



# Birth's Hidden Legacy

A conversation with Annie Brook, PhD, LPC

By Nancy Eichhorn, PhD

and Annie Brook, PhD, LPC

Mothers often remember birth differently than babies. As the third child, and according to my mom, my birth was simple. Mom's labor pains started while watching the 1960 TV show "the Musketeers, with Annette Funicello." She remembers her singing. Mom was a nurse at the San Francisco hospital where Dad was completing his residency in obstetrics. They knew the birthing drill. It was easy, supposedly I popped out without complications. However, my siblings had the chicken pox so mom and I were hospital bound for two weeks. Hospital protocol meant I was placed in a crib where I soloed most of my days and all of my nights.



Nurses brought me to my mother's bed to feed me, then returned me to the nursery per their schedule. I spent that time alone in the nursery.

Is that a problem? That's how they did things in the 1960s. Babies were fed, changed, warm, dry—all basic survival needs were cared for, what more do you expect?



**Annie Brook, PhD, LPC**, author of *Birth's Hidden Legacy*, knows that the first 18 months of life are developmentally critical—and that experiences during this time set up patterns that last a lifetime. My early hospital aloneness created issues I have had to live with and repair relating to adult esteem, social comfort, and ease in relating.

**According to Brook**, early experience encodes the young nervous system response patterns. These patterns are deep in the bodymind and form the foundation of behavior and identity beliefs. Brook has decades of clinical data to support her view. It seems that an infant doesn't know it exists without the mother's presence and reflection; without those initial mother/infant moments, infants imprint dysfunctional core beliefs in their bodies that impact relationships. Brook treats clients at this early memory level and has learned to “listen for the echoes of earliest story” because doing so helps clients release struggles with behavior. Once these stories are named and processed through the body, behavior changes and experience becomes integrated and loses its hold on perception and response.

**“Nursery babies** have no one there to respond to their needs,” Brook says. “There’s isolation and a scheduled response that is not in sync with the baby’s bonding time. Nurses come and go, have their own time schedule, and few, if any, are meeting the baby where he/she is at. With mother present, baby is met moment by moment; if the baby is hungry, the mother feeds it. But if a hungry baby has to wait for an externally imposed schedule, they become hyper-aroused. They will flail and cry out and then get mad. You can track their physiological responses through the autonomic nervous system. When no relief comes, an infant will go from flailing into freeze, followed by despair and depression. Primitive brain states move them into dissociation and fragmentation, all the while the primitive brain is making meaning, such as ‘I am bad because no one comes.’ Or, ‘my needs don't matter,’ or, ‘it is better to go numb than to ask for what I want.’ Babies with unmet needs withdraw into their cave—known in polyvagal nervous system theory as the ‘dorsal dive.’ This is an attempt to ‘regulate’ to isolation, since nursery babies spend most of their time alone with other unhappy babies. Infants in a dorsal dive look ‘content’ but that is because they are dissociated or may

sink into a black void of depression. Some bond with the arousal and anxiety of other nursery infants, or with emptiness.”

**Premature babies** are often isolated. Brook knows this from the inside out. As a premie, she was placed in an incubator, and learned the habit of isolating herself when stressed. “Whatever one survived will be repeated as a coping strategy.” Premies work harder to survive, and as an adult Brook found herself isolating into work and feeling unfulfilled. To repair this habit, she had to notice it, befriend it, discover the primitive fear encoded in the



pattern, and then allow the sensations of fear rather than go numb. This is the deepest psychological work. One must stay present to the discomfort of body sensations, recognize their origins, and do something different. “Many adults picked up aspects of self-coping behaviors in infancy—they got depressed or became rageful or alcoholic,” Brook says. “They looked for ways to manage overwhelming sensations and take the energy into some sort of action to survive.”

**Brook repaired** her isolating habit, learning to reach out socially, have a cup of tea with a friend, go for a walk, or go to someplace social. “Fear is a hard sensation to tolerate. People want to fight or flee or go into a catatonic depressive state,” Brook says. Instead, she helps clients learn to befriend and tend sensations. Doing this together in session is the relational part of repair. Brook calls it, ‘Surfing the Shock.’ “That’s where applied neuroplasticity comes in—re-experiencing patterns of non-safety in a safe environment, so that pre-cognitive ‘beliefs’ can be

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dismantled in the brain,” she says. “You are not just working with the body; you have to notice when the client is getting activated, teach them to feel the arousal and not fix it. This is ‘surfing the shock.’ The idea is to avoid being induced into the arousal or fear state, and stay present with the self throughout the discomfort of the sensation.”

**According to Brook**, shock is more dysregulating than trauma and is treated in a different manner. If the client’s body has a dissociative quality about it, if there’s fragmentation in the sympathetic nervous system and there’s arousal, the charge can overload the system with too much energy and result in an inner freeze of the nervous system. Therapists have to consider the client’s resources (as opposed to a pathological view), and then “create a big net around them, gather them in, and stay with them and feel through the fear,” Brook says.

**“I ask my clients**, ‘What if you suspend the fight/flight response in my office? What if you don’t fight or run? Let’s assume it is safe enough in my office, that the sensations are not actually life threatening right now? Then we can befriend the nervous system and not be hijacked by sensations. We can pick up any aspect of self that might have been

abandoned by dissociating. When you can claim the precognitive events of life in reality, and reclaim them, then you have met the beginnings of a whole self. It’s the integration of the personal narrative that makes one whole, and this includes the prenatal,



birth, and post-birth attachment events.”

**Staying relational** through this process means going slow enough to match birth and its agenda. “Infants processing speed is 6 to 10 times slower than adults, and pre and perinatal psychologists slow down in order to treat subtle expression. For instance, I want to notice if a client is actually deflecting me when telling me her story. Is she so busy talking that when I comment and say something like, ‘oh, that sounds like it hurt,’ she keeps talking, not even hearing my feedback? If I’m being relationally deflected, I will ask clients if they can feel their deflection. Many cannot. If their

mom’s attachment style was overbearing or there was some sort of invasion during birth (forceps, C-section, medications) deflection was a survival response; clients can’t find their own way into their body, nor let anyone else in.”

**“Infants exist** through the reflection their mom has given them. If early experience was not secure, adults can go back and repair,” Brook says. “I have learned to listen to the body’s ‘brain states.’ I use crawling patterns that will take clients through movement gestures that are designed (*evolutionarily*) to develop the primitive brain.

I work to integrate the emotional brain, and from there move to the higher levels of the cognitive brain. With adults, we have to suspend the cognitive need to ‘figure it out,’ work in the emotional brain, and use movement in the more primitive brain.”

**In Mahler’s work**, (referenced as, *The Psychological Birth of The Infant*), the infant’s first job is to experience weight and pressure, which happens at birth as the baby is squeezed through the birth canal. There is a sense of enfolding, a sense of the Self meeting pressure. Ideally, mother is awake and the birth proceeds without intervention. The infant survives and succeeds.



There's a threshold—leaving the womb—and through this crossing there's a leaving and return, there's a transformation in the relationship and growth. People who miss out on this experience tend to be less at ease with physical or spatial compression and less comfortable meeting pressure. If the infant is terrified, immobilized, or drugged during birth, the primitive brain registers the experience as something like, "I got started, I lose my way, and I need to be rescued at the last minute. I want someone to do things for me because I couldn't get out on my own."

**"The amygdala** of the brain is awake prenatally, registering threat and survival experiences, laying down the first social imprints. Implicit memories are lodged in cells and tissues (body/brain), and therapists have to make memory explicit to repair it in the brain. Birth psychology and early attachment works at this early memory level. Clinicians have to understand life from the felt sense of the infant's experience and learn to work from the inside out, helping clients feel the wobble of their own attachment and where they are compromised as insecure, anxious, or vigilant. Many clients have trouble differentiating themselves from their partners and vigilantly track them, wondering if they are okay. There is a type of controlling care taking, which exhausts the body and sense of self. They hyper manage situations and

don't settle into a balanced autonomic nervous system that allows for social safety, healthy play, and healthy rest and recovery," Brook says.

**"You have to be** relationally empathetic with clients, and ask questions like, 'Can you feel the fear, really feel the sensation and describe it?' You have to work ten times slower than normal processing speed, and help this person befriend that experience. It's like resting your cheek against the story to befriend early experiences. Have your client imagine what this baby might feel and how it might cope with that feeling. Tend and befriend the sensations. Let the early infant self know you are not going to abandon them. By staying present, you repair and reattach. This regulates that experience and establishes a stronger sense of self."

**"You have to treat** at this level," Brook says. "What we long for is to be seen by the other. Adult therapeutic work is to repair one's sense of existence. The infant does not know it exists away from its mother in the beginning. One learns they exist when they can crawl away from mom and come back."

**Developmentally speaking,** the mother gives the infant its sense of being seen and meaning making. She says things like, "Oh you're cold" or "You're hungry," or "You heard a

scary sound." Through these interactions the infant learns about its emotional self and physical self; it learns about states of arousal and rest, and how to return to a place of body balance rather than lethargy (depression) or over excitation.

**"Knowing** one exists is a key component to early attachment and bonding experience," Brook says. "Clinicians want to learn to work at this level. When you can treat the earliest human experiences (the root causes), then we're most efficient as therapists. The biological imperative is to survive; if infants are in a place of overwhelming chaos, they will find a locus of control. The body is designed to 'alarm and orient,' to make meaning of events. Infants orient and use meaning making to survive and navigate life."

**"However, if** they make the wrong meaning they may dissociate and may not repair. I work with 4 to 6 year olds with low self-esteem. They will see themselves as a 'bad baby' because they were in an incubator or because their mother had a C-section, instead of knowing how to say, 'I felt bad', 'I felt scared', 'I'm here all alone and I'm never going to get out.' Healing happens when they digest these overwhelming charges of emotion. If there was no one there to reflect and make appropriate meaning in an early moment, the story becomes, 'I was a bad baby.' They have created someone there to fight



World Association of Infant Mental Health Association  
14th World Congress June 14-18, 2014  
Edinburgh, Scotland

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“**The capacity** of the body/mind to heal is phenomenal when you listen to precognitive stories and provide reflective listening and body re-patterning—this repairs the ability to orient to satisfaction,” Brook says. “The legacy of birth is the unconscious legacy we’re carrying; my goal for treatment is for clients to graduate out of therapy and live a good enough life and enjoy it. Clients learn to tend and befriend themselves through the pressures of adult life and stay connected through all of it. Once they learn how to do that, and add Body-Mind Centering® skills to re-pattern the deepest somatic abilities, they find lasting relief.” Brook uses a blend of psychology and movement



therapy modalities that treat the entire body-mind’s earliest stories. She reaches into the core where meaning making begins and helps clients to bring their soul back into the body.

**Annie Brook PhD, LPC**, has had a consistent, 35-year career in somatic psychology and movement arts including private clinical practice, teaching at universities, public schools, and mental

health centers, and as the director of the body psychotherapy/somatic masters program at Naropa University. Her broad-based work engages the realms of movement education, psychotherapy, group dynamics, conflict resolution, communication skills, and meditation. She combines teaching methods that address body, mind, and spirit and teaches her students through a two-year training program (BodyMind Somanautics). Annie Brook co-owns Colorado Therapies, where she trains interns and supports children, couples, and families to unravel difficulties and learn to thrive. Listening to the body’s story, regulation of arousal states, repair of attachment issues, and offering movement re-patterning support has formed the foundation of her work. Events and difficult experiences in her life demanded she not only deal with current events but unravel her earliest perinatal shock, which included premature birth, NICU care, and interrupted bonding. Learning to re-pattern early impressions in the nervous system has given Annie the “inside-out” wisdom which she shares in her work and writing. She has authored numerous articles and books including From Conception to Crawling, Body-Mind Centering and Contact Improvisation, and her newest book, Birth’s Hidden Legacy, Vol 1 and 2, available at AnnieBrook.Com [info@anniebrook.com](mailto:info@anniebrook.com)

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