

Marie's Child – A Case Study

By David Sawyer, L.P.C.

Abstract:

The following is a case study utilizing aquatic therapy as a complementary treatment for fertility and as a means of supporting the psychological, spiritual and physical needs of a woman in the pre-conception process. Marie (a pseudonym) attended nine sessions over a five-month period. Four of these sessions took place in a warm (95 degrees Fahrenheit) therapy pool. Five sessions were conducted in my office. In this series, Marie resolves family patterns, along with themes from her own pre- and perinatal history, which are affecting her psychological and physical readiness to bear a child. These sessions integrate aquatic bodywork, pre- and perinatal psychology, family systems theory, Self Psychology and the treatment of shock and trauma. I call this methodology Integrative Aquatic Therapy.

Session #1:

Marie first heard of my work by participating in a two-hour aquatic class that I conducted as a module in a course she was attending. We had originally planned to meet in the pool for her first session. When Marie arrived, however, she decided that she wanted to meet outside of the pool, so we conducted the session “on land” sitting nearby.

Presenting Issue:

Marie is a 36-year-old Caucasian woman. She has a background in dance and has a high degree of self-awareness. She and her husband had been trying to become pregnant for three years. After consulting with a fertility specialist, it was determined that her eggs and his sperm were both healthy. They then tried intrauterine insemination (IUI), with no success.

Tracking the Transference Relationship:

As I began talking with Marie, she appeared quite comfortable in her body. It was easy to imagine her as a dancer. At times, however, she appeared slightly more agitated and less present in her body. At these times, it was as if she was losing herself in the conversation. After several minutes of tracking this, a consistent pattern emerged. As Marie became more enchanted with the dialogue, her presence in her own body diminished. This pattern was not extreme, but it was clear and consistent. As the conversation became more animated, she appeared less grounded and her muscle tone softened. At these times, her attention was focused outward. Her eyes were no longer a “window to the soul” but instead were reflections of the other. As this is often a pattern that is learned very early

in life, I asked her some simple questions about her childhood and family. In psychological terms, I wanted to find out about her early object-relations (the patterns of relationship that are learned very early in life with one's first caretakers). For most people, this occurs in the mother-infant bond. These nonverbal patterns expressed through body language, eye contact and interpersonal cues become the template for future relationships.

Family of Origin:

I discovered that Marie's mother was 23 years old and was practicing as a nurse when Marie was born. Though, historically, this is a common age to give birth, on a psychological level 23 is young. At this age, most people are still "finding themselves." From an object-relations perspective this is significant because, if the mother is still discovering who she is, it increases the likelihood that the infant will focus on the mother's needs at the expense of her own. This phenomenon is not black and white, but it is about the degree to which the locus of attention is in the mother's court and not the infant's. In the work that I do, we call this "agency". Agency is when the infant learns to attune to the other at the expense of his or her own internal awareness. When learned in infancy, or even in the womb, it is common for this pattern to carry through to adulthood. Interestingly, a profession that is traditionally known for employing those with a high degree of agency is nursing; agents make good caretakers. This, of course, is a generalization, but when I noticed Marie's agency with me, and she then told me that her mother was a nurse, I became curious about whether or not her mother was also an "agent." This ancestral pattern is very common. For, if a woman grows up focusing on her mother's needs and not her own, then she will have a less developed sense of self. When she then has a child, especially at a young age, the temptation will be to illicit attention from her child to fill up the missing pieces of her own sense of self.

This pull to "other-referent" cannot be underestimated. To understand the depths of this psychological mechanism one needs only to reflect on how utterly dependant infants are on their caretakers. For an infant, as many studies have illustrated, keeping the bond with the mother is a matter of survival. An infant's eyes will constantly track the mother's face. If the mother's attention wanders, the baby will supply bodily cues to keep the mother engaged. When there is a break in this attunement, it can illicit fear in the baby that has its roots in the very marrow of survival. Of course, no mother or father is perfect, and there are many conditions beyond the parent's control (finances, war, etc.). Yet, this early relationship pattern of focusing on the other at the expense of the self is greatly correlated with the emotional availability of the primary caretakers.

After telling me that her mother was a 23-year-old nurse when she was born, Marie proceeded to tell me two more important factors. First, her mother was very "preoccupied" during Marie's prenatal period and infancy. She described her mother's mind as being elsewhere. Second, her mom was not in her own body. Marie described her mother as not being present, warm or feminine.

Diagnosis:

From seeing how Marie interacted with me, and hearing about her early relationship with her mother, I assessed that agency was a significant factor in her life. I began to wonder if this contributed to her difficulty in conceiving. On an energetic level, agency deprives the body of its vitality. The reproductive organs, along with other body systems, are deprived of their full potency. On a psychological level, agency keeps one in a younger, more child-like state. Both of these factors could hinder Marie's journey into motherhood.

Treatment:

Since agency is both a psychological and physiological phenomenon, the treatment involves both the emotions and the body. On an emotional level, one needs to learn about boundaries, individuation, and having the right to his or her own experience. On a physical level, the work involves empowerment, building potency in the body tissue, and reclaiming an energetic sense of self. When the emotional and physical work is done concurrently, then a person is able to claim the totality of who she is.

In this first session with Marie, I discussed her early object-relations, the importance of boundaries and the importance of not losing herself. I also told her that I thought she would be a good mother. She had trouble trusting this, and we reflected on how much better prepared she was to mother than her own mother was. In these ways, I supported her in individuating and claiming her position as an adult woman in her own right. At one point I suggested that she stand up, and I had her gently push against me with her hands. In this way, she was able to feel her own strength and to ground the concept in her body. We agreed that future sessions could be about deepening this sense of trust in herself.

At the end of the session, I also discussed with Marie how she could begin to establish boundaries with the expectant prenaté. I explained to her that a mother or father does not have to be perfect and that it was OK that she was still working on her issues. It was important to be clear with the new being that she, Marie, was taking responsibility for this, and that the child did not have to. To this end, we came up with a mantra that she could say to the expectant being: "I will be 100% a great mom for you; the fear I'm dealing with is my own, and I'm committed to working with it."

In this way, Marie established a boundary so that the expectant being would not become an agent to her unresolved fear. With a parent's strong emotions this is an extremely helpful practice. It is very reassuring for a prenaté, or young child, and it will layer in healthy relationship patterns that will last a lifetime.

This concluded Marie's first session and we made plans to meet in the pool in one week.

Session #2 - Water

Though Marie had attended a three-hour class that I had taught in the water, this was her first private session in the pool.

Verbal Check-In:

Whenever I begin a pool session, I start by talking with the client for five to ten minutes. This is done standing and lightly floating in the 95-degree water. I may begin with a short meditation where the client is invited to close her eyes, feel the support of the water, allow the breath to deepen, and notice how she is feeling inside. What is shared after this often sets the tone for the rest of the session.

Marie began by talking about her mother and of her yearning to receive more support from her mom than she was getting. Marie said that, since the last session, she had been more aware of her mother's limitations. She spoke with a quiet sadness but also with a feeling of healthy individuation.

During this time I was listening to what Marie was saying, and I was also tracking what her body was telling me. I followed the rise and fall of energy and watched her interpersonal cues with me, the therapist, as described in the first session. I attuned to her respiratory breath and listened for the slower craniosacral tides. With this intention of the therapist, and the fluid environment of the water, the pacing of conversation slows down. A deeper way of being begins to arise. It has an alert and wakeful quality, different from that of ordinary thinking. Instead, this consciousness exists in the realm of sensate awareness, rhythmic movement, and ancient bodily memories. As this shift took hold, I invited Marie once again to close her eyes, to feel the support of the water, and to follow her breath. When she was ready, we transitioned to the body of the session.

Beginning Movements:

At this point, Marie was lying on her back with small neoprene floats supporting her legs just above the knees. As the therapist, I was supporting her head and gently following the movement of her breath. On the inhalation, her body rose slightly. With the exhalation, it dropped down. I also followed the craniosacral tides and the unwinding of the muscular structure. With gentle massage and stretches, I supported her body in opening and releasing. By watching the movement of Marie's body in water, it was easy to track where holding patterns existed.

Sometimes, these holding patterns are supported to release with massage, rocking, or stretching. At other times, they are left to be, and are held with awareness. The movement and massage follow a natural rhythm, with periods of greater activity alternating with times of stillness and integration. In this way, muscular armoring gently yields as the client lets go into a collage of body sensations and supportive movements.

With this relaxing of the egoic structure and muscular armoring, the next step is to support the energetic self that begins to arise. As a therapist, I am listening to the tone of the muscle tissue for a greater sense of embodiment and fullness of presence. When I

sense this, I gently encourage it by providing slightly more support to the client's naturally occurring movement patterns. In this state, in the weightlessness of the water, the body begins to unwind with subtle movement patterns that are reminiscent of early life in the womb (see *Birthing the Self: Water Based Methods for Healing Prenatal & Birth Trauma*. Sawyer, 1999). I support these patterns by providing a slightly firmer support to her feet and hands. If this is done with the proper pacing, and the right level of support, then the mind and body are able to pick up the developmental thread that was lost in the womb so long ago. As the therapist, one is able to sense when the mind and the body are unified in this emerging dance.

Deepening – The Body of the Session:

In Marie's session, her body followed this pattern of muscular unwinding and the subsequent spontaneous arising of authentic movements. After ten minutes, however, there was a quieting of activity, and I no longer sensed that her mind and body were connected. At first, I provided a firmer foundation for her feet and hands to push from. When she still was not initiating movement, however, I brought her head out of the water and I asked her to share her experience.

Ancestral Lineage:

Marie reported that she was remembering that her grandmother, her mother's mother, was depressed. Also, when Marie's grandmother was six years old, her father (Marie's great grandfather) was having an affair. Marie was remembering this but she described it more as if she were reliving it, or seeing it anew, from the outside. Her descriptions and emotions were vivid and immediate. In the dream-like fluidity of the water, it was as if she could see her family system, generation upon generation, unfolding in front of her. (In aquatic sessions, this is a very common experience.) It then made sense why her mother was not able to be there for her. Compassion welled up as she felt the wound in her family and the ancestral psyche. She was sad, mournful and a bit teary, but there was also a greater sense of maturity.

Before long, I brought Marie back into the flow and support of the water by returning her to a horizontal position. In this way, the emotional processing and verbal dialogue was able to integrate on a somatic level. Slow, underwater movements, with the therapist attuning to the subtle shifts in the client's experience, are especially helpful at times like this. As Marie's process involved grief and her coming to terms with her aloneness in the world, it felt best for her to be in the solitude of her own experience. In the water, she had the support of the therapist but not the distraction of the verbal dialogue. With Marie's tendency to lose herself in others, I wanted her to be focusing internally at this critical time of integration. Once back in her own flow, her movement patterns expressed greater fullness, more embodiment, and a relaxed sense of strength.

Later in the session, we talked about the yearning a woman feels for her mother when she, herself, is beginning the journey of motherhood. We acknowledged the grief accompanying this longing, and Marie talked about other women she could turn to. One idea was for her to receive massage from a friend who has lots of mothering energy. We discussed how this woman could rub the mothering "ju ju" into her tissue.

On a physical level, this session centered most around Marie's heart. There was initially much constriction, and then subsequent release, in the thoracic area. This made sense given the themes of longing and grief. At the end, I made a note to myself that there was still holding in her abdominal area and I wondered if her heart and uterus were emotionally connected.

Session #3 – Water

Verbal Check-In:

Marie began by sharing the frustration and despair that she and her husband were feeling about their infertility. They had been trying to conceive for three years without a break, and their nerves were wearing thin. We discussed how difficult this can be on a marriage and how important it was that they support one another.

Clearing Energetic Patterns:

This session began with a great deal of grace and gentleness. My intention was to offer a respite from the difficulties she had been experiencing in the world. As Marie's body and nervous system settled, the work shifted to releasing the tension, both chronic and acute, that was stored in her thoracic and heart area. As this tension opened, I then felt drawn to support the lower half of her body. By bringing her feet up to the side of the pool, I encouraged her to gently push against the wall with her legs while I added resistance by placing my hands on her back. In this way, she was able to sequence her strength up from her feet, through her legs and pelvis, and into her torso. With the added support, she then felt safe to release her heart and abdominal area. In this way, the work is a balance of releasing the high-tone muscle structures while bringing in potency and support to the places that are lower-tone.

The focus of this session was primarily on clearing these energetic holding patterns and allowing new potency and vitality to come into the body tissue. There was little explicit emotional content, which seemed appropriate given the stress in Marie's life.

Session #4 – Water

Verbal Check-In:

At the beginning of this session, Marie shared that she and her husband were going to take a break from trying to get pregnant. With couples trying to conceive, this is a common experience. The stress can build to a point where this is a helpful option.

Pelvic/Heart Split – an Ancestral Lineage:

After the beginning movements, Marie once again had images of her great-grandmother. She realized that when her great-grandfather was having an affair, that the great-grandmother went into a depression and began to doubt her own sexuality. As Marie mused on this, she could feel her own pelvis begin to shut down. As she felt her

individuation and ability to separate from this history, her body came alive. With support, she was able to push on the wall in a way that she could feel her own strength while keeping her heart and pelvis open and connected. Freeing her body of this old energetic pattern felt important in supporting her own fertility.

For homework, I taught her a yoga-like posture that involves rocking the pelvis while lying with one's back on the floor. With the feet placed firmly on the ground, and the knees up, one is able to sequence a push up through the legs and pelvis and into the torso. By connecting this with the breath, it is a nice exercise in opening the heart and pelvis while providing strength and support. In general, the body tends to block horizontally (i.e. across the pelvis, diaphragm, or heart) whereas energy and support flow vertically. This is a helpful exercise to repattern this vertical flow.

Session # 5 – Land

When Marie arrived, she said that later that day she would begin her testing for *in vitro* fertilization (IVF) and that it would be better not to go into the water, so we conducted a shorter session on land.

Building Potency with Breath:

First, we reviewed the pelvic rock exercise that helps to integrate the pelvis and the heart. In this process, I taught her some simple breathing practices to increase the charge and flow of energy. This was coupled with instructions on how to stay grounded and present. I taught her a cross-crawl exercise that also increases the energetic flow in the body in a balanced and integrated manner. In theory, all of this should help to prepare her body to conceive. With this heightened charge, Marie then drew a boundary around herself and imagined that her mother was on the other side. She practiced feeling her own aliveness, while feeling separate and individuated from her mother. She did this several times and found the boundary to be very helpful in reclaiming her own vitality. The breathing exercises and boundary work gave her practices she could do at home.

In this process, however, there was still the sense of holding in Marie's abdominal area that I had been noticing for several weeks. On a physical level, the tissue seemed ready to open, but on an energetic level there was a feeling that it was not safe to do so. The belly was slightly contracted and less mobile than the rest of the body. I was suspicious about a phenomenon that can occur *in utero* that might be still haunting her.

Umbilical Boundary:

In the womb, a pre-nate receives nourishment and oxygen through the umbilical cord. However, any toxins present will also be conveyed through this pathway. For some, this might be nicotine or alcohol. With Marie, my sense was that her mother's emotions came through the umbilical cord. With the reported emotional dynamics between Marie and her mother, this would be a likely scenario. This emotional invasion can occur on an energetic, hormonal or chemical level. To test my hypothesis, I asked Marie's permission and then placed my hand three to four feet in front of her umbilical area. By palpating the

energy field, I could feel the weakness in her boundary in front of the umbilicus. Marie could also feel this. Her belly tightened as I moved a quarter-inch closer and her belly relaxed as my hand moved away. I then kept my hand at the proper distance so that she could get used to feeling where her boundary was in this energetic dynamic. After a minute or so, her belly relaxed even further and her level of sensate awareness increased. We then worked with how she could use her own intention to find her umbilical boundary. As she learned to maintain this energetic boundary, the split between the lower and upper parts of her body slowly disappeared.

For many, an injury to the umbilical boundary *in utero* has a great impact on future relationships. If the energetic field is overwhelmed in the womb, this then becomes the template for the energetic aspect of relationships in the rest of life. People will have difficulty feeling a body-felt sense of autonomy when interacting with another. Therefore, repairing this early injury goes a long way in cleaning up the energetic dynamics in adult relationships.

Though this session with Marie was conducted on land, a similar process can take place in the water. On dry land, it is easier to palpate the energetic fields. In the water, it is easier to release any toxins that were received in the womb that have been encapsulated in the body tissue. There are advantages and disadvantages to each, with slightly different methods used in each medium.

Session #6 - Land

Based on the benefit of the last session on land, Marie and I decided to meet in my office a few times. In the aquatic sessions, her holding patterns were letting go and her body was coming alive. We felt that working on dry land could support her psychological understanding of this process and act as a bridge to integrating these changes into her everyday life.

Boundaries:

I began by having Marie trace a boundary around herself at the edge of her energetic field. For this purpose, I have colorful ropes for clients to lay on the floor. She experimented with a certain boundary distance, then checked inside to notice her sensate awareness. This is an excellent exercise in tracking boundaries and one's own sense of energetic presence. When I asked Marie what her boundary said to the world, she responded with, "This is me. I get to be here." With this affirmation, her vitality increased.

Breath Work:

Marie practiced the breathing exercises she had learned in earlier sessions, while being careful to maintain her sensate awareness, to stay present in the room, and to keep her energy grounded.

Agency:

At various points in the session, Marie would subtly lose her connection to herself while she was interacting with me. She soon learned, however, that this could be remedied by focusing on her own potency and boundaries. It was clear to her how this process tied in to her early relationship with her mother. Likewise, it was also apparent how crucial somatic skills are in repatterning this dynamic. By practicing and discussing this process on land, it helped to further integrate this map into her everyday, adult consciousness.

Developmental Movements:

While working with Marie on breath and potency, I also reviewed Bonnie Bainbridge-Cohen's developmental movement patterns (Sawyer, 1999). By breathing, then humming, Marie was able to feel the vibration in the body reminiscent of cellular consciousness and the awakened quality of spirit coming into the flesh. We followed this through the developmental continuum of the fluid consciousness of the craniosacral tides, the pelvic rock, the consciousness of the organs, and the embodied movement patterns of homolateral and cross-crawls. This review gave her a map for what was taking place in the water and also for how to find her embodiment on land.

Session #7 - Land

Check In:

Marie discussed the upcoming Christmas holidays and the plans for visiting her and her husband's families. This easily transitioned into a discussion on agency and on the importance of boundaries and of staying connected to herself.

Internalizing the Good Parent:

Marie practiced using her breath to build potency in her body. She first closed her eyes to find this connection and then maintained this sensate awareness as she opened them.

Following this, she explored her early relationship with her mother. As an infant, she had perceived her mother as being unsure of herself. She remembered her own impulse to be quiet so as to not upset her mother, thus diminishing her own energy. These memories brought up feelings of sadness and isolation. From here, we worked with how she could act as her own good parent and with how the adult part of Marie could provide the messages of support and acceptance that her internal infant was longing to hear. This process was healing for Marie, and it also layered in parenting skills that she could use for her future child.

Session #8 – Land

***In vitro* Fertilization:**

At the beginning of the session, Marie shared that she and her husband had decided to start IVF in three weeks. We discussed the stress, hopes, and fears of this next step. She shared her concern about multiple conception and the ethical issues that this raises.

Because of this, she and her husband decided that they would have the doctor implant only two fertilized eggs. We also discussed the stress of the hormone treatments, the potential mood swings that could result, and other aspects of the procedure. The possibility of unsuccessful IVF and the option of adoption were also discussed. Overall, Marie seemed well prepared and relatively comfortable, given the unknown quality of this next phase. She was ready to return to the water.

Session #9 - Water

Check In:

Marie reported that everything was set for the IVF procedure to begin in one week.

Preparing the Body:

In this last session, my intention was to create as much support as possible for the coming conception. On a physical level, I noticed mild holding and shock in Marie's belly and heart. With support, these patterns easily unwound and opened. This allowed more vitality into the pelvis and uterus and allowed the heart to open more fully to a potential new being. I was then drawn to work on her forehead.

Implantation:

For a blastocyst in the womb, the cells that first attach to the wall of the mother's uterus (a stage termed "implantation") are the same cells that later develop into the adult forehead. Very often, in regressive work, it is found that the energetic patterns associated with implantation are found in this area of an adult's body. When I first brought my awareness to Marie's forehead, the energetic flow in this area seemed to be held back. The muscle and cranial tissue was harder than it needed to be. This is a similar process to that which had occurred with her umbilicus. Just as with the umbilicus, the pulling back of energy is a common pattern when there are boundary issues with the mother.

Through touch and awareness to Marie's forehead, I helped this tension pattern to release. As more energy came into the tissue, she was able to find a new pattern that involved healthy energetic flow and positive images of connection and bonding to her mother. The boundary work that Marie had done in my office was a support. As we did this, it was hoped that on an archetypal level she was also clearing a pathway for the future conception and implantation of her own child.

Healthy Repatterning:

Marie experienced the remainder of the session as very safe, supportive and nurturing. In a primal, dream-like state, she swirled and danced with grace, ease and embodiment. It was as if she were bathing in the amniotic bliss of a healthy, loving conception. On an energetic and psychological level, she seemed well prepared for the future procedures and for motherhood.

Final Notes:

Due to the unknown nature of her next step, Marie and I did not schedule a follow-up session but left it that she would be in touch. If the IVF was a success, I did not want to schedule a session in the pool, as I did not want to risk jeopardizing a fragile pregnancy with bodywork. In the water, much energy and holding can be released, and I would not want to introduce this in the early stages of pregnancy. After the first trimester, aquatic work can be a beautiful support to a pregnancy. It can greatly relieve physical discomfort and can be a wonderful bonding opportunity between the mother and pre-nate. It is also a powerful means to continue to clear any energetic patterns so they are not passed on to the next generation. For the father, an aquatic session is a powerful way to give him a taste of the world in which his baby is living. Several men have told me that the pregnancy became real for them after receiving an aquatic session of their own.

Several weeks after the last session, Marie called and reported that the IVF had been a success. She was going to be a mom, and her husband would be a dad. As it turned out, we did not do more sessions together; our work was complete. With this type of work, I see most women during the actual pregnancy. With Marie, it was all about preconception. It was a pleasure and an honor to be a part of this journey. Thank you, Marie, for letting us learn from your experience.

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David is the developer and creator of Integrative Aquatic Therapy (IAT). He is a graduate of Wesleyan University (B.A. Psychology, 1985) and Naropa University (M.A. Psychology, 1988), a Licensed Professional Counselor (State of Colo., 1996), a certified practitioner, trainer, and former institute director of Integrative Body Psychotherapy, a certified practitioner and instructor of the Watsu method of aquatic bodywork, and a certified practitioner and instructor of massage therapy (State of California, 2000). David has developed and taught CEU approved trainings for licensed psychologists in the State of Nevada and has been a course consultant for the graduate psychology program of Regis University and an internship supervisor for the graduate psychology programs of Naropa University. David offers certification training programs in the IAT method in Europe and the United States. He has a private practice in Boulder, CO where he lives with his wife and son.

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