

The Newborn Emotional Story

How to Facilitate Craniosacral Fascial Therapy for Newborns and Infants

By

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Working with many pre-verbal beings (babies), I observe how easily they can release trapped emotion through craniosacral fascial therapy (CFT). Before we learn words to communicate emotion, we can express our experiences through sounds. In CFT when a particular posture revisits the memory of pain assumed at the time of the trauma, the emotion can escape from the tissues and the nervous system.

It is so important to make this work available to babies who can release through sound, because adults do not have the same luxury. Once we become verbal, it becomes more difficult to release experiences that were recorded before we had language. Of course, children and adults who are able to get in touch with themselves and their experiences can do it. A lifetime of socialization can limit everyone else, since society tells us what sounds we can and cannot make.

As children we are told, "Use your words". Throughout our education, teachers focus on left-brain dominance, which minimizes non-verbal sounds. CFT needs to begin as early as possible with newborns, if we want to optimize their ability to release negative experiences and trapped emotion before it can have a lasting lifetime effect on their minds and bodies.

When a practitioner is witnessing the sounds, they must listen for the stories that they tell for healing to occur. Listen to the tone, the speed, the volume, and the emotion of the sound. Acknowledge them as old sounds. A baby, who is warm, well fed, and with a calm, informed parent, has no reason to cry. Often in addition to sound, the jaw or body can shake, or she/he can heat up and sweat or turn blue or red. I acknowledge this communication from the body by saying, "I see that you are red right here", "I understand", "I'm so sorry", "I hear you", and "You're doing a great job".

My own non-verbal communication is always present before, during, and after the session. This is an important time of reframing reality for this being to

develop important belief systems about the world. Beliefs like “people hurt me” have an opportunity to be transformed into “people listen to me and support me”. Non-verbal communication means being conscious of what your body movements are saying. Since your thoughts are also a form of non-verbal communication, be conscious of them and your intentions towards the baby.

I've found that communication with the parent prior to the session is very important. An educated and informed parent can provide a healing environment for the child. You are training them how to “be” during CFT. They must stand in the face of emotion and listen and acknowledge, rather than react and bring up their own issues. This will make them a better parent (not to mention spouse, friend, employer).

I explain to the parent that the cry during the session is not a cry of present physical pain, but of old emotional pain trapped in the body and mind. We must take the newborn back to the memory of pain and allow him/her to release it so that it doesn't play back for him/her with future pathologies. This conversation and understanding helps the parent stay in the present moment during CFT to experience their baby as a "being" who is unraveling emotional trauma, rather than a “body” who is presently in pain.

When you work with a baby, you are also working on the parent. That parent was present for many of those memories; it is now their time to journey back and heal. An energetic unwinding can happen in the treatment room between the child and the parent. If you want that parent to walk out of the treatment room with a healthy child, you must unravel the dynamic of “worried parent/sick child” with your presence. You must sort out past emotional hooks so that they can be completely present with each other.

In combination with sound one must watch how the bodies of babies unwind with the stories of their movements. To help these children, we must become better observers. Many babies can assume some alarming positions during CFT, particularly in positions that can compromise the neck and airway. A good observer sees the story and trusts both the baby's instinct to survive and their need to tell the story. Are we watching fetal-like forward-curling strain or arching from birth canal strain? Are we observing them pull away or get stuck? There is a story in every action.

Babies, who have invasive procedures performed after birth such as suctioning, vaccines, and other pokes and prods, have more stories to tell. Are they stories of anxiety, sadness, anger, apathy, being drugged, feeling rushed, feeling stuck, feeling attacked, or something else? At what age were they when this happened? Which parts of their body want to join in the story telling? As we observe these movements and the emotions buried within them, we can help lay these emotions to rest, and help these babies achieve greater levels of presence, health, and happiness in their lives.

