**Resonating with Birth: Healing Early Trauma, Margery Segal, LPC, RSMT, IDME, PBAT**

This is an introduction to this gentle way of processing birth trauma and early developmental trauma through the lens of pre and perinatal attachment. This workshop is for adults, parents, and all practitioners who are interested in learning about pre/perinatal psychology and being introduced to a compassionate way of thinking about the effects of early trauma and an experiential way of exploring and healing birth imprints. Our first dance of attachment happens in the womb, we will gather together to explore the early mind of the infant-self and movements of the evolving dance.

**Attachment**

The deep reciprocal connection primarily co created between babies and their parents or primary caregivers primarily before 18 months of age

Attachment is important because it is the relationship system that creates the template for overall functioning in

* Emotional Regulation
* Ability to cope with stress
* Life span relationships
* Physiological processes: cardiovascular, neuroendocrine, respiratory, glucose regulating, and immune systems

Attachment is the dyadic regulation (co-regulator) of emotions. The infant grows his brain in response to the mother’s emotional regulatory capacities

Secure Attachment Style

*Secure attachment—*creates confidence in the availability of a specific protective caregiver if needed, and supports exploration when it is safe to do so. The child does not need to focus on the needs of the caregiver, but can simply attend to what s/he wants, needs, thinks, and feels

*Ambivalent*--an organized strategy of attachment that overemphasizes the demonstration of closeness and proximity while underemphasizing the exploratory aspects of the relationship. The child seeks to keep an inconsistent caregiver available through a heightened display of emotionality and dependence. This attachment strategy is not considered a risk for significant psychopathology.

*Avoidant also called Dismissive*—an organized strategy of attachment that overemphasizes the exploratory aspects of the relationship while underemphasizing the need for emotional closeness and comfort. This strategy allows a child to stay as close as possible to the caregiver while expressing a minimum of emotional need. This attachment strategy is not considered a risk for significant psychopathology.

*Disorganized*—attachment of a child to a caregiver who is either frightened of the child or frightening to the child (or both); a breakdown in organized behavior by the child when needing to seek comfort and protection from the attachment figure, particularly when under stress. This attachment style is considered to be at risk of significant psychopathology.

**Prenatal Attachment:**

The Attachment Relationship between child and caregiver begins at conception (if not before) and is forming while the child is in the womb. It continues throughout life and contributes to our approaches to intimate and familial relationships.

If a child does not develop secure attachment they must develop a compensation pattern to survive the painful situation.

Imprinting occurs when the unborn meet physical, emotional, energetic, and mental patterns of the parents and the environment.

Pre/perinatal & birth imprinting

* Can be traumatic or not
* Can be in this child’s present life or passed down through generationsof ancestors
* Imprinting occurring during the preconception and at conception period form the a template for all other experience
* Imprinting can affect how our bodies develop in response to physiological, psychological, and energetic events.
* Each event that recapitulates an earlier event tends to deepen the imprint.

**Birth is a major life passage with life/death significance.**

Internal Stressors:

* Gestation weight
* Developmental challenges
* Oxygen Supply
* Energy Level
* Medication
* Mother and caregivers stress levels
* Pain for baby

External Stressors:

* Cesarean Section
* Forceps
* Vacuum Extraction
* Resuscitation
* Consciousness of Mom, Dad, and care givers
* Lack of Support for Mom and Dad

**Orienting**

* The ability to have attention within our body and be present in time
* Past unresolved trauma/shock held in body and unconscious interrupts the ability to orient

**Resources:**

**Whatever internal or external experiences support us to be present with ourselves in a coherent way**

Signs of Resource:

* Warmth
* Expansion
* Broader Perspective
* Connectivity to relationship
* Relaxation
* Softening
* Spreading
* Filling up, sense of fullness or wholeness
* Physical sensations and Sensory awareness
* Movement
* Internal Visceral Awareness
* Sense of connection to self and others or environment through emotion and meaning that bring us into a strengthened relationship with the present time
* Help bring discordant body rhythms into a state of harmonic balance
* Help us name and maintain appropriate boundaries and choices

**The major goal of Prenatal/Birth/Attachment Therapy is to reestablish connection and live life expansively while having access to all our resources.**