

PIONEERS INTEGRATING BIODYNAMIC CRANIOSACRAL THERAPY WITH PRE- AND PERINATAL THERAPY

An Interview with Cherionna Menzam

Kate White, RCST®

Cherionna Menzam wears many hats. She is licensed, registered, or certified as an occupational therapist (OTR/L), massage therapist (LMT), Biodynamic Craniosacral Therapist (RCST®), Biodynamic Craniosacral Therapy teacher, and Continuum Movement teacher as well as in Body-Mind psychotherapy and Authentic Movement. She is trained and experienced as a dance/movement therapist and has a PhD in pre- and perinatal psychology. As a therapist she has facilitated personal growth and healing in private practice and hospital settings, conducted seminars and workshops across the U.S. and Canada, taught developing therapists in graduate programs for somatic psychology and prenatal and birth psychology, trained practitioners in Biodynamic Craniosacral Therapy, helped pregnant parents and new babies to transition through birth, and taught dance and movement classes. She is part of a new generation of teachers integrating Biodynamic Craniosacral Therapy and pre- and perinatal psychology. Cherionna will be presenting a workshop on Continuum and BCST the day after the BCTA Breath of Life Conference in September.



Can you tell me a little bit of your history? I know you have done a lot. I would love to know the sequence of work that you have done and how you are integrating pre- and perinatal work with Biodynamic work.

When I lived in Vancouver, I was doing various kinds of bodywork and massage with a psychotherapy aspect to it. I had clients spontaneously birthing themselves off of the massage table. I didn't have training in that. I had a couple of clients who were men who were much bigger than I was—about six feet and over—who would just start pushing into my hands. I would guide them through my hands and onto the floor, which shouldn't have been possible. My work then included craniosacral therapy. I was trained in Upledger work. I was also working with pregnant women at the time, and getting curious about that. Then I moved to Boulder to go graduate school in 1993 to get a master's degree in somatic psychology with an emphasis on dance movement therapy.

Whenever we work with the body and movement, we naturally are working with very early preverbal—and often prenatal and perinatal—experience that is recorded in the body. Our body is very involved at that period of life. So I very quickly began to learn about pre- and peri-

natal psychology as part of my somatic psychology training. I had several brilliant teachers at the Naropa Institute. Christine Caldwell, who founded the somatic psychology program there, was one of my mentors. One of the things I learned from her is that our movement sequences can be interrupted by various experiences that we have had. In therapy, those sequences can be completed so that whatever trauma is there can get resolved. She very much held that in a pre- and perinatal perspective.

I think it was my first year at Naropa that William Emerson came there and taught a workshop. I lapped it up! I ended up studying fairly intensively with William for six years. I also learned a lot more in the somatic psychology program that is very relevant. Part of it was that I had another wonderful teacher there, Susan Aposhyan, who works with Body-Mind Centering (BMC). She has applied that to psychotherapy. In BMC, we work with early developmental movement patterns. Bonnie Bainbridge Cohen, who developed BMC, found ways for adults and older children to resurrect our early movement patterns so that we can fill in gaps we might have had. The way I think about it now is that we can access the resource of those early movements. So that is something I have incorporated into my work.

Also in BMC we look at different systems in the body. The organs, for example can be associated with different emotional states. Moving from our different body systems can also be resourcing. For example, we can use our bones to help us ground and feel more solid.

We are incredibly resilient beings. We have survived everything we went through before, during, and after birth. And one of the best things any kind of practitioner can do is to hold that—that potential, that resilience of the client; their strength, their health.

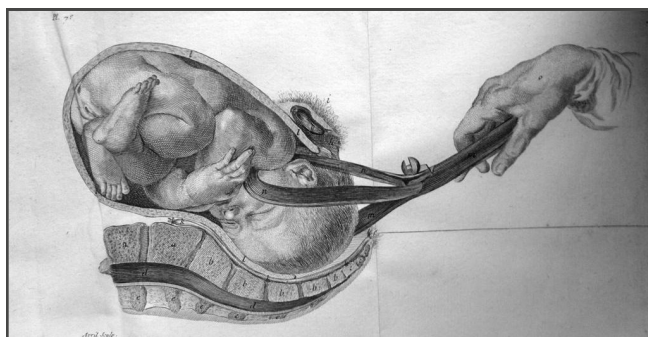
That is also something that influences the way I work. I look to see that, as Susan Aposhyan says, all the client's "people"—all the different body systems—are talking to each other and are involved. That resonates for me with the Biodynamic Therapy view of holding the whole.

What I see in the field of pre- and perinatal therapies in general is a tendency to orient to the trauma of that time. What I have been learning over the years as I have learned more and more about resource is the value of looking at that time as a time of great potential.

To me that includes the idea of holding the different systems in each of us.

As part of my coursework at Naropa, I was in another class with Christine Caldwell called “Birth and Death in Body-Centered Psychotherapy.” I was sitting in that class when I realized that I needed to go on to get a doctoral degree in pre- and perinatal psychology. That was quite shocking to me. I hadn't been planning on going back to graduate school at all before going to Naropa for my MA. Then, I ended up going to the Union Institute (now called the Union Institute and University), which was the only place at the time to get a degree in pre- and perinatal psychology because there weren't any programs in that field. I had to create my own. It was really inspiring, healing, and a lot of work. While I was finishing my PhD, I started the Biodynamic training in 2000. I studied with John and Anna Chitty in Boulder, Colorado. I am now teaching that work.

To me, Biodynamics is very pre- and perinatal work. As part of my PhD, I studied embryology. Since I was designing my program myself, I did it in a way that made sense to me. I could not imagine doing pre- and perinatal therapy without a full understanding of embryology, because our experience prenatally is, to me, happening so much on a cellular level. Our body is forming and as part of that, we are having experience. At that time in life, we don't have the same kind of language skills, the thinking skills, the cognitive skills that we have later to process and remember things with, but our bodies are forming rapidly and taking in whatever is happening. I felt it was important to understand how that happens. To understand it more fully, I created a course for myself in embryology. I gathered some people that I had studied Body-Mind Centering with and, from that perspective,



we found ways to explore embryology together through movement. I don't know if you have ever looked at embryology textbooks, but they are written in “medicalese” rather than English! I studied the books and tried to put that information into a form I could understand. I then presented the material to the group, and we explored it together through movement. That turned into workshops I called “Embodying Embryology,” which I am actually doing again now with Continuum Movement. I also taught it as a course at the Santa Barbara Graduate Institute. To me, that is perfect background for Biodynamics because we work with so much with embryological forces.

Can you tell me more about that, that integration of the pre- and perinatal with Biodynamics?

Around the time I moved to Santa Barbara, I began working intensively with Ray Castellino. I worked with him for four years. I took his training, assisted him in numerous process workshops and in his clinic with babies and children. I felt I learned a lot from him about resourcing. That has really affected how I look at and practice Biodynamics. First of all, what I see in the field of pre- and perinatal therapies in general is a tendency to orient to the trauma of that time. What I have been learning over the years as I have learned more and more about

As we are forming in the womb, we start out with the same qualities that we look for in Biodynamics. We start with stillness, with fluid, with potency. As we start to form, the first thing that happens is that we form a mid-line. When we're orienting on that level as practitioners, one way to look at this is that we are enhancing the accessibility of the resource.

resource is the value of looking at that time as a time of great potential. That is what we do in Biodynamics. We orient to the health and the potency. When we are working with these early embryological forces, we are working with a great potential. So, when I work with embodying embryology with Continuum, I see it as accessing the potential of our early formation. When I am working with someone or teaching now—also when I am teaching—to me it is very much about embryology. I feel it is very important to acknowledge that when we are working with embryological forces, what was incomplete or unresolved from that time can come up.

We also have a great opportunity to access the universal forces. As we are forming in the womb, we start

out with the same qualities that we look for in Biodynamics. We start with stillness, with fluid, with potency. As we start to form, the first thing that happens is that we form a midline. This is something we orient to in Biodynamics. When we're orienting on that level, one way to look at this is that we are enhancing the accessibility of the resource. We're orienting to the universal forces that are prior to whatever history might be there. When we do that, I go back to Christine Caldwell's words: those incomplete sequences have the opportunity to complete in a relatively easy way where they can be easily integrated.

It reminds me of something you said before when I asked to interview you. You said pre- and perinatal work is everywhere. Can you speak a little more about that?

First of all, I think about my dissertation, which was on prenatal and birth themes in dance and movement. When I was working on that, my committee would ask me these really irritating questions like, What do you mean by movement? I thought everyone knew what movement was. And it really made me think. I realized that movement is everything. Movement is everywhere. There is a bigger kind of movement, like dance or walking or athletics or driving or whatever. And then there are less obvious movements—things that you might not consider to be movements—that are smaller, like you and I sitting here talking. Our eyes are moving. Our mouths are moving. You are writing. Then there are more subtle movements, like our hearts beating. Breathing. Then there are even more subtle movements, like primary respiration, which is happening all the time throughout life.

Our pre- and perinatal material is, by definition, shadow material. It is unconscious. We are not aware of it as a culture. When we are having experience we are not aware of, it can have a very strong hold on us.

What I looked at in my dissertation was what movement was happening prenatally and at the time of birth. That is expressed in at least two different ways. There are imprints from that time that can affect how our movement happens on any level throughout life. Those are the conditions of our histories. Then there are the universal forces moving through us. We have primary respiration. It is there from conception on. Franklyn Sills talks about the ignition that happens at conception, at four weeks when the body folds and the heart forms and starts beating, and also at birth when we expand out. A smaller ignition is also happening with each breath of primary respiration. So if you think about it, you can understand that as the ignition of conception, or of the



heart forming, or of birth with every breath. It is as if we have the opportunity to revisit the prenatal formation or embryological forces with every breath of primary respiration. Primary respiration is there wherever life is. It is everywhere.

What in your opinion are the five top things a Biodynamic Craniosacral Therapist should know and understand?

1. I think it is really important for every practitioner to be aware that we are aware, sentient beings from the very beginning. That is important not only when working with babies but with people of any age, because we all were babies. We all have history, shapes, fulcrums from our pre- and perinatal experience. It is important for the practitioner just to be acknowledging that that is there, to be appreciating that history is part of us.

One thing I learned in my study of pre- and perinatal psychology that I don't hear people talk about is that our pre- and perinatal material is, by definition, shadow material. It is unconscious. We are not aware of it as a culture. When we are having experience we are not aware of, it can have a very strong hold on us. Just by having a practitioner have an awareness that a client may be coming in with pre- and perinatal history in their system can help to bring that out of shadow so that it can start to resolve.

2. I think it is also important that when we are doing any kind of bodywork that involves a person lying on a table, any kind of work where the client is lying down, that we are aware that lying down—being horizontal—is a regressive position. Having a practitioner attending also resembles the early experience of infancy, when we are tended to by mom or another caregiver. We as practitioners hold the client within a neutral

receptive field, like the loving, welcoming, accepting environment a baby is designed to be born into. We are meant to come into the world being held in that way. When babies come in, they are relatively helpless—they can't hold themselves up, they are in that horizontal position. It is important for practitioners to be aware of that, to honor that and appreciate that. Clients are in a vulnerable position, as they were as little ones, and they may find themselves slipping into early psychological material. They may find it difficult to differentiate between what happened back then and what is happening now. It can be helpful to be talking to the person and helping them to stay in present time.

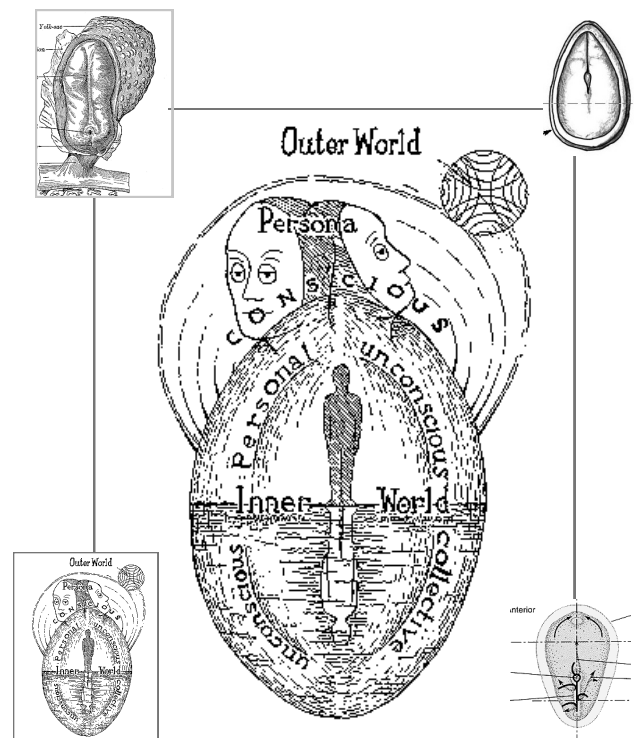
2. I think here I want to go back to what I was talking about earlier: the importance of orienting to the health. I think if I could offer one thing to any kind of practitioner, it would be about the value of orienting to the health in the system. Usually when our clients come for whatever kind of work, they have a problem and they come because they are orienting to the problem. They need us to listen and be receptive to whatever their story is about the problem. And, at least as much as that, they need us to be holding something much larger and deeper than that. To me, that is a great offering of Biodynamics.

So again, often in pre- and perinatal therapies, the major orientation is to the problem. And often when people are coming for pre- and perinatal kinds of therapy, people are coming to me because they know I have that in my background. Even if they are coming for cranial sessions, they may come because they have some prenatal or birth issue. That is their orientation. They are really focused on that problem. If I go right in there with them, then we are both stuck in that place. It is much harder to get out of it. It is likely to be much more painful than if I hold that within the larger field of what they are capable of and the potential of the forces that were available at that time and are still available now.

4. In relation to that, I'll say that we are incredibly resilient beings. We have survived everything we went through before, during, and after birth. And one of the best things any kind of practitioner can do is to hold that—that potential, that resilience of the client; their strength, their health. And not be locked into whatever fulcrum they are coming in with. Hold them as being much more than that. Again, being much more present-centered. The client has already survived whatever it was.

5. If you think about how little ones are meant to be held, they are meant to be held with respect and appreciation. They are representatives of the mystery. They know exactly how to form, how to grow. When we hold our clients, one of the greatest gifts we can offer them is to hold them in the same way, the same way we would hold a little one in the womb, or growing in life or growing through birth.

If you think about little ones in the womb, no one tells them how to grow. They know exactly what to do. It is the same thing with the inherent treatment plan; we appreciate that it knows what to do. One of the greatest things we as practitioners can do is to put our own egos and our own needs to be the great practitioner in the background and really appreciate the brilliancy of the beings we are with. And hold them the way we would hold a little one in the womb, knowing that their system knows exactly what it needs to do. Whatever kind of practice the practitioner is doing—even in practices where there is more doing—that still applies. I can do deep-tissue bodywork with an appreciation for the forces in that person's body rather than coming from a place of me needing to do something to fix a person. Our job is to hold that, to honor that, appreciate that, and allow it. We can resonate with that brilliance, that "Intelligence with a capital I." And so augment it and support it. ♦



**Please note that this interview is an excerpt from the Spring, 2010 edition of the Cranial Wave, newsletter of the Biodynamic Craniosacral Association of North America (BCTA/NA). This edition of the newsletter is a special edition on the theme of the integration of pre- and perinatal therapy and Biodynamic Craniosacral Therapy. The whole newsletter is available for purchase from David Paxson at DavePaxson@aol.com*