

## Interview

### John Chitty: Polarity Therapist, Biodynamic Craniosacral Therapist and Psychotherapist



John Chitty is a polarity therapist, biodynamic craniosacral therapist and psychotherapist in Boulder, Colorado, USA. With Anna Chitty, he operates Colorado School of Energy Studies ([www.energyschool.com](http://www.energyschool.com)) offering trainings in these modalities and related subjects, since 1992. He is author of the new book, *Dancing with Yin and Yang*, as well as co-author of *Energy Exercises* (1988). The new book includes numerous sections with well-tested information relevant to providing gentle and effective support for babies and their families. Since 2008 he has taught a four-day seminar, “Working with Babies,” to explain and demonstrate his approach.

***Tell us about this book you’ve just written.***

*Dancing with Yin and Yang* is an attempt to view psychotherapy in a new light, based on ancient wisdom traditions. My basis for the discussion is polarity therapy, my first modality in the health care field. In Dr. Stone’s polarity books, psychotherapy is a major theme, comprising 30-40% of all his writing. Yet for some very good reasons, this part of polarity has been neglected. There are 15 or 16 books on polarity therapy by other authors, bodywork by far the majority, one on diet, one or two on exercise, but there is not much when it comes to counseling.

The reasons that polarity-based psychotherapy has been neglected include regulatory concerns that the people learning polarity may not have a scope of practice appropriate for psychotherapy. A second reason is about specialization, that the world is just getting more and more specialized whereas polarity is comprehensive and suitable for generalists. A true generalist is harder to find these days. Today, a client will see different practitioners for different specialty areas, but Dr. Stone was a generalist in the full sense of the word. He had eight different certifications including being a licensed midwife.

The 1970’s lineage I came up in in polarity really emphasized mind, emotions, body as all one. As far as I know, I’m the last active teacher of polarity counseling from my lineage. The rest have retired or specialized in other topics. I always thought I would record my experience someday, but I didn’t feel ready. But under these circumstances, being told in 2010 that I had stage 4 cancer, I figured well, I’ll just go for it now even though I still didn’t feel ready.

The book is about yin and yang, the ancient dualistic understanding of all nature, and the application of Randolph Stone’s yin and yang understanding to psychotherapy. Yin and yang is the literal meaning of the word polarity. Polarity is a great, ancient, dualistic view of the world. The basis for polarity counseling is thoroughly documented in Stone’s writing, and the applications are very effective.

In particular, the two-chair method made famous by Fritz Perls is a polarity process. The link was recognized in the early 1970s, especially by psychiatrist Robert Hall, who is now 80 years old. He leads Buddhist mindfulness retreats and he still uses the two-chair method.

Robert Hall studied in person with Ida Rolf, Fritz Perls, and Randolph Stone in the late 1960s and early 1970s. He recognized that what Stone was describing theoretically, Perls was doing in his psychotherapy method. Perls took any situation and dualized it with an empty chair. In that empty chair, you can project just about anything. Switching to the other chair induces a pendulum-like movement of perspective. You can try it with anything; put something or someone else in the other chair and switch; you'll be amazed at what comes out.

We habitually live under one dominant perspective, whatever that is for us. But there's always a secondary perspective, in any situation. When we experience that secondary perspective in a body-centered, Somatic Experiencing® type of process, we are likely to find useful insights, changes, and new perspectives arising.

The effect is most interesting and effective with moms and their babies. If the mom is having difficulty of some kind, she can imagine the baby to be in the other chair, say something, and then switch to the other chair. And what does the "baby" say? Invariably, what the baby says is brilliant. Major transformations and resolutions appear, very reliably and with no risk to the client or practitioner.

***So, in her mind's eye, the mom is putting the baby in the chair and then switching perspectives, and then she gets more information.***

Yes. The intention is to "be the baby" for a moment and have a complete experience of that perspective. For example, a mom might say, "Baby, why are you not nursing very well?" Switch. And the imagined "baby" might respond, "Mom, you're too nervous. You're too anxious. I don't want to add to your strain." Switch back. "Oh." It's a revelation, not least because the client told it to herself and she felt it experientially, rather than having it come from the counselor or just be a mental construct. I've been using it for over 30 years and it's very effective. It cuts to the core of many issues. Over one fourth of the book is just about the two-chair method. I'm not aware of other places where the two-chair is described fully, in print, even in Gestalt Therapy. Fritz Perls did not invent the two-chair method, it started with psychiatrists and psychologists before him in the 1950s, but he adopted it and made it famous. Even today, two-chair method is well known in Gestalt, but the practical literature seems minimal, and the descriptions do not include the important additional contributions of Randolph Stone, Peter Levine, Ray Castellino, Robert Hall and others. These great pioneers were all present in that particular place and time, the Bay area in 1970, and they mostly knew each other, to varying degrees.

***I'm glad you published your writing. You integrate that two-chair method with your craniosacral work as well. Can you talk about how you came to craniosacral work?***

Briefly, my arc into therapy is interwoven with my partnership with my wife Anna Chitty that started in 1972. She has been a synthesis-creator the whole time and a key resource for everything that has emerged since. We started with learning polarity therapy in 1979 and craniosacral therapy in 1989. Our craniosacral source is Franklyn Sills. I knew of Sills already, from his creation of *The Polarity Process*, the main textbook for polarity. He had a unique background of Buddhism, polarity therapy, and osteopathy. Those three together created a confluence of opportunity for the biodynamic approach, combining mindfulness from Buddhism, esoteric anatomy from polarity and recognition of "primary respiration" from osteopathy.

Craniosacral therapy is based on the discovery by osteopathic doctors, about 100 years ago, of a polyrhythmic micro-movement in the body. Its existence has been proven, although its cause is still not definitively known. When this movement is present in full range of motion, health improves. Craniosacral literature primarily describes three rates (slow, slower, and very slow) but there are also secondary references to other rates as well. Within

craniosacral therapy, there are different approaches ranging from more manipulative wherein healing is delivered from the outside (“biomechanical”) to more supportive in which healing emerges from the inside (“biodynamic”). I am of the biodynamic persuasion; however, it is important to emphasize that there is value in both ends of the spectrum, with applications depending on the client’s circumstances.

It seems to me that the inhalation and exhalation phases of the Tide in craniosacral are expressions of yin and yang, respectively. The exhalation phase, when the body has a descending, narrowing gesture, seems to be a yang gesture of physicalization and embodiment. The upward, widening gesture seems to be yin, returning to Source.

To me, polarity and craniosacral need each other, they benefit from each other. They’re therapy cousins, both sort of illegitimate orphans of osteopathy, and they work really well together. There are situations where a little polarity adds enormously to a craniosacral session and the reverse is also true. Craniosacral has that understanding of the Tide that’s not found much in polarity. It’s mentioned in one place but it’s not described in any depth. Meanwhile polarity has all three touch methods: light, moving and deep. While biodynamic craniosacral really explores and capitalizes on just the light touch, the other two, known in polarity as *rajasic* and *tamasic*, are very helpful for some situations. There are some clients and situations where the second and third touches are really useful. Being restricted to just one touch is like juggling with one hand tied behind your back; you can still juggle and have a great time, but you are missing some additional possibilities.

Polarity’s cosmology also enriches the craniosacral approach; the old-time osteopaths who created the foundation for craniosacral reported phenomena that today we recognize as energy field effects. But they did not have much of a language to describe their observations beyond their science/medicine culture of the 1940s and 1950s, and subsequently they became defensive about esoteric material. Sutherland used the Biblical phrase “the Breath of Life,” but did not explain what that really meant. In contrast, polarity founder Randolph Stone was fully immersed in the great esoteric wisdom traditions of the East that fully illuminate the deeper context for the primary respiration movements known as the Tide. For example, in a session with a newborn, craniosacral therapy contributes to the re-establishment of full range of motion of primary respiration. In this full range of motion is the all-important exhalation gesture of the baby and the release of pressure where the vagus nerve exits through the temporal-occipital suture, which Fulford described as a source of colic and ear infections. However, polarity therapy contributes the basis for “recognition” of the baby as an embodying soul, a super-sentient, incoming traveler from another dimension. In my experience, the esoteric aspect of the latter is at least as valuable as the mechanical aspect of the former. Really, both levels are very valuable. The craniosacral approach shows the way for one part, and the polarity approach shows the way for the other part. Then polarity adds the two-chair method and the whole process moves forward dramatically.

I think polarity, craniosacral, somatic experiencing, and pre- and perinatal work, really are all parts of one big picture. If we can have it organized to create a 2,000-hour curriculum, it would cover all of those in one comprehensive package.

**Yes, it does seem like it’s the time for integration with all of these.**

Yes, each contributes something that enriches the others. Anna and I had a foundation in polarity, and then we took classes with Sills, Levine, and Castellino in the 1990s. These four strands are at their best in a package, together. My book is partly about trying to uplift polarity to its rightful place along with the others.

**I’m imaging that you started working with adults first, mainly. What then drew you to working with babies as well?**

I've had baby clients over the years and an affinity for babies since childhood. My younger brother and sister were about five to seven years younger than I. So, when I was five, six, seven, eight years old, I was the right age to participate enthusiastically in their care. I took care of them, changed their diapers, and fed them. I just had a natural enjoyment of that. Then, when my kids came along, I again loved the nurturance and caregiving experience.

My first encounter in working with babies was during my polarity training, when I observed the two-chair method being used with mothers. I saw wonderful and consistent outcomes. In 1981, after I had started giving polarity sessions, I got a call from a client mother in the hospital bed saying, the baby's not coming out and what should she do? She said, "They're talking about all these interventions, I don't want that." And I said, "Have you put the baby in the chair?" We had used the two-chair in sessions so she was familiar with the method. She said she had forgotten. I said, "That's OK, just imagine that there's an empty chair in front of you (she's lying in bed, and a chair is not really being used) and put the baby in the chair. And what would you like to say?" And she said, "Baby, why are you not coming out?" I said, "Switch." And she did, mentally, and "became" the baby. And the baby said, "What is going on out there? There are all these people rushing around with sharp instruments. What's happening?" And I said, "switch," back to the mom as herself and she said to the baby, "Oh no, they're just here for our safety, everything is just fine, don't worry. Everything is fine." "Switch." And as the baby, she just said, "Oh." Then, all of a sudden, mom said, "Oops! Gotta go!" And the baby was born with no complications. That baby is now about 32 years old. So, I am very happy to use polarity counseling with moms.

In the Franklyn Sills class, there was a good discussion about working with babies, so I began to add a craniosacral component. His material on the subject is still the best, in my opinion [*Foundations of Craniosacral Biodynamics*, Vol. 2, chapters 14-16]. I had been working with babies anyway, mainly through the moms and mainly with the two-chair approach.

I think the baby is a hitchhiker on the mom's autonomic nervous system. So for many conditions, getting mom to relax and settle is the priority, and it is no small feat. Get the mom to relax and settle and the baby's experience will improve. I've seen that over and over again. That is usually my emphasis.

In craniosacral terms, it seems to me that many babies have a harder time with the Tidal exhalation phase; they often have a preference for inhalation. They could easily go out (return to Source), but they couldn't always readily come in (embodiment). There are all kinds of reasons for this apparent situation. The gesture of incarnation often has some resistance to it; if mom is troubled, if there's pain and resistance and stress as part of incarnation, then baby will just hover. But hovering is not optimum for babies. They need to come all the way in. So, the area of interest for me has included palpating and seeing what is present. If the exhalation phase – the incarnation gesture – is light, I often use a biodynamic approach to support it becoming stronger. I also agree with Sills in all his very well written material about reducing compression on the temporal occipital group, seeing if there could be more space there from the birth passage across that area.

So that's sort of the gist of the approach of working with babies...it's check the boxes: Recognize who the baby really is. How's mom doing? Can she find a way to a state that's different? Is the incarnation gesture in full range of motion? Is there obstruction at the temporal occipital group? Usually, one or two sessions are all that is needed to go through that routine and things improve. I've had many comments by happy clients using this approach – the indicators are good.

**Do you often notice that a difficult birth or labor results in one of those situations you just mentioned?**

Absolutely. I want to expand a bit on the recognition factor, because maybe it is less well-known outside of polarity therapy. Many people do not realize who the baby really is. The

baby comes into this world super-sentient and is not recognized. From a medical point of view, it's like a little medical package or an animal that needs to be tested and weighed like you would a fish. And moms are too overwhelmed and distracted and dads are often the same. So nobody is actually saying to baby, "I know who you are, I know where you came from, I know why you're here." There are not many people that are looking the baby in the eye and having that conversation *at the start*. Briefly, the short answers, from Randolph Stone are:

"I know who you are": "A unit of consciousness from another sphere"

"I know where you came from": "You came from the invisible spirit world into this visible physical world."

"I know why you're here": "Your purpose of life is the fulfillment of consciousness, which means self-realization and God-realization."

Imagine if you land in a foreign country with a different language and you're just wandering around and nobody knows who you are. How would that feel? It's a bit disorienting and maybe makes you not want to be there. So, lack of recognition impedes the incarnation gesture of the exhalation phase, the downward, narrowing of the craniosacral system.

### **Would you actually say that to the baby?**

Absolutely. Every time. I might say it nonverbally if the parents can't handle it, but in my first session with the baby, I'll hold them at about this length [the distance of the baby's face to the mother's eyes during breastfeeding] and I'll look them in the eye and I'll animate my face to engage the social nervous system and capture their attention. They're programmed for that. Then verbally or nonverbally, I'll say, "Hi, baby, I know who you are, I know where you came from, I know why you're here."

### **Then, they feel reflected, they feel seen?**

Yes. Not every time right away, if there has been trauma, but many times you'll experience a clear "click" when recognition happens. They go, "Wow, finally!" Otherwise they may feel like just a stranger in a strange land. And once they click in, then I'll palpate and see if there's inhalation and exhalation. More likely than not, the exhalation phase is light and the inhalation – up and out, back to the invisible world - is rather strong. So, the next step is to help the Tide normalize, as described by Sills.

I had a call from a client from the hospital in Boulder and the birth had not gone well. The mom had gone through a medical emergency and the baby was down in the nursery while the mom was trying to recuperate. She called me at night. I went over to the hospital and into the nursery and found the baby and held her. There was no exhalation at all. The baby seemed to be hovering on the ceiling, dissociated because of the horrific sequence of events. Holding the baby, I said, "Oh you're out there, that's great. That was a smart thing to do under these circumstances. Just now, we're here and I'm just inviting you if you'd like, you can come in." And in a minute, there was a [makes downward gesture slowly] and then whoosh [makes quick upward gesture] back out again. I said, "That's great. You know how to do that. That's a very intelligent gesture in this moment. And you can come in again." [Makes a downward gesture]. And every time, coming in, there was a little more range of motion for coming in - *embodiment* - which is very important. The kid flourished and is a teenager now.

***I was listening when you said you animate your face when you're looking at the baby. I'm wondering how Stephen Porges' theory of the triune nervous system has influenced your work with little ones.***

Hugely. I think Porges is creating a true revolution in healthcare although he may not be appreciated for some time because the idea is just too big and too profound for many people to comprehend. Even very well-educated therapy professionals often flunk the pop quiz.

If you animate your face with babies you can get their attention. They are programmed for maternal bonding, for the purpose of survival. They are vigilant for facial gestures. Just animate your face like this [quickly raises and lowers eyebrows, widens eyes, blinks, smiles] and you'll see. There are great studies of this on the internet, such as the "flat affect, still face experiment" from Boston. Paul Ekman's "Truth Wizards" material and the *Lie To Me* TV series are excellent resources. If you animate your face, you create a surge through your own social nervous system and babies will hitchhike on that and also have a surge in their social nervous system. Porges explains how the social branch is the "trump card" for the whole autonomic nervous system, and the autonomic is the foundation for everything else. They'll be able to sustain eye contact more than they could before. So, animating the face is part of the greeting. Speak to the baby in *their* language, in the media of gestures and super-sentient recognition.

***And this is also helping to prevent them from slipping into fight or flight?***

Yes, in all cases, bring them back up the ladder from parasympathetic. "Slipping in the fight or flight" is not the best description, actually, but you are on the right track. Babies don't hang out in fight or flight for very long because they don't have the equipment yet – they are too small to fight and too immobile to flee. So, fight or flight are not true menu items. They can cry in an angry tone, but not for very long. They'll go to parasympathetic flat affect instead, the third and lowest rung on the autonomic ladder. Animating the face is one way to help them climb back up, from parasympathetic, through sympathetic, to social where the great restorative resources can be accessed.

But in my opinion, the primary work is with mom. When mom recovers, then the baby recovers. Again, babies are just hitchhikers, significantly. Not enough attention is paid to the triune autonomic nervous system in the mom, especially in prenatal care or during a difficult birth. If birth helpers were really conducting the birth according to understanding the autonomic nervous system as described by Porges, they would take care of mom's triune ANS function first and foremost. This is often not done, unfortunately; the medical world is often still using the old-fashioned autonomic model.

***Have you ever noticed that a baby might have a medical diagnosis or a medical condition, something like colic, but then it turns out that it's really just hiding a birth trauma or difficult labor?***

Sure. Every time. This applies to colic, ear infections, sleeplessness and nursing problems. I am not making this up, it is described by Robert Fulford, DO. He was very adamant that all newborns need a session and this is why. A large number of these problems go away if they could all have treatments as newborns.

***Craniosacral treatments?***

Well, he was a cranial osteopath. The word "craniosacral" hadn't been invented in his era. There are three books of Robert Fulford, posthumously, and he was made famous in a book by Andrew Weil called *Spontaneous Healing*, chapter 2. That is required reading if you want a window into the old time cranial osteopaths. The title is, "Right in My Own Backyard."

Weil is a famous holistic doctor, a celebrity with many excellent books. When he was a young graduate, he had a close friend with an undiagnosed, incurable condition that medicine couldn't help. They stumbled into Robert Fulford and after one or two sessions, his friend's condition improved. So, he wrote a chapter just describing his whole encounter and how it changed his mind from allopathic to a more holistic orientation.

***I remember you spoke in class about a difficult relationship pattern that often develops within a couple when there's a new baby.***

Yes, so often. Polarity theory holds that all systems must have a basic dyad: a sun and a moon, a proton and an electron. Husband/wife, boyfriend/girlfriend, father/mother form the basic dyad at the time of conception. When the baby arrives, the dyad is often affected, because "blood is thicker than water;" the natural magnetic effect can be stronger with a child than a spouse. The mom becomes captivated by her interactions with the baby and then the husband loses his place in the foundational dyad; there's no longer a receptor site for his energetic relational give and take. The phenomenon is called the "surrogate spouse" with the dyad of the family now being mom/baby and the husband feeling disoriented. After some time, the dad may exhibit signs of a companion sequence called "husband lost in space," not knowing where he fits in in the new configuration. With consciousness, it can be overcome. Most people are just not aware of it. The mother and father need to reestablish the primary dyad and let the baby be a satellite to the foundational pair rather than the baby being part of the dyad and the husband being the satellite. Babies will become insecure if they are made into the primary dyad; the responsibilities are inappropriate. It doesn't work. People do it all the time, but it doesn't work. It needs to be corrected. This is all described in chapter 11 of *Dancing with Yin and Yang*. One two-chair session in twenty minutes can do the repair.

***With whom?***

With any of them in that group of three. Either mom or dad can get a session in the two-chair method to understand experientially what is happening. Once the awareness is established, the situation starts to repair itself.

It gets worse when there are two kids. When a mom has two babies back to back, then mom's totally overwhelmed between the feeding and the sleeping and the cleaning and the fixing and all that. Now mom is just in her own world and the husband's wondering, what happened? The husband feels vaguely frustrated and starts to spend more time at work or feels irritable and doesn't know why. It's because the primary dyad has been disrupted. It is polarity therapy in action and this kind of understanding is exactly what polarity is best at.

***It sounds so simple but profound.***

It's so common. I think understanding the dynamics of yin and yang creates a blueprint not just for babies, but for all life situations. Name a field of action and apply it: self-care, relationships, career. You'll find more coherence in your life as a result. Sun and moon, yin and yang, *Ha* and *Tha*. It's the basic make-up, the ordering principle of life on Earth. The theme is to experience yin and yang dynamics consciously. We can try to be graceful and perform as needed in any situation without getting stuck or becoming habitually one or the other. Flexibility is the key, which is why the word "dancing" is the title of the book.

***A lot of us in the field of pre and perinatal psychology will encourage the mom to tell the birth story, slowly, with support, with the baby and the practitioner present and then watch the baby's reactions so you can validate what happened and get***

***more information and also help to integrate what occurred. What are your thoughts on the mom telling the birth story?***

I am skeptical and hesitant about this practice, although obviously it can be beneficial. I think the story could be told, but it's often better without the baby actually there. Tell the story to an empty chair and switch back and forth a few times to process what actually happened. Babies are much smarter than we realize - light years ahead of us because they have just come from the other side. We underestimate babies and their resilience; instead of trying to fix them, let's trust that they can repair themselves if they can be given adequate healing resources, mainly in the form of mom's return to confidence, equanimity and contentment.

The turbulence of telling that story is usually activating for mom. What's the baby keying off of? Mom. I think, let's not necessarily activate mom in the baby's presence. Let's do everything we can to liberate her from her guilt, anxiety, regret, fatigue, overwhelm, fear and related post-birth emotions. Let's build up the resources before excavating what went wrong.

The guilt factor is big, especially for highly educated moms; they seek perfection, they can't just yield and trust, they're working too hard on the whole thing, they have a rough time and then they feel guilty about it. In their guilt, they become activated, "Oh I wish could've done this, I could've done that." The baby is observing these expressions but not thinking, "Oh yes, mom, I'm glad you're being authentic with your feelings." Baby is more likely to be thinking, "Mom's upset! Mom's upset! Red Alert!" From an autonomic nervous system perspective, that is a life-threatening situation for the baby. If mom's upset, baby's upset. In contrast, imagine that the baby observes, "Mom feels at ease with the world and reconciled to her destiny and knows who I am and where I came from. Everything's okay with mom, so everything's okay with me." I don't think we fully appreciate the baby's perspective, but a few minutes in the two-chair process and it will be revealed.

So I would say, don't do much talking over the baby. Let mom have a session just by herself. Let's put the imagined baby in the chair. Tell the whole story. Moms can "talk" to whoever is relevant: the doctors, God, husband, baby. The priority is to get the residual emotions cleared up with the mom so that when she goes back to the baby, she's smooth and coherent in her autonomic nervous system. The baby will pick up on that state and many problems start to resolve. I have seen this repeatedly and I am thoroughly convinced the approach actually works.

***Have you noticed that when you're doing a regular craniosacral session on an adult that birth patterns will arise? And how do you recognize that?***

Yes. Most often birth material presents as a lengthening of the neck and turning of the head. So, for instance, you're doing a craniosacral session. You've palpated the Tide, you've maybe had what Sills calls a holistic shift, and stillness. Now, the system is maybe ready to do something, it's ready to show you something for processing. If you start to get an upward and turning movement in the head and shoulders, you may be encountering a birth story. Interestingly, I think clients are more likely to show this material if the practitioner is able to work on that level, otherwise it is kept in storage.

If there are signals that the recapitulation of the birth process may be in the foreground, I would not necessarily work with it right at that time unless the client feels well-resourced for the purpose. I would maybe write something in my notes for a future session.

A recapitulation session looks like this. Turn the table so that it's against the wall, at a right angle. Put a firm pillow against the wall. Have the client lie on the table so their feet are on the pillow against the wall. At their own pace, ask the client to give a little push with their feet against the resistance of the pillow, then rest. Meanwhile, I hold a vault hold or shoulder contact and give a little resistance. After ten or fifteen of these pulsing motions, the



birth pattern starts to build. The client may have a strong impulse to push harder. The more they push, the more I resist, but never in such a way that the resistance is greater than the push. Then I start to yield and give a downward stroking contact across the head and shoulders, so that the client feels that the pushing is effectively moving them through the canal.

In recapitulating a birth process with clients, my first emphasis is not on what actually happened, but rather fulfilling the impulses as they are originally designed. The initial process is more about what should have happened, instead of what did happen. What did happen can be processed a little later, when the resources of the original blueprint have been fulfilled.

I've had very good outcomes using this approach. The person will push and move and often we'll see the arising of all kinds of body sensations, circulation, insights and shifts of state. They'll get off the table after a session like that and they'll feel really different. Very often there's a two-chair process after that, including talking to their mom, having a complete experience in this chair (using the body, low, slow, loop process described in the book in Chapter 9) and then imagining that mom's there, say something, and switch. As mom, imagine that you as the baby, newborn, are there. Switch. And as newborn baby, what would you like to say to your mom? As mom, what would you like to say to your newborn? That gets the polarized field flow going and reestablishes the original design that may not have been able to happen. Especially with a traumatic birth or anesthesia, mom's often not even present. Or if the hospital staff still believes in infant quarantine and the baby gets whisked away. I use the same method for other major traumas such as circumcision or premature cord cutting.

***So really, any material that the adult might have from their birth could be an opportunity for the two-chair method.***

Yes. Dr. Stone said all of our conditions are fixations. Disease is what happens when you "get stuck in one chair." You lose the ability to pendulum swing between your own yin and your own yang. That's the origin of all disease. In oriental medicine, there are only four diseases: too much or too little of yin or yang. There are ten thousand symptoms but there are only four diseases. Fixation on too much or too little is the common theme. It's a universal truth, at birth, at death, and all along in between.

***What advice would you give to someone who has only been working with adults with craniosacral work and now they want to work more with babies but they are new to that?***

I would go for it because the world needs it so much. To me, recognition, exhalation phase, release of the temporal-occipital region, and recapitulation of the birth – those are what to study and do. Get going as soon as possible! If you can just do one of these, make it recognition. If you can only do that, you'll see many babies will snap into a different state, just with that.

***Can you talk more about the occipital-temporal release?***

Yes, when the baby crosses mom's sacral promontory and again crossing the pubic arch bone, there's pressure on one side in an arc – a "conjunct pathway" – it goes crossing like this [showing an arc across the head above the ear] and there's pressure. If the birth is delayed, if the baby has to wait with the sacral promontory pressing above their ear, or if the pelvic shape of the mom is not auspicious – too narrow – you can have loss of the natural range of primary respiratory movement that the old timers like Fulford held to be a foundational key to all health. The bones and sutures can be a bit crunched. So, the old v-spread in

biomechanical craniosacral work can be done just as a biodynamic thought process, with appropriate touch support, quite effectively.

***By a thought process, you mean not actually hands-on?***

Yes. But hands-on is better, just with a super-light touch and trust in the Tide being in the foreground rather than thinking you have to precisely fix anything. The healing comes from within, in the biodynamic model.

***If you could have one wish granted as to how babies could be treated differently in our culture, what would that be?***

Recognition. Recognition that they are recent arrivals from an invisible world with super-sentience and a very noble purpose. They should be treated just as we would treat a most respected visitor from a foreign country. Don't do anything to them unless you've asked them first. Don't think that just because they don't know the language that they don't understand what you're saying and doing. Don't think you own them. Respect who they are, where they came from and what they're doing. I've made presentations such as at a conference of birthing nurses – and it's just appalling what the standard of perception is of what is a baby. We think they don't feel pain, they don't have a clue, you can do or say anything you want and it is not perceived or remembered. I use this slide of the famous nurse Virginia Apgar, originator of the Apgar Scale to measure baby wellness. She was probably a very nice person in real life. But in the picture she's holding a baby like a screaming trophy fish. Really, what kind of mentality and attitude makes it possible to behave this way? You would never treat honored guests by hanging them cold and naked upside down. What are we thinking? I think our culture long ago was deluded into an inaccurate view of the world – materialism and the scientific era. So, that to me would be the number one: change the perception of who is the baby.

***Any last thoughts as we conclude the interview?***

I am so appreciative of APPPAH and its founders, who are really pioneers in a most important venture. If we can change birth practices, the world will become a more harmonious, coherent, compassionate and peaceful place. We have all inherited a very flawed world-view, what Alice Miller called the “poisonous pedagogy.” It is time to bring an end to these antiquated, disproven ideas. It is most unfortunate that so often the birthing environment is the last bastion of medievalism, with little awareness of the autonomic nervous system's importance. My hope is that anyone who reads this article will crank up their activist impulses to a higher range of influence and spread the message to mothers and families so that more pressure is brought to bear on hospitals and birthing professionals. It is a sad commentary on our culture, that “be nice to babies” is thought to be such a radical idea. People from APPPAH are prime candidates to lead the charge and make the changes.

