

Prenatal and Perinatal Somatics

Eight Practice Principles and New Horizons for Integrating Earliest Trauma

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ABSTRACT

Prenatal and perinatal somatics is a new field of practice that arises from the study of birth psychology. This paper describes the “long and winding road” of prenatal and perinatal psychology (PPN) and the emergence of prenatal and perinatal somatics as a field of practice. Eight practice principles are presented to describe this emerging field, suggesting new possibilities for supporting the vital and vulnerable prenatal and perinatal period.

Keywords: prenatal, perinatal, psychology, somatics, principles

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Healing from earliest trauma as an adult is a journey of exploration, discovery, and deep process because it is a foray into implicit somatic memories, often with little cognitive story. Each step is a felt-sense experience; our memories lie in our bodies, and are formed before language comes online. Memories may also emerge from our early childhood, family dynamics, adolescence, and adulthood. We can traverse the earliest territory relatively easily if we have a map and a facilitator. Even still, it may be hard work for a traveler in those lands, as each layer may have a feeling of survival based on the conditions of the time. I hope this paper will help the enthusiastic traveler in healing begin finding their way thoughtfully and expediently. We have learned to recognize the early layers through decades of work with adults, starting in 1929 with Otto Rank’s slim volume, *The Trauma of Birth*. Over the past century, we have witnessed the contributions of many pioneers in the field of prenatal and perinatal psychology (PPN) (Gouni, Janus, Brekham, Turn, Turner, Janov, Sovilj, 2022; White & Rhodes, 2014). The newest trends in PPN include prenatal and perinatal somatics, which integrates skills that support wellness by healing the earliest ruptures through what we feel in our bodies. This paper describes eight practice principles for entering prenatal and perinatal somatics, and

explores new horizons for preventing and healing earliest trauma.

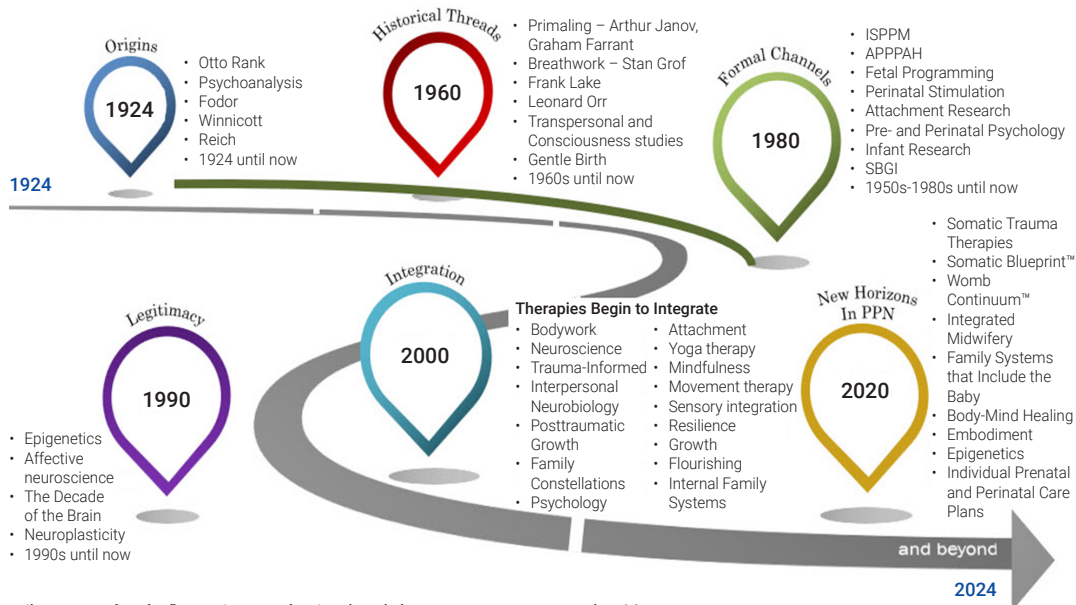
Ray Castellino, RPP, RCST, DC, coined the phrase prenatal and perinatal somatics. Over many years, an active member of the prenatal and perinatal psychology community, he maintained that early layers of experience explored in PPN are necessarily somatic because they are implicit or body-based memories. The body (and mind) lay down body memories as it develops, from preconception to age two, when language and cognition begin. Our bodies retain intrauterine memories through posture, sensation, emotion, and movement (Levine, 2015; Chamberlain, 2013). In utero, we “pre-exercise” what we do outside the womb with actions such as jumping, standing, thumb sucking, squirming, contracting, extending, crying, sleeping, and even dreaming (Blehschmidt, 2012; Chamberlain, 2013). We now accept that experiences during the prenatal and perinatal period lay down templates for patterns of behavior, understanding, perception, and worldview because of our more profound understanding of trauma and its lasting impact unless it is healed (Verny, 1981/1988). Therapeutic discoveries in the healing arts, such as trauma-informed care (SAMSAH, 2014), epigenetics (Szyf, 2014; Szyf & Meaney, 2008), polyvagal theory (Porges, 2011, 2017; Porges & Dana, 2018), social neuroscience (Siegel, 1999/2020, 2008, 2010, 2012, Siegel & Hartsell, 2013; Cozolino, 2014), fetal brain research (Ursini, 2021; Weinberger, 2019), and attachment (Bowlby, 1944; Heller, 2019; Siegel & Hartsell, 2013; Schore, 1994, 2003a, 2003b, 2016, 2019, 2021) furthered our knowledge about earliest trauma. Our soft and hard sciences make it clear that trauma impacts our bodies and therefore, our minds, starting at preconception (Van de Kolk, 2014; Weinstein, 2016; Barker, 1990; Monk, 2020; Monk, Lugo-Candela, & Trumpf, 2019).

The road to current PPN practices is long and winding. In 2014, I co-wrote a paper with Jeane Rhodes, PhD, titled *Trends and Influences in Prenatal and Perinatal Psychology* (White & Rhodes, 2014), which traversed that road, carrying the reader along the path (Figure 1). Our PPN practices enjoyed certain

stages of growth, starting with psychodynamics. Our original pioneers began with psychoanalysis in a deep Freudian tradition (Rank, 1924), but also included Wilhelm Reich (1933/1936), one of the founding fathers of body psychology, and Donald Winnicott (1947/1964). Our historical trends furthered psychoanalysis and also began to include breathwork (Grof, 1993; Grof & Grof, 2010/2023; Orr & Ray, 1977/2007), LSD (Grof, 1976; Lake, 1981), transpersonal and consciousness studies (McCarty, 2004; Wilber, 1985), and gentle birth practices (Dick-Read, 2013; Odent, 1994). Formal channels saw the development of organizations such as the Association of Prenatal and Perinatal Psychology and Health (APPPAH), which supported how the baby’s experience could influence health throughout the lifespan, attachment research (Tronick, 2007; Trevarthen & Aitken, 2001; Beebe, 2016; Ainsworth, Salter, Blehar, Waters, Wall, 2015), infant laboratories (Spelke, 2022), and the understanding of what happens for babies in the womb (Chamberlain, 2013; Barker, 1990). Further down the road, in the 1990s, more science came on board, with research from the Decade of the Brain (Shonkoff & Phillips, 2000), acceptance of epigenetics (Szyf, & Meaney, 2008), neuroplasticity (Doidge, 2007), and affective neuroscience (Siegel, 2012; Cozolino, 2014; Schore, 2003a, 2003b), which also supported the primacy of the prenatal and perinatal period (McCarty, 2018).

This century witnesses the beginning of integrative therapies that blend science, research, and practice. Resolution of earliest trauma now has many pathways, including trauma-informed care, bodywork, movement therapies, interpersonal psychology, mindfulness, resilience and strength-focused work, Internal Family Systems, and post-traumatic growth. New horizons in prenatal and perinatal work are further refined with integrated practices, one of which is prenatal and perinatal somatics. This unique therapeutic model of care blends mindfulness, listening, relationship, somatic trauma resolution, and relational and inquiry practices with touch. We can begin with eight basic principles of practice.





Built upon: Trends and Influences in Pre- and Perinatal Psychology: A Summary. JOPPPAH, Vol. 28 (3), 199–211

PPN Pathway of Influences

ppncenter.com

Figure 1. *The Long and Winding Road of PPN Trends and Influences.*

Original image: APPPAH Educational Program, Toolkits for Facilitators

Eight Practice Principles for Prenatal and Perinatal Somatics

PRINCIPLE ONE

Prenatal and Perinatal Somatics Address Early, Implicit Memories Held in the Body

Early memories in adults appear through sensation, feeling, gesture, posture, and metaphor. As mentioned previously, our earliest environment impacts our nervous system, bodies, and, therefore, minds. Our genetics predispose us to sensitivities, and support our strengths from our family lines. As we develop in utero, the experiences of our parents may leave neurodevelopmental markers in our genome (Weinstein, 2016). The uterine

shape, umbilical cord, or placenta may also create a felt sense experience that becomes a memory. If it is overwhelming and not integrated, that memory remains looping and alive in our bodies until it becomes resolved. Birth is a big, body-based experience that is often painful. It can also be empowering. How we come into relationship with our parent(s) is also a memory (Van der Wal & White, 2024), which is often ruptured by medical interventions during and after birth. Traumas experienced by our parents may also impact us as we are in relationship with them and their experiences (Weinstein, 2016). If feeding is challenging, that is another layer, and at times, tragedies and

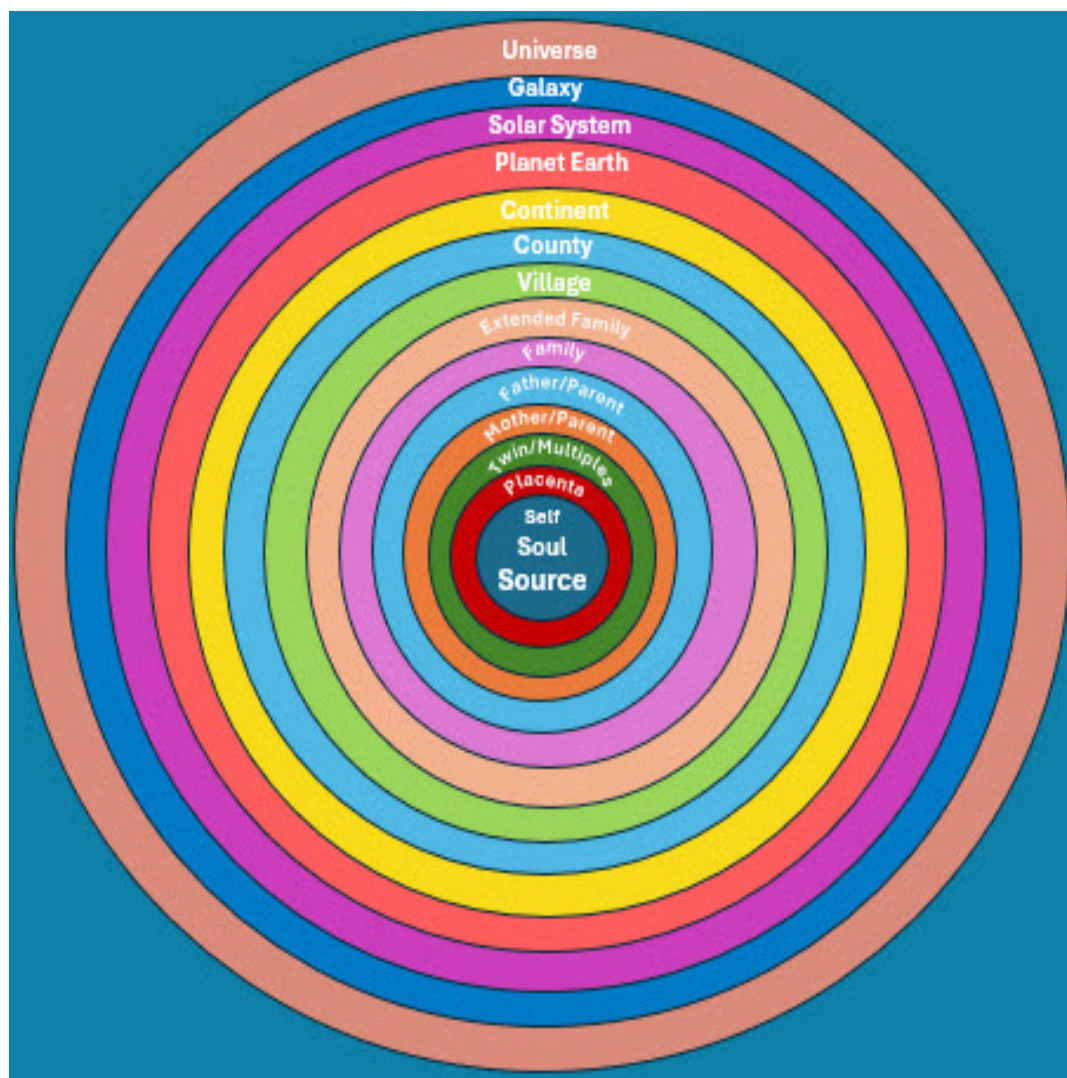


Figure 2. *Continuum of Circles by Ray Castellino. Source: Castellino Training Corporation*

disruptions occur that are not explained to babies. It is more accepted now that babies can remember prenatal life and birth, and those memories can remain alive in our bodies until the story is told in such a way that it is seen, heard, and felt. **This is the work of prenatal and perinatal somatics.**

Prenatal and perinatal psychology pioneers have explained how we “remember” earliest layers of experience, and the importance of “consciousness” as a theme in human development, starting at preconception (Grof, 1976; McCarty, 2004;

Blasco, 2006; Van der Wal & White, 2024; Verny, 1981/1988; Menzam-Sills, 2021). In *The Embodied Mind*, Verny (2023) explains how we can remember our earliest experiences by exploring anatomy. Memory storage and retrieval theories were enlightened by the study of the sea snail, for which Eric Kandel won the 2000 Nobel Prize in Physiology. His research proved that these simple organisms could have memories (2001). Verny expands on Kandel’s theory about how memories are stored in synapses by exploring glial cells, other ana-

tomical features, and periods when brain cells are sparse, suggesting alternative sites where memories may be stored. He concludes that memories are stored in the nucleus of neurons, dendrites, and axons that connect with other neurons. These neural pathways carry sensory information; each time a memory is recalled, it creates a building block of memory.

Memory is encoded in various anatomical structures – synapses, neurons, glial cells, and surrounding neuronal areas. The most active period of neuronal development occurs at the beginning of the second trimester when 250,000 neurons are created every minute (Kolb & Gibb, 2011). A child is born with 100 billion neurons, as many as the stars in our galaxy, and a trillion synapses or interconnections (Verny, 2023). Verny clarifies

that our bodies are one large vibrating network of communication, memories, and information, with many structures that work together – brain, spinal cord, cranial nerves, and neural pathways impact how we think, feel, and behave from moment to moment. He proposes a more holistic theory of memory:

It is time we put to rest the myth of the enskulled brain and mind and adopt the scientifically evidenced-based concept of the embodied brain and mind. This is a transformative, novel concept in psychobiology, at once paradigm-shifting and empowering. We think, feel, and act with our body. We relate to the world with our body. Our mind is body-bound. (2023, xiv)

We make our bodies in utero. Our memories start there.

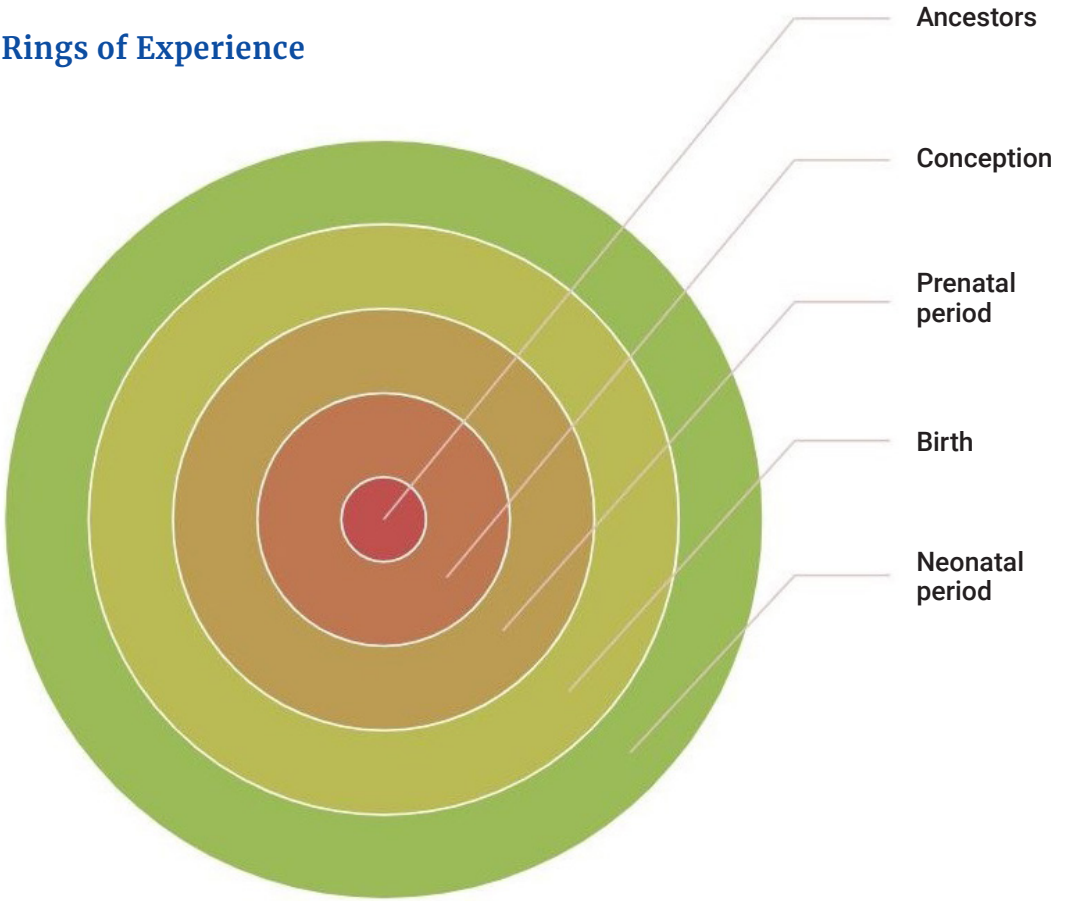


Figure 3. Rings of Experience



Figure 4. *Resonance*

PRINCIPLE TWO

Early Implicit Somatic Memories Show Up in Layers

We begin at preconception, noting transgenerational and intergenerational influences on our DNA and body memories. Ray Castellino introduced the notion of rings of experience to describe the layers that shape us. We come into form from Source, where our Spirit abides before and after life. Then we drop into our bodies, and our Soul emerges. From there, we experience Self, Twin/Placenta, Mother/Parent, Father/Other Parent, Family, Extended Family, Place on many levels, and Planet.

I have created an additional map for brevity's sake to help adults and families track their experience. As we explore our layers, we ask questions, understanding that each layer carries its history,

experiences, and sensations. Each layer may encompass moments of near-death, survival, love, connection, and ecstasy. Recognizing and naming these layers are essential parts of the art of working with our earliest trauma. The training gives the practitioner a felt sense of each layer, enabling us to identify what emerges in the therapeutic space and the client's life.

PRINCIPLE THREE

Healing Prenatal and Perinatal Early Trauma in Adults is Often Achieved One Layer at a Time

Prenatal and perinatal somatic trained practitioners recognize what layer needs attention first. For example, many adults come to explore their experience at birth, but often, something in the time

of preconception must be addressed before birth pattern work can take place. Birth stories and information are compelling; they draw our attention to the dramas coming from inside the parent to outside. Often, this passage is painful, and may have moments of big feelings that include empowerment, achievement, despair, terror, and survival. Babies show their stories outside the womb through gestures, movement, autonomic states, and crying (Appleton, 2017). Adults can reveal aspects of their lives and patterns that seem perplexing but are rooted in prenatal and perinatal somatics. These stories, conveyed through the felt sense, can be slowly addressed one layer at a time. Layers that I frequently work with in adults include:

- Incarnation
- Transgenerational and intergenerational trauma
- In utero experiences
- Relationships within the family
- Birth sequences
- After birth sequences

PRINCIPLE FOUR

Prenatal and Perinatal Somatics is a Resonant Phenomenon

Each person in the prenatal and perinatal experience carries a resonance. Resonance rings out like a bell or sends out concentric circles, like a drop of rain on water. One of the tasks of a prenatal and perinatal somatic practitioner is to bring people in the early experience together in a harmonic way. I like using this image of raindrops on water to illustrate how the harmonics of birth can look and feel. It is the same for families. We are tracking how everyone came together, and how it feels to be in the space. Ray Castellino taught me to feel into the space. Is the pace fast? Slow? Prickly? Cold? We are listening and feeling for all the people who participate in the early layers – those who attend the family and birth, and the extended family. The cultural, societal, and professional milieu, as well as any ancestral history, may also impact the process. Then there are the practitioners, past and present. In working with adults to heal earliest trauma, the practitioner is tracking in a multidimensional way, welcoming them as spirits coming into physical

form, believing in the health of the system that made their bodies, was born, and is now in present time (Menzam-Sills, 2021). Often, people cannot feel this level of health, as they are spinning around in the traumas that plague them. However, the practitioner knows that health is there and resonates with that.

PRINCIPLE FIVE

Everyone Has Health in Their System

No matter how bad the trauma is, you know that the person seeking your help has health. The practice of prenatal and perinatal somatics is health-based, not trauma-focused. This is a central principle in all our work, arising from the study of osteopathy. A.T. Still (1899), founder of osteopathy, is quoted as saying, “Health is always present. To find health is the object of the doctor. Anyone can find disease” (p. 28). Similarly, Castellino, a Doctor of Chiropractic, embraced this principle in his work. He also studied with Randolph Stone, who blended many philosophies, approaches, and treatments in his development of Polarity Therapy (Stone, 1986; Sills, 1989/2002). Castellino also studied with Franklyn Sills when he came to the United States to offer his Biodynamic Craniosacral Therapy training. Castellino met John and Anna Chitty at that training in California, and the three practitioners/teachers collaborated over many years. Their relationship fostered a growing understanding of the inner health of humans.

There is a belief in the blended therapies of Osteopathy, Biodynamics, and Polarity that the body has inner health that is always accessible. This health is fueled by a pulse and rhythm linked to cerebral spinal fluid flow (Upledger, 1997). Cranial practitioners of all kinds are taught to palpate this inner rhythm, and restore the body to health using manual therapy. Polarity practitioners also employ different kinds of touch to help the body come into balance on an energetic and physiological level. Dr. Stone, Polarity’s originator, added a spiritual level to what is possible for humans in therapy. He describes the journey of incarnation as a “step down” experience from a spiritual realm from which we all emerge into the body. The therapeutic approach includes embodiment and how it aids or hinders our best human life. These therapies all influence prenatal and perinatal somatics.

Practitioners trained in prenatal and perinatal somatics are oriented to health in people – all people. It is efficient to work with babies and families to support human development at this critical developmental stage. John Chitty often quoted a proverb popularized by Alexander Pope: “As the twig is bent, so grows the tree” (Speake, 2015). This means that when trauma, rupture, or environmental challenges occur, the human will grow in response and adapt. We need to recognize family preconceptions and install health practices. Adults wanting to conceive will have layers of experience to address. As practitioners, we are trained to see the layers of experience, understand their impact, and resonate with the deep health we know is present in every person. It is felt as a slow rhythm in the body. It can also be seen in autonomic nervous system states, resilience, and post-traumatic growth.

Ruptures in the prenatal and perinatal periods linger in the body, operate unconsciously in the background, and can influence the present. Many responses to overwhelming events are in the interest of health. Since health is inherent in our systems, we can work with adults, children, families, and babies to integrate overwhelming feelings and encourage a state of wholeness. Prenatal and perinatal somatics shine a light on what Anna Chitty called the Blueprint, our original matrix for health (Blueprint Resonance, 2024). We use touch to work with the Blueprint and use facilitation skills to allow the integration of prenatal and perinatal wounds.

PRINCIPLE SIX

Earliest Trauma Can Be Prevented by Working with Families Before, During, and After Birth

By including the baby’s experience in everything that happens during the early period, we become more conscious of optimal experiences for human development. We start with preparation during the preconception period, conscious conception, healthy pregnancy, gentle birth, and bonding and attachment before and after delivery. Conception, birth, and what lies beyond sometimes go smooth-

ly. We can work to help families prepare well, attend to them with great care during birth, and catch them afterward so they feel supported and held.

PRINCIPLE SEVEN

Healing Can Happen at any Time

The most important tools are consciousness and the power of choice. Our prenatal and perinatal somatics tools help clients differentiate between past memory and present experience. People can heal at any age – from seven days to seventeen or seventy years old.

PRINCIPLE EIGHT

Early Wounding is Next to Our Truest Spiritual Nature

As these early layers heal, our greatest human essence emerges: compassion, love, generosity, kindness, capacity for connection, strength, will, discernment, peace, sense of purpose, happiness, joy, and more. Anna Chitty’s Blueprint course, which she teaches in the school she led with her late husband John Chitty, provides the skills, the nervous system felt sense responses to trauma, the health that is always there, and the experience of our essential qualities.¹ I find her approach easy to apply to the prenatal and perinatal periods because this is when our human and spiritual aspirations coincide. We welcome new beings into our families, societies, cultures, and the world. We want what is best for humanity on a small, medium, or large scale. Conceiving, carrying, and birthing a child is one of those threshold times in life where we can hope for change and commit to the life we want for ourselves and our babies. When hurts happen here, they can be very damaging if left unattended. Prenatal and perinatal somatics focus on addressing early developmental layers in adults, preventing and treating perinatal trauma within families, and providing therapeutic support for babies. Our truest nature lies beneath or connected to these early traumas and imbues us with strength, curiosity,

1. See energyschool.com for information about Blueprint Resonance, and other offerings that support healing and the nervous system.

and resilience to face early traumatic experiences. We can discover more about who we are with support from a trained facilitator and maps of our early experience.

Summary of Maps and Tools in Prenatal and Perinatal Somatics

A facilitator trained in prenatal and perinatal somatics is fluent in autonomic nervous system responses and prenatal and human development – especially needs associated with different ages, transgenerational and intergenerational traumas, and how they are passed down into the present, and therapeutic skills and guidelines to help those seeking integration of earliest trauma. I employ the metaphor of maps because they are easy to learn and apply. For practitioners wanting to learn earliest trauma facilitation skills, here are my recommendations:

- Become familiar with how health shows up, is present, and feels in the body, especially on an energetic and vibrational level.
- Develop fluency in autonomic nervous system states connected with social engagement, sympathetic and parasympathetic aspects of the nervous system, stress and threat responses, and how to shift and integrate stuck states in clients.
- Become trauma-informed.
- Learn tracking skills for somatic responses to stress and threat, and the preconception, prenatal, birth, and after-birth experiences that can be traumatic for families, including babies.
- Recognize states of presence, relatedness, qualities of listening, nuances of inquiry (what questions to ask when), and how to employ all these when helping clients resolve traumatic, looping experiences.
- Work on your own earliest traumas to build the capacity to be present with the earliest trauma. That way, practitioners will be experienced in the territory of early wounding. The adult, fam-

ily, or baby working with such a practitioner will feel their strength and capacity, and knowing that creates a field of trust.

Conclusions and New Horizons

A new age is dawning for professionals who have spent decades studying, learning, and applying theory and skills to work with the earliest layers of experience. The decade of the 2020s brings more awareness to somatic practices used for prenatal and perinatal healing, including combining movement therapies such as Continuum, Body-Mind Centering, and Feldenkrais with family constellations, bodywork, trauma therapies such as Somatic Experiencing®, psychomotor psychotherapy, Hakomi, and so many other approaches that are now broadening to include this full spectrum, body-mind approach.

Many PPN pioneers have helped this field of practice grow over the last hundred years. Now, the therapeutic space in many modalities is widening to include the baby's experience. We no longer have to brace against disbelief that the baby has experiences that are remembered because of the acceptance of somatics in therapy. As Bessel van Der Kolk (2104) has said, the body keeps the score that began before conception. The score has accumulated by the time anyone is a year old; the prenatal and perinatal periods are formative and can create a template for interaction, perception, and worldview that lasts a lifetime. With support, the richness of this formative time attends to and provides the foundation for our purpose here on earth. The future of prenatal care may include awareness of the genetic disposition of the pregnant couple, their traumas and strengths, prenatal care and birthing practices suited to them, and qualified professionals present for care after birth. Prenatal and perinatal somatics can mediate the earliest experiences so that families can thrive after challenges during this time, and children and adults do not have to carry the burden of painful ruptures. Our earliest layers can be healed; as mentioned previously, it is never too late.





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