



Embodying Embryology: Accessing Our Original Potential

By Cherionna Menzam-Sills, PhD, OTR, RCST

My first inkling of early trauma emerged while receiving bodywork. While previous therapy was helpful, touching early prenatal and birth traumas hidden beyond my conscious awareness required including my body in therapy. Massage leading to emotional release began the process. This was followed by dance/movement psychotherapy where I learned to notice and express what was held in my tissues. I was fascinated by memories of feeling unwelcomed and unwanted, losing a twin, being plucked out of the womb with forceps from a mother too drugged to remember if she had held me after birth, or to realize the wrong baby was brought to her three days later.

I had found myself intuitively supporting my own bodywork clients, who sometimes spontaneously ‘birthed’ themselves off my treatment table. For example, one client pushed his head into my unsuspecting hands and found his way onto the floor as I somehow supported his body. We both had a sense that he had just been born.

I was formally introduced to the field of prenatal and birth psychology as part of my masters in somatic psychology (dance/movement therapy). Ignited, I spent ten years in post-graduate studies, including intensive personal work and extensive training with pioneers in the field of prenatal and perinatal psychology.

My healing journey fortunately included a major paradigm shift in orientation, which profoundly affects

how I now work. In those days, the focus of prenatal and birth therapy was guided regression, leading to cathartic expression of terror, rage, grief, and other long suppressed emotions. The concept of resource—what supports us and helps us to cope in the midst of our challenges—introduced in training with William Emerson and Ray Castellino, initiated the possibility of something else. Discovering why I often felt like a helpless, vulnerable little one (the fetus, newborn, infant, toddler or child I had once been), my sense of inner resource grew as I learned what real support felt like in my body. My life challenges began to make sense. My story became more coherent, and my body softened its hold on the past. Studying Craniosacral Biodynamics (Sills, 2011) further taught me to orient to health, to shift my focus from symptoms and patterns to the underlying generative

forces they pointed to. Recent advances in neurobiology related to rewiring our brains through mindful, present-time awareness has deepened this understanding.

Today I combine prenatal and birth psychology with the subtle, respectful listening of Craniosacral Biodynamics within a safe relational field, incorporating fluidic somatic inquiry through Continuum Movement, also known as Continuum, and other movement practices. Continuum, developed by the late Emilie Conrad (2007), utilizes breath, vocalized sound, gentle movement and mindful awareness to slow ourselves down and deepen into our natural fluidic state. Carefully facilitating resourced, mindful presence, my work aims to access what I call our original embryological potential.

From Trauma to Potential

Our history begins before we are born, profoundly affecting us throughout life. We begin as one simple cell, with an incredible potential to develop into a very complex, capable body. This original embryological potential persists, even when occluded as we form our bodies, personalities and relational tendencies within the context of mother, parents, and surrounding community.

Our early history lurks in the shadows of our unconscious, held within our bodymind as tendencies, behaviors, and patterns with which we identify. Becoming aware of the effects of our early stories often draws us into them, cycling into pain and trauma. Shifting our awareness, however, can alter our relationship to our history, changing our context, as we open to other, more supportive influences obscured along the way, returning to our original potential.

In prenatal and birth therapies, we commonly encounter early origins to relational issues. For example, a woman we'll call Jane discovers her chronic distrust of men and inability to establish or maintain a loving relationship derives from her conception. Her father forced himself on her mother in an inebriated state, later regretted. In therapy, Jane encounters her terror as an egg being attacked by a forceful sperm. She identifies with the helpless egg.

There are various ways we might access potential here. Jane might, for example, imagine herself as a sperm approaching an egg, enabling her to discover a sense of movement and power. Wiggling her tail may generate an active, even fun sperm dance.

Embodying the quieter egg also provides gifts. Deepening into a slow, fluidic state of suspension, allowing a sense of receptivity, Jane

asks, *what do I choose to receive?* Where she had avoided receiving, fearing invasion, she re-connects with the original receptive state, prior to trauma.

Jane then remembers the blueprint's interactive dance between egg and sperm. Communicating with each other via chemical substances, egg invites sperm in. Sperm enters and vulnerably loses his tail, combining his genetic material with hers. Experiencing this cooperative interaction, Jane opens to a more gentle collaborative, even vulnerable aspect to men in her life.

Another common issue in prenatal and birth psychology is 'umbilical affect', a term first coined by Francis Mott (1964) and used by Frank Lake, referring to how one experiences maternal feelings through the umbilical cord, before and after birth (Maret, 1997; William R. Emerson, personal communications, August 4, 1995, Sills, 2009). Little ones do not differentiate between mother's experience and their own. If mother feels afraid or angry, little one hormonally experiences fear or anger. As cell biologist Bruce Lipton (2008) describes, genes may be turned on and off depending on the mother's perception of her environment as safe or threatening, intending to prepare the pre-nate to enter her world. Umbilical affect, however, can have persistent, maladaptive effects genetically, physically, psychically, spiritually. For example, I have spent my entire life managing allergies after growing in a toxic prenatal environment. Developing awareness of umbilical affect can be healing. Orienting to available potential takes us that much further.

One of my favorite ways to work with accessing umbilical potential is through Continuum, where we can feel suspended in fluidic stillness. We may sense a huge umbilical cord connecting us to the cosmos, an

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*Take some time to settle yourself, be with your breath, sense your body resting into your chair.
Imagine a large fluid yolk sac growing forward from your belly.
Imagine filling it with light, love, all that nourishes you.
How does this feel?*

infinite source of energy and aliveness.

I also find it useful to work with the umbilical area prior to development of the umbilical cord. The early embryo is a relatively flat arrangement of cells suspended between two fluid vesicles, amniotic sac and yolk sac. The amniotic sac on the back of the embryo is filled with amniotic fluid, almost identical to cerebrospinal fluid (CSF). A. T. Still (1892, 1986), founder of osteopathy, described CSF as “one of the highest known elements that are contained in the body” (p. 44-45). Essential to health, cranial therapists perceive this pure fluid as carrying the

energy of the source of life. The belly side of the embryo at this stage is the yolk sac, apparently a source of nourishment. Both sacs contribute to forming the umbilical cord and the placenta. The embryo intelligently establishes these supportive structures first, ensuring a source of ongoing sustenance, before developing the actual body of the baby.

Yes, the embryo initiates developing the umbilical cord and the placenta. Mother cooperates. Immersed in negative umbilical affect, from such experiences as being unwanted, chronic maternal stress, illness, drugs, loss and

grief, etc., we usually feel like helpless victims. We can, however, access our own creative ability to design the supportive structure of our choice, accessing our early potential. We can practice somatically opening to receive what we choose from our yolk sac, imagining it extending from the belly, filling with light, love, etc., as we sense our cells receiving its nourishment. Through this work, I have seen that recovering our creative power may shift our relationship with food, mother, and others, creating a new sense of safety and support we may never have felt before.

Mindfulness and Early Trauma

Where unresolved trauma locks us in the past, unable to receive the goodness of now, mindfulness can return us to present time. Mindful sensory attention facilitates healing early wounds. Babies are right brained, holistic, present time creatures, depending on caregivers to differentiate between past and present for them. Infants approached too quickly or put in a position reminiscent of being stuck in the birth canal can re-experience their birth trauma. Similarly, a client or workshop participant in touch with very early terror may feel its source as current. The well-meaning therapist becomes the insensitive doctor or needy parent. In that little one state, we lose touch with the adult body and its abilities and resources, often disastrously affecting relationships with a love partner, boss, colleagues, children or others.

Simple mindfulness practices enable us to notice our current environment, remembering inner and outer resources, being aware of sensations in the body now . . .

I'm here in the 21st century. I'm safe now. I feel my feet. I feel the floor under me. I'm breathing. I'm alive! Oh, this person I'm with is actually friendly, sensitive and supportive!

Our neurobiology shifts with our orientation. Terror involves ongoing firing of the amygdala, a sentry in our brains, always alert for danger. Sorting incoming stimuli for threat or safety, based on past experience, the amygdala signals other brain structures accordingly, often stimulating a stress response throughout the body. While useful in truly threatening situations, people with unresolved or overwhelming trauma can become locked in this response.

Present time awareness helps to engage the pre-frontal cortex, a more recently evolved part of the brain. This shifts our perception, enhancing ability to reason, calm, and self-regulate. Being supported within a safe relational field also stimulates other parts of the brain, and especially the social engagement nervous system, a part of

the autonomic nervous system that keeps us safe through communication and orientation (face-voice-heart connection) (Porges, 2004, 2011). As we experience safety, our defensive fight, flight and freeze reactions can relax, our perception shifts allowing for social engagement/interactions with others (Porges, 2004, 2011).

On a somatic level, I find Continuum particularly effective in mindfully arousing the small muscles of the face, awakening the social engagement system. *Take a moment now to make tiny movements with your lips, cheeks, and head. What happens?* Turning the head is involved in seeking the source of potentially threatening stimuli. Neck tension often comes from being stuck in this orienting response, possibly originating as early as birth. Making slow, tiny movements rotating your head slightly to one side and then the other can work on different levels. It can soften the muscles and interrupt chronic hyper-vigilance. It can also engage the spiral involved in negotiating the birth canal in a slow, manageable way. Where one feels stuck, crunched, or overwhelmed in birth, she can make these micro-movements and begin to generate a new sense of freedom.

The Potential of the Birth Experience

Birth therapy often focuses on what goes wrong at birth—interventions, speed, overwhelm, etc.—but birth expresses an ancient blueprint for shedding the old and entering the new. Babies use their little feet to push against their mother's uterine wall. This push can move from the top of the head, down through the body midline and legs, ideally to be met by the uterine wall contracting in a warm, wet massage. If this ancient blueprint was interrupted, we may still long to have been born that way. We are, however, being born every moment.

What would it take for you to birth yourself in a more satisfying way in this moment? Even as you read this page, there is the possibility of feeling your feet push into the floor. Can you pause for a moment to feel this push? How does that feel? Where do you feel it in your body? Does it stop at your feet? Can you feel it up into your legs, pelvis, trunk, head? Pushing your feet into the floor, you will probably find your head lifts. Can you feel that?

That is a tiny bit of birth potential you can access this very moment.

It is fascinating but complex to review each stage of our early development and ways to access the original potential in present time. While this is beyond the scope of this article, I am writing a book on the subject entitled,

Fluid and Cosmos: Embodying Our Original Embryological Potential. For now, I briefly describe simple ways to access original embryological potential.

Continuum mentioned earlier is one way of experiencing the natural wave motions that characterize the embryo. The breaths, vocalized sounds, mindful movement and awareness of Continuum invoke the waves, spirals, and pulsations of our naturally fluid bodies. Imagine slightly stirring water in a bowl with your finger. The ripples emanating from your finger movement are akin to the subtle, rhythmic motion that arises spontaneously in Continuum. This resembles the movement of an embryo suspended within the watery environment of the womb. The micro-movements suggested earlier can be done anywhere in the body to reinstate natural flow and melt old patterns in the body. If you consider how the embryo develops from one zygote into the very complex beings we are, you begin to tap into the immense potential of floating in slow motion, as in Continuum. Add in a safe relational field as provided by good therapists and surely anything is possible.

Cherionna Menzam-Sills, PhD, OTR, RCST, is a prenatal and birth therapist, movement therapist and Biodynamic Craniosacral Therapist. Drawing on over 35 years experience, her background includes an M.A. in Somatic Psychology (Dance/Movement Therapy) and a Ph.D. in Pre- and Perinatal Psychology, as well as Occupational Therapy, Massage Therapy, intensive study of BMC and Body-Mind Psychotherapy with Susan Aposhyan and 10 years with prenatal and birth psychotherapy pioneers, William Emerson and Ray Castellino. Cherionna has taught graduate students in both Somatic Psychology and Prenatal and Birth Psychology at Naropa University and the Santa Barbara Graduate Institute. She has also taught Embryology through movement for almost 20 years. She currently teaches Continuum Movement and practitioner trainings in Biodynamic Craniosacral Therapy across North America and Europe, often with her husband, Franklyn Sills. She has published chapters on early development in volumes one and two of *Foundations in*

Craniosacral Biodynamics, and is currently working on two soon to be published books, *Fluid and Cosmos: Embodying Our Full Embryological Potential* and *The Breath of Life: An Introduction to Craniosacral Biodynamics*. Originally from Canada, Cherionna lives in Devon, UK, with her husband and step-daughter, Ella. She has a private practice and is Senior Tutor at Karuna Institute. Cherionna is committed in her work & life to embodied presence. More information available on her website at www.cherionna.com.

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