



Somatic Psychotherapy Today

Spring 2013

The USABP Magazine

This issue:

Touch in Psychotherapy

Prenatal Bonding (BA)

Organismic Psychotherapy



A PUBLICATION OF THE UNITED STATES ASSOCIATION FOR BODY PSYCHOTHERAPY



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PARENTING THE PARENTS

By Fabio Carbonari

Once upon a time, pregnancy and birth were social and natural facts. The mother was surrounded and supported by other women; in some cultures a doula assisted the new mother during birth and the first moments after the birth. Mother and father knew well their roles and their competences because they were handed down from generations before. It was a time of great peace and tranquility, well it wasn't perfect but families remained intact and infant's needs were substantially met.

Enter the Twenty-First Century where pregnancy and birth are far from nature. Caesarean sections are on the rise with statistics showing an all time high (34% in the United States,) in 2009 (retrieved from <http://today.msnbc.msn.com>), more over 60% in South Italy (from Italian NHS last data). Diabetes, obesity, multiple births and age are cited as factors along with convenience—obstetricians and mothers time the infant's birth to fit their busy schedules. Parental roles are more confusing than ever with nuclear families split geographically, traditional roles in flux, and dual incomes a necessity for financial stability. Parents are often left alone to manage the deep impact of a new birth.

Becoming a parent can turn out to be a stressful event, rather than a joyful one. In fact, postpartum depressions currently range from 14% to 23% of women giving birth in the U.S. each year, according to a joint report published in September by the American College of Obstetricians and Gynecologists (ACOG) and the American Psychiatric Association (Naravan, 2010); furthermore, clinical evidence shows a rise in separations and divorces after birth. (In Italy we are seeing an increase of separation and divorces on the first two years after birth. We know it from

NHS family planning clinics reports on congresses and conferences reports). A new phenomenon has appeared as well: paternal post partum depression.

"The emerging literature on paternal depression suggests that, like their maternal counterparts, fathers are at increased risk of depression in the postpartum and gestational periods. Moreover, several studies have documented negative child outcomes associated with paternal prenatal and postpartum depression. Prenatal and postpartum depression was evident in about 10% of men in the reviewed studies and was relatively higher in the 3 to 6 month post-partum period. Paternal depression also showed a moderate positive correlation with maternal depression" (Paulson & Bazemore, 2010).

On the newborn side, parental stress can be considered a real trauma and can generate an interruption in the infant's way to the construction of the Self. Parents' unresolved traumas can generate multiple and inconsistent attachment styles in infants often characterized by fear, distress, hostility, and psychosomatic expressions such as sleep disorders, colic, and uninterrupted crying. In response to these dysfunctions, body psychotherapists have developed

a series of tools to help new parents. The Istituto Reich has developed an approach called Parenting the Parents.

Parenting the Parents

The framework inside of which the therapists at the Istituto Reich move is represented by the first moments of our life: the prenatal life, birth, and breast feeding up to the end of the first year. This is a critical time featured by the strong interaction between two bio-energetic fields: mother and baby. Mainly we use Eva Reich's Gentle Bioenergetic theory, which was born inside the Reichian model but is specially geared to prevention and baby body psychotherapy. Eva Reich calls the first moments of our life the "sensitive period" (Reich & Zornansky, 2006).

We integrated this basic model with other post-Reichian tools such as the Energetic Functionalism Psychotherapy, as we learned it from Francesco Dragotto, the Gentle Bioenergetic Baby Massage learned from Silja Wendelstadt, and the Thomas Harms' Emotional First Aid (Istituto Reich funders have had a long training with that teachers). Because we work with human bio-energetic field, we found strong relations between Reichian organomic research and new scientific studies including Chaos Theory, Catastrophes Theory, and Morphogenetic Fields. Other references involve Prigogine theories and Preparata's water memory works (*The role of Quantum Electro Dynamics in medicine- Proceedings Meeting 14/12/1999- Institute of Pharmacology University of Rome "La Sapienza" published on Rivista di Biologia/Biology Forum 93/ Rome 2000*).

We also acknowledge that the relational interactions involve the father and the entire family. This developmental period, our first moments, is one of the most important of our life. During this time we build

our body-mind unity, and we learn our first kind of relationship: the baby - mother- father relationship. The type of relationship that we experience becomes a matrix on which we model our future relationships (Bowlby, 1989).

To support parents during this delicate period, psychotherapists at the Istituto Reich use an integrated paradigm based on the Reichian theory of body-mind Functional Identity. They also pay attention to the



energy flow and the concept of the construction of the body and the character armouring. We pay special attention to the relationship between the members of the family, particularly the relationship with the father, and to the relationship with and between the therapists inside the therapeutic setting.

Functional Identity

Functional Identity is the main innovation in Reich's model— between body and mind there isn't a split between them or a cause-effect relationship, but they are two different parts of the same energetic pulsating process. Body and mind always work together. We can see Functional Identity at work looking at other functions and processes too. For example, sympathetic nervous system and parasympathetic nervous system are the two aspects of the autonomic nervous system working together, as systole and diastole in the heartbeat as well. But also, day and night are the two different aspects of the same astronomical day. So, we also think of

motherhood and fatherhood as two different, necessary, aspects of parenthood. Infant research generally focuses more on the mother's function rather than on the father's.

We have learned about the important function of the father during our long training with Francesco Dragotto. He underlines the existence of a "functional" presence of the father as a key factor from the very moment the sperm and the egg cell meet. Father and mother generate a new energetic field. The paternal presence informs the baby that he/she is not the exclusive property of the mother or a part of her.

Within the Istituto Reich model, "mother and father functions" work together to create a Functional Identity. During the growth of the child, there is the prevalence of one or the other function; it depends on the different periods and ages of the child, but the parents always work together. For example, during pregnancy and the first period after birth, the mother is the prevalent field, but the father is anyway present. He is like a lighthouse that shows the way out of symbiosis.

During breast feeding, the baby and the mother are, at the same time, attracted to their own core and to the core of the other. They create between them an energetic bridge that allows the primal confidence and a deep relationship. Both mother and baby are centered on themselves and on their inner rhythms; they feel their own sensations and are satisfied and radiate energy, pleasure, and warmth. Wendelstadt (1997) calls it "affectionate bonding". It is an energetic bonding that, as a bridge, can join baby and mother. Feelings and emotions pass across the bridge as well as the moods of both mother and baby; this flow creates a kind of emotional grammar, a specific and intimate code that co-builds the primal

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relationship. During this phase, the father is in the background and he can enjoy the sweet and lovely atmosphere. Sometimes it may happen that some troubles, stress, or disorders disturb the bonding process, and the familial system tries “replacemental ways” to restore contact and harmony, even though these ways might be dysfunctional. (*In an armoured situation the replacemental way is a bioenergetic method to keep the contact with oneself and with the others. This is a superficial and unfulfilling contact, but it's the only one possible*). During the child's adolescence, the father is prevalent and the mother looks like a secure base; in the background father, mother, and child co-create the familiar intersubjective bio-energetic field—a unique and characteristic field with its own memory, history, and its own specific ways to relating within the self and with others outside of it.

In Practice

Stress or traumatic events, or post traumatic stress disorders, anxiety, panic, even if on a minor scale, may happen in a familial system after a birth, especially with the first baby. If the baby experiences any difficulty during feeding or sleeping, he/she cries and gets upset. The baby's reaction is an effective organic way to discharge the overcharge of energy. But, if parents can't understand how functional this behavior is for the baby's self-regulation process because of their own anxiety or unresolved past traumas, they miss the fact that the baby's behavior contains information for them as well. At this point the parents seem to be unable to stop the baby's cry because the baby can't get rid of the excessive load of energy.

The family enters into a loop of dysfunctional behavior and feelings that strengthen that behavior; we see parents spend all night carrying and rocking the newborn, a behavior that further upsets the baby, or the parents

quarrel and blame each other for the baby's cry, or, as the last solution, they use medicine to induce sleep.

During our experiences, and based on the demonstrated theoretical model and research, we have seen how we can work with the familial field to resolve the baby problems, considering also that the baby problems are often the mirror of couple problems. For this reason, it's important to restore a basic confidence in the couples resources. In our intervention model we generally work with the couple and through the couple to resolve what appears to be a problem of the baby.

Parenting the Parents involves a therapeutic practice that uses a particular kind of deep breathing and a gentle touch. Usually we need a few weekly sessions, five or sometimes less, into which we lead the couple to become more conscious of their own body-mind processes, emotions, feelings, behaviors, actions and reactions.

During these sessions there are a couple of therapists that welcome the family. The therapists operate like a mirror for the couple so they learn to find a secure base onto oneself and onto the couple. This resource can allow the newborn to find a secure base as well. Another task is to create a nourishing field for the family. In our “tool box” we use: empathetic contact, parental resourcing, and pain thresholds (identifying and working below them). We also rely on a particular kind of breathing, a soft fractioned breathing that helps centering. By “fractioned breathing” I mean a way of breathing in which both inhalation and exhalation are divided in three or more parts. This allows parents to better perceive the diaphragm, the spine, and the flow of energy along the spine which occurs during breathing. This flow of energy is what osteopathy calls “primal



breathing movement”.

After birth, in the beginning of terrestrial life, and after nine months floating in warm water, the newborn experiences a sensorial revolution, and the skin is the front line of this revolution. From embryology, we know that the skin is generated from the same embryological sheet of nervous system; when we touch the skin we are touching the nervous system.

A gentle touch on the skin creates a corresponding gentle wave from the periphery to the centre, to the core, of the body-mind system. At the same time, the feelings of the core can arrive on the skin and sometimes we can see red areas on the skin, as from a feeling of shame or another strong emotion, or we can see some white areas that are the signs of a loss of energy. Sometimes we can see red spots, as a sign of a little emotional eruption.

The Skin is the Mirror of the Core.

Another important task of the skin is to create an edge, a border between inner and outer world. During the prenatal life the construction of these boundaries are made in aquatic environment; during birth, however, the skin receives a powerful massage; just afterwards, it experiences the air and the force of gravity.

For the baby, the next step is to wish a warm maternal embrace and to search a contact with the breast. This embrace defines and reassures the newborn. Connected with it there is the breathing function. This change of feelings on the skin is experienced by the newborn together with his/her first breath.

Breath

Many neurophysiological studies demonstrate that the relationship between breath and emotion is bidirectional. "Emotional states affect the rate, depth and pattern of respiration. Conversely, the voluntary manipulation of breath patterns can account for as much as 40% of the variance of feeling states including anger, fear, joy, and sadness (Philippot, Gaetane, Blairy, 2002). Anxiety, depression, and post traumatic stress disorders are associated with over activity of the sympathetic nervous system and under activity of the parasympathetic nervous system (Liss & Boadella, 1986).

The breathing is controlled by the diaphragm. This muscle is the only one that is innervated by both a voluntary and an involuntary nervous system. This is an important aspect because on one hand we can voluntarily modify the air volume and the frequency of the breathing (in a certain range), and on the other hand the emotions, one's physical state and the task we are involved in at that moment, all influence the modalities of breathing.

It's easy to imagine breathing like a bridge between voluntary and involuntary actions; the rational and emotional world. In a word, between conscious and unconscious. This fact is well known for all relaxation techniques, yoga breathing, all kind of meditations and, of course, in body psychotherapy.

From neurophysiological research on the Peripheral Model of Emotions, we know how this system is activated by the feedback from interoceptors (Craig, 2003) via afferent autonomic and somatomotor ways of the perception of feelings, like pain, temperature, gentle touch, muscular and visceral perceptions, air hunger. The airways and the lungs contain a lot of receptors (Yu, 2005) that fire in response to the lungs breathing rate, sending information to the multiple nodal points on the way to vagal afferents providing information to the homeostatic system as described by Damasio (1995). All the families can now find inside themselves a nourishing field and a secure and faithful base to come back to during stressful moments.



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