



CONFERENCE REPORT

The Process behind the Conference ‘Pregnancy and Birth: What Is Covid-19 Teaching Us about Trauma-Informed Choices?’, 12 June 2021

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The conference took place at the edge where the rising understanding of trauma and its effects on life meet pre- and perinatal psychology and maternity practice. My colleague Amaranatho Robey and I are excited about ‘trauma-informed’ care and choices in the maternity field. We have both trained and taught through the lens of the sentience of the infant at birth. This model proposes that major life-diminishing (Dansby, 2005)¹ strategies can be healed through deepening awareness of the dynamics at play at that time of life. Through supporting some colleagues with an online conference, we learned how the maternity field was beginning to work with Trauma Informed Care for welcoming clients and for the professionals themselves. This provoked us into putting on our own event, a nine-hour day with six speakers, pre recorded presentations, live question and answers and an international cast!²

Our intention in holding the conference was to offer an opportunity for orientation to health in what can anyway be a disorienting field, especially in the time of the pandemic. We felt that there could be a way to both hear from people who are tackling the response in the pandemic and those whose practice is a deep remembering of what is healthy in the perinatal field. The nature of the very early time of life – preverbal, deeply physical as well as quite miraculous – requires a skilled approach, if

patterns of abandonment and hurt are not to be unconsciously revisited or repeated. I think this is why the field of Trauma Healing tends to start considering consciousness from the age of two rather than in pregnancy, for example.

Traumatic experiences from very early can be overwhelming. Our intention was to have an event that touched into these most disorienting themes, memories and practical realities in such a way that the experience for the attendee was healing, rather than simply activating. Amaranatho and I meditated together as we began meetings, and made space to check in about our own birth histories, as the project grew and loomed ever closer. I had regular breathwork sessions to learn about my responses to the project underway. Much of my learning has been to do with innocence. Being a man involved in a birth-oriented project means my own sense of ‘being guilty’ as a male in relation to the founding experience with my mother came up. My mother’s own abuse experiences meant being a first-born male was to land in a double-bind of loving and having difficulty with who has arrived, because of their sexuality.

And sexuality is intrinsic in the pregnancy and birth field – the conditions most supporting of the labouring woman are also the conditions of making love: ‘private, safe and unobserved’ (Buckley, 2005/2009). As a man, then, it can be

quite tricky to be arriving with ‘good news’ for the field of birth, as to women navigating this important area of power: that is where so much of the damage has come from. The control of sexuality and reproduction is a significant part of the patriarchy (to the detriment of all), and women can be appropriately offended by this. I had to find the thought-form that was actually going to be helpful, rather than more ‘good advice’.

What helped was a deep understanding of my own birth and my response to that. I feel that my work is to do with forgiving the people and situation of my birth (from Dansby, 2005), instead of looping on resentment with an idea that ‘they’ undermined me as I arrived into the world (everyone panicked as I arrived). Instead of this, I was able, with help, to connect with a motivation of – ‘What do the people present at my birth actually need the most?’. The idea here is that getting stuck on resentment literally re-sends hopeless messages that support no one. If I can shift my own thinking, everyone, past and present, benefits. Doctors, midwives, nurses at my birth, I reasoned in myself, could use some support in understanding their own life stories and births and, importantly, have somewhere to take their distress as it arises in their work. This is the ‘Trauma-Informed Choices’ part of the title of our conference. The work to found resources and skills that are supportive for those in the perinatal field is something that is of profound interest to me. But it’s only helpful if it comes from a place free of resentment, and is a genuine enquiry into ‘What do people in this field need right now?’.

So the conference is our response to that question. I could go through the list of presenters and their topics, but that doesn’t seem to be the important thing here. You can see it at the link in note 2, below. I would like to touch on the matter of questions, however. Leading obstetrician and birth specialist **Michel Odent** opened our conference. With **Binnie A. Dansby** later in the day, we had two elders who use questions to navigate the powerful dynamics and times of the perinatal period. Odent points out that in all fields of study, enquiry and action, humanity is collectively in an ‘unprecedented

situation’ and ‘at the precipice’. We have to ‘phrase appropriate questions’, to navigate our way through the serious predicaments of climate crisis, social and political upheaval. Odent asks: ‘What is the future of humanity if (due to the recent interference in birth physiology) most labouring women do not give birth with a “cocktail of love hormones” running in them?’ His focus is the physiological capacity to love, going forward.

The very essential and creative nature of the perinatal time has meant that essential questions about that time also have implications for humanity as a whole. For Dansby, phrasing appropriate questions is a way of skilfully discovering how we ourselves were born, and how that is influencing our lives, parenting and capacity to care for and love another. In this way Trauma-Informed Care develops and includes traumatic experiences that, unless addressed and turned into life-affirming messages, serve as traumatic informing imprints. Having this understanding present in the field of maternity/perinatal care has the potential to make that field more sustainable for everyone in it.

We had a great conference. The satisfaction is that the traumatic imprints, present in the organisers and presenters, for the very most part was good compost for the event. The information, both challenging and educational, came across in an accessible way, and the event had a ‘whole’ quality that led to a sense of safety as the very difficult territory of perinatal experience in the pandemic was embraced and addressed.

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Note

- 1 See Binnie’s website at www.binnieadansby.com, which has useful information about her affirmations model.
- 2 <https://pregnancy-birth-and-trauma-informed-choices.heysummit.com/>.

References

- Buckley, S.J. (2005). *Gentle Birth, Gentle Mothering: The Wisdom and Science of Gentle Choices in Pregnancy, Birth, and Parenting*. Brisbane, Australia: One Moon Press (2009 edition publ. with the sub-title *A Doctor's Guide to Natural Childbirth and Gentle Early Parenting Choices*, Berkeley and Totonto: Celestial Arts; 2005 edn available online at <https://tinyurl.com/6amdju6x> – accessed 15 August 2005).
- Dansby, B.A. (2005). Lotus birth: the water birth of the Malcolm twins (DVD). *Journal of Prenatal & Perinatal Psychology & Health*, 20 (2) (Winter): 180–2. See <https://tinyurl.com/kuzzw43r> (accessed 15 August 2021).

About the contributor

Elmer Postle has completed formal trainings in Prenatal and Birth Therapy in the USA in 2000, in Source Process and Breathwork in 2006, and in 2014 in Biodynamic Craniosacral Therapy. He produces film recordings internationally in the therapeutic and self-development fields, and has directed an in-depth study of birth psychology in the documentary ‘The Healing of Birth’. A co-founder of the ‘Fathers-to-Be’ initiative, Elmer runs his Biodynamic Craniosacral Therapy practice in West London, where he lives with his wife and son. More Information: www.owlcranial.com.