

BOOK REVIEW

Somatic Maternal Healing

*Psychodynamic and Somatic Trauma Treatment
for Perinatal Mental Health*

by Helena Vissing

Kate White



At the outset of a review of *Somatic Maternal Healing*, I want to say, *Finally!* Finally, books about somatic trauma healing in the prenatal and perinatal field are being published. Helena Vissing, PsyD, SEP, PMH-C has written a holistic text that combines psychodynamic approaches to understanding a woman's transition into being mother, especially the biosychosocial aspects and identity, and the bodily-felt sense approach to working with healing trauma in the prenatal and perinatal period.

The book is divided into two parts. Part 1 consists of five chapters describing the need for a somatic and psychodynamic approach to helping women with prenatal and perinatal trauma. Part 2 consists of five chapters presenting the clinical approaches and skills associated with the approach Vissing previously describes. Her text blends cultural, societal, psychological, and physical factors that play a role in the confusion and trauma women experience when they cross the maternal threshold. She writes, in the very first sentence in the introduction:

When I became a mother in the early Spring of 2012, it felt like I walked through a big, heavy door that then slammed shut behind me. This isn't only a metaphor for my emotional experience of my transition to motherhood; it was also a physical experience. (p. 1)

Many women report feeling traumatized as they cross this threshold. Current data report that as many as 45% of new mothers in the United States experience traumatic births, with these impacts lasting long after the birth itself (March of Dimes, 2024). Women who need help to integrate these experiences are often caught between the fact that many practitioners are not trained to help with traumatic birth, and the possibility of feeling inadequate or even stigmatized as having postpartum mood disorders when they are having natural and normal responses to overwhelming events. Vissing further spends chapters exploring the biopsychosocial clinical practices that aid practitioners and families to help women make sense of their experiences. She outlines the need for her framework because there is so much confusion about what birthing parents are experiencing: Could it be postpartum mood distress as defined in the literature, or could it be a trauma response? Could it be that parents are having a hard time with unrealistic expectations of themselves, and from culture and society? Or could it be from layers of trauma from the parents' experience, such that they have no reference about how to be with and parent a newborn? Vissing addresses all these questions in her book, as well as skills for practitioners to consider.

Part 1 offers conceptual frameworks and a review of literature important for her holistic message. The book opens with definitions of trauma, stress, and trauma-informed approaches. Having spent a lot of time reading the data about prenatal and perinatal trauma, I know that professionals need to address post-traumatic stress disorder (PTSD). We need to affirm the challenge in childbirth. Many times, the traumatic stories that we hear may not fall into the category of post-traumatic stress, but need still need to be addressed. For the new provider seeking guidance, professionals need to review the diagnostic elements for PTSD, as well as other elements connected to the overwhelming feelings that occur prenatally, during birth, and after birth. A provider who cares for families who have had difficult births encounters many layers of experience, including early childhood trauma or trauma in the parent, discrimination and racism, a challenging conception, overwhelming pregnancy, traumatic birth, challenges after birth, such as breastfeeding trauma or neonatal intensive care stays, or postpartum illnesses. We have trauma-informed principles from proven fields such as substance abuse, and other psychological approaches that we can apply to the maternal field (see pp. 46-47).

Vissing also addresses the ways society and culture can undermine a new mother (Chapters 1 and 3). Using feminist theory, cultural and critical analysis, and clinical co-regulatory approaches, Vissing weaves a theoretical cloth for her somatic and therapeutic skills outlined in Part 2. In particular, she uses the concept of “bodyless mothering” and body insecurity. Many women have challenges making an easy transition to being a mother when they have had a traumatic prenatal and perinatal experience. Vissing pulls from the work of Christine Caldwell and her concept of bodylessness, which she identifies as “ignoring the body, seeing the body as an object or project, hating the body, and making one’s own or other’s bodies wrong” (pp. 69-70). Women will often blame their bodies and themselves for their difficult experience, and suffer silently. They apologize for their bodies, feel betrayed by them, feel like they have failed, and then feel disempowered in their role as mother of their baby. Vissing writes that often the provider is treating two raw nervous systems in the room, the mother and the baby, and the way they are with each other. Our job as providers is to help the more mature nervous system heal, and then come into relationship with her baby to help soothe and regulate, thus creating a template for secure attachment. This “intersubjectivity” is part of the psychoanalytical tools Vissing provides, as well as just the subjectivity of the maternal body.

She provides a counter to *bodylessness* with *bodyfullness*, outlined in Chapter 3, both concepts from Christine Caldwell (2018). Trends in helping women make the leap to moth-

erhood include matricentric feminism. Vissing makes the case that we need to restore a woman's identity by relieving motherhood of patriarchal oppression, a central tenet of matricentric feminism. She pulls from the analytic writing of Andrea O'Reilly in particular (2007, 2019, 2020, 2021). Vissing's writing calls for a cultural and societal resistance to bodylessness and patriarchal definitions of the mother through bodyfullness. She says, "[P]atriarchal motherhood turns women into bodies that birth instead of full subjective who have their identity transformed in a developmental and embodied sense by becoming mothers" (p. 105). She again pulls from Caldwell's work and her concept of bodyfullness as the practice of sensory awareness, or feeling in the body, and enlivening a new story of the maternal body. Further, she states: "Experiencing the new maternal body is a sensory experience, but it must be integrated and made sense of through responsiveness towards and reflection on these new sensations, which is the essence of bodyfulness" (p. 107). A new maternal self is born, one that feels empowered and can then mother her baby.

These chapters in Part 1 accompany two chapters on somatic trauma theory and perinatal moods to help bring the reader into a state of readiness for the skills in Part 2. Sensory awareness is a necessary step in the somatic healing process. The therapeutic and medical consumer communities are aware of how the "body keeps the score" (van der Kolk, 2015). Vissing describes the body-based healing approaches employed by Peter Levine in his development of Somatic Experiencing®. Body-based psychotherapy was developed from a relational psychodynamic approach, but Vissing also says that the somatic approach grew from "... significant advances in the neuroscientific fields of interpersonal neurobiology, affect regulation theory and traumatology" (p. 116). In her final chapter of Part 1, Vissing describes the bottom-up approach to trauma treatment, making the case for the somatic approach for maternal healing. She further combines this approach with descriptions of the risks and vulnerabilities of the prenatal and perinatal period.

Part 2 describes the principles, treatment goals, and key clinical skills of maternal somatic healing. Vissing calls for a blending of feminist principles from matricentric work to help with the mother's new identity. She further combines this with somatic psychology to empower the mother, help her craft a new narrative of her experience, regulate her nervous system (and that of her baby), and also give the provider a basis for clinical skills. The chapters define the psychological, biological, and social approaches to healing. For a shortcut to understanding Vissing's message, see the introduction to Part 2. There, she outlines her approach and defines key clinical skills:

1. Ability to identify and track own patterns of nervous system activation.
2. Ability to identify and track clients' patterns of nervous system activation.
3. Familiarity with the particular forms of nervous system upheaval and dysregulation of the maternal transition.
4. Ability to actively use own somatic countertransference to deepen the therapeutic relationship, using knowledge about the landscape of the perinatal nervous system patterns and one's personal somatic biases.
5. Sensitivity to the client's verbal and nonverbal expressions of resisting (or seeking to resist) patriarchal motherhood, and claiming the embodied maternal subjectivity. (p. 144)

Chapters 5 through 8 provide a satisfying exploration of clinical skills the provider needs to help with somatic maternity healing. Vissing is Somatic Experiencing®-trained, so the chapters describe the sensory skills needed to help with bottom-up healing. It is particularly satisfying that she emphasizes that the perinatal therapist needs to be proficient in tracking their own somatic reactions, and their own somatic histories. She says:

“One of the most important forms of support in the perinatal period is to experience somatic attunement ... We must offer the new mother an experience of being received on a bodily level, meaning that the wildness of her maternal transition is fully received, and not defended against, by the therapist. In this way, we listen to her in her raw embodied state, with our body” (p. 148).

Resonance is one of the dominant tools described by Vissing. By feeling our client’s visceral, body-felt state and reflecting that, the mother can then feel heard. Citing Peter Levine (2010) and Raja Selvam (2022), two somatic therapists and instructors, Vissing states, “Resonance is the therapist’s powerful instrument for attunement and connecting, indeed the basis of intimate relationships” (p. 150). Our own bodies become an important tool in the space. This resonance combines with presence in the provider to help the new mother, facilitating the feeling of being held, felt, heard, and understood; the huge ruptures that accompany birth trauma can then be repaired. A woman will often carry the trauma of her birth her whole life. This kind of repair is sacred, life-giving work for the parent, baby, family, and future generations. Vissing addresses the tools of co-regulation and the mother-baby relationship, grief, and shame. She assists the therapist in orienting to their own self-regulation as a practice, and supports counter-transference as a tool in the therapeutic relationship.

Vissing completes her book with case studies and specific ways that the clinician can work with somatic maternity healing. Of particular use is the specific application of skills, tools, and even mastery of words and phrases for the clinician. The reader can glean skills, sensation words, overarching steps, and specific applications. The relational therapeutic field is seen as a development of a new nervous system in the parent, parent-baby, and family. Her model of somatic maternal healing is seen on page 207, building as nesting concentric rings in this cascading order:

- Stabilizing and safety
- Increase affect tolerance with sensory awareness
- Build internal and external resources through bodyfulness
- Gradual integration of traumatic memories
- Expansion and integration

Vissing states that “the essence of trauma healing lies in the restoration of a sense of aliveness and a reconnection to full-body awareness,” (p. 208) (Levine, 2010; Selvam, 2022). Vissing applies this to the maternal landscape, those very important neurodevelopmental moments of pregnancy, birth, and after birth that we ALL are impacted by. We are all born to mothers.

The completion of *Somatic Maternal Healing* includes the importance of psychoeducation and neurobiology for the clinician and the new mother. We know that trauma creates inflammation. We can help our world become more sensitive to the needs of mothers and their babies. Vissing provides specific treatment goals, descriptions, and objectives for psychoeducation.

I have spent the last two decades developing preventive tools and treatment options for birthing families who have experienced birth trauma. I know it is difficult territory. Birth trauma is not like other traumas; it has many layers, multiple plains of experience, and more than one person involved. In fact, it often has deep intergenerational or transgenerational layers. *Finally*, we are seeing books, articles, and trainings dedicated to this vital neurodevelopment threshold for humankind.





Kate White is an award-winning educator and an advanced bodyworker. She is trained in somatic therapies, prenatal and perinatal somatic health, lactation, brain development, infant mental health, and has specialized in parent-baby dyad care using somatic prevention and trauma healing approaches for nearly 25 years. She is a mother of two children, holds a BA and MA in Communication, is a Registered Craniosacral Therapist in the Biodynamic Craniosacral method and a Somatic Experiencing® Practitioner. Her work combines somatic trauma healing, energetic therapies, bodywork, pediatric therapies and education about the nervous system to help give families with babies and small children the best possible start. She is Founding Director of Education for the Association for Prenatal and Perinatal Psychology and Health where from 2013-2019 she created and ran the Prenatal and Perinatal Educator Certificate program, a large online educational program for professionals. She went on to found Prenatal and Perinatal Healing Online and the Prenatal and Perinatal Somatics Institute. She teaches classes online and in person, and offers a training called Integrated Prenatal and Perinatal Dynamics. She has a private practice in Charlottesville, VA called Belvedere Integrated Healing Arts (belvederearts.com) and offers her own seminars through the Center for Prenatal and Perinatal Programs.

Email: ppncenter@gmail.com

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