

Birthing the Self
Water Based Methods for
Healing Prenatal & Birth Trauma

By David Sawyer, M.A.

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Table of Contents

Part I: Working in the Water

Healing Trauma and Re-Patterning the Sense of Self	1
Watsu and Water Dance	2

Part II: Shock, Trauma and the Sense of Self

Safety, Titration and Empathy	4
Releasing Shock and Trauma from the Body	5
Kinesthetic Mirroring and Self-Development	6
Pushing and Self-Boundaries	8
Healing Trauma and The Primitive Brain	11

Part III: Developmental Movement Patterns

Spirit into Flesh: Prenatal Development and the Emerging Self	14
Cellular Breathing and Cellular Awareness	15
Shock, Trauma and Cellular Breathing	16
Navel Radiation	18
Spinal and Pre-Spinal Patterns	21
Homologous Pushing	24
Homolateral Movements	25
Contralateral Movements	25
Putting it All Together	26

<i>Pregnancy, Birth and Water Babies: The Next Generation</i>	28
Bibliography and Video Tapes	30
Training Programs and Resources	32
About the Author	inside back cover

Working in the Water

Healing Trauma and Re-Patterning the Sense of Self

For most of us, warm water evokes feelings of support and of being nurtured. Somatic memories may arise of warm baths, of being cuddled as a child, or of floating weightlessly in the womb. In a 95-degree therapy pool, the temperature is “just right.” It is a soothing warmth that is not too hot. Floating weightlessly, the body is free to move in any direction. Long held tension patterns unwind, physical armoring lets go, and latent patterns of playful movement begin to emerge. Because of these qualities, I have found the water to be an excellent medium for the treatment of shock and trauma. This is true for all forms of trauma, but it is especially profound when working with prenatal injuries. Working in the water, I have found that prenatal healing occurs at a level that goes beyond what most people can imagine. This is because the healing is internalized on a deep tissue level. Not only does the water allow trauma patterns to unwind, but it is also an excellent medium for the repatterning of a healthy sense of self. In this gravity-free environment, the subtlest neuromuscular impulse can be supported, followed, and sequenced through the body. In this way, the arrested development of the psychosomatic self can be accessed, unleashed, and allowed to continue forward.

To work with people in this way is an art form that involves many disciplines. I have combined my own studies in the Watsu and Water Dance methods of aquatic bodywork with my psychologically based studies of trauma and shock, pre and perinatal psychology, Self Psychology, and the developmental movement patterns pioneered by Bonnie Bainbridge Cohen. During the ebb and flow of an individual session, these various modalities are highlighted at different points, but they are also integrated throughout. In most sessions, the stage is set with the beauty and relaxation of aquatic bodywork. The water acts as a therapeutic holding environment that evokes the feelings of a safe, loving womb. In the beginning, the work is done on the surface of the water. If there is trauma or emotional holding, this will show up as a restriction in the flexibility and movement of the body. Physical or emotional support may be given. As trust is established, the client may choose to go underwater. The underwater movements are the most evocative of prenatal states. As body and mind unwind, the released energy is then available to complete the arrested prenatal movement patterns. In deep relaxation, the developmental thread that was unable to complete so many years ago is allowed to continue forward. The client learns to inhabit the body, to incarnate, with fullness and depth. He or she then learns to relate with the outside world, in an empowered stance all while maintaining the softness of heart and mind that is felt in the womb.

The following outline of the skill areas involved is thus also a loose outline of an individual session.

Watsu and Water Dance

Watsu (Water Shiatsu) was developed in the mid 1970s by a Shiatsu practitioner named Harold Dull. Living and teaching at Harbin Hot Springs and the School of Shiatsu & Massage in Middletown, California, he had ample opportunity to explore different modalities of working in warm water. Combining Shiatsu, massage and dance, he developed an eloquent form for releasing and nurturing the body. This style is now taught throughout the world. It involves a series of yoga-like stretches and massage techniques which are combined together to resemble a graceful dance. Many of the moves involve gentle rocking and cradling by the therapist. The head is supported so the face is above the surface of the water. This gentle work is the physical embodiment of what psychologists refer to as unconditional positive regard. The water becomes a transitional object bridging the experience of the womb with the outside world. The Watsu form is very fluid and beautiful and evokes the sensations of beauty and grace in the receiver. The Watsu method is taught through a 500-hour training program certified by the state of California.

In Belgium and Germany, during this same period, Arjana Brunswiler and Aman Schroter developed a similar aquatic method called **Wassertanzen**, or **Water Dance**. While beginning on the surface, this modality focuses on leading the receiver underwater. In a state of deep relaxation, the cycle of the breath slows down. The diving reflex takes over. Through empathic attunement, the therapist synchronizes the underwater dance with the rhythm of the breath. With the out-breath, a journey is made beneath the surface. The in-breath brings fresh air and the warmth of the sun on the face. The out-breath brings silence, complete immersion, and a journey back in time. The Water Dance follows this rhythm: above the surface and below; breathing in, breathing out; sympathetic, parasympathetic; conscious, preconscious. The therapist learns to read and feel the subtle shifts in the receiver's experience. Following movement and intuition, the dance unfolds. This level of attunement, combined with underwater movements reminiscent of those in the womb, creates a tremendously healing experience. Many report that they feel a level of safety and trust that they have never felt before. If there were an archetype for a positive womb experience filled with compassion and love, for many people this would be it.

In the last several years, I have been exploring how Watsu and Water Dance can be adapted to working with prenatal and birth trauma. In this article, I have used the term "aquatic therapy" to refer to this adaptation.

Shock, Trauma and the Sense of Self

Safety, Titration and Empathy

Wilhelm Reich pioneered the study of how trauma and emotional holding patterns are stored in the body with his analysis of body segments (ocular, oral, thoracic, etc.), emotional armoring and character styles. My own studies in shock and trauma have been with Peter Levine, Ph.D. and William Emerson, Ph.D. through two separate training programs. My studies of personality development have been with Marjorie Rand, Ph.D. and Jack Rosenberg, Ph.D. through the work of Integrative Body Psychotherapy. I am currently a teacher of this work.

There are some basic principles I follow when working in the water with trauma and shock. The first is to create a safe foundation to support the healing process. The warmth of the water, the support of the

therapist, and the beauty of the movements all create the safety for the client to let go. In fact, aquatic sessions have such an abundance of support that the letting go seems to spontaneously arise. Though this principle may seem self-evident, its therapeutic importance is not always recognized. In the language of Dr. Levine, the shock must be depotentiated or titrated with the healing resource. Titration is a term derived from chemistry that describes how dangerous solutions can be safely mixed when they are combined slowly. If a very acidic solution, for instance, is slowly mixed with a basic solution, the acid is rendered harmless. In an aquatic session, the grace of the movements becomes the container, or neutralizing substance, within which the psychological unfolding can occur. The therapist can weave back and forth between the trauma and the healing resource of the movement patterns.

Perhaps, for example, a client was unwanted as a child. During the session, these feelings might surface as a sense of longing and heartbreak. There might be tears. As the therapist, I would slow the dance down so that the movements would not be distracting to the client. This would allow for greater emotional presence and integration. When working with states of shock, slowing a process down, and even complete stillness, is a form of titration. If I sensed that further support was needed, I might bring the client into a sitting position, which is a more vertical, familiar, and empowered posture. A few words might be exchanged. When I sensed that the time was right, I would then lead the client through a series of moves. I might dip the face underwater to wash away and cleanse the tears - not as a distraction from the feelings, but to remind the client of the beauty of life. For many people, the elemental nature of warm water allows them to receive nurturing and love in a profound way that would not otherwise be possible to accept from another human being. This unconditional experience of love is a crucial ingredient when working with states of shock. It is this connection to the divine love within, and the empathy of the therapist, that creates the safety to inhabit the body.

Releasing Shock and Trauma from the Body

By observing the movement and flexibility of the body in water, sometimes it becomes apparent that there are physical holding patterns that are restricting the sense of self. The upper chest and heart area, for instance, might be stiff and inflexible. Muscle tissue around the heart might seem contracted, pained, or devoid of life force. In cases such as these, trauma and shock from the past may be physically lodged in the tissue. This could be true for muscle tissue, connective tissue, bones, joints, organs or other systems of the body. Trauma and shock will affect the tone of the tissue (a very tight muscle or an atrophied or underdeveloped muscle) and it will affect the relationship of the traumatized area with the rest of the body. The heart, for instance, might beat faster or slower than the nervous system would dictate. On an emotional level, heartfelt feelings might be disconnected from the more cognitive thoughts of the brain. Although a therapist may not know all of the ramifications involved, it is often possible to intuitively sense how one part of the body is not fully integrated or connected with the other parts. The body may seem disjointed or there may simply be a feeling that a person does not inhabit certain areas. Generally speaking, if a client does not inhabit parts of the body, or if he or she is disassociated, it is an indication of shock. When areas of the body are overly tense or active, it is an indication of a trauma reaction that is trying to complete. Both processes can occur simultaneously.

The art of the therapist is to discern when it is more helpful to physically release a holding pattern, when to psychologically address the pattern, and when it is better to leave it alone. Holding in the torso, for instance, could be physically released through movements that gently stretch and rock the body, or through the stimulation of shiatsu points. Sometimes, however, rather than releasing a pattern on a physical level, it is more helpful to empathize with the feelings that the pattern is protecting. At other times, working in an area in any fashion is inappropriate as feelings may arise that are too private to be

shared or are too regressed or overwhelming to be integrated. Knowing which approach is most helpful is the art of the therapist.

To skillfully release shock from the body, a client must have an empowered relationship to the shock. Often the shock pattern was learned at a very young age when the client's sense of self was only beginning to form. Thus it can be difficult for the client to know the difference between the physical sensations of shock and fear and the body-felt sense of who he or she is. The body's cues and sensations for each experience are overlapped and fused together. Very early in life, the kinesthetic development of the self was thwarted by the overwhelming shock physiology. To unravel this process, the unique body-felt sense of who one is needs to be separated out and detached from the sensations of fear and shock.

Kinesthetic Mirroring and Self-Development

Just as children need to be loved and nurtured for healthy self-development, they also need to know that their unique identity is recognized and valued by the outside world. In fact, many people with shock and trauma will not let in the love of others because on a deep level they do not trust that the love is really about them. One way children learn that their unique identity is recognized is by having who they are accurately mirrored and reflected back. If an infant makes a cooing sound along with a smile or laugh, and the parent accurately understands what the infant is feeling and reflects this back, then the infant gets a greater sense of who he or she is. Along with sight and sound, infants also explore the world kinesthetically. In fact, this kinesthetic exploration begins in the womb. In early life, it likely dominates the other sense perceptions. Both a baby and a pre-nate will push as a way of interacting with the world. It is through movement that the child begins to differentiate between self and other.

Though there is much literature documenting the differentiation process through seeing and hearing, I think the kinesthetic component of this journey is under-recognized. Movements and gestures are the first volitional acts of the pre-nate and newborn. When baby pushes, is he or she greeted with a warm, contactful response that says "Hello, I see who you are and I love you?" Or, is the physical response less enthusiastic? Just as touching a hot stove can imprint fear in a child's hand, I believe that an equal potential exists for positive self-experience to be learned in the body tissue. If the child's initial reflections from the world are loving and supportive, this loving sense of self will be learned in the body memory. It will also literally shape the body tissue by affecting such things as the fullness of the muscle tone and the ease of blood flow.

During an aquatic session, kinesthetic mirroring occurs with subtle variations in the speed and pressure of the movements. Moment by moment, as I sense the client's shifting levels of consciousness and embodiment, I adjust the tempo and pressure of the moves to reflect this. A sequence may begin in stillness, or with the gentleness of a tai chi pose. As more pressure is called for, I will speed the sequence up. The increased pressure from the warm water increases the client's contact with the outside world and engages more sophisticated movement patterns in the body. Many of the aquatic stretches are even synchronized with, and assist, the breathing process. As the body flexes and extends, the lungs contract and open. This attunement to the breath allows the client to begin to let go of even this most basic function. To be so completely supported, without having to do anything to earn it, can convey a deep message that one is wanted by the world - just as one is. On a deep cellular level, the body learns and accepts that it is being mirrored accurately.

The effectiveness of this process is determined by how clearly the therapist is able to read the subtle cues of the body. The therapist must know when a specific movement is supporting the sense of self and when it is eliciting a fear-based structure. Throughout a session, I am constantly tracking whether the body is subtly expanding and becoming more unified and whole, or if it is contracting, becoming more disjointed and rigid. Is there a sense of fullness and harmony, or is the level of energetic presence decreasing? The ebb and flow of this process occurs on a moment to moment basis, shifting from one part of the body to another.

Since this body-based fear was learned pre-verbally, it may also be difficult for the client to identify and speak about. For this reason, it is especially important for the therapist to be able to read the body's subtle cues. The fear may also be masked by a client's desire to do what he or she thinks is expected - to let go and open up. When a therapist is able to attune to this level of detail, a powerful process of kinesthetic mirroring occurs. On a tissue level, the individual cells of the body expand. It is as if the cells learn what it is to smile - just as an infant smiles when it looks up at its parents and sees love reflected back in their eyes.

Pushing and Self-Boundaries

In most aquatic moves, the client's only task is to passively receive support. This experience of utter surrender can be quite profound. For many people, however, an additional level of attunement occurs when they are supported and wanted not just as passive receivers, but as active participants as well. This is especially true for people whose trust has been betrayed in the past or who have been taken advantage of when vulnerable. Before they can let go, they need to trust that they can push. This need may be conscious and it can be unconscious as well.

The earlier example of the client who is held back in the chest can be used to illustrate this process. If the chest is encouraged to open too quickly, for instance, it may tighten instead and contract with fear. Perhaps there are feelings of grief in the lungs and heart that if contacted will be overwhelming. In situations such as this, I will often shift my focus to supporting the legs and feet, and allowing them to slowly push. A greater experience of strength and presence in the legs may provide the empowerment and safety necessary for the holding in the chest to relax on its own.

There are different body cues that would lead me to support the legs in pushing. In this example, one cue is that the chest tenses if attention is paid to it too quickly. Another cue might be an atrophied feeling in the legs, as if the life force had withdrawn from the muscle tissue. In times of fear, the body can be triggered into what is known as an immobility response. A deer frozen in the head lights is a good example of this. By being still and quiet, it is harder to be detected by a potential enemy. If this immobility response continues, however, the life force will dissociate from the body tissue. As a chronic state, this is disempowering as the client will have difficulty finding strength when he or she needs it most. That is, situations of fear will often trigger the immobility response further. In an aquatic session, this could manifest as an atrophied or vacant feeling in the legs or other tissue. It might also be accompanied by a sense that the client is no longer present or in contact with the therapist. The immobility response and dissociation is one way of defining shock in contrast to trauma. Since empathy and relationship are important components in the healing of shock, a verbal check-in can be helpful as well.

In contrast to noticing a lack of energy in the legs, a second reason I might be drawn to support pushing is if I notice an excess of energy and activity in the muscle tissue. In traumatic situations, the body can also react by engaging the fight or flight response with the instinct to run. If this impulse is thwarted before it is allowed to complete, pent up energy will still be seeking expression. By supporting the instinct of the legs to push, in a mindful and conscious manner, the client will find a greater sense of empowerment. Some people will alternate between these two styles in a single session.

In either case, by gently placing the feet against the side of the pool and compressing the legs, the client is provided with a ground to push against. On a physical level, the energy in the body is given an end point and an orientation from which to organize itself. Psychologically, stimulating the movement pathways involved in pushing (during birth, in walking, and in the vertical adult world), could strengthen the more resourced, older, and more powerful components of the psyche. On a prenatal level, the act of pushing may have been the very function that the child needed to perform but was unable to.

If the client was unwanted as a prenaté, for instance, there may have been a need to push against this unwelcome energy from the parents. To literally and metaphorically push the parents' energy away could have been very satisfying. For an unwanted child, however, pushing or kicking would also feel dangerous. If abortion was a possibility, pushing or kicking might have endangered the survival of the prenaté. This is because an unwanted prenaté before it has been "discovered" by the parents might feel safer pulling its energy deep inside and staying quiet, and thus undetected, for as long as possible. This style, however, can become a lifelong pattern.

By supporting the client's impulse to push in the pool, a reworking of the early object relations (patterns of relationship) can take place in a way that could not have happened in utero. Self-in-relationship-to-Other can be relearned. An association of helplessness can shift to an association of strength-in-relationship. In the weightlessness of an aquatic environment, this repatterning can be internalized on the deepest level. With this body-felt experience of strength, clients may then feel safe to relax physical armoring that has been protecting them from feelings that were previously intolerable.

Supporting the developmental pattern of pushing will also increase psychological boundaries between the client and the therapist. This, in turn, creates more safety for the client to receive nurturing without forming (or battling against) a regressed dependency toward the therapist. For many people in our culture, nurturing and touch may illicit associations of sexuality. For this reason, healthy boundaries between the client and the therapist are extremely important. Supporting the client to push provides the body-felt experience that these boundaries are in place. There may be other feelings, such as homophobia, in which the client will be reassured by attention to boundaries.

This example of pushing against the side of the pool is a good illustration of the interweaving of psychological and physical repatterning. In Chapter III, Developmental Movement Patterns, this process will be described in greater detail, not only with the act of pushing but with other developmental movement patterns as well. At times, supporting these emerging movement patterns, with the accompanying psychology, creates the safety for the client to let go further. At other times, the order is reversed with the massage-like qualities of the aquatic work releasing stored energy that is then sequenced into the developmental movements. It is the art of the therapist to feel out which comes first - the releasing of the physical armoring, or supporting the new patterns of movement and expression. Each process supports the other. In many of the aquatic techniques, these two streams flow seamlessly together. Rocking the hips, for instance, will open up one area of the body (the belly and hips) but it can also be used to sequence energy into another (the legs and feet). This weaving back and forth between

releasing and repatterning is what creates the beauty of the dance and supports the emergence of the authentic self. This healing process takes place in the body as well as the mind.

Healing Trauma and The Primitive Brain

When working in the water, a level of consciousness is accessed below the day-to-day realm in which we usually dwell. As body and mind relax, the “story lines” of the neo-cortex begin to recede into the background. We stop “thinking” so much. The thinking that does occur is no longer organized through the use of language. As this happens, more primitive brain functions begin to surface. Stream-of-consciousness becomes a display of archetypes, feelings, sensate awareness and somatic memories. In such states, the psychosomatic pattern of a traumatic event is no longer experienced as an impenetrable whole; rather it is broken down into its composite building blocks (feelings, sensations, images, etc.) Each building block of consciousness can then be unhooked from the others, dealt with directly, and resolved. In this way, a trauma becomes much easier to work with. The client, for example, may experience a sensation of heartbreak, but the devastating beliefs and stories of the higher brain are not present. As such, the individual components of a trauma pattern can surface organically, at a rate that the psyche can digest and absorb. Thus the trauma pattern can resolve without overwhelming the client.

Often in aquatic sessions, people report that issues they have worked on repeatedly in therapy are finally released. During the session, they may experience a traumatic image or memory, but they see it from a detached perspective. Since the client is functioning on a deeper level of consciousness, the trauma no longer carries the same charge. As a therapist, I am often aware that this transformation is taking place even though I may not know what the content is. I am following the ebb and flow of the client’s subtle energy. I respond by leading him or her through movement. Perhaps the client is underwater, perhaps upside down in a position reminiscent of prenatal postures. I sense that something in the psyche is shifting into place and that the energy in the body is moving into greater alignment. It is as if I see the different energetic bodies of the client all lining up at one point in time and space. Usually I will slow the movement down to a moment of stillness right at the point of greatest structural integrity. From a shock perspective, this point in time is the same moment of stillness at which the shock pattern unwinds - and in which the original pattern was initially set into motion. Past, present and future coalesce into a single moment. In this stillness, there is movement, there is awareness, and yet there is no sense of moving or of being moved, of watching or of being watched.

My facilitation is guided partially by intuition and partially from years of reading the body’s subtle cues - shifts in skin tone, the relaxing of the facial muscles, the movement of the eyes behind closed lids, or the release of muscles deep inside the body.

Often in the water, I am quietly listening for the stage of consciousness that the clients are in. Are they in their adult “thinking” mode? Or is the feeling and movement more childlike, infantile or prenatal? If prenatal, what stage of gestation is foremost? Or is the feeling more elemental, archetypal or pre-human? People often report “memories” of the eons when we lived in the oceans. How the consciousness is organized reflects the level of physical development to which the client has regressed. The conscious mind has a different organization depending on what parts of the brain, which sense organs, what internal organs were functioning at that period of development. Were the frontal lobes in place or was just the reptilian brainstem up and running? Am I sensing the primitive craniosacral tides? The aquatic work, along with other regressive techniques, can access these different modes of cognition.

On a physical level, the development of a human prelate recapitulates the evolution of the human species, retracing the path from a one-celled organism, to an aquatic being, to a reptile, mammal, etc. Human consciousness follows a parallel path, with the earlier stages laying the groundwork for the later. For most people, these more “primitive” modes of cognition are just beneath the realm of everyday awareness. After sessions in the water, however, people report that their experience of the world is enhanced. They “feel” the world more “instinctively” through their bodies, much like one imagines animals, dolphins or whales do. People report that, in addition to their usual cognitive abilities, they have a greater attunement to the rhythms and cycles in life. Prenatal memories are often recalled as well.

In the language of trauma therapy, the therapist contacts the stage of psychological development that predates the onset of the trauma. This virgin sense of self, once uncovered, can be supported and nourished so that the developmental journey can continue forward. In this way, the actual trauma is like a phantom. It has been haunting the psyche throughout life and has been scaring the core Self into hiding. The trauma is a phantom, however, because it is literally from the past and no longer exists in the present. The aquatic therapy allows the fearful Self to realize that it is now safe to come out. The therapy is effective because it works on the level of cognition where these fear based belief systems have been learned. That is, it works with the body tissue, the autonomic nervous system, and the more primitive modes of consciousness.

Often a session feels like the act of stitching together these different modalities of experience. The journey from the surface of the water to the depths parallels the journey from the conscious to the unconscious and from the present to the past. This ebb and flow is the pulse of a session. With mindfulness and presence, these different modalities can be woven together into an integrated whole.

Developmental Movement Patterns

Spirit into Flesh: Prenatal Development and the Emerging Self

In the 1940s, Wilhelm Reich wrote extensively on the subject of psychic/sexual energy and its function in maintaining the vitality of the human organism. He called this “orgone energy” and viewed it as the life force itself. In a healthy person, this energy would flow in a pattern that he called the orgastic reflex - a serpentine or inchworm motion through the body. Psychological inhibitions to this energy, such as those caused by trauma, led to physical “armoring” and neurosis.

Since that time, somatic psychologists have taken these basic principles and have added a wealth of knowledge and sophistication. The orgastic reflex, for instance, is now recognized as one of many developmental movement patterns along the progression from a single-celled organism to a crawling, then walking human being. In maximum health, the various movement patterns are not lost with the progression from one stage to the next. Rather, the movements of any given stage contain the movements of all the previous stages. A walking child reveals the crawling pattern of an infant. The body of a truly healthy adult still “remembers” the serpentine motion of Reich’s orgastic reflex.

A knowledge base of these various movement patterns is of great help to an aquatic therapist. It informs the therapist as to the developmental stage and state of consciousness of the client, and of how to best support the client in moving forward. Informed by the work of William Emerson Ph.D., Bonnie Bainbridge Cohen and Jack Rosenberg Ph.D., I have begun to map out the different ways in which these

patterns are revealed. It is important to remember that each pattern continues to manifest through subsequent stages of development. For this article, I have used the language of Bainbridge Cohen for the titles of the various developmental movement stages.

Cellular Breathing and Cellular Awareness

A healthy cell is in an ongoing process of seeking attunement with the environment. Nutrients pass through the cell membrane and toxins leave. Hydrostatic pressure leads to homeostasis. Bainbridge Cohen calls this process of dynamic attunement “cellular breathing.”

In a complex, multi-celled organism, when all the cells are attuned to one another, a shift in consciousness takes place. Bainbridge Cohen calls this “cellular awareness”. It is a simple, elemental awareness that exists within each cell and transcends the whole. In homeostasis, each cell is balanced and complete. The organism as a whole is balanced. Basic awareness, then, is unobstructed and is able to self-exist without confusion as to what is inside and what is outside. On a cellular level, the existential experience of duality is transcended. Linda Hartley describes this experience in the work Wisdom of the Body Moving (1994, p. 10).

Each cell pulses with the movement of its own breathing process, each in its own rhythm; within even the deepest stillness of the body this activity continues ceaselessly. However, we can experience moments of deep peace in which we feel in the cells a stillness that is even beyond this subtle activity. These are moments of integration where every cell simultaneously knows and feels itself and every other cell. Cellular Breathing is the movement pattern which integrates the whole physical body.

In an aquatic session, cellular breathing and cellular awareness are very accessible. The warm water allows the muscle fascia, the nervous system, and the other higher systems in the body to relax - thus reducing tension on the cell membranes. As these higher systems let go, a more primitive and basic experience of life is revealed. The weightlessness of the water supports the cells in a homeostatic manner. Both as a prelate and a species, we came from the water, and it is in this medium that the structure of the cells originally developed. In aquatic sessions, people report having the sensations and “memories” of living in water. Often such impressions are accompanied by a feeling of divinity and a feeling of being both loved and of loving.

From a prenatal perspective, cellular breathing may illicit memories of being a sperm, an ovum, or of the period following conception when we were simple-celled organisms. A psychological issue associated with this time is that of a deep longing for the spirit world. When some clients experience cellular breathing, it reminds them of the profound connection to spirit that they had before they incarnated. Rekindling this connection will bring heartfelt joy but it can also be accompanied by a profound sense of loss and grief. Many people feel an existential frustration at not being able to live their lives from this place of beauty and spirit. Emerson describes this feeling as “divine exile.” This grief may have developed so early that it is difficult to articulate. Yet, when a therapist is able to reflect back this experience, it is often deeply moving for the client. For cellular breathing, when successfully embodied, connects us to the oneness of life.

Though cellular breathing is the backdrop or pulse that runs throughout an aquatic session, it is heightened at times of stillness. After a series of moves, the therapist may bring the client to a floating

position with limbs extended in what yoga practitioners call the “corpse pose.” It is as if the previous more dynamic movements release the blocked, latent energy in the tissue. Then, in stillness, this energy radiates out in all directions through cellular awareness and cellular breathing.

Shock, Trauma and Cellular Breathing

High levels of shock and toxicity in the body can be released through cellular breathing. For example, with someone who was exposed to high doses of anesthesia during birth, the shock could be dissipated through cellular breathing. An everyday analogy is when one has eaten very spicy food, or has consumed large quantities of alcohol, and it feels as if the toxic substance is oozing out the pores of the skin. The cells breathe out the toxicity in all directions. This is in contrast with later developmental methods of releasing shock or trauma where the toxic substance is sequenced or pushed out the ends of the body (such as down the feet or up or down the intestinal tract).

When working with high levels of shock, I often find that cellular breathing is necessary to bleed off the initial intensity. Until this occurs, the body tissue can be too “toxic” to fully inhabit. During this initial bleeding off process, the genuine body-felt sense of self differentiates from the shock pattern - much like silt settling in a pond. Clients will experience a heightening of their body sensations and will feel more solid. Conversely, the shock or toxin will feel as if it is radiating away from the body. Once this has occurred, later developmental movements can be used to further push the threat away.

Though I think many aquatic practitioners have developed an intuitive sense of how to balance these two methods, I have found it helpful to be able to distinguish between them. Cellular breathing is facilitated by stillness, presence, and a “hands off” approach. Pushing against a threat involves movement and a reference point for the body to sequence against. The art of being a good therapist is to allow both processes to unfold, gracefully combining stillness and movement.

The transition from cellular breathing to the later developmental movement patterns also parallels a shift from the treatment of shock to that of trauma. In many circles, shock and trauma are used interchangeably. From a psychological perspective, however, shock and trauma are two related but different experiences. Shock can be described as the most severe form of trauma. It is characterized by dissociation from the body or a part of the body, and by dysfunction in the nervous system. From the perspective of Bainbridge Cohen’s developmental system, shock seems to be related to cellular awareness and a disruption in the ability to inhabit the body on a cellular level. Conversely, trauma could be defined as a disruption in the higher developmental patterns.

As is often the case, both processes can be happening together. If there is shock on the cellular level, this will be evidenced on the higher levels. Thus, higher brain functions, even though they are multi-celled, such as the central nervous system and the autonomic nervous system, can have a “shock physiology” (as with someone who is “frozen” in the fight-or-flight response). This physiology, however, contains components of both shock and trauma. The “shock” component can be traced back to the dissociative process and impairment in the ability to inhabit the body on a cellular level. Once this ability has been restored, the “trauma” component of the physiology can be renegotiated on the level of the higher brain functions and developmental movement patterns. Often these two processes occur together - with the therapist providing the sense of stillness necessary for healing shock along with movement reorganization needed for healing trauma. At other times, there is a gentle weaving back and

forth from one modality to the other. Since the treatment of shock and trauma are different, it is helpful to be able to distinguish between the two - sometimes teasing one out from the other.

As cellular consciousness seems so important to the healing of shock, it makes sense that aquatic therapy is an effective treatment modality. In the medium of the water, the cells are in their native environment. Time and again, as I witness clients return to this primordial state, I see the shock physiology dissipate, seemingly effortlessly, as a new sense of embodiment unfolds.

Navel Radiation

Bainbridge Cohen uses the term “navel radiation” to describe the organization of energy from a central point outward. The animal that best depicts this is the starfish with its central mouth and five limbs which extend out. The development of future movement patterns is based on the foundation of navel radiation. Imagine a trained dancer or martial artist whose movements are all connected to the center or hara.

As humans, this process begins during the first few days of life when we are multi-celled, spherical organisms but it is most clearly seen with the development of the umbilical cord. By picturing a developing fetus curling around the umbilical cord, one can get a sense of how the body is initially organized around the navel. Physical and emotional toxins coming through the umbilical cord disrupt this process of organization. “Umbilical affect” refers to the fetus receiving negative emotions through the umbilical cord from the parent. Nicotine, alcohol and other toxins may also have been transmitted through the umbilical cord. When this occurs, the adult client will often be protective of the umbilical region without knowing why. In the water, this shows up quite clearly as disruptions in the flexion and extension of the body. Many of the aquatic moves wrap the body into a fetal position (flexion) and then open it up again (extension.) Most clients with umbilical armoring will tend to exhibit an overly rigid flexion pattern. Physically massaging the umbilical area can unhook this pattern though it is often more effective to use a method that is less direct. To work with holding in the umbilical area, the therapist must have the utmost sensitivity and respect.

A second disruption in the navel radiation pattern is hyperextension. In the water, these clients tend to arch their bodies back and are reluctant to allow flexion to occur. A frequent cause for this is what Emerson calls “divine homesickness.” It is as if the water reawakens clients to their lost connection with the divine. By arching back, clients are looking or reaching backwards for this lost connection. There is a feeling of longing and a lack of fulfillment.

One can see how a disruption in cellular breathing would be a precursor to this pattern. The inability to trust in the Oneness-of-all on a cellular level inhibits or disrupts the navel radiation patterns of flexion and extension. In the latter pattern (flexion and extension) the client is preoccupied with trying to complete the earlier pattern of cellular breathing. The client is looking “out there” for the divine (by arching up and back) when divinity is a state of being (cellular awareness). To the extent that the client is overly biased to extension, this will then be an impediment to the developmental patterns that come later (crawling, walking, etc.)

Another reason for a hyperextension pattern is the Moro or startle reflex. This is triggered when a person is startled by the environment. It leads to a reaching out and back with the arms and head. Perhaps this developed when we lived in trees and had to react quickly to grab a branch when starting to

fall - or to right ourselves when falling. In a session, it would be important to attend to the client's level of fear. Sometimes hyperextension patterns are also the result of intense rage and anger.

On a basic level, the treatment of disrupted navel radiation patterns involves helping the client to sequence movement from the center of the body outward. In the water, this is initially woven into the other moves of the session. Through gentle rocking of the body or through the use of compression, the client is gently given something to push against. Pressure is regulated so that the client can remain firmly grounded and centered in his or her internal experience while developing the somatic pathways to the outside world. The client begins to feel that there is both a Self and Other, but the experience of Self-in-relationship-to-Other is allowed to develop without the loss of the cellular breathing and a connection to the divine.

Later on in therapy, this repatterning may involve gently placing the client's feet against the side of the pool and helping the client to sequence a push outward from the core of the Self. Though this also involves later developmental patterns, the foundation of this process is still navel radiation. While this is happening, the therapist can track energetic breaks in the force of the pushing and can support the client in feeling the connection from the feet to the navel. With this physical repatterning, often the client is simultaneously repatterning the psychological ability to be empowered in the world. This process can be done with the client on the surface of the water or submerged. Pushing against the side of the pool while submerged can be a reenactment of the birth process. During most aquatic sessions, the client's eyes are closed and awareness is on a preconscious or primitive brain level. Through this journey, the therapist is able to titrate the subtle movements of the prenatal experience to the full force push of the adult muscular system. That is, the pressure is steadily increased, but it is done at a rate slow enough so as not to activate the old, compensated neuromuscular patterning. Thus, a bridge can be established through the full developmental spectrum without losing the continuity of the innate sense of self.

Spinal and Pre-Spinal Patterns

Reich's orgasmic reflex or serpentine motions first make an appearance in the movement patterns of the sperm. These wave-like undulations are a precursor to many later developmental movements. For myself, the feel of "sperm energy" is that the motions are clearly sequenced to the periphery of the body and out. The feeling is that the energy is being shaken out the extremities - the hands, feet and tail. By watching videos of sperm swimming, one can get a feel for this primitive movement pattern. Emotional issues tied to this period of development often involve life and death. The sperm is the carrier of life but the risk of failure and impending death is extremely high. Only 1 in 500 million sperm is successful in fertilizing the ovum. Likewise, in the process of fertilization, the tail of the sperm breaks off and the head disintegrates as it enters the ovum. Thus issues of being engulfed are also common. As we each came from a sperm and an ovum, these issues can be present for both men and women.

The serpentine movement patterns of the sperm later resurface when the blastocyst transforms from a spherical body to a tubular organism. At this point, the digestive tract becomes the main organizing principle, and the movement patterns follow that of an inchworm. These longitudinal undulations later develop into the mouthing and swallowing reflexes seen so easily in infants. As a pre-nate, these longitudinal patterns become the basis for the spine, the cranial sacral pulse and the central nervous system. This pattern is so prevalent that Reich used the orgasmic reflex as the organizing principle of his work.

It is not uncommon in aquatic sessions for these spinal movement patterns, what Reich called the orgasmic reflex, to spontaneously occur. Once the body is relaxed and the muscular holding has been released, the fluidity of the water allows the reflex to surface unimpeded. In aquatic circles, this is referred to as “the wave.” The body begins to spontaneously undulate in a wave like-motion, sometimes subtly and sometimes quite dramatically. For the client, this is usually experienced as a satisfying release and feels quite natural.

From a therapeutic perspective, there is much to look for in this process. The therapist can track where in the body the undulations are impeded. For instance, do they seem to stop in the upper chest or neck? If there is physical armoring or hyper-toned (overly toned) muscle tissue, the area will be inflexible and the wave will not be able to pass through. In these cases, the therapist may choose to physically release the holding.

Some parts of the body, in contrast, may be too flexible. Tendons and ligaments may be stretched or weakened, or the muscle tissue may be hypo-toned (under toned). If unchecked, the energy of the wave can lead to an excess of movement in these areas of least resistance. This can reinforce an unhealthy movement pattern by increasing the flexibility of an area that needs to be strengthened. Often this occurs when there is a corresponding hyper-toned or armored area that the wave is less likely to pass through. For example, in a person with a weak lower neck and a tight upper neck, the wave will tend to sequence out of the body through the lower neck - leaving the head disconnected from the torso. If, in contrast, the therapist supports the weaker area and helps to contain the wave within the body (much as one would shore up a dike against water), then the energy of the wave can be sequenced up and out through the head. While doing so, the therapist must provide the necessary “presence” so that the client can integrate mind and body on a psychological level.

The prenatal issues that affect these longitudinal undulations are those pertaining to “discovery” and “implantation”. Discovery occurs when the parents realize that they are pregnant. Feelings regarding discovery, of being wanted or unwanted, are often stored in the thoracic area. Implantation is when the developing blastocyst lodges into the uterine wall. This connection with the mother provides life-sustaining nourishment, but may also come with unwanted energies as well. Implantation is the first physical bonding with the mother, and the emotional patterns here are often precursors for later bonding issues. It is very common for implantation memories to be stored in the forehead. With implantation trauma, there is often physical armoring in the forehead, and the longitudinal undulations in the body will stop short of this area. A healthy implantation movement resembles seaweed undulating in the waves with its base attached to a rock. Usually some gentle massage to the forehead area, combined with empathy and compassion, will allow this pattern to complete. Clients often learn how to sequence this pattern by nuzzling with their foreheads into the therapist’s hand. Once this pattern has been established to the forehead, a therapist can help the wave to sequence to the top of the head or “crown chakra.”

If a client had a difficult birth, the forehead will show signs of both implantation and the birth process. With experience, it is possible to tell the two patterns apart. The implantation pattern has a broader base on the forehead. It has a younger, less developed state of consciousness associated with it, and it is usually a more passive pattern. Birth patterns have an older state of consciousness (the time of birth) and have specific pathways that are determined by the rotation of the head through the mother’s pelvis. Releasing one pattern helps to release the other.

On a more subtle level, the longitudinal serpentine undulations in the body involve the craniosacral tide. Aquatic therapy seems to be an excellent process for stimulating this subtle wave. As the body's movements synchronize with the flow of the craniosacral fluid, the subtle energy behind the fluid seems to be freed up. My own experience is that the craniosacral tide becomes a much more tangible rhythm that then nourishes the body in and out of the water. It can be easily felt, and can be used to anchor the aquatic experience in the body long after the session is complete. It is a way of taking the rhythm of the water, and quite literally the rhythm of the primitive brain, with us as we return to our land-based activities. My own speculation is that it is fairly common for an aquatic therapist and client to unconsciously attune to this rhythm, even when they are not aware they are doing so. I often catch myself synchronizing movements with the craniosacral tide.

Homologous Pushing

When working with the full-fledged orgasmic reflex, or wave, sometimes it is helpful to add support to the client's feet or hands. This gives the physical undulation of the body an end point from which to push off. From a developmental perspective, this allows the movement to evolve to the next stage that is called homologous pushing. This pushing from the right and left sides of the body simultaneously (homologous) becomes the precursor for birth and crawling.

As discussed earlier, as a therapist I may support this pattern when I sense it would help the client to feel more empowered or when I am using this process to support navel radiation in sequencing from the center of the body to the end points.

Homologous pushing can also be introduced when it supports the serpentine motions or orgasmic reflex. When the orgasmic reflex has worked loose all the kinks in the body, and it is freely flowing from endpoint to endpoint, the energy often needs containment or it will dissipate too quickly. It is as if the length of the wave extends beyond the length of the body. Without supporting the feet or the hands, the undulations of the orgasmic reflex are not able to fully deepen. Supporting the end points of the body has the affect of taking the wave and compressing it. As the length of the wave is compressed, the height and depth of the wave increases. By gently adding a base of support to the feet or hands, the undulation transforms into a homologous push. I will do this in such a way that the push can be cleanly sequenced through the core.

The homologous push transforms the orgasmic reflex from an internal experience to a relational experience. The energy is sequenced to something outside the body (that which is being pushed). In aquatic circles, there are some people who have very open bodies that can easily go into wave-like undulations. Their growing edge, however, is staying present in their bodies while being in relationship to something else. The homologous push can add a level of presence and grounding that may be unfamiliar. It can be a powerful stance which some may unconsciously avoid. On the other hand, it can be an excellent way to integrate a session and to ground the energies that have been released. Learning to sequence the homologous push through the body can strengthen one's ability to have healthy boundaries and to stay present in relationship.

Homolateral Movements

After the homologous push, an infant begins to crawl with homolateral movements (left arm and left leg move together). This movement is used by reptiles such as lizards. Some of the beginning Watsu moves are homolateral and thus stimulate this pattern. Sometimes when a session becomes more playful and lively, this sequencing pattern will spontaneously arise. A homolateral crawl sometimes occurs when the client is face down underwater.

Contralateral Movements

Contralateral movements (left leg, right arm move together) are seen in amphibians, such as salamanders, and in mammals. This is often referred to as the cross-crawl. A unique benefit of this movement is that it helps to synchronize the left and right sides of the body and the left and right hemispheres of the brain. This can be very helpful in supporting clients to inhabit their bodies and in increasing the level of presence and coordination. This sophisticated movement pattern is supported by the movements of all of the previous patterns. As with the homolateral crawl, sometimes this pattern will spontaneously arise. It is a good integrative movement with which to end a session.

An illustration of how a session might unfold is one I had with a client who had released a great deal of his prenatal trauma. With the resulting energy, first his body spontaneously went into wave-like undulations. These were large waves, which moved his whole body. Adding gentle pressure to his feet, transformed the undulations into homologous pushes and finally into the contralateral crawl. Afterwards, he felt extremely integrated and whole. He described his experience as that of having the openness and fluidity of a prenatal body with the strength and sophistication of an adult. His face and entire body was beaming with joy.

Putting it All Together

Every aquatic session is unique. For most, the experience is that of deep relaxation, release and beauty. Most aquatic therapists, however, have no training in prenatal psychology or developmental movements. They have entered the field from the doorway of massage or physical therapy. Their skill is in tracking the energy in the body and in supporting this to let go. My own belief is that a great deal of prenatal healing is taking place even when the therapist and client do not have the vocabulary to describe it. Most people find this work to be magical, even with a beginning therapist.

As a psychotherapist with training in shock and the prenatal process, I have added these dimensions to the work. In the beginning of a session, I always discuss with a client what type of work he or she would like to receive. It is important to inform a client beforehand as to the possibilities. I do not work with people in the water if they are seeing me for psychotherapy on land. This is because the two modalities are greatly different with different paradigms, structures, and forms of transference.

Most aquatic sessions begin with gentle stretches and movements to release tension. The flow and grace of the moves lulls the client into a deep state of awareness. If there is prenatal trauma or shock that the client is ready to work with, this will surface once trust has been established. The next stage of the work involves the unwinding and releasing of the trauma pattern, both physically and psychologically. When the purity of the client's prenatal self has been uncovered, the repatterning process can begin through the use of developmental movements. Clients can learn how to relate with the outside world without leaving the innate beauty of their internal experience. Though sessions do tend to unfold in this order, in

actuality the unwinding of the trauma and the repatterning of the self are interwoven. One process supports the other.

During sessions, my primary focus is on my attunement with clients and in following their lead as to where to go. Though my training informs my decisions, my guide is the ebb and flow of energy. In this sense, the work is shamanistic. One must be willing to drop below the level of the cognitive mind and to trust a deeper realm of rhythm and intuition. It is on this more basic, instinctual level that the work comes to life. To let go in this way, practitioners must also trust their own clarity. In psychological terms, this can be called “relational autonomy.” This is the experience of being firmly rooted in oneself while simultaneously being in relationship with another. It is a state of mutual attunement to self and other. The water lends itself to maintaining this state, not just on a cognitive level, but with the full totality of one’s being.

Pregnancy, Birth and Water Babies The Next Generation

For many, aquatic therapy during pregnancy is a natural combination. The aquatic moves allow the mother to access her prenatal self and to journey with the child through the same movement patterns as the developing child, in the same medium. In sessions with expectant mothers, there seems to be a playful and heartfelt communion between mother and child. I am excited to learn how this effects the bonding process. In the later stages of pregnancy, the warmth and buoyancy of the water, combined with the relaxing moves, can also be a welcome relief to the mother’s body. I would speculate as well that the aquatic movement patterns might help the mother to familiarize herself with the movement patterns of labor and to increase her attunement with the child as they both negotiate the delivery process.

Michel Odent (1994, p. 57), a pioneer in the field of water births, speaks of how water supports the actual delivery:

Giving birth is an instinct. This means that when a woman is in labour, the most active part of her body is her primitive brain. Nowadays the primitive brain, which governs instincts, is also considered to be a gland that releases hormones. A woman - or any female mammal - cannot give birth without releasing a certain number of hormones... All these hormones are produced directly or indirectly by the primitive brain... By understanding the role of the two brains we are now in a position to see that if water can make giving birth easier, it is by harmonizing the relationship between the old and new brain.

In his book, We Are All Water Babies (1994, p.14), Dr. Odent describes in great detail the benefits of bringing newborns into the water as early as six weeks. He describes a study performed as early as 1939 published in the Journal of Pediatrics by Dr. Myrtle McGraw:

The human newborn baby is perfectly adapted to immersion and automatically holds his/her breath when submerged. The newborn baby does not cough or show distress after immersion. The swimming movements and the control of breathing are two behaviors which tend to reinforce each other.

Dr. McGraw found that after four months, the movement patterns of the babies become increasingly disorganized up until an age of two years. The swimming ability at four months decreases. Dr. Odent (1994, p.17) speculates that:

the automatic swimming behavior observed during the first weeks of life belongs to a framework of early reflexes which are totally under the control of the primitive part of the brain. Some months after birth the 'new brain', the so-called neocortex, develops dramatically and tends to take control. There is a difficult period of transition when the neocortex is strong enough to inhibit the primitive reflexes, but too weak to make purposeful behavior well organized.

It would seem that, for human beings, immersion in water is intimately linked with the primitive brain. During the prenatal period, while we lived in the water, and during the months immediately following birth, the primitive brain is dominant. It is also during this formative period that many of the psychological patterns which plague people throughout their lives are set in motion. By working in the water, it is possible to access the primitive brain, to release the dysfunctional patterns, and to reclaim the vast depths of the mind and the body. When this is done, the divinity of life and the interconnectedness of all beings is no longer a concept. It becomes a felt experience - known and lived in every cell of the body.

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David Sawyer, M.A., L.P.C. began studying body-mind therapies in the early 1980s. After completing his B.A. in Psychology from Wesleyan University in Connecticut, he attended a six-month program in alternative healing at the Findhorn community in Scotland. In this eclectic environment, he sampled and synthesized many cutting edge, body-mind disciplines that became the inspiration for his later work.

In 1986, David moved to Boulder, CO where he received his M.A. in Buddhist Psychology from the Naropa Institute and later became licensed as a professional counselor. After four years of post-graduate training in Integrative Body Psychotherapy (IBP), he received his practitioner certification and teacher certification in this method. IBP combines Gestalt Psychology, Family Systems theory, Self-Psychology, and Reichian breath work. David co-founded the training institute, IBP of Boulder, where he teaches three-year training programs for body psychotherapists. He has also completed a two-year training with Peter Levine, Ph.D. in somatic approaches to shock and trauma and he has completed five years of training with William Emerson, Ph.D. in pre and perinatal psychology.

In 1995, David began studying the Watsu and Wassertanzen methods of aquatic bodywork. He became enamored by the ease with which deep shock and trauma patterns could be released and of how early prenatal and birth injuries could be healed. David is now pioneering the integration of aquatic bodywork with psychological healing. He is on the teaching faculty of the School of Shiatsu and Massage at Harbin Hot Springs in Middletown, CA and is a course consultant for the graduate psychology programs of Regis University and the Naropa Institute in Colorado. He lives in Boulder, CO where he practices psychotherapy on land and aquatic therapy in the water.