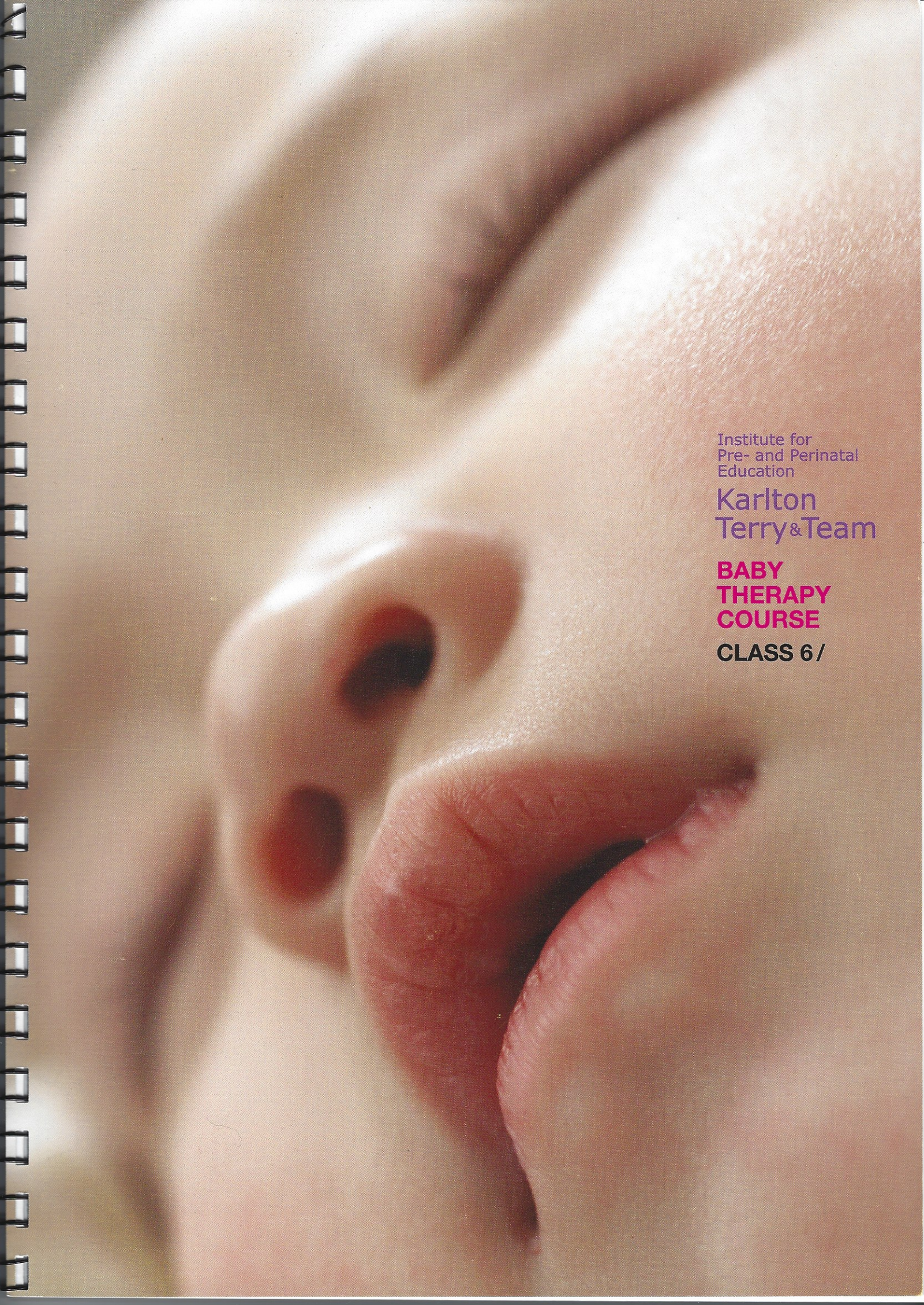


Institute for
Pre- and Perinatal
Education

Karlton
Terry&Team

BABY THERAPY COURSE

CLASS 6/

SUGGESTIONS AND ADVICE PRE- AND PERINATAL FACILITATION WITH INFANTS

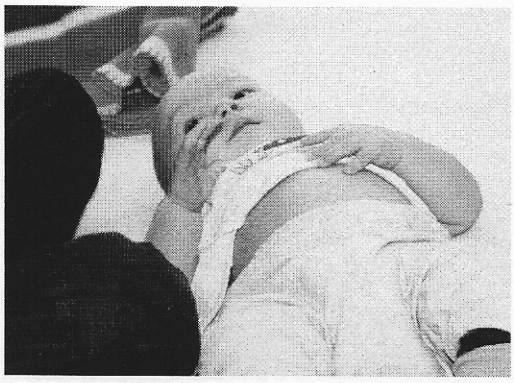
Facilitation and simulation of birth and prenatal processes are not just about therapeutic process. **Facilitation can cover everything from Emerson's containment model, to accurate empathy, empathic restraint, witnessing memory crying, and birth simulation.** Birth simulation, especially with babies, is also an art form requiring delicacy, finesse, accuracy and impeccability. It is also a form of deep empathy and applied conscious presence as in a practice of meditation or yoga. I do not suggest to any practitioner who has not explored and worked on resolving their own pre- and perinatal processes that they attempt birth simulation or prenatal facilitation with a baby. This would be as absurd as me teaching someone to drive a car when I have never driven a car myself ... with consequences just as severe. Participating in a foundation course, examining each aspect of one's own perinatal process and acquiring competence by sitting for adults who are exploring their own process, and who are able to communicate with words about their needs and their experience, are all prerequisites for facilitating birth simulation processes with babies. Baby therapists ought to be in therapy themselves and need to be resourced and supported.

Because the partition is so narrow between their social awareness and their implicit body memories, babies easily flow into regressive expressions and pre- and perinatal processes. One can perceive in a baby's cries or body language a palpable yearning for expression and release of unresolved issues from the trauma of birth and prenatal life. This perception usually leads most parents toward a natural impulse to control the baby's body, comfort the baby, or 'shhhhush' the baby out of the crying. For baby therapists, crying and baby body language lead to a natural impulse to empathically witness the baby, or facilitate regressive process.

IT IS NOT APPROPRIATE TO FACILITATE REGRESSIVE PROCESS IN A BABY UNLESS SEVERAL CONDITIONS HAVE BEEN MET

- The practitioner has explored his or her own process and achieved substantial resolution
- The parents have agreed to enter into supporting regressive process with their baby and have proved tolerance thresholds that are adequate to support it
- The baby has made clear requests for the work
- A clear field of permission has manifested
- Support for the mother and the father are emplaced

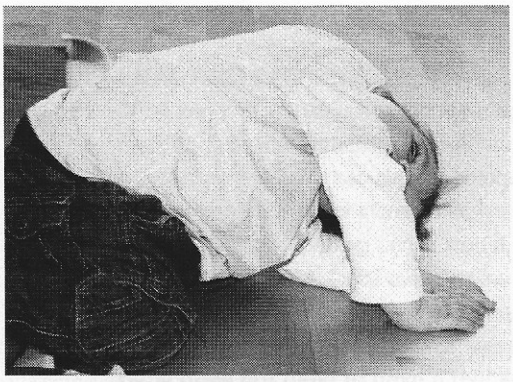
Sometimes these conditions do not coalesce even in official baby therapy sessions, but when they do, it is not only appropriate to assist the baby in its process, it is incumbent.



ASSESSING THE PROMINENT PRESENTER IN A PRE- AND PERINATAL FACILITATION

If, as a practitioner, you do not recognize which pre- or perinatal stage the baby is expressing, obviously you cannot facilitate it. **When a baby is signaling for help with its regressive process, the best first rule is to just wait and remain present out with the baby in empathy until you are absolutely sure which stage is expressing. This is called assessing the prominent presenter.** Sometimes recognition of the stage by the practitioner will register with the baby, and this alone may be enough for the baby to move deeper into its process.

Accurate empathy without action can be one of the strongest forms of facilitation, so it is incumbent upon the practitioner to assess whether energetic or physical contact is even required. Often, sitting with a baby in process requires nothing more than perception, mindfulness, and an inner attitude that is intended to put the facilitator in touch with the baby's emotional life. Of course, this is a form of empathy. The next step is to become aware of which pre- or perinatal stages are unresolved in the baby and are crying out for specific attention. For many beginning practitioners, an impulse to facilitate more actively than is necessary can override the appropriate technique, so it is absolutely necessary to check in with one's intuition before enacting contact.



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STAGE ONE
Recognizing Stage One Baby Body Language

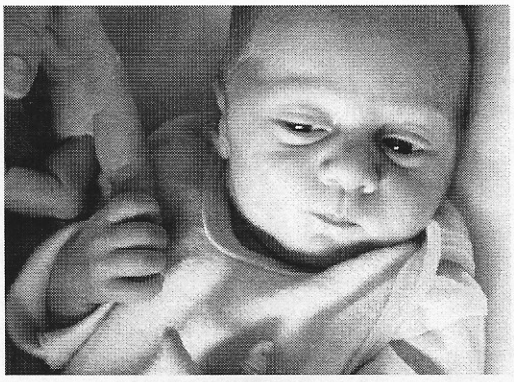
Active baby body language is usually characterized by lack of movement while an inner agitation develops within the baby. Compressive or contractive movements, like an inchworm drawing inward before it stretches, can signify body memories of resistance to or avoidance of painful birth contractions. Often the baby's face will turn red, and the baby will cry, articulating tones of anger, helplessness, hopelessness, and impotence. Sometimes the baby goes pale and limp, suggesting that Stage One trauma overwhelmed its fight or flight ability, causing its system to resort to freeze. Stasis of movement and affect are usually present, and sometimes so too is ineffectual wiggling, as if to release pent-up movement, even though there is no movement out of or away from its apparent uncomfortable dilemma.

FIXED BABY BODY LANGUAGE FROM STAGE ONE IMPRINTS IS EXPRESSED AS

– A lie-side indication, with the lie-side eye being closer to the midline of the face
– Frontal/parietal overrides or underrides from compression originating at the occiput
– A frontal bone groove: the "Alley Oop" look
– For Stage One B trauma, a "dropped" eye on the lie-side – an eye that is lower than the other eye

Facilitating &/or Simulating Stage One: General Guidelines

Babies can enter into birth processes from all kinds of different positions: in their mother's arms, in a blanket, or upside down (compared to the original actual birth position). If the baby's connection to its process seems delicate, and might be interrupted by moving or adjusting the baby into an accurate posture, it is obviously best to "catch the wave" and facilitate the baby's process just in the posture or position it is in. However, sometimes the baby can be moved into an accurate representation of its original posture, on its lie-side for example. And for Stage One, the baby can be supported with a simulated fundus at its feet and a simulated cervix at the occipital/parietal crown. Contact at the feet, from which the baby can find support to push is an adequate "fundus". Never push the baby, rather let it find its own power to push itself. To simulate the cervix energetic contact or physical contact might enhance the baby's ability to regress, find itself in the trauma posture, and, in an empowered gesture push forward.



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STAGE TWO

Recognizing Stage Two Baby Body Language

As with any birth stage facilitation the first step is to recognize the underlying baby body language. **Classic Stage Two active baby body language is often oriented around painful somatic memories held in the temple bones, the orbits, the nasal bone, the ethmoid bones, maxillary sinuses, and sometimes in the upper mandibles.**

CONSEQUENTLY, ACTIVE BABY BODY LANGUAGE FROM STAGE TWO TRAUMA INCLUDES

- **Squinting (especially asymmetrical squinting)**
- **Attempting to, but being unable to, turn the neck or head**
- **Zigzag head movements**
- **Conducting, especially with the fists around the temples**
- **Pulling on an ear**
- **Shock in the eyes**
- **Eye splits**
- **Facial splits**

Fixed baby body language includes variations of the classic lie-side indicators. Normally the lie-side eye is closer to the midline of the face and, from drag, lower than the non-lie-side eye ("dropped"). But with Stage Two trauma there is sometimes an added tilt or twist in the eye within its orbit. When radical zigzagging has occurred, the non-lie-side eye might be lower.

