they are able to stay with their own process and have some time for integration without outside distractions. It is usually counterproductive for a person to participate in an unrelated activity during the weekend.

Protocol for First Group Meeting

Be sure you have all the pre-registration forms and that the space is set up appropriately. I prefer to have the group sit in a circle on back jacks and cushions on the floor as this facilitates both closeness and movement.

Welcome each arrival and help them through the first awkward moments. Complete any unfinished registration details.

Help the group orient to the space, restrooms, water, time and schedule. Remind participants not to plan anything else during the intensive. Remember that taking time to orient always helps the nervous system settle.

There are several principles that help establish safety and group norms and ultimately make the work possible. Discuss each one until you are certain each participant understands it.

- **No.** You don't have to do anything you don't want to do. You are always given a choice and your preferences will be honored.
- **Saying No.** Participants are encouraged to listen to their inner knower and say no when appropriate. This includes when one is having a turn or supporting someone else. It is sometimes important to practice saying no.
- **Don't.** Clients are told not to touch another person without their permission. If you want to offer support, be sure you ask, have eye contact and then move slowly into their space. Be sure to demonstrate this principle, as it is new to most people. Our culture does not honor the boundaries of babies and children and we often touch and invade their space without permission. When boundaries are violated, we most often shut down and are not available for contact. Giving permission and staying present for contact is often healing and helps create healthy patterns of relating.
- **Stop.** The concept of stop or pause is critical to the safety of everyone in the group. Anyone who feels a need for any reason may ask the group and the entire process to pause or stop at any time. It is uncanny how effective this is and how appropriate the timing is. Be especially certain that all participants understand this and agree to use it when needed.
- **Permission to take care of self.** Participants are reminded to monitor themselves regularly and take care of themselves. Bathroom breaks, asking for and receiving support, especially when someone else is working, making themselves generally comfortable and safe are integral to the success of the process for everyone. During the group, I continue to give participants lots of permission to take care of themselves, including sleep. This is surprising to many people, as most of us never had permission to really tune into and meet our own needs. Many were trained to suppress personal needs in order to please others. When given permission, people often sleep within the group circle during the work following their turn. I observe that much is going on during this time. The nervous system is often settling and

integrating at a new level. I have had participants sleep through most of an entire weekend and report at the end that they received a tremendous amount from the group process.

- **Don't leave.** An important ground rule here is that participants should agree not to leave the group without telling one of the assistants or the therapist. Some people may want to run out of the room and/or leave the workshop when things become fearful or when they become unsettled—when things are brewing inside. It is important, for their safety and the sake of the group, that everyone agree not to leave without you knowing.
- **Confidentiality.** By signing the pre-registration information form, everyone has already agreed to hold everything within the group confidential. This means that they can talk to others about their own experience but they must get permission to talk about anyone else's experience. It is important to mention this again. I like to have everyone raise their hand so that the group can see that everyone has agreed to confidentiality.

The first session includes introductions. Participants are asked to, “state your name, something you would like the group to know about yourself (your work, home life, etc.), your purpose for taking the workshop and your intention or what you hope to receive from the workshop.”

Discovering Whose Turn It Is

Having a specific process relating to the order of taking a turn can be very healing and empowering. For some people, becoming aware of their turn, stating aloud that it might be their turn and claiming their turn is a large part of taking a turn. It is helpful to ask, “Who knows it's NOT their turn?” You may also just ask participants to check inside and notice which of these statements, or something similar, best fits for them right now: It's not my turn. It might be my turn. It is my turn.

This process clears the way for the person to have full support during their turn. It may take some negotiation among the members for everyone to agree to support someone. Sometimes there are safety issues that arise and need to be addressed. This can be a very sensitive process and it is always beneficial. It is important not to rush as it is a vital part of each participant's turn and the process itself often leads right into the work.

Claiming a Turn

The rationale for the practice of claiming one's turn is that many of us rarely had our needs acknowledged in our families and many had to fight to have a turn. Many experienced painful situations at school in being chosen last or not at all. When the group has reached consensus about whose turn it is, that person goes around the group and claims their turn, saying to each group member, “It's my turn” and listening to the statement of support that follows. It is very important that the womb surround be safe and that the person beginning their work feels fully supported. Claiming a turn facilitates this.

Facilitating Individual Sessions

Individual sessions happen in turn until every one has experienced one. Each session is usually about two hours, though they can be as short as 90 minutes or as long as several hours. See below for more notes about individual sessions.

Each Morning: Rounds

Every morning after the initial beginning, have each participant check in, make a brief statement about how they are feeling and if they think it might be their turn. Rounds serve a number of obvious purposes. First, rounds give each member another experience of speaking, expressing their experience and being heard within the group. Each time anyone shares in a group it helps the group cohesiveness. As the therapist, it helps you assess the tenor of the group: who might be on the edge and need extra support, who has unfinished feelings, who might be ready to work next.

Each Evening: Brief Rounds

It is also helpful to have everyone do a brief check-in before leaving for the night so that you can again assess where everyone is. If time is limited, even having each person say one word or one phrase will be beneficial to them, to you and to the group. This is also part of naming beginnings and endings, creating transitions and orienting to the next activity.

Workshop Closure

After all participants have worked, give each an opportunity to check for unfinished business. Encourage them to be brief as you are gaining closure, not opening to more work. Encourage participants to make arrangements to check in with at least one other person in the group during the next week. It is not necessary to talk about the work. Just hearing the voice of someone who shared in the process can be very supportive of continued integration.

Make sure each person is well-oriented, grounded and able to drive if necessary. If there is anyone who might need follow-up therapy, encourage them to make an appointment with their local therapist right away, or make arrangements for them to call you within the next few days.

Let them know things will continue to emerge. Integration takes time. Suggest that they move a bit more slowly and, if possible, ease back into their ordinary life. Encourage participants to drink lots of water, take a hot bath, do things that feel nurturing, make time to be alone, journal or do art work in the next few days. Transitions may need more time.

Help them learn about going home. It is always good to give thanks and support to those who made their attendance possible.

Principles of Group Involvement

Each group member is vital to the work and participates as the surround that forms a safe container in which the work unfolds. Pre- and perinatal group therapy is unique in the ways in which we involve the entire group. Most group therapy can be classified in one of two ways. The most common modality is centered on the interaction with members mostly talking to each other as the therapist guides. The other modality is essentially individual therapy in a group context, where a group member explores an issue while the rest of the group watches and gives feedback at the end of the work. I learned in working with groups that it is vital to involve the entire group as a valuable resource for the person working. Also, as each person becomes involved, even in small ways, their own material arises, much like a yeasting process. As a by-product of the

process, there is the potential to re-pattern old, dysfunctional beliefs and family patterns. So, in pre- and perinatal groups, the therapist guides the work and invites participation of group members in a variety of ways.

One primary principle of group involvement is that everyone is always working all the time. Work begins and continues on conscious and unconscious levels, from the moment one decides to participate in group therapy through the integration process. This is true, even if a group member is sleeping.

The rationale for group involvement is multi faceted. First, the person working needs the active support and energetic attention from the group. This is given following the client's lead, in amounts and ways that are appropriate to the situation. Often the client may need the group to come closer, sit in particular places and support in specific ways. This process helps the client to contain and raise their potency and move more deeply into their process. Movement is always done slowly and mindfully. Sometimes the client needs the group to withdraw their attention, to focus less intently, and/or to physically move away for a time.

It is always interesting to note that whatever the group does almost always mirrors the family and/or birth dynamic for the client who is working. For example, Susan, an adoptee, was deep in her work when a member of the group stopped the process abruptly by saying, "I need to stop for a moment. I'm feeling angry. From where I'm sitting, I can't see Susan, and every time I move, someone gets in the way. I just want to see Susan." There was a time when I would have thought that group member's feelings should be contained until the end of the work. Now I know that if a group member is having a strong feeling, it is usually beneficial to voice it. Suspecting that this was an important statement for Susan to hear, I wondered aloud, "Perhaps there was someone *then* who was angry because she couldn't see Susan." Susan burst into tears and, for the first time, was able to sense how much her mother had wanted to see her at birth but was not allowed to.

Participants benefit from both giving and receiving support and feedback. As children, our support at important family moments was often shunned or ignored. Here, members of the surround are valued and asked to participate as a member of a "family" team in an important happening. Group members are also encouraged to track their own process and, at the end of a turn, to articulate how someone else's process affected them.

There are a number of ways a therapist can involve participants in the support process. Here are a few examples: Ask the group, "Has anyone ever experienced (whatever the client is working on)? This is usually just a show of hands as you do not want to dilute the energy and focus of the person working, but there may be one person who has a brief story that can help the client feel less isolated.

A client will often make a comment that implies they are afraid of taking too much time in the group, or perhaps the group is bored with their work, or group members have a particular reaction to what they are doing. It is always good to verify this with the group with a statement like, "Would it be okay for me to check this out with the group?" Then allow the group members to make some honest and direct statements to the client.

When a client makes a statement, usually toward the beginning or end of the work, that you want to build on or affirm, it is good to ask them, “Could you say that to someone here?” This is often part of the integrating work at the end where the client is affirming what they have just experienced. Adding their name to the statement is an old Gestalt technique that is quite valuable. Turning to a group member, John might say, “I’m John and I’m safe.” The group members may respond verbally or simply be a mirror.

There are many reasons to involve the group in a progression of movements that bring the group into closer proximity to the client. It fosters group cohesiveness and group support for everyone. For the client, it helps them feel and work with the contact boundary, become more resourced, deepen the work and create a womb surround. It may also provide a somatic experience of safety. To begin the process that allows and supports the client to move into a more regressed state, I begin the session by asking if I am sitting where the client would like me to be. It is often a closer position than where I was sitting in the group. If they do not want me to be close, that is good information, too. Later I may ask, at an appropriate moment, “Could someone here sit beside you and support you with ...?” This brings another member into the closer surround. Often, the experience of somatic support, which is a resource, takes the client back to an early time when they did or did not feel supported or it may simply help them move to the next step. As the work begins to deepen it is often good to ask, “Are we (indicating the rest of the group) sitting where you would like us? Would you like any of us to move a little closer?” It is good to model and coach the group to move slowly and check in each step of the way. Always ask, “Is this okay?” Check to see if a closer proximity feels more supportive. It may feel too fast, suffocating, or just too much. In this case, everyone adjusts slowly and you check in again. As the work continues to deepen, group members are used for physical support and touch as appropriate.

Your guidance of the session, including group involvement, will be based in part on the client’s intention, their pre- and perinatal history, and their current life situation.

Principles of Individual Work, Protocol for Individual Session

While every individual session is totally unique, there are principles and processes that are involved in every session. The most basic principles of individual work are true whether work is done in a one-on-one context or a group setting. They include creating and maintaining safety, setting and working with intention, finding and expanding resources, sensory awareness and somatic referencing, finding, meeting and working with potency, integration and closure.

Each session usually has a detectable beginning, middle and end. In the beginning of the session we establish intention and resources, orient, settle in and make contact. The middle of the session comes as the work deepens and the client follows their somatic experience and potency is met. You may feel the energy shift. There is usually a point where “something happens”, the client may ask for people to come closer, begin to ride the edge of a feeling, or go into a pre-birth posture. The end of the session is for affirming the work, integration and closure.

Beginning of the Session

Now let’s look at how this might unfold within a group session. After someone claims their turn, the group may take a break and you take a moment to review the client’s history and earlier

stated intention. When everyone is ready to begin, you will want to help the client situate themselves and the surround the way they want it. You are then ready to help the client establish an intention.

Establishing an intention is a vital part of the session. The rationale for working with intention is multifaceted. First, it helps establish a therapeutic contract. As mentioned earlier, this concept comes from Transactional Analysis and creates an agreement between you and the client about the focus of the work. It is your job to make sure the intention is one with which you can agree and one that is manageable. It should be appropriate to the client, the group, the setting or situation and the time frame in which you are working.

The intention should relate to the client's *current* life. For example, if the client says, "I want to know more about or experience my birth." You might ask, "What will that give you in your life now?" The image of what they want also helps establish this as a resource. When the intention relates to current life, it makes the work relevant and connects with the client's potency. It also contains and delimits the session, keeps the session on track, and makes the work seem manageable. During the session, coming back to the intention helps orient and bring it into the present moment. The intention, then, becomes an invisible map for the work.

After you reach a mutual agreement on an intention you can support, it is good to discover some of the client's resources. A resource is anything that helps stabilize, empower or orient the client or settle the nervous system. Initially, you are looking for something that can support the client's work, something that you can use during the session. This might be an image of something related to the intention, something the client wants in their current life. It could be a felt sense of a calm or resourced state, a memory of a time of being loved and connected or an accomplishment. Often something the person has said during the process of establishing the intention or something they are wearing will give clues to resources. It is vital before launching into the pre- and perinatal work that the client has a sense of something positive or empowering as a touchstone. This will help you as you use what Peter Levine (1998) calls titration or pendulation in the work. (See below.) It will also assist you in keeping the work manageable.

Middle of the Session

Here are other principles of individual sessions within a group that can be used at any time but are particularly appropriate in the middle section of the work.

- 1. Track and meet potency.** Potency is the place where the energy is. You can sense it in the client's voice, gesture, posture or movement. As you discover potency, begin to mirror, match and support it. This is something many of us never had as infants. When potency is met, we have a greater sense of self and we can feel our power from within. Being mirrored and met often brings up feelings and leads to the next step in deepening the work. A felt sense in the body may elicit a feeling memory of something that was missed or something yearned for. This may lead to a more regressed state, a more clear and present state or an experience of personal power.
- 2. Use somatic referencing.** Ask such questions as, "Where do you experience that in your body? What happens when you focus on that sensation?" Work with the

sensation, the somatic experience, by patiently focusing on these references and noticing what emerges.

- a. Attention to sensation brings awareness into the present moment and acknowledges what is. It takes mental activity out of story and interpretation (that is, the words the client is telling herself about her experience, rather than noticing the actual experience). When we are in story, we are more likely to be referencing the primal belief system, not in the reality of the current moment. Within the context of “telling the story”, there is often a time distortion and/or regression: the story, the current emotion, is all there is. “It’s always been this way, it will always be this way.” This line of thinking generates more disconnected emotion, fear, sadness and/or anger. Awareness of the sensate experience brings us into contact with ourselves, makes contact between self and other easier, slows the process and allows us to come into the senses. This is a basic principle of Sensory Awareness (See Brooks, 1986), Gestalt Therapy and other Neo-Reichian therapies. Fritz Perls (1976) admonished, “Lose your mind and come to your senses.”
- b. Another reason that somatic referencing is so important is that memory and aspects of consciousness are stored in the body and therefore accessed through awareness of the body. It also opens a space for continued awareness and self-focus, recognition of patterns, and an avenue for re-patterning old beliefs and behaviors.
- c. Somatic referencing also begins to calm the nervous system and/or bring up the potency, both of which assists greatly in the therapeutic process. In this process you can also experience where attention is placed, energy follows. In addition, it encourages and allows the natural healing rhythm.

3. Move slowly and mindfully. Because as a therapist I have had to consciously work at slowing my pace, I coined this motto for myself: “If you want to move quickly, slow down.” When I think of a really great intervention, I sit with it for a while and watch the client’s cycle. I watch for the potency. I watch for them to show me where to go next.

4. Encourage the client to experience and move from an inner impulse. This principle, again, helps the client focus on their own process, slow the pace and discover internal sensation, resources and patterns. In our fast paced culture, and especially for those whose locus of control is external, many have never had an experience of moving from an inner impulse. This experience alone can create tremendous self awareness and self empowerment.

5. Help the client experience self as part of the group. This principle relates to the client’s benefit from group involvement that was mentioned earlier. This process helps them receive support, make contact and hold boundaries. You can bring the experience more into the present moment and into their current life by making contact with group members. This contact allows the self to be met and the truth of their authentic self to be affirmed.

6. Ride the edge of catharsis. As mentioned earlier, expressing feelings for the sake of experiencing catharsis is no longer considered good therapy. Big feelings can often overwhelm the client and sidetrack the work. In a pre-and perinatal group, we help the client to ride the edge of catharsis, sometimes putting on the brake, making sure they can stay resourced and connected. It does little good to have a deep catharsis if the client is not fully present to experience it. In fact, it is counter productive as it likely cycles the client into an unresourced place, overwhelm and dissociation. The part of the client that was left behind *then*, is being left behind again. The key is *connected* catharsis. This can be accomplished through touch, eye contact, breath or simply consciously slowing the pace. You might ask the client what she is experiencing, call her attention to a hand that is touching her, or make a differentiation statement, such as, “Yes, it *was* a very frightening place, *then*.” Peter Levine’s (1998) Somatic Experiencing work is ingenious here. Titration and pendulation are primary methods used to facilitate *connected* catharsis. Titration and pendulation are essentially helping the client move between a resource and the memory that elicits the catharsis. These are special skills that take practice.

7. Discover and work with double binds. The concept of double binds, a “Catch-22” or no win situation, was first coined by Gregory Bateson (1973) and later used by Milton Erickson (See Haley, 1973). The experience of double binds usually begins at an early age and engenders core beliefs and creates life patterns. Double binds emerge from primal, seemingly life and death situations. This is another principle that deserves it’s own treatment for which there is not space here. However, it is beneficial to notice and mark double binds when you see them. Sometimes just naming them can be very helpful. For example, you might say, “It seems to me that as a little boy you were in a double bind. If you pleased your mother, your needs did not get met. If you did not please your mother, you were in trouble.”

8. Engender and empower self-support. As the client moves through various stages of the work, it is important to name what they are doing or have done. For example, babies often don’t know they completed the birth process; they don’t know they are no longer stuck. You can make such comments as, “you’re out now; you made it; you’re safe; you’re okay.” If someone has taken a risk, pushed through to a new place, pulled something in or experienced a new phenomena, it is good to name it. Also, there is a delicate balance in the work of receiving support and engendering self-support. We must often learn to receive support before we can truly become self supportive.

9. Re-pattern core imprints. The techniques of re-patterning core imprints, core beliefs, is a paper within itself. Suffice to say here that our very earliest experiences of conception, discovery, gestation and birth create the template out of which we ultimately live our lives. The template or program consists of a few core beliefs, such as, “I’m not okay, something must be wrong with me or I don’t deserve love.” The developing person/personality has no “I”, no sense of self, no sense of separation from the parents or the environment. If something is troubling, the little one experiences self blame and begins to believe, “This must be about me. I must have

caused of this.” Along with this core belief immediately comes a decision about “how I must be, what I must do to survive and have my needs met.” At this point the authentic self is occluded, clouded, and the new belief and decision becomes the “truth” out of which we live our lives. The work here is to recognize the life pattern and the core belief, differentiate “that was then, this is now,” and help the client re-decide or affirm the truth of their existence. For example, “I always thought there was something wrong with me. Now, I can see I’m okay.”

10. Experience, retrieve, and integrate into current life the authentic self that was left behind at the time of the trauma imprint. Having an experience of the authentic self, the self before the trauma, can be a healing experience. Work with the authentic self is subtle and accompanies the process of somatic experience. Your awareness of this and naming it is often all that is needed.

In general, it is because of the early focus that the pre-and perinatal group facilitator must be even more aware and prepared. Because we are inviting and evoking the earliest experiences, core imprints and even cellular memory, group participants are often in a much more vulnerable, if not regressed, state. Therefore, the therapist needs to orient, slow the pace, provide very clear direction and boundaries, and not take anyone beyond their capacity to stay resourced. The ten principles listed above create a toolbox for the individual session within the group process: track and meet potency, use somatic referencing, move slowly and mindfully, encourage the client to experience and move from an inner impulse, help the client experience self as part of the group, ride the edge of catharsis, discover and work with double binds, engender and empower self-support, re-pattern core beliefs, and experience, retrieve and integrate the authentic self into current life. These are, of course, not the only tools for the individual session, but they are a strong foundation from which to build.

End of the Session

When the intention has been reached, and sometimes before, the ending or integration phase of the session begins. The client has “moved through” or reached some kind of resolution. The client is experiencing themselves and their body in present time. At this point there is often an energy shift. This is also the place that is easy to rush, especially if there is a sense of urgency about time. As the therapist you must hold a paradox here. You must both keep the process slow enough that integration can occur and stay focused so the work can be completed in a timely manner. You will need to be mindful that you are closing the work, not opening a new topic or piece of work.

It is time to help the client integrate the work, bring it into the present moment, relate it to the intention and have a touchstone or way of continuing to connect with the beneficial experience, the empowerment and new knowing. As the session closes, you may suggest a touchstone for the person, usually a symbol or image, something that comes from their work, that can serve as an awareness, a practice or something they can carry into the future as a resource for further integration and healing.

The last part of the integration phase of the individual session is what is called in Gestalt therapy feedback and Ray Castellino calls essence statements. I prefer the term essence statements because it is more clear that the group member is sharing with the client their personal reaction

and experience during the work. This is not feedback, per se, such as, “I really liked it when you did that.” It is more, “When you did that it touched me in this way and reminded me of (whatever) in my own life.” The client who just worked simply listens and is encouraged not to comment but to just receive.

These basic principles apply to any psychotherapeutic work, with individuals, families or groups. One belief that informs my work is that we as human beings are pushing ourselves toward wholeness at all times. Just as a cut finger begins instantly to mobilize resources to heal itself, so does the psyche know how to heal itself with appropriate support.

A major goal of therapy is to rediscover, experience and reclaim the authentic self. In the pre- and perinatal group work, we do this by working at cellular and energetic levels, somatic and psychological levels. This therapy works to engage all parts of the brain. We calm the brain stem by orienting and creating and maintaining safety. We satisfy the limbic system by slowing the pace, creating contact, staying in the relationship of the work and by demonstrating unconditional positive regard, accurate empathy and appropriate mirroring. We engage the neocortex by recognizing, understanding and working with patterns and connecting the work to here and now experiences. Within this, we help the client to move slowly enough to stay resourced, stay connected to the somatic experience and consciously bring the little one into the present moment.

Summary

Somatically-oriented prenatal and perinatal therapy done within the context of a group is, in my experience, one of the most potent modalities we have of engendering health, experiencing wholeness and shifting life patterns. While the principles mentioned here apply to any form of prenatal and perinatal work, the primary focus has been on the group process intensive. Here, six to eight clients are encouraged to explore and heal early imprints, core beliefs and life decisions, understand and change long-standing patterns and open to greater intimacy. Typically, we gather on a Friday evening within the context of a safe, supportive small group environment to review basic skills of creating safety, empathy, contact and boundaries, enabling participants to effectively give and receive support. During the weekend, each participant receives a 1.5 to 2.5 hour session with the primary therapist in which the client works from a stated intention and explores emotional and physical patterns that have their origin in the prenatal and perinatal period. The group is actively involved in each session, giving every participant many opportunities for self-discovery and healing. The sessions are followed by time for integration and discussion. Clients are encouraged to follow-up with integration activities and contact with someone from the group and professional therapy as needed.

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