A Unique Approach to Healing After Birth: Blending the Worlds of Birth and Perinatal Mental Health Interview with Jennifer Summerfeldt, Canadian Clinical Counselor

Anita Horvath, MS, MFT

As a therapist passionate about physiologic birth and traditional postpartum care, I have searched for a resonant perinatal mental health approach. I first heard Jennifer on one of the Indie Birth podcasts—she was talking about birth trauma and healing in an unconventional way. What Jennifer shared seemed spiritual, scientific, deep, and comprehensive, leaving me intrigued and inspired to learn more. Jennifer embodies a rich, unique experience that includes many years of practice as a birth worker and therapist. This interview allowed me to learn more about Jennifer, how she merges the worlds of birth and therapy, and the training program she is developing.

Aside from Jennifer's professional credentials, she has over two decades of experience in maternal health and psychology. In addition to being a therapist, Jennifer has been a childbirth advocate, maternal educator, doula, midwifery apprentice, and published writer. As the founder and creator of the Healing After Birth program, Jennifer uses her expertise and pioneering voice to help advance the dialogue on motherhood, mental health, and healing. Jennifer has

had many teachers along the path. Whapio has been a seventeen-year mentor and is now an elder to Jennifer. Many others have informed her work, including Bonnie Badenoch, Jane Simington, Joe Dispenza, Byron Katie, Dan Siegel, Gabor Mate, Gordon Neufeld, and Gloria Lemay. Mostly, Jennifer learns from the births she has attended and clients' healing journeys. Jennifer combines her passion for childbirth as an altered state experience with her knowledge of nervous system-informed therapy to bring about a unique approach to healing.

HORVATH: Could you please start by telling us about yourself and your background?

SUMMERFELDT: My name is Jennifer Summerfeldt. I hold a Master's degree in Counseling Psychology. I work as a Canadian Clinical Counselor. I am the founder and CEO of Ask Therapy for Moms, where I run educational training content. I am a mother of three children, two are young adult men, and my daughter is soon to be 18 and about to graduate. I'm married, partnered with a man who also raised three children. We are moving into that next phase of life where we are no longer focused primarily on raising children. It is wild to think that here I am at this stage of my life, and my children are pretty much out of the house. I loved raising my children. I loved the teen years and am loving the young adult years. I feel like our relationship just gets deeper and deeper and closer and closer. I feel very blessed.

I spent many years in the world of birth work. I have a background in traditional birth work, traditional birth attending, or midwifery. I have a background prior to that in peak performance and sports psychology. I've worn many hats, from birth advocate, childbirth educator, doula, trainer, apprentice, midwife, and traditional birth attendant. I feel like I am well-versed in the culture of birth. That is what led to my deep, intimate passion around healing from birth trauma, which is what put me on the map as an author when I wrote my first book, *Healing After Birth*, blending these two worlds—the world of birth with the world of perinatal mental health, and the intersection of all of that.

H: How do we know if birth trauma has occurred?

S: It is about the psychology of the mother. It is about the integration of the birth experience and how the mom adapts to that postpartum period. It isn't necessarily the birth outcome itself that we are measuring as to whether it was

traumatic or not. Or whether we as an outsider—a birth worker or a therapist—are looking at the birth storyline and imposing whether or not we think it was a good birth or a traumatic birth, whether the story should be met with elation and ecstasy, or with a lot of grief and disappointment. We can't impose that onto that mom because it is really independent to how they integrate their experience psychologically—how they make sense of it. Also, how well it's integrated into their heart—how they experience it within their emotion center. And then also how their body took it in. That's the somatic experience of it. Those three layers have an impact on how well that mom is going to fare in the postpartum.

H: Through this lens, one can bring so much benefit as a perinatal mental health professional.

S: Correct. I believe so.

H: Why did you switch from birth work to psychotherapy?

S: I never thought that I would end up in the role I'm in today. I didn't enter the work of supporting moms in labor, thinking that I would be a perinatal therapist sometime later in my life. It's a little bit of a surprise to me, although the story, as it unfolds, makes sense. Granted, I did start with sports psychology in grad school in my early 20s—I obviously had an inclination to work toward the psychotherapy paradigm. So, in a way, it's not surprising.

There were a few major factors. I entered the world of birth work because I was extremely fascinated and passionate about understanding why moms seem to have birth experiences that are very interventive and oftentimes harmful and that we now label as traumatic. Or why the cultural norm, as we talk about birth, always includes a huge, almost emergency event that unfolds, and we've just normalized that as how birth is. My first birth experience was so radically different from that conversation—it left me feeling deeply empowered and inspired, and, as I later understood, I kept my instincts intact. The fact that those instincts were supported physiologically or neurophysiologically is a huge reason I ended up parenting the way I parented—I intuitively parented in a way that aligns with what we now know as the attachment framework.

That initial birth woke something up in me. I became very passionate about wanting to support moms in having the best birth experience, the most optimal

experience they could have. I was so enamored by the oxytocin and the ecstasy I was feeling. I was like, we all need to feel this. I was young. I was 23. This happens a lot—either moms have an extremely challenging birth experience, and they get initiated into doula work or childbirth education, or becoming a midwife, or they can enter that portal through an ecstatic birth experience. I entered it through that ecstatic birth experience paradigm and felt like I needed to stand on a soapbox and scream to the world: "There is a whole other way!"

H: Of course, you would want everyone to have this experience.

S: I did, yes. As I experienced, in time, attending births that didn't unfold in a physiological instinctive way, I was mesmerized as to why not? What was coming in the way? And oftentimes, I would internalize it—"It must have been something I did or I didn't do" or "I didn't support the mom and the family well enough so that they could have that birth experience." I've since grown from that point of view, but that motivated me a lot. I was always curious about what facilitated or got in the way of that mother having that physiological instinctive birth experience and what was the outcome of that. I realized it was not just about setting up the right birthing environment. It is what we are often taught in the birth world—if you just have the right environmental factors, if you set up the space well enough so that mom can drop into that altered state and have this instinctive physiological birth...And then moms would internalize: "What did I do wrong?"

In time, I've been peeling back the layers of looking at all the contributing factors that might impact that mom's birth experience. The environment is one of them. Of course, the attendants and the paradigm that the attendants are trained within is another one.

H: That is all external, right?

S: This is all external. What I wasn't taking into consideration at that time were some of the historical pieces of that mom's lineage, of that mom's nervous system, of that mom's psyche. So much of it ends up orienting around how much work was done internally for this mom to be prepared to enter the space of physiological instinctive birth. Granted, not all moms want to enter that space, and it's important to distinguish that. But that led me to get back to my

roots of psychology because I noticed—the one thing I was always interested in was the mindset of birth and, therefore, the mindset of the postpartum.

I have had my own experiences and wrote about this in *Healing After Birth*. My third experience, which to mainstream culture would be extreme, was that I decided to have a freebirth with my daughter. Freebirth culture is exploding right now. At that time, this was not a trendy thing to engage in. It was a very personal decision to radically take responsibility for your birth experience. And it required an enormous amount of psychological preparation and physical preparation to understand what it means to enter the field of birth on your own without looking outside of yourself for an expert to take over at any moment. For many people, it would be such a radical shift in course of action. The thought of entering that space without external expertise to handle any emergency that could present is a very scary place to land when you do a deep investigation of it.

H: The preparation is useful regardless of the way you choose to give birth.

S: Right. Labor is a journey of initiation. It is a rite of passage into parenthood or into motherhood. In the Western dominant culture, we have neglected that. We have removed that from the preparation and conversation around what it means to become a parent. We get totally blown open, become completely discombobulated, and then we are left alone in the postpartum. We give birth from an altered state of consciousness in which we are not in everyday thinking, rational brainwave states. In Stan Grof's work, we call that non-ordinary states of consciousness.

So much of the birth culture interrupts the mom's experience of that and keeps them in this everyday thinking reality, making it impossible to enter into that physiological instinctive birthing plane that I was talking about earlier. What happens is we still get blown open. There's still a discombobulation of ourselves that is happening. Whether we are in that huge, expanded state of non-ordinary states of consciousness, or whether or not many interventions are being done to us at such a fast rate and our system is now in a state of survival, stress and shock - we are still being discombobulated. The result is our baby is being born. In that process, we are left to pick up these pieces.

So, you asked me the question, why did I switch gears? Well, because my third birth experience was met with both - this moment of ecstasy, huge

awakening, and knowing - I had what they would call a transpersonal experience - and it was also met with terror and trauma. I didn't think you could have a freebirth, which would be met with terror and trauma. Those two paradigms didn't come together before. The belief was that if you wanted to prevent medical intervention or trauma, you would have a freebirth. It was an awakening moment for me. That's what got me deeply passionate about healing after birth. I was on my own healing journey, which got me into this world of trauma recovery, neurophysiology, and attachment theory. So much of what's being taught in the neurobiological field around trauma recovery is the same recipe as what we need for instinctive birth. I'm talking about the work of people like Peter Levine, Dan Siegel, Bessel van der Kolk, Bonnie Badenoch, and later Steven Porges and Deb Dana—all of these foundational folk who brought to the forefront what we need neurophysiologically for well-being and mental health.

So, I linked these two worlds and was, like, "Whoa! This is powerful!" We now have research and evidence in the field of psychology that confirms the need to support the neurophysiology of a mom in labor, not just the physiology. My big dream is to bring the conversation around what it means to support the neurophysiology of the mom in labor and why that's important in the postpartum, long-term health and well-being of that family unit over into the field of birth, obstetrics, and midwifery.

H: So, what does it mean to support the neurophysiology of a mom in labor, and why is it important?

S: If we are supporting a mom in labor and looking at it through the lens of just physical safety, we can intervene with procedures and protocols that, from a bird's eye view, are harmful. We have normalized them as necessary because of our death-phobic culture—safety at all costs. Safety means that the baby and the mom don't die. I am sorry, I am very blunt about this, and don't mean to do any disrespect to life. Of course, we want to support life, but this is not supporting life. It's preventing death at all costs, which means that we're intervening with harmful procedures and practices that leave the mom and the baby in a distressed, traumatized state of stuck survival stress, which then impacts the ventral vagal nerve, which is responsible for connection, bonding, and social engagement. If that mom's nervous system is not considered in

preparation to and during labor and delivery, then they are at risk of having a rocky postpartum.

Speaking from the disordered lens, it's going to show up as postpartum depression, postpartum anxiety, PTSD, even postpartum psychosis. And then the mom will think, oh, there's something wrong with me. As therapists, psychologists, or psychiatrists, we meet the mom at that stage and look at the symptoms that are presenting in the postpartum. Often, we don't consider this broader context: how is this mom's nervous system doing? What were the contributing factors that might have alarmed that system throughout the childbirth continuum?

H: It can be anywhere on the continuum, right? There are women who had amazing birth experiences, but then, for example, didn't have the right support in the postpartum. And they spiraled down.

S: Correct. Yes. When I say *the childbirth continuum*, I'm referring to the time from conception or leading up to conception until that postpartum period is done—there's an argument as to when that is, but let's say at least a year. It's not like we ever go back to who we were pre-children. We are not siloed beings. We are relational beings. Therefore, what our whole lineage is carrying can show up at any point. There may not be any markers throughout the childbirth continuum; it could extend beyond that. You want to get a very comprehensive history. But, oftentimes, there are markers within the childbirth continuum that initiated something. And that can link back to historical material that maybe was nicely stored away for a while. And because of the initiating factors or the whole experience of birth, it lit up in the system.

So, to answer your question, why does it matter? Because if we understood this better and knew how to support the neurophysiology and well-being of the mom in labor, we might reduce the need for medical intervention. Because we could learn how to help that mom shift state from survival stress to what I call thriving, or, we could say, the ventral vagal state, and be able to titrate between that. We know we can't give birth from a state of survival stress. Biologically speaking, our nervous system takes that information as a potential threat, and it shuts down labor on purpose until that organism, that mammal, can go and find safety. Or, if you are about to give birth, it is going to speed it up so that there is this sudden fetal ejection reflex for the birth to complete itself, and then you

can go find safety. Our system is intelligent, so let's work with our system instead of against our system. Because then the long-term benefits, I hope, would mean better mental health, better relational connection, more access to joy, and more access to supporting the health and well-being of our offspring. And we could only imagine the ripple effect of that. That's my theory.

H: You mentioned the disordered lens. What is the lens you view postpartum mental health problems from?

S: Maybe disordered is a harsh word, but I'm referring to our biomedical model of looking at mental health or mental illness through a particular lens, which we label based on the DSM.

H: They are called disorders. So, I guess it is a disordered lens.

Correct. And through that lens, we are grabbing bits and pieces of information to highlight the symptomology. Then we are going to treat the symptoms based on whatever evidence-based modality we want to choose from. That is typically how it works and can include medication.

The other lens that I see through is more holistic. It includes the nervous system and is very trauma-informed. It also includes the transpersonal and the psychospiritual. Here we are seeing through a bigger, broader lens. We are also seeing it through the systems approach, which is that we are not just siloed in our experience—it is also influenced by our environment. Taking into consideration epigenetics, for example. Ideally, first and foremost, we need to know why this mom's nervous system is trapped in a survival stress state. That is what we would call trauma—a system has not completed that survival stress response, has not completed it biologically, but maybe also psychologically. So, integration is paramount here, and integration includes the completion of those cycles, and then the reunion.

It's like weaving it all together so that this mom can make sense of that journey that they just went through. And that sense-making makes it meaningful to them. Now it wasn't just to get to the end of having a baby, but there is a deeper meaning in it. I have become something. There is purpose in that. And there is a purpose for me to become the best version of myself so that I can transmit that to my children. And this is why it is so important that integration is part of the postpartum. I see it as what is lacking for so many

moms. I can go into a gazillion reasons why moms are suffering in the postpartum. But it is one of the reasons that there is a lack of care and consideration around the journey of birth, motherhood, and parenthood, and the value in that role.

H: As a psychotherapist, could you tell us more about your approach? It sounds like it is different from the more mainstream, top-down approaches. A client comes to you, and says, I am suffering. How do you go from there?

S: First, I see that mom's experience through the lens of trauma-informed care, trauma recovery, and the lens of the nervous system, what I call nervous system-informed care. I hear the story, but I do not put a lot of attention onto the story. Initially, my attention is more on how this mom's system is integrating, where it is stuck, and on getting into what might have happened and what could have contributed to this mom's experience. Why is it that they're expressing these symptoms in the postpartum? The symptoms are the tip of the iceberg. Now, moms come in because they're struggling with those symptoms, which are horrendous. So, this is not to minimize the symptoms. If the mom is coming in with intrusive, dark thoughts, suicidal ideation, deeply low self-esteem, lack of confidence, can't sleep at night, terrified that something bad is going to happen to their baby, constantly in high alert - that mom is suffering. We know that mom's experience at postpartum is a nightmare.

So, I don't want to minimize that experience for them. Of course, first and foremost, we lean in with compassion into that experience. Typically, I'll get a sense of what's happening for the mom. I'll really listen. So, going into that therapy mode of being a deep listener, being curious, lending an ear, doing reflective listening... "What I'm hearing is you struggle with..." As therapists, I hope we are good at that. The mom feels seen, the mom feels heard. And then I'll often say, look, here's a different lens. Are you interested in hearing a bit more about how your nervous system might be contributing to the symptoms that you are experiencing? And most often moms say, yes, absolutely.

H: Takes so much blame off of the mom.

S: A hundred percent. In that initial session, I'll get a good sense of what the mom is struggling with. I might ask questions about their birth, pregnancy, or conception experiences. Because there could be a story of multiple miscarriages or fertility challenges. That all plays into it. But I don't want to go deep into their story initially. I just want to get a sense if there are any markers there that could have been high-stress points or potentially traumatizing that are contributing to the experience. Once we gather that information, typically, I will introduce the nervous system-focused approach. When I lay that out through psychoeducation, immediately, the mom has an experience of relief. There is an obvious sigh. I recognize that we are not just healing the nervous system as an isolated biological marker. The nervous system is deeply interconnected to our biological experience as a mammal. But we also have consciousness, this whole field of our inner world, the psyche, however you want to call it.

So, I'll say to a mom, we are going to work with your body first. We are going to help to befriend—that is a word often used in polyvagal theory—your system, learn how to be okay with your felt experience within your biology, it is alarming you for a reason. We will work to discharge some of that extra stress that might be trapped (they are usually excited about that). I'll say, then we need to work with your heart. We need to work with the emotional material that is showing up, which is often grief, anger, frustration. So you can get to the place of love, of feeling excited and happy, joyful to receive your baby. So many moms don't feel that joy or love, and there is a reason, and it is a biological reason: they are stuck in survival stress. And survival stress means the emotions of anger, fear, despair. We want to be able to clean that out, so you can access what is right there in your system, hasn't gone anywhere, it's just a little bit on pause right now. And then you can move into that heart space, which is deeply healing.

Then we want to work with the cognitions, the mind—how you make sense of your birth, the birth story, the narrative. We bring it all in. And, depending on the mom, we can tap into the transpersonal, the spiritual, because this is a spiritual journey, however you want to call it. We can use whatever language you want, but let's not ignore that something else is happening too. Depending on the moms' spiritual beliefs, we can bring in their language, so it becomes deeply meaningful for them. So, I have mapped that out in something I call the therapy map. And it's a journey that we go through, that really taps into all those areas. It is comprehensive, humanistic, holistic, and very much geared towards the specific, unique needs of that mom.

H: You also teach students, and offer trainings to childbirth practitioners and therapists.

S: I have multiple training offerings because, as you can see, I like to think about a lot of things, and my passion truly is imparting information. I love being able to talk about this stuff. I want more people to have access to this information because not everybody is going to be a therapist and a birth worker.

H: You serve the perinatal population from childbirth, trauma, and nervous system informed paradigms. How do you weave in childbirth education into psychotherapy?

S: When I say childbirth informed, that means I understand the different paradigms of birth, of how caregivers are trained within those, of what moms are looking for, depending on the kind of paradigm that they're choosing to give birth within, and the impact that that might have on that mom. So, for example, a mom who, let's say, is planning to have a freebirth and has taken all the coursework to prepare for that and end up in the hospital with a cesarean. That's a huge leap to go from one paradigm to another. And culturally, they are still met with the imprinting of "But you should be happy that your baby is okay." That is still there.

As a care provider, as a psychotherapist, if we don't understand the paradigm of freebirth, we will come in with many assumptions and biases. We might even think that mom was crazy for making that decision. We might have unconscious thoughts or biases around it: "Well, thank goodness they went into the hospital for a cesarean section because their baby could have died. How can they not be okay with that?" And then what happens is that bias, that lens comes in between you and your client, and you are no longer walking alongside your client. It is important to become aware of your biases and how, if you have given birth, it has shaped the way you show up to be with the moms in the postpartum.

H: So much countertransference work.

S: So much! And I don't even think we have begun to talk about it. As the perinatal field is exploding, thanks to Postpartum Support International, I don't

think that we give enough emphasis in this area in terms of the impact of the birth, the different paradigms in which moms and families are choosing to give birth within, and the impact all of that can have on the mom making sense out of their birth experience in the postpartum.

H: It is hard not to have biases around birth. How do you handle them? For example, someone says to you, I choose to—I want to have a cesarean. I, personally, feel triggered right away. How do I, as a therapist, with my strong biases, navigate that in the space where my client is supposed to feel safe and accepted?

S: I think you nailed it. That would have been my bias initially as well. And I had to work through unpacking my understanding of how trauma can shape our decisions and how for a mom choosing to have an elective cesarean, for example, can be incredibly empowering. So, you ask yourself how do I become conscious of my biases? First of all, I notice when I'm activated or triggered, or if I immediately want to interject something or challenge their decision-making process, or if I immediately assume they will have a certain kind of experience because of that. That could be me assuming they are going to have a challenging experience for both themselves and their newborn by having an elective cesarean, let's say, or by choosing to go in and get pitocin. I might immediately assume the kind of experience they are going to have. That would be an indicator of a bias. The flip to that would be, for example, you are with a client, and you hear them say, I'm freebirthing, and you right away think danger or immediately project onto them that there's bad things that are going to happen, and you bring that into the therapeutic space.

Let's say a mom is saying that they want to give birth in water, and you know nothing about water birth, and you assume it is unsafe. We might make assumptions about their outcome or project our own fears onto them. Please, let's not do that. As therapists, we know this already, but it is surprising how much can come up around the birth world. We are working with moms in the postpartum. It is imperative that if you want to be working with moms prenatally or postnatally, you need to do your own work. You need to heal your own experiences of birth and become aware of your biases. That doesn't mean that you have to accept it.

When we become aware of our biases, it doesn't mean that we suddenly have to be okay with freebirthing. I may not be, but I have to be aware that that

is going to come into the therapeutic space. And if I can't manage that by dropping my own lens and being super curious, walking alongside my client, gathering information, entering their world, if I can't do that, then I know there is still work that needs to be dealt with. The beauty of being a therapist is that we are always doing our own work.

H: In the training program you are developing, you are going to teach about different paradigms of childbirth. Please tell us about it.

S: It is in its infancy. I want to do it justice. There's a lot of trainings out there. I want to make it so that it is a training we want to engage with, that it is very healing for us and provides us with the information that we are looking for. The childbirth side of it is gathering enough information, so that you have a good understanding of the different paradigms you are working through, your different fears and biases, that you even have an opportunity to do deeper release work around that through the cohort. That would be ideal in my world. Also, we are going to look at how to gather information, do research, what to expect through a biomedical model, and what to expect through a traditional midwifery model. We are going to understand the culture of birth, to look at things like the professionalization of midwifery and what happened there.

There is so much about the politics of birth that people don't understand. We are going to look at how the birthing culture was shaped by the industrial, what we call the industrialization of medicine, and what happened in that process, how that disempowered the family, how that disempowered the woman to give birth as a rite of passage. How we suddenly shifted from knowing that we are capable of birthing to looking outside of ourselves and needing to be saved by technological advancement. We will look at it through a feminist lens—nowadays, this word might ring differently for different people—but I think we need to look at it through that lens. I think we need to look at the history of the Inquisition and the burning of the witches, the burning of the midwives, the impact that had on where we are today in the world of birth, and how all of that comes into play in that mom's postpartum experience. If we don't hold that knowledge, we can't understand the complexity of what is happening, and it can't necessarily just be treated with cognitive behavioral therapy.

H: Can you share a little bit more about what else will be in your perinatal mental health training program?

S: So, what I described is the starting point. My hope is people could do it as an offshoot if they want. What I mapped out to you as to how I orient with a client uniquely; the therapeutic map. I have broken that down into different stages, and I have teachings on each of those stages so that it becomes a frame of reference that you can start to see and orient through as a therapist. Considering all of those parts I mentioned before about the body, the heart, the mind, the psychospiritual, the transpersonal. Learning how to walk along the healing journey with this mom. It helps us be able to anchor, phase by phase. As Dan Siegel says, we know that we have integrated and healed when we have a coherent storyline that has a beginning, middle, and end. The therapeutic map takes that into consideration.

And the endpoint is what I call the celebration phase. In therapy, it's nice to mark that end even if we have multiple beginnings, middles, and ends. We can always start over, but let's at least make it digestible. Within that, I've developed my own modality called Flowing Fears. I've been working with and tweaking it over the past five years. That's embedded into it, but it's also its own thing. I'm most passionate about the Flowing Fears healing modality. I love using it, I love teaching it, and going deep into each of the ten steps. Again, it is nervous system-informed, trauma-informed, it's mindfulness-based, it's got all the goods of all the different modalities, and it was an inspired method that came through my own healing journey. So, those three components are part of the program. And then, if I were to wave my magic wand, there would be mentorship built in. As a therapist, having mentorship is so valuable.

I love moving into those spaces with other practitioners who are passionate about embodying this information, case conceptualizing, and holding space for you to go deeper into your own healing by embodying some of these tools and techniques. This is not just knowledge-based learning, it is heart-based, embodiment learning. That's what I want to do more of. I do it on a small scale right now; ideally, that's the world I want to enter.

H: This sounds amazing. Sounds like a dream come true training program.
S: Thank you. I'm still pulling pieces together. It's been a very creative process - obviously, 23 years of unfolding.

H: There is a lot to share!

S: There is a lot to share.

H: How does the baby come into all this?

S: I'm still in my infancy when it comes to the research aspect of it. I started training with Stan Grof. For those of you who don't know of Stan's work, he is very well known for holotropic breathwork but also for the perinatal matrices. The theory is, and this is based on some of the founders of Western psychology that branched away from Freudian and Jungian approaches, that we are deeply imprinted by the birth experience itself, insomuch that how we come into this world impacts much of how we think, feel and behave. That is the foundational theory behind perinatal psychology. That's very much what that whole field was about - how the environment in utero, birth experience, and immediate postpartum affect the baby and, long term, how it affects their well-being.

We know through epigenetics and some of the science of neurophysiology that when a mom is experiencing high stress or chronic stress when the baby is in utero, the baby is getting a lot of that adrenaline and other stress hormones. That is encoding the baby with what Dan Siegel talks about - their window of tolerance—the capacity to tolerate stress. We are all interconnected within the field in which we are in. This often leaves the mom feeling like they did something wrong and bad. So, I am careful about that. Within the field of perinatal psychology, it is easy to talk about the environment the baby was incubating within, the birthing experience and the impact on their well-being.

We have to remember that there are so many contributing factors to why that environment might have been stressful and that the mom didn't do anything wrong, physiologically, by being in a stress state that would have impacted their baby. That's just a biological norm. Your body is going to respond accordingly. So, I am careful with how we talk about it. But the point is that there is a symbiotic field. We could call it a psychological or an energetic soup in which that mom and that baby are one. They share a nervous system in a way. They are sharing information. They are sharing everything. For the first two years, that whole space is a shared space.

H: Some say even longer.

S: We could argue that we never stop sharing this space, of course we don't, because it is all energy and information, and that's what we are. But let's just say two years for the purpose of psychology. Therefore, we can't really look at it through the lens of a mother or baby. It is just one. It is one unit. Of course, the experience that the mom has in conception, labor and delivery impacts the experience that that baby is going to have.

H: And postpartum.

S: Exactly. I am starting to bring it into the conversation more. There are a lot of psychological modalities that came out of that lens, like family constellations and holotropic breathwork. And there are some modalities in which the idea is to go back to your primary experience of being born and relive that, so you can create a new imprint. That isn't the work I do. When I work as a perinatal therapist, I'm not doing the work of bringing people back to their primary imprint of being in utero. Although we know that through different healing modalities, we can get there, and it most likely will present, and we do encode that birth in ourselves, that embodied memory is there. Part of our healing might be going back to needing to release that because there could be trapped energy there. But if the mom and family do their healing work, it changes the vibration, it changes the frequency of that field, and therefore the child, the baby, heal in response to that. The younger the child is when you're doing it, the better, but it's never too late. Every time you as the parent shift, you will most likely see a shift in that relationship and in your child.

H: What else would you like therapists who are interested in your future training program to know?

S: I'll keep offering the free webinar.

H: Would you like to say a couple of things about it to our readers?

S: The webinar is an introduction to what I've highlighted as ten potential biases that, as a perinatal therapist, you might be bringing into the therapy space. You can always start there to get to know a bit about my point of view. On our website www.therapyformoms.ca, you can sign up for future training. You go on a waitlist, and we will be contacting you that way. You can email me if you

have any questions. I would love to get a cohort together to know that there is interest. Ultimately that's the first step. I also offer the nervous system-informed doula training for birth providers. I also offer private mentorship. I love working with therapists, and I love working with midwives, doing critical incident debriefing, for example. This is what I am really passionate about.

H: Your work is so valuable. Thank you very much.

S: Thank you for reaching out.