

Human Baby, Human Being

Matthew Appleton in conversation with Emma Palmer – 13th August 2018.

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The 8th and 9th of June 2019 will see the hosting of a fascinating two-day conference here in Bristol, England. The *Human Baby, Human Being: Contributions from the emerging field of pre and perinatal psychology* conference is being organised by [Conscious Embodiment Training](#) and [ehealth Learning](#). An important aim of this landmark event is to bring together professionals interested in the long-term effects of prenatal and birth experiences. The speaker list is as follows, with presentations from many of the innovative pioneers of this field: Thomas R. Verny, Cherionna Menzam Sills, Dr. med. Ludwig Janus, Anna Verwaal, Kate White, Klaus Käppeli, Thomas Harms, Matthew Appleton, Jenni Meyer, Kate Rosati and John Wilks. There will be day-long workshops before and after the event.

Gladdened to see this conference happening in my home town, and having trained on 'The Birth Journey' course with Matthew, Jenni, and Kate from Conscious Embodiment Training a while back, I suggested to Somatic Psychology Today editor Nancy that I interview Matthew to find out more, ahead of this event. During the six years that I was writing the 'Body wise' column for Somatic Psychotherapy Today I became accustomed to emailing my writing to Nancy, 5,000 miles across the pond. So it was a novel and welcome experience to be able to walk a mile for this latest assignment!

Emma

Having started life as a body psychotherapist can you start by saying how you got into pre and per-natal work? That would be useful to hear...

Matthew

I initially got into body psychotherapy because I was working at A. S. Summerhill's school. Summerhill, as a democratic school, was set up to see how children self-regulate. He and Reich were talking about self-regulation before anybody else. It's very popular now, of course, but it wasn't back then. What I was seeing with the children was that they were coming with a lot of history already, so I started getting interested in what they were expressing.

I had read David Boadella's book [Lifestreams](#), which touches into the pre and perinatal. Then I went over to Germany to train as a body psychotherapist, in the traditional Reichian way. Interestingly, my therapist trained with Morton Herskowitz, Reich's original student. He died just last week, so it's the passing of a whole era... The combination of my experience at Summerhill and body psychotherapy made me curious about these experiences. I had also trained in craniosacral therapy, so I was working with babies and I was seeing that they were expressing things I wasn't understanding.

Then I heard about someone called Karlton Terry, a pre and perinatal therapist from America, who was working in Switzerland at the time. I was curious - maybe even a little bit sceptical! I went over there and it opened up a whole new world for me. I began to see this territory of human experience which is totally in the cultural shadow. Because it's in the cultural shadow it has a huge amount of power. Through training with Karlton I began to work with babies in a different way, began to work with families in a different way, and worked with the individual in my private practice in a different way; but still in a body-based

way. The same with workshops; workshops with adults, working in an embodied way to create the space for this aspect of their experience to express itself.

So moving into this work wasn't intentional....

Emma

No, more like meandering?

Matthew

Yes, leading, deeper and deeper...

Emma

...into the question...

Matthew

...always, always, yes, being lead by the questions, being lead by the client's experience and being open to what the clients were showing through their bodies and through the themes and images they were bringing. Karlton Terry had trained with Graham Farrant, the Australian psychiatrist. Farrant describes [six universal body movements](#) which he discovered through his own self experiential work. These are associated with very early cellular experiences - cellular experiences which then expressed themselves at the level of the organism: the whole body. As Karlton trained with him he started to introduce me to this territory, and, again, I was sceptical! Cellular experiences? Expressing themselves at the level of the body? That sounds bizarre, I thought! Yet I found, once I opened up to this, and once I began to see it, it opened up a whole level of experience. It meant that clients could bring that whole level of experience into the therapy room which is not conventionally welcomed, either because they might not feel comfortable with it, or the therapist might dismiss it, or interpret it in a different way...

Emma

...or therapists might not even be open to those experiences or phenomena...

Matthew

...absolutely. So I talk about these templates of early experience which get held at a cellular level, they get held within our psyches, and again, because they're often in the cultural shadow, there's a deep need in people to express something. I could give you a few examples?

Emma

Please, yes.

Matthew

So in the way we talk about birth, there are four stages of birth from the baby's perspective, which have very specific baby body language. In our work we see a lot of baby body language – when I say baby body language I mean something we see clearly in babies, but it remains within adults, even if we have often learned to suppress it. At particular times and in particular situations, or in therapy talking about particular themes, this archaic body language expresses itself. We often see it associated with the umbilical cord and the umbilicus - clients touching that area [pats lower belly] and talking about themes from that time. We see it in early cellular experiences associated with the sperm and the egg and implantation.

I could give you an example of working with somebody who was experiencing a lot of anxiety in her body. I invited her to lie down, inviting her to 'just see what your body wants to do'. She got into these strong movements which we would associate with the movements of the

sperm. She didn't understand, so I just encouraged her to stay with them. She suddenly connected with this deep anxiety, 'I'm going to die here'. If this had been a birth issue, I would have dealt with it quite differently. Because I recognised this movement, and this is one of the movements that Graham Farrant talks about, there were two particular points on her body, connected with where the head and the tail of the sperm intersect where I made contact – quite a strong contact – with her permission. I encouraged her and said 'let yourself die'. She went into a slightly different movement which we associate with the actual conception and she then went into a deep, still point. The whole room became still. She said 'oh my God, my head's expanding, I can feel all this stuff is coming out of my head!' She carried on 'I'm in a completely different space, I'm in this beautiful, glowing, round, vast space'. Her fear of dying completely subsided. She was describing what we know happens when the sperm expands and the genetic material gets released. This is just one example – I could give you hundreds like this...

Unless our courses are being infiltrated by undercover embryologists, which I don't think they are [laughter] something very profound is going on here. I would like to give you another example. Just a couple of weeks I was working with someone in a workshop. She felt this need to arch back, her body strongly wanted to arch back. She felt there was a vast space behind her which was terrifying. She was afraid she could get really lost there. What I was seeing in this particular gesture is what we call an 'ovulation arch'. It's related to the movement of the egg, which of course is a circular movement. The body holds the memory of this, in adults and babies, and we often take them through the ovulation arch. She wanted to move *and* there was a fear there. Because I knew this language, I knew how to support her in this. I got the group we were working with to support her to go in a complete circle, we took her right the way round and back. It changed everything for her – we did it twice. She said 'my body's wanted to do this all my life and I've never understood why!' We were able to give her a context to do this work so that she was able to link it with the fear she had been feeling, and what was going on for her mother around the time of her ovulation, pre-conception.

These sound like bizarre experiences. They're not bizarre but they are very, very profound. Other examples are when we work with both sperm movements and egg movements. I've got some wonderful film of working with an IVF baby. This was an ICSI baby, where the sperm head is injected into the egg. A lot of these children have so-called 'hyperactivity disorders'. Actually, what they're holding is a lot of stress and trauma around their conception. We worked with this boy and we took him through a number of ovulation arches. The beautiful thing about this was – and I want to stress, it came from *him*, his body was arching, we just supported and followed the movement – initially he was incredibly distressed when we did it. That changed. He arched around a few times. Each time he came round, he became more embodied. His Mum was saying 'each time he comes back he's heavier! He's more relaxed!' Each time he came back from doing this arching he came into contact with her in a much deeper way. The Mum and baby came with a lack of bonding, and he made more contact with her from half an hour of working with these early early experiences than he had at all up until that point. So we see this not just with adults, we see it with babies, we see it with children. I want to emphasise that this baby language is a universal language, we might say these are archetypal matrices which are held in our bodies, in our psychology and neurology.

For me this belongs to body psychotherapy because it's being expressed through the body. When that part of the embodied experience can be welcomed in, I see profound healing happen.

Emma

I remember when I trained with you, something in particular that you said stayed with me. This was the fact that we'd all done this training - we'd started to learn about and practice

with an awareness of pre and perinatal work - will be hugely enabling for clients – young and old. They would intuitively know that we are receptive to this work. You urged us to keep on practising, deepening that understanding and awareness...

Matthew

...absolutely...

Emma

...because there will be an awareness of this level of work in the room. I remember trying to cram and remember everything you taught us, the pressure to learn it all overnight (part of my patterning, I'm sure!) and what you said stayed with me about that receptivity. Not just with adult clients, I notice it with my nieces, too. There have been moments when I've been with them when an awareness of this work has been useful and I've seen how they and their bodies know, intuitively, about my interest in their early experience. Knowing that was as important as other things you taught us... Trusting that the body wants to express itself; early experiences want to express themselves.

Matthew

Absolutely, that's absolutely true. We train people to do 'baby therapy'; the participants might be midwives, osteopaths, psychotherapists, body psychotherapists, craniosacral practitioners, etcetera, and we warn them at the beginning of the course. 'When you do this', we say to them, 'babies will respond to you, because they *feel* you get it'. The analogy I might use is imagining you are in a country where nobody speaks the language you speak, and you hear somebody speak your language and your response is 'ah, okay', there's that recognition. For our students they find that if they look at babies in a restaurant the baby might go into a birth process or a prenatal process, because they feel 'ah, okay, you get this!'

Emma

Also if adult clients have already done some work in this area and they then go to a therapist or body psychotherapist who hasn't, it might not work out too well? To me it feels like there's a responsibility for all of us therapists to know at least something about pre and perinatal work, in order to be there for our clients.

Matthew

This is a huge problem actually...

Emma

...yes, I bet.

Matthew

This is one of the reasons I'm excited about this *Human Baby, Human Being* conference, to get this information out there, because we are still a small community of people doing the pre and perinatal work. There aren't actually enough of us to meet the need here. When you do this work your practice gets really busy - I turn away people every week. We don't have enough therapists to refer clients to. I've worked with a number of clients who then go to their therapists and say 'look, I've had this very significant experience' and the therapist is not able to meet them and it creates a problem. So I think you're absolutely right about the importance of just having some awareness of this. I think there's a responsibility to do that, because this is part of being human.

Emma

Well it is the key moments at the beginning of life...

Matthew

...really key moments...

Emma... echoing and throwing light on the nature of incarnation, however we conceive of that.

Matthew

Absolutely, and I would certainly say that there's something very mysterious here, when we get deep into the work - it's not something we can fully understand in a kind of cognitive, linear way. These are deeply deeply formative experiences. Part of the reason that they are so important for us is because we are not actually treated like human beings pre-natally, at birth, and shortly afterwards. Life at this point is thought of as a set of biological events rather than actual human experience. So those particular human experiences don't have anywhere to go. Also we had those experiences on our own, because there was nobody connecting with us. This is different in indigenous cultures, because those cultures have ways of understanding how important these early experiences are, and we tend not to. We have that initial sense of having to hold that experience on our own, there's nowhere to go with it, nobody to mirror it back and to give some understanding of what's happened. I've worked with so many people who do this early work and say 'oh my God, that's why I...' do whatever it is they've been doing. Those early experiences show up in later stresses and behavioural patterns and developmental stages. One thing I'd like to stress is that this is not a reductionist model, it's not 'you are like this because of that', it's more the case that this is a profoundly contributing factor to how you, as a baby, dealt with something, which shows up later on. It's the bit that's under the radar or under the water, if we use the metaphor of the iceberg.

Emma

Yes, certainly in my own experience I can see how later traumas were imprinted by birth trauma, or conception trauma, even. Starting to learn about pre and perinatal work – obviously I'm a beginner, I've only done an 18 month training with you – but starting to learn it throws a whole new light on what you do in later life – whether childhood or adulthood.

Matthew

Absolutely. We've had people, for example, who were conceived when their parents were very drunk and we talk about imprints and how the imprint of the alcohol actually gets held in the body. At later transitional stages they might get into more dissociative behaviours and they don't understand. Through this work they suddenly understand it! With that understanding and working through the body, that imprint can be released. One thing I would add is that with adults it's not a quick fix, I'm talking about needing to do deep work and staying with difficult process; processing different layers. These are so deeply informative to who we are.

Emma

Sure, I remember the depth of this work from the training! That's partly why I was so excited seeing the first details of the *Human Baby, Human Being* conference information when you emailed me last week. Partly because I'm from here, from Bristol, I trained with you and you are also local, and partly because the conference puts pre and perinatal work even more firmly on the map. I've got friends who have trained or who are training as therapists, and when I talk about this work some of them say 'well why would you want to study *that*. I'm not interested'. Alarm bells ring for me, because I wonder how can you not be? I don't mean that in a superior way, but in a responsible way, having done some of this work myself, how can you not be interested in it? From a self-awareness point of view and also in terms of our client work. So it's exciting that this event's actually happening, because it'll raise awareness, even if people don't come! (And hopefully they will!)

Matthew

I agree!

Emma

I would love to hear more about how the event came about and your hopes for it ...

Matthew

Well the event itself came about partly because my partner, Jenni Meyer, and another craniosacral therapist, called John Wilks, from ehealth Learning, had been to a craniosacral conference where there had been a little bit of reference made to pre and perinatal work but they thought it hadn't been fully represented. They came back ready to do something. So I thought, okay, let's go for this. I found myself thinking, what's the most important aspect here? The words *Human Baby*, *Human Being* popped into my head. This is it, I thought, this is the important thing. There's a whole human being here. How can we work as therapists with human beings, with an awareness of development, when that aspect of development is completely out of awareness? Now for me it is exactly this point that you have raised. Sometimes I talk to people about this work and it's like a shutter comes down – boom!

Emma

Yes, it is, yes.

Matthew

It's a moment of whoah – what's going on here? Something very profound in people gets touched when you name this work. It's actually unconscious, I think, and I see it amongst psychotherapists as much as I do as with anybody else. People are attached to their particular model, they don't want to have to be introduced to anything else, even though there are some really profound tools here. I think it's also an unconscious reaction. It's like that part of me never got heard and, boy, I don't want to go there.

Emma

Yes.

Matthew

I see this also operating in the way babies are born in our culture. It is across a number of different professions. But it perpetuates the same problem. One of the things I want to say about my work and about this conference is that I have no interest in ramming any kind of philosophy down anybody's throat, I've got no interest in converting people, I just want people to be open to the possibility. Come along – get curious!

Emma

Yes, just see...

Matthew

...just see, see what's going on here. Maybe there's something going on. If you go away and you decide well, that's all a lot of rubbish, at least you would have given it a try. That said, when I show film of when I am working with babies in workshops or at conferences– well, I've never met anyone who's seen the films who's actually been able to deny what they're seeing. I've had people who have worked with babies all their life look at the films and say 'how come I never saw that before?' And, of course, there is a huge amount of research. This isn't some sort of esoteric, fluffy, theoretical thing, we're looking at real research and real clinical experience. The work we're doing now is built on clinical experience which goes back 100 years now, beginning with Otto Rank's books like [The Trauma of Birth](#). Then in the 1950s and the 60s it became more embodied, it's now much more refined than it may have been in those days. Then people were doing intense primal work and people now often associate pre and perinatal work with rebirthing and primal work. Actually this work is far more sophisticated and far more profound...

Emma

...it's far more nuanced, too, isn't it?

Matthew

Very nuanced. It's not just about a massive cathartic experience. People can have cathartic experiences but it's actually about integration, about understanding and about embodying. That's one of the other things I feel is most important, because when I started my work as a therapist the thing that shocked me more than anything is how disembodied we are in our culture. A lot of it comes from this early experience – this is where the disembodiment starts.

Emma

So would the conference be suitable for someone coming along with no previous experience of pre and perinatal work? Would they understand the content? I know there are some workshops before and after on the Friday and Monday. Would the main programme be suitable for any trained counsellor or psychotherapist?

Matthew

Oh, absolutely. We're not preaching to the converted here, it's about building bridges. It's much more about getting people to understand that there is serious work being done here in this field. We've got a number of speakers from a variety of backgrounds; some will be more technical, some will be more based in clinical experience. I can't believe that anybody interested in people will not be interested in this! It astounds me, that we wouldn't be. One thing I often say to people when they do the courses is 'we've all been through these archetypal events'. We've all been conceived, we've all been born in one way and another and if anyone hasn't, then please let us know!... So we're talking about one of the most profound shared experiences we have as human beings...

Emma

...which we never talk about in polite company!

Matthew

Which we never talk about! We don't look at it! Why is that? I mean, that in itself is an interesting subject. Why do we not look at it? Why do psychotherapists and counsellors sometimes say 'oh, I don't want to know!'

Emma

Or we look at it from the Mum's point of view. Was it a 'good' birth for the Mum? The baby, like you say, is referred to biologically. Kind of 'Oh good, it's survived, Mum and baby are doing fine'.

Matthew

This is also one of the things that got me involved in this work. There was an ongoing debate on the radio about the pros and cons of caesareans – this was some years ago – and the interesting thing is that nobody talked about the baby. Hang on, there's a baby involved in this, too, I was thinking! The Mum's perspective, is, of course, important. The father's perspective is, too, but what is not included is the baby's.

Emma

Which shows where society's coming from? In terms of what and whose experience we value?

Matthew

I think our predominant way of looking at things is based on a model which is actually fast becoming redundant. It's a materialistic model. It's a model which developed in the 17th

century based on the work of Renee Descartes and Issac Newton. This materialistic model means that there are aspects of human experience which we don't look at. The model, this thinking, doesn't stand up in the face of the new research in consciousness studies, in quantum physics, in field theory, as well. So actually these are things which we as therapists should start to get curious about. Many of us are working with an increasingly redundant model, and developmental models based on that. The research into pre and perinatal experience hasn't been there historically because no one thought there was anybody having an experience! One thing I would like to say because I think it's profoundly important is a lot of mothers, and some fathers too, know this stuff instinctively. And they can't talk about it, the parents can't talk about it, particularly the Mums. So they are left with a baby that might be struggling, and they don't know where to go for support. The doctors might just say 'oh, that's normal, some babies are just rigid!' I read this, it was in a great book by a paediatrician, the book was full of gems, but he said 'some babies are just born rigid, don't worry about it'.

Emma

Oh God.

Matthew

I mean, that's crazy. It's crazy thinking. If we go back to the roots of body psychotherapy this was where Reich was going in his work and his interest in self-regulation. His whole work with infants, the book [Children of the Future](#), it contains some great gems. This is part of the roots of body psychotherapy that I think have been sadly neglected over the years. I think this pre and perinatal work reconnects us with that.

Emma

Something you said earlier which caught my attention is how baby language, baby language expressed at any age, is universal. I love the universality of that, found across cultures. So often our therapy models can be founded in a particular time, by a particular person, in a particular culture, so it's great to understand how baby language is universal and broad and inclusive.

Matthew

Definitely. What you *will* see is certain aspects of baby language being emphasised because of the culture and the way that the baby is treated. This is a wonderful thing for me, because I am rubbish at languages! I travel all over Europe and I learn a few words here and few words there, but I can work with a German baby, an Italian baby, a Danish baby, and the baby body language is the same. There will be some differences, let's say, in more indigenous cultures, because they generally don't carry the same degree of wounding, because babies are welcomed in in a different way. The other thing about that which I find interesting, looking deeply into it, is their rites of passage. They're actually connected with the pre and perinatal stages we work with. So there is an instinctive understanding of these stages which gets worked with. We are deeply ignorant in this culture about babies.

Emma

We just have a baby shower for the Mum, or a naming ceremony or christening. It's nice, but...

Matthew

...they're all great things, but the baby gestates, and is born in the cultural shadow. That's one of the deep wounds that resides within all of us in our culture. A lot of low self-esteem, a lot of aggressive behaviour, a lot of depression. The roots of it – again, I'm not making a cause and effect – as a deeply formative contributing factor is that there's a story there that never got heard. You can see it in children's behaviour. I work with children of all different ages who work with these themes, we work with caesarean babies, who want to go into

caves, which we then construct with cushions and blankets, and they want to find their own way out! We work with these processes and it changes behaviours. But if it's not understood, the behaviour gets medicalised. We used to punish children, now we medicalise them, many of these children are on the hyperactivity spectrum. They might have unresolved pre-natal trauma, birth trauma, which we could work with so that they don't need to be medicalised.

Emma

And that's an increasing trend, isn't it, the medicalisation of children's behaviour?

Matthew

It's an increasing trend, as well as there being more technologies involved with conception and more interventions at birth; birth has become so much more medicalised than it ever was.

Emma

Yes.

I think we've almost covered all my points! For people who would like to find out more could you recommend some books or resources to help them to find out about pre and perinatal work?

Matthew

David Chamberlain's books are good for research into the fact that there are birth memories in the body. I've got quite a lot of articles on my [website](#) and some videos, too, with various organisational links.

Emma

Great, thanks. And you've got your own new book coming out, it's in the pipeline?

Matthew

My own book is in the pipeline...

Emma

...birthing soon...

Matthew

Yes – it's been a long gestation! A very long gestation. The working title at the moment is *The Emergence of Self and its Impediments* and it's an integration of body psychotherapy, transpersonal approaches and pre and perinatal work.

Emma

Brilliant, one to look out for! That's a good spot to end, I think. Thanks Matthew, it's been great talking to you.

Matthew

Thank you, you too!

Full programme information can be found here: <http://babyconference.co.uk/>

Or follow this event on Facebook: <https://www.facebook.com/babyconference.co.uk/>