

The Historical Development of Integrative Baby Therapy.

An interview with Matthew Appleton.

How did you come to develop Integrative Baby Therapy?

A number of different circumstances and influences came together. I was working as a Craniosacral Therapist, with a particular interest in babies and children. In my practice I was having good results, in that the babies and children were responding well to treatment. But, there were three issues that I felt I needed to develop more skills with. One was that there were some babies who did not respond so well and seemed to be trying to communicate something I was not fully getting. The second was that, although most babies responded well, often the family system seemed very stressed and, however much I worked with the baby, she or he was being returned into a stressed system. The third was that babies often cried in a session as a way of releasing inner tension. However, the parents were unable to tolerate this. This created a pressure from the outside for the baby to shut up, which, in turn, kept the baby in a state of tension. I was co-director of the Institute of Craniosacral Studies, and a supervisor, at this time. I found that other Craniosacral Therapists also struggled to tolerate the crying of the baby and even thought they had done something wrong if the baby cried. So, what was actually an expression of the babies attempts to regulate his or her stress levels, was being seen as something wrong - a problem to be fixed.

What gave you that different perspective?

Before becoming a Craniosacral Therapist, I had worked for nine years as a houseparent at Summerhill School, and had also trained in 'Reichian Therapy'¹, both of which emphasised self-regulation through healthy emotional expression. Healthy, in this context, relates to expression which is appropriate, an inner impulse that comes from the core of the child, as opposed to acting-out, histrionics or a learned manipulative behaviour.

¹ A body based psychotherapy approach, developed by Wilhelm Reich.

Can you say more about Summerhill School?

Summerhill was founded in 1921, by a Scottish educationist called A. S. Neill. It was based on the notion of self-government, with weekly community meetings. In these meetings everyone had one vote, from Neill himself, to the youngest child. The laws by which the community lived were subject to ongoing change as needs required. Anyone breaking these laws, adults included, were accountable to the community, through the meetings. It was truly democratic. Lessons were non-compulsory. Children were free to choose whether or not they went [to lessons]. Neill distinguished freedom from licence. Freedom was about autonomy. Licence was about doing what you wanted, without consideration of how it impacted others. Children intuitively grasp this, when they are free themselves to be themselves.

I worked there from 1988 to 1996. Neill had died in 1973 and the school was being run by his daughter, Zoe. It's very much like a children's community, with lessons being available for those who want them. Most children did attend, after an initial period of exercising their freedom to play all day. Neill famously said, if you look after the emotions, the intellect will look after itself. Most of the children lived at the school during term time. There were usually around 90 children, ranging from 7 or 8 years old through to 16 or 17. The youngest kids were usually day-kids, going back home in the evenings. There were around 12 adults - teachers and houseparents. I was houseparent for the 10-13 year olds. It was pretty intense living with children like this 24 hours a day, 7 days a week. I had 3 weekends of in a 3 month term and each week I had 2 evenings and 1 afternoon to myself.

But I learned a lot. I learned to really listen to children and to trust their capacity to regulate themselves, when given the opportunity. We had some pretty wild kids at that time, who had been thrown out of or struggled in mainstream schools. It was a real education for me to see how they began to settle and, after time, often became stabilising figures within the community. The adolescents who had been through this process often became, in their own way, the elders of the community. I was always interested in the therapeutic side of Summerhill, rather than the educational side of things. That said, I think it is worth mentioning that the children did very well educationally and went on to establish careers and raise families. I'm still very much in contact with quite a few of the children I was houseparent for and who now have their own children.

So, yes, I learned a lot. I also learned how exhausting it can be to be a parent. It's a strange thing, but, if you were to ask me, I couldn't tell you what I did on a daily basis in my house parenting role. There were certain things like first aid and doing the laundry once a week, but other than that it's hard to say. Yet, I was always busy. At the end of term I was exhausted, even though I was still a young man. I don't think I've ever been as exhausted as when I worked at Summerhill. So, I have a lot of empathy for parents, especially mothers, who carry most of the burden of child-care. I'm glad that I had the experience. I was very identified with the child, when I began work at Summerhill. After 9 years of parenting twenty-or-so pre-adolescent children, on a daily basis, for three-quarters of the year, I was definitely more empathic towards and respectful of parents

And when did you train in Reichian Therapy? Maybe you could say more about that.

I had read some of Wilhelm Reich's books in my late-teens and was very interested in his work. He was a close friend of A.S. Neill and some of the children at Summerhill came from Reichian families, if we can put it that way. Wilhelm Reich was an Austrian psychoanalyst and psychiatrist. He was a student of Freud, but felt foul of the psychoanalytic community when he began to work directly with tensions in the body and promote sexual-hygiene clinics through the German communist party. Like a number of Freud's close circle, his position shifted from favoured-son to persona non grata. He developed an understanding of how our life-force or life-energy moves through the body and is blocked by muscular tensions, which are the somatic expression of defensive and habitual character traits. We develop these early in life - prenatally, at birth, in infancy and throughout childhood and adolescence.

There were a couple of German doctors, who had children at Summerhill, and who invited me to their institute close to Heidelberg. I travelled over regularly, had therapy and training. It was a very exciting time. A whole new world opened up for me. They had a laboratory, where we observed living blood cells, observing their energetic vigour and how they pulsed with life. It was a very embodied experience. I became aware of energy streaming through my own body and the pulsation of my own cells. This was amplified even more after therapy sessions, in which the therapist worked to unblock the places I was holding back from life in my body and my habitual attitude of keeping myself small. It was tough at times. But, it opened me up to a greater capacity to tolerate strong emotions

and express myself more directly. I needed this. Working at Summerhill brought up lots of pain for me, in relation to lack of freedom and traumas of my own childhood. The combination of Reichian Therapy and living at Summerhill was like an initiation into a deeper way of living, a more honest way of being.

Reich had always had an interest in children and, to my understanding, was one of the first, if not the first, therapist to use the term 'self-regulation' in relation to babies and children. Often it's modern usage relates to helping children calm down, when they become angry and begin acting out. Reich used the term differently, to refer to the child's capacity to live a vital life from the core of their being. It was very much based in his understanding of life-energy, of how it needed expression to flow. Both usages have their value, but, I fear that Reich's understanding of the child's needs is still sadly lacking in society. What I saw at Summerhill was self-regulation, as Reich defined it, in action in everyday life, and it worked. Children did not become savages, as people often believe they might - the 'Lord of the Flies' scenario. Instead, as they become more relaxed in themselves, they became more sociable and relational. Emotional intelligence is not something that needs to be taught. It is innate. It just needs the right environment to develop in.

So, during this time, I was training in the Reichian therapeutic modality, travelling around Europe lecturing about Summerhill, usually in the school holidays, and reading a lot about babies and children, cross-cultural attitudes towards childhood and therapeutic approaches to working with children. At the same time I became a father, with the birth of my daughter in 1992. She was born at Summerhill. Luckily, she came in the school holidays. But, when term began again, she became an instant member of the community. The kids adored her. She was often whisked off with a group of older girls. I have a photo at home of one the wilder boys at the school, a real little delinquent, looking into her eyes with utter loving devotion. He looks so soft and open with her. In a way, it was like a tribal thing. The village raising the baby. It had its own challenges - privacy was almost non-existent— and that was hard on me and her mother. But, the sense of community and love - not in a sentimental way - in the sense of acceptance and care, was pervasive.

Was it through the experience of becoming a father that you became interested in babies?

Well, it helped, but the interest was already there. Both Reich and Neill had become very interested in babies and the prevention of neurosis through supporting natural childbirth methods and meeting the needs of babies, rather than imposing rigid cultural norms on them, which inhibited their natural growth. This included things like separating them from the mother after birth, circumcision, timetable feeding, harsh toilet training methods, leaving them on their own to cry. These were routine ways of relating to babies at this time. They were way ahead of their time. So, I was really interested in these topics. Books like Thomas Verny's 'The Secret Life of the Unborn Child', Ashley Montague's 'Touching. The Human Significance of Skin' and Jean Liedloff's 'The Continuum Concept' were seminal influences.

A couple of years before the birth of my daughter, I met the obstetrician Michel Odent, at a Reichian conference that we were both presenting at, in the south of France. Later I invited him to Summerhill and he came to give a talk to the children, mainly the adolescents. So, I was already interested in babies. It was also this interest that led me to train as a Craniosacral Therapist, which I did in the final years of working at Summerhill. I was really interested in working directly with babies and integrating what I had already learned into this. The question that I brought to this was, how can we best support babies and children to be free to grow up to be who nature intended them to be. By this I mean, to realise the innate potential that is already at work within them. The term I use for this now is 'The Living Principle'. This refers to both the vitality of life that we each embody and the unique expression of that vital spark in the individual human being. Andrew Taylor Still, the founder of osteopathy, famously said 'To find health should be the object of the doctor. Anyone can find disease'. The Living Principle, to my mind, is the basis of health. Anything more than that is only detail, important detail at times, but detail nonetheless.

So, how did all of these interest and influence combine in the baby therapy?

Almost immediately after I left Summerhill and had established my Craniosacral Therapy practice, I started a second-psychotherapy training. This was in Core Process Psychotherapy, at the Karuna Institute in Devon [England]. I had always been interested in Buddhist psychology, having had a background in Zen and Tibetan Buddhist practices.

Maura Sills, had developed the Core Process approach to synthesise Western and Buddhist psychotherapy. She had a background in Reichian Therapy, Pre and Perinatal Psychology and Buddhism. I was especially interested in how to integrate the Buddhist and Western approaches in my own understanding. We spent the whole first year on Primary Patterning, that is the formative experiences that we have prenatally and at birth. The second year was more focussed on bringing together Reichian character structures, with attachment theory and object relations. The object relations was especially new to me. Mindfulness and shock and trauma skills were also central to the training. I really appreciate the model that Maura developed. This was way before mindfulness and trauma skills became so much part of psychotherapeutic language.

The whole training took me 6 years, and I vowed this would be the last major training I would do. But then, even before I had finished the Core Process training, my partner, Jenni Meyer, who is also a craniosacral therapist, heard about the work of Karlton Terry. An American pre and perinatal therapist, he was running a workshop called 'The Sperm Journey' in Switzerland. So, we both went, with the view that we would do just the one workshop. Just like when I discovered the Reichian work, this opened up a whole new world to me. We ended up training, assisting and organising courses with Karlton over the next 6 years. This included a lot of our own experiential work and a course in baby therapy. During my previous training I had learned a lot about how babies experience and embody these formative stages, but, Karlton's knowledge and insight took this to a whole new level. It enabled me to work much deeper in my therapy work with adults and babies and children. I am forever grateful for what Karlton taught us.

Towards the end of this time Karlton began to struggle with some health issues and I had to step more into the teaching role. This had never been my intention. I was already a senior tutor in my own Craniosacral Therapy training. But, teaching the Baby Therapy and facilitating adults in exploring their womb and birth experiences, seemed to be where all the different paths I had been following over the years converged. Originally I began teaching the baby therapy work only to Craniosacral Therapists, describing it as Paediatric Craniosacral Therapy. But, I knew it was much more than this and that it would have far-wider benefits for babies and children, if I taught it to a wider-range of professionals. So, I resigned from the Craniosacral Institute and, with Jenni, set up Conscious Embodiment

Trainings to teach Integrative Baby Therapy and facilitate experiential workshops for adults.

Does the way you teach baby therapy differ from how Karlton taught it?

Well, I never wanted to be an imitator and I stress this on my own trainings. Let yourself be inspired by the work, rather than feel you have to imitate the therapist. Take the principles and make them your own. Karlton had trained with William Emerson and Graham Farrant, both of who were real pioneers in the work. William had worked with Frank Lake, a British theologian and psychiatrist, who had uncovered prenatal and birth stories in his patients, though the use of LSD in the 1960's. When LSD research was no longer allowed, Lake switched to breathing techniques, that he drew from Reich's work, to elicit the body memories of prenatal and birth experiences. Eva Reich, the daughter of Wilhelm, and also the psychiatrist R. D. Laing, were also very influenced by working with Lake. So, Integrative Baby Therapy has a lineage that goes back to Lake, and each generation of therapists has developed the work in different ways, whilst staying true to the central themes of pre and perinatal life as being a profoundly formative time, with life-long consequences. As the work has developed, my sense is, that it has become far-more nuanced and informed by other developments in the therapy field, especially mindfulness and the awareness of how to work with shock and trauma.

Karlton's work very much focusses on the baby, and the way in which babies tell their stories of how they got here, through their body language. Karlton coined the term 'baby body language'. Whilst this is still very central in Integrative Baby Therapy, we pay a lot of attention to the family as a system. This includes relational themes between the parents and the parents own traumas. The baby absorbs and expresses all that is not being expressed or integrated within the family dynamic. I don't want to imply that Karlton's work did not attend to these themes, or that one approach is better than another, but that the emphasis is different.

At times I have considered changing the name to Integrative Baby-Parent Therapy. In a way, it would be more accurate. But, it's the issue with the baby that usually brings the parents to therapy. We could say that the baby is the catalyst for change. It's an interesting paradox. In one respect the baby is the most vulnerable person in the family system. Babies need the parents to be responsive to their cues. They cannot regulate their own

stress levels or meet their needs on their own. As the British child psychoanalyst Donald Winnicott said, 'There is no such thing as a baby. There is a baby and someone.' So, the baby is vulnerable and dependent. On the other hand the baby is often the most vital person in the family system. The baby is protesting when things are not as they should be. They put a lot of energy into it. They're loud. They demand attention. Sometimes it's like an explosion happening in the family system. As adults we tend to be more inert when it comes to change. We have habituated to our conditions, even when they don't serve us. It takes more energy to move things. Babies have not developed this inertness. They're all energy. They are primal nature saying 'No, this is not okay'. We need to listen. We need to listen to the nature of the baby. The baby is nature. We need to listen and respond appropriately. This is human ecology.

Another shift was away from the focus on trauma, but rather to the impulse to integrate, which underlies the trauma. I call this the *entelechial impulse*. Entelechy, relates to an innate capacity for self-organisation, an internal movement towards wholeness at the highest possible level of functioning at any one time. This impulse impels us to integrate experiences, somatically and psychologically, that we have not previously been able to integrate because we lacked the vitality or means to do so at the time. This is very clear in babies, as they do not resist it, as we tend to later in life. As adults we have become habituated to and identified with the defensive strategies that we developed in response to the original overwhelm of early trauma.

Acknowledging any trauma is very important, especially for the baby. Otherwise the baby is left holding the trauma alone. With empathic witnessing babies are able to let go of any traumatic experiences they are still holding onto. We can encounter trauma without being traumatised. We should not be afraid to acknowledge trauma. Rather, we should be concerned when it is not acknowledged. Karlton is a wonderful advocate for the baby and fearless in his naming of any trauma the baby is holding. I have learnt so much from him and totally respect his approach. There's no better or worse in this. The difference in approach in IBT is subtle, but, the best way that I can describe it is that we emphasise the impulse to wholeness that underlies the trauma, as a way into working with the trauma. It is this entelechial impulse to integrate and make whole that we are listening for.

Is this why you use the term 'Integrative' in the name of the therapy?

For me, the name Integrative Baby Therapy has several levels of meaning. Firstly, the therapy draws from and integrates influences from a number of different disciplines. I have already mentioned Reichian Therapy, Craniosacral Therapy and Pre and Perinatal Psychology. But, I would also add somatic experiencing, attachment theory, living systems theory, biodynamic embryology, consciousness studies, mindfulness, interpersonal neurobiology, indigenous wisdom and so on. Secondly, it refers to integrating aspects of the babies experience that have not been integrated yet. These are the prenatal or birth experiences, which proved overwhelming to the baby at the time they occurred, and so have not been integrated. By supporting the baby to integrate them, through empathic resonance and helping them to mobilise frozen impulses, the baby becomes more 'whole', less fragmented. Thirdly, we recognise that the baby is part of the family system. Very often the baby has not been integrated into the family system, because of stress or trauma relating to the birth, a lack of parental resources, both inner and outer, relational difficulties between the parents, or because of their own unresolved trauma. So, I like the term integrative. It implies wholeness and integrity. These seem to me to be good orientations for our work.

Has Integrative Baby Therapy changed much over the years that you have been teaching it?

For sure. One of my great pleasures is meeting and exchanging with other colleagues working in similar fields. For example, Thomas Harms, who developed Emergency First Aid in Germany, is a good friend and I have learned a lot from him. We have had many hours of animated discussion and he has a wonderful capacity for critical thinking, which has really stimulated me to articulate my work more precisely. I have also absorbed a lot from mixing with colleagues in the Body-Mind Centring community and contact with indigenous elders. I'm forever learning new things from the midwives and obstetricians, who attend my trainings. I deeply appreciate the knowledge and experience that people share on the trainings. In a recent workshop there was a lot of really useful input from practitioners in the field of Chinese medicine. There is always more to learn. And, of course, the lived experience of babies, children and parents, is a continual source of new insight. Babies are wonderful teachers. They don't conform to theoretical concerns, they're just in the moment, doing their thing. When I work with babies and children, I always bring

the dual intentions of 'how can I support you today?' And 'What can I learn from you today?'

Finally, when you were a young adult, did you ever think you would end up working with babies?

It never entered my mind. But, there was a rather strange prediction that I received, which I dismissed at the time, but turned out to be quite accurate. In my mid-to-late teens, I did various bits of voluntary work. This included visiting a rather lonely old lady. I don't remember her name, or which organisation I was working through at the time. But, I would visit her every week and hang out with her for an hour or so, just to keep her company and listen to her reminiscences. One day, she asked if she could read my palm. I thought it might be fun, so let her. She studied my palm for some time and then looked at me with a rather strange expression. I didn't take such things seriously, but I was a little alarmed by her quizzical look. She told me 'I see you surrounded by babies and children. So many babies and children.' My preoccupations were pretty much standard adolescent boy preoccupations, which did not include babies and children.

As it turns out, I have been privileged to know and work with many babies and children, for over 3 decades. For me, they have been the best teachers. They have also helped me to stay open to the possibility of being deeply alive, even during times when I was tempted to close down because life felt too painful. Babies and children embody renewal. So, maybe, that old lady really did see my future in the palm of my hand or maybe it was a lucky guess that turned out to be right. I'll never know. But, I'm grateful that it turned out that way.