

The Bodydynamic Psychotherapy System's Approach to "Rebirthing" – a Re-orienting Birth Model

By Erik Jarlnaes



A family brought in their 8-month-old infant. The problem was, the family's daily commute (1 hour to work and 1 hour back again) meant that the baby sat in her car seat, crying more or less loudly for two hours every day. The crying became too much for the parents, so they came for help.

Our intake interview revealed that the safety belt diagonally crossed the baby's body, thereby touching the baby's throat. It was also revealed that during the birth process the umbilical cord was around the baby's neck.

These pieces of information were basically enough to suggest the scenario that the contact with the seat belt was evoking the memory of the birth process by touching/pressing the throat. Further, in this case, the umbilical cord around the neck was not just an ordinary thing but somehow a problem. Maybe it was so short that it stopped the oxygen, which could lead to death, maybe it was so long that it formed knots that pressed on the baby's throat or perhaps the cord was wrapped around the neck more than once. Whatever it was, our experience is that the seatbelt may have

elicited an old birth memory—danger is connected to pressure on the throat.

The treatment involved placing the baby on a table (the size like a massage table) around which the adults stood. The baby was placed on her back and in this position her legs were pulled up towards her chest. The therapist instructed one adult (a parent or another therapist) to support the bottom of the baby's feet with her hand, (usually using one hand), especially under the heels. Then the therapist put one hand on the top of the baby's head, while the other hand applied some pressure on the throat so that the baby "didn't like it". This discomfort made the baby react by doing several things simultaneously: she started to cry loudly and she pushed/kicked with her feet into the adult's hand.

Because the hand (of the adult) was steady, her whole body moved upwards due to the "power" of the push. Finally, she threw her little arms and hands up to touch the hand on the throat, making movements in an attempt to remove the therapist's hand. Then of course the therapist removed her hand, picked up the baby and gave her to the mother to comfort her. During the whole process, which only lasted a few minutes, the therapist talked to the baby.

After approximately 15 minutes, a second "round" was done, then a third and a fourth (sometimes a fifth round is necessary considering the infant and the event).

During each progressive round, the baby kicked more strongly and "removed" the therapist's hand more decisively. The therapist supported all this power, by telling the baby that she has the right to protest, and to be angry that the cord was threatening her. Two hours later the family left.

As a result of this session, the baby stopped crying when the family commuted to work.

The Bodydynamic Psychotherapy Systems Approach to Rebirthing

Bodydynamic is a psychotherapy system that combines knowledge about the motor development and the psychological development, with a lot of teaching included. We believe that the origin of some problems in life can be traced back to the pre - and perinatal period. Then they can be resolved, and new patterns can be learned and integrated - the old problem disappears and new ways of living can begin. This can happen no matter how old the person is.

This re-orienting of the birth process is part of the larger Character Structure Model we developed in the 1970's, a model that both has a hyper response side like so many other models, and also a hypo response aspect at each age level. When a hypo response happens, we need to teach the client what they gave up doing. Therefore,

our model is a combination of teaching and supportive confrontation.

What happens in the birth process

The rebirth period is located in the time period from the fourth month of pregnancy to three months after birth; therefore, we know what to do when problems arise in the womb (before birth). Here, the area on the body that is most impacted is the area between the shoulder blades, very close to the torso - and this is where we put one hand when we work with such an issue (the client is lying down on a mattress more or less curled up). Then, in this position, we feed words that both address the problem, as well as the ideal positive "how-it-should-have-been."

Our Bodydynamic Model was later expanded to include an Ego Function Model (Ego-Strengths), Communication Model, Team Building Model, and a Shock-trauma model.

The Bodydynamic rebirthing model we use has five stages, just like the model used by midwives and medical doctors:

Before labor
Soft labor
Transition phase
Hard labor
Coming out
Reception

Before labor:

We orient clients and helpers about the process and what part they will play in it. We interview clients about what they remember or know about their birth. We do this to begin to prepare clients for the process. Then we ask clients to lie down - on a prepared mattress/thick blankets - on their side, and the therapist and the helpers place themselves around the client.

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Soft labor:

The therapist starts to provoke specific places on the body: under the heel, on the sacrum and under the base of the skull (the sub-occipitals) Later, someone from the group "takes over" and continues the provocation. The provocations make the client begin to curl up, more and more, and after 1-1.5 hours the client cannot curl up any more.

Transition period:

As the provocations continue, other group members move closer and put their hands on specific areas of the client. Because the provocations make the client want to "get away from them", the client makes herself smaller and smaller, and then, when the client finally cannot get any smaller we begin the next step.

Hard labor

The client starts to lengthen to "get-away-from-the-pressure". This movement invokes the stretch reflex and supports the client's pushing away the effort of five or six people to keep them small. Now, the client is "coming out".

This last process is repeated two to three times to give clients the experience of being able to overcome maximal resistance by using "all" their power and that they have the right to use all their power.

Reception

Finally, the client is received. One of the helpers role-plays the mother who has given birth, and as the client lies in her arms, the client is "treated" like a newborn baby. What do you say and do with a newborn?!

Case Examples:

A family brought in a baby, 6 months old. The issue was that when nursing, the baby would only turn her head in one direction. Instead of turning the baby to suck from the second breast, the mother had to hold the baby to the side of her body/next to her body. The baby "refused" to turn her head.

The interview revealed that the baby had the umbilical cord around her neck/throat during the birth process and that this "refusal" to turn the head was present from the birth.

The treatment was similar to what was described in the first example. But in this case, two sessions were needed before the baby was able to turn her head in both directions.

A woman, 25-years-old, came in with an urgent problem. She was going to take her final written exam at the University. After getting the topic, she would have eight days to prepare and write her paper, which then had to be delivered to the University. She had tried to do this exam twice already and had failed because she fell asleep while writing the final edition, so that she did not finish in time to deliver it before the deadline. And now she only had ONE try left.

The interview showed that during her birth process the mother was anesthetized with drugs. This one piece of information was enough to yield the scenario that during a very stressful/high intensity situation, when the baby tries to use all her power to be born, she becomes anesthetized (via the mother). Attempting to pass the final exam at the University resembled the high intensity birth process and therefore triggered the memory of "passing out", which of course, happened "outside" of her control and awareness.

The treatment was to create a "re-birth" situation during the next session. She brought in five of her friends, who, together

with the therapist, helped in creating a “re-birth” - a process wherein she was exposed to a lot of specific pressure while doing movements that resembled those she made during her original birth. When she did this, she once again encountered the situation when she was drugged via the anesthetics the mother had received. Once triggered she began to lose the power she needed to push herself “out” of the curled-up position that she was in. Then, the original impact was exchanged to the new possibility that she had the right to use her power when she was in a stressful situation. In this case, it meant pushing against a solid wall, stretching her body upwards and “out” of the curled position. She was able to do it,

while sensing herself and being in contact with all the helpers.

The reception phase became a very beautiful and supportive phase of her new power. This process took two and a half hours and the group left after three hours.

The outcome was that the woman completed her third attempt at the final examination, and not only delivered her paper on time but she also passed!
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Some Background

In our original research in the 1970's, we found relationships between areas of the body that relate to the time of birth.

We found that the heel, the sacrum and the sub-occipitals were three main areas that belonged to the birth situation, so provoking these three places starts impulses in the clients' bodies that resemble those of their original birth – so we are evoking memories from the original birth where “a problem” was created – and by doing this process, we release the old impact and install a new successful imprint.



If anything happened in the original birth process before the pushing out, we meet it in this “Re-birth”, and we allow it to be, and we help change it to be “ok”, and when we come to the pushing out – which is the successful part – we also meet possible problems and rework them.

We meet conditions that make it difficult for people to function optimally in life:

anesthetizing, cord around the neck, being taken by cup or forceps, being in “wrong” positions, as if they were born feet first or with a shoulder stuck or their behind/butt/ass first – and we “correct” these things and let them then come out the “Ideal” way, and have their success.

One of the important things we also found was, that as a client, you need to have an arch in your lower back to feel and experience your strength and success when pushing and stretching out your whole body; therefore, we most often teach this way of holding the lower back before we do the process. The lack of ability to keep the arch is often linked to the problems mentioned above.

Helpers touch and slide their hands on the body after the client has been stretching his/her body, overcoming the resistance. It may easily be very difficult for 5-6 people to give enough resistance to the newborn, but they need to feel we can meet his/her strength.

So, let me repeat what the babies were doing in their session. They experienced success by removing the hand on their throat while they used their power to push themselves “out” (pushed with feet against a stable hand, so their head was pushing into another hand and their bodies stretched out).

The client's movement from passive to assertive and from immobilized to resisting, enables her to shift and “get rid of” (release) dysfunctional stuck patterns and actively make changes towards healthy ways of moving – and bringing these into their life.

Interested? Some Training Options

My colleagues and I help clients in different countries with pre-and perinatal issues. We teach our Re-Orienting Birth Model in a 4-day workshop plus 2-days of supervision in various countries, when there is an interest in this topic. The last ones were in Germany, Russia, Belarus, Ukraine, Greece and Denmark.

We teach our Body-Psychotherapy model in 10 different countries - first a 1-Year Foundation module and then a 3-Year Practitioner module. We also teach a 2-Year Shock-Trauma module.

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