Anne Nicholson Weber: 00:00

This is episode 11. Thank you for joining me. Today, we're talking about birth trauma -- what it is, what causes it, how to minimize it, and how to heal from it. My three guests have so much insight and wisdom to offer on this subject. I hope you'll join us for this conversation.

Welcome to the BirthGuide Chicago Podcast, conversations about building your circle of support in the childbearing year. We connect you with experts in our community who can help you conceive, stay healthy during pregnancy, have a safe and satisfying birth, and embrace the joys and challenges of becoming a new family. I'm your host, Anne Nicholson Weber, and the founder of BirthGuideChicago.com, where every month, thousands of Chicago area families find relationship-centered care, from conception through the postpartum period.

Anne Nicholson Weber: 00:59

My guests today are three Chicago-area practitioners who have expertise in healing trauma related to childbirth. Stephanie DeFilippis is a licensed clinical social worker and perinatal mental health clinician. She's the founder of Crescent Moon Therapy Services, which specializes in perinatal challenges around conception, pregnancy, postpartum, and parenting. Tesa Emmart is a licensed clinical professional counselor, also perinatal mental health certified, and a somatic experiencing practitioner. She's the founder of Embody and Mind Collective, which helps people address perinatal trauma and postpartum struggles by incorporating traditional psychotherapy and body-centered techniques. Coming at these issues from a slightly different angle is Holly Rogalski of Kick-Ass Birth. Holly is a birth doula and childbirth educator with 18 years of experience. She has received advanced training in birth story medicine, and she offers birth story processing sessions to help those who've experienced trauma around childbirth.

Welcome the three of you. I'm so happy to have you. I think we should start by maybe defining our terms and, um, I wonder, uh, Stephanie, if you could actually define birth trauma, how you think of that?

Stephanie DeFilippis: 02:15

Sure. I think, you know, there's more than one way to think about it, but I really like to think of it as sort of like the physical and psychological injuries or distress experienced by a birthing person during childbirth. This could be anywhere from the physical injuries that they've experienced during birth or even emotional distress. You know, the intensity of the emotional distress, I can argue, can sometimes be even more than the physical injuries. And I think we get a lot of clients that come to us with sort of these intense, emotionally distressing ex

experiences and not really know where to sort of place, place their emotions related to it. Um, but that's how I define it. I'm not sure if you guys would add anything to that.

Anne Nicholson Weber: 03:04

Yeah, Tesa, maybe you could explain . . . I mean, birth is at least stressful and probably always distressful in some ways. It's painful and it's a huge experience. So what tips that into trauma?

Tesa Emmart: 03:21

One definition of trauma I really like that applies to childbirth and then traumatic childbirth I think is just simple -- this too much, too fast, too soon. And so if we think about childbirth in that way, it can happen really quickly. It can be overwhelming. But I think what makes it traumatic for many people is in not having agency or informed consent about what is going on and what is happening to your body. I think that's a big factor in what, what could be just the stress of childbirth turning into feeling like it was traumatic.

Anne Nicholson Weber: 04:06

And are there signs of trauma that a person can recognize in themselves to say this is more than just processing a difficult experience. This has become something more, more serious. Holly, do you have answers to that?

Holly Rogalski: 04:21

Yeah. And so the work I do is a little bit broader than just focusing on trauma. In fact, I'm always sure that I have referral sources for people that I would recognize as having trauma with a big T. Like there's emotional upset, there's distress, there's plaguing thoughts, there's unresolved questions, self doubts, self judgments, and I would call some of those like trauma with a little t. And then there's a time when you've actually witnessed, in my clients, like there's altercations to the nervous system and that's the big T trauma. And it is such a thrown out, commonly used word now that I think people don't even recognize, like, am I traumatized or not? But if you feel like you can't resolve a question, you can't resolve a sense of identity, you can't integrate the experience, then you're looking at something that needs to be addressed with someone who has some wisdom and has some experience helping you walk through it.

Anne Nicholson Weber: 05:20

And Holly, you, I think, alone of all of us have been in the birth room countless times. Why don't you -- I'd be interested to hear how you would pick up on what Tesa said about agency. 'cause that struck me as very important. And I wonder if you could maybe describe what a lack of agency looks like in the birth room.

Holly Rogalski: 05:41

I think in the moment -- so I have been to almost 300 births, and I think what's challenging about it is it's later, when you're looking back at the birth, that you're saying, I didn't have agency, I didn't have a choice in it, I didn't have a voice, I felt unheard, I felt overwhelmed. When you're in it, you're basically just surviving and getting through it, and maybe not making decisions with the frontal lobe of your brain where you are actually feeling that agency. Like I've, I have seen, you know, some mistreatment among providers. I don't think it's nearly as widespread as social media would have you believe. But, you know, occasionally I've had clients being given medication without their consent. and as much as possible, I slow down the process and I ask my clients like, this is happening right now: Do you consent to this? Do you have questions? There are times when things are really black and white, like life and death. More often in birth, things are slower and you can slow down the process and you can ask for time to talk about things, time to make decisions. So we can slow it down, but sometimes it's not until afterwards that we really process those things.

Anne Nicholson Weber: 06:42

I'm interested if anyone wants to address the question of advocacy in the birth room. So we talked about the importance of agency and of informed consent. There's this very delicate balance between feeling like you just got pushed around, but also the cost of having to fight when you're in labor. That can be very disruptive to the labor process. So I wonder if you have any advice about, you know, what is productive advocating for yourself, and when is the cost too high almost?

Stephanie DeFilippis: 07:21

I feel like I'm going to default to Holly on this one since she has over 300 births.

Holly Rogalski: 07:25

Almost 288 specifically <laugh>. Yeah. Uh, people don't like my answer to this one. You know, I've done this a long time and my answer to this has changed quite a bit over the years. When I first became a doula, it was very much out of a system of fight the power, fight the man, save the women from the system. And the longer I've done this, the more it's been about the psychological shattering and identity shift that happens. And, I tell my clients -- I'm no BS with them -- ahead of time. Like, you know, I know most providers, how they're really going to be, and I will tell them like, I don't think this is going to be a fit for what you're wanting. Or this is what it's going to take, what it may look like, how you're really going to have to prepare.

Holly Rogalski: 08:15

You know, you walk into an institution where they do it a certain way all the time, it's hard to disrupt that system. That's like standing in front of a freight train. So trying to do the work

ahead of time where we've got a good fit between what I'm looking for and, and how they do it. But when I'm in a labor room, I think of myself as kind of like a air conditioner. Like I'm -- if the nurse comes in and she's had a rough day while my client's in the bathroom, I'm going to see what I can do to make her feel good, the nurse. Or I'm going to play dumb to this provider and ask questions I know the answer to, just to gain rapport. So I want as much as possible for the vibe in the room to be positive. 'm working for my client, but I'm doing it kind of the backdoor way, bypassing egos, not being confrontational, trying very hard to just help everybody in that room feel good, recognizing that everyone in that room has a positive intention.

Holly Rogalski: 09:15

They're doing the best they can with what they know and what they've learned. And I do not stand between providers and patients. I think there's a lot of doulas out there that they go in and they act more like bouncers than advocates. I try to slow down the process by asking my clients . . . like, you know, I was just at a birth Sunday and, and the doctor described something and then she was just going to start doing whatever. And, I just asked her, I was like, I know you had some questions about that earlier: Do you have any you want to ask right now? I just try to open it up so that we can slow it down and do that. But if I'm introducing tension in that room by being adversarial, it does not help anybody.

Anne Nicholson Weber: 09:55

And that takes us back to Tesa's point about the too much, too fast, too soon. And I imagine that the same scenario can be experienced by different people and for some it's fine and just something that was difficult and they got through it, and for others it kind of sticks and, um, creates issues going forward. Stephanie, do you have anything to say about, about either what those differences are or what someone can do before birth to kind of be one of those people who will get through it even if things are difficult?

Stephanie DeFilippis: 10:31

Yeah, I mean, I think we've all already kind of alluded to the fact that so much of the birth experience is out of our control. And there can be this either unspoken power hierarchy in the birthing room in some sense, and that can feel really overwhelming to people, especially first time parents who are really looking to their providers for direction, right? And they're placing a lot of trust. And then when they feel like that trust is breached, that can kind of lead to that traumatic experience. So we talk a lot about having, um, -- you know, you asked about ways to prevent, and I don't love that word 'cause it makes it seem like it's our fault that the trauma has happened, and that is not the case at all. But I do like to talk to people about like this

idea of birth preferences versus birth plan, because I do think that it helps create more realistic expectations around the birthing experience, and that's where having doula and other support people in the room who can be advocates for your preferences in that setting and be the voice when you're tired or overwhelmed, right?

Stephanie DeFilippis: 11:45

I think that's definitely one way. I think having these conversations with your provider beforehand, like, can you walk me through kind of what this whole process looks like? I've never done this before. You're not supposed to know. Nobody knows, right? The movies are not realistic. So I think there's a lot of room for just psychoeducation and preparation in a different way than I think a lot of people currently think about labor and delivery, right? And so if we have, again, like that fork in the road, expectations, if this happens, you know, this might be how I feel. But like, let's walk through the scenarios. And what I find with a lot of individuals I work with is they don't even want to think about birth. They're like, ignorance is bliss, right? And I respect if that's the way that people want to go about things, but that is where sometimes we can run into some issues because they say, you know, ignorance is bliss, but they -- we all have preconceived notions about our labor and delivery experience and, you know, we should, especially as women, you know, we've probably thought about it before.

Stephanie DeFilippis: 12:55

So I think it's when those expectations don't sort of align with the outcomes.

Anne Nicholson Weber: 13:00

Tesa, you're nodding. Is there anything you want to say to that?

Tesa Emmart: 13:03

I absolutely agree with what Stephanie's saying. And you know, trauma isn't in the event, right? Because we can all go through the same -- and I'll use air quotes here too -- event and not experience or identify as trauma, you know. And that's not to say that those who identified it as trauma have anything wrong with them, but it's to say that it lives in our body. And so it's not even that we can say, if your birth goes this way, that's a successful birth, all is good to go, right? Like, there can be these potential options for it to become overwhelming, or not, right? So I think a lot of the focus on it is -- at least how I think about it -- is how's your body responding to what's going on. Not, you know, not actually what's going on. I'm a really big proponent of psychoeducation or educating our clients to know what potentially they could expect.

Tesa Emmart: 13:54

And granted with the myriad of potentials and childbirth, of course, we can't give every single possible thing that could

happen. And I want to be really clear too, you know, as a psychotherapist, I stay in my lane of, this is how I can support you emotionally. And here's what you might be able to go and ask these other providers -- if you're working with a doula, how they might be able to support you, or a midwife or a doctor. Just having an open conversation and asking, what could you expect? What are your preferences in the room? And if it feels overwhelming to do so with any of your providers, who's a support person that could come with you and help you ask those questions? You know, because when we get in a room sometimes with people that we see as authority in some way or have knowledge that we don't, that can be so overwhelming in and of itself that we can clam up or we can forget what we are going to ask and then we leave without our questions answered. And so just really trying to help people prepare for how to have those conversations as well.

Anne Nicholson Weber: 15:06

And is there more to it? Like, what are you looking for in their answers? What kinds of questions actually are useful?

Tesa Emmart: 15:15

I think it's important, really just like any provider you're finding, I think it's about fit. So I think it's how do you feel when you're in the room with them? Do you feel seen? Do you feel heard? Do you feel supported? Do you feel like you have the capacity to ask the questions you need to ask? And then it's different, I think, per person what matters. So do you want more information about medically what could be going on? Because some people want to know exactly what to expect in that way, and sometimes people want a more general explanation of that. And so I think it's really helping people create what are the questions you have. And sometimes you don't know what you don't know. And is your provider willing to sit down with you and have time to just support you and prepare for this gigantic life transition.

Anne Nicholson Weber: 16:04

Holly, do you want to add to that?

Holly Rogalski: 16:06

Yeah, I mean, I think what Tesa said is right on, and, and I emphasize this to my clients: it's less about like a certain kind of provider and more about like, does my ethos match up with that provider? Like, if I want a hands-off, allowing-the-process-to-unfold kind of birth, and that's what my provider does, then in the moment when things are hot and heavy, those conversations are simpler. If I want someone who is more proactive, more managerial, very risk averse, if that's my approach and that's their approach, then that's usually a better fit because then I don't feel like abandoned to the process. But more than anything, having a provider who, um, -- for one thing, like research shows, if they sit down in the room with you, that

makes you feel they're more trustworthy, you feel more connected, you feel like you got more out of that appointment.

Holly Rogalski: 16:57

If you feel like you're just on this conveyor belt, you're coming in, they're not even looking at you, they're looking at your chart . . . that is, unfortunately, the state of healthcare right now. It is just a bummer for everybody. I'm sure the providers also really hate being stuck in the system. But it's important to feel like, when I go in that I'm a human being to them and they're slowing themselves down enough to interact with me. What's hard is that sometimes providers just are really different in the prenatal visits versus the labor room, and that's really unpredictable. I think having someone, like a doula or other parents who have used that provider, who can speak to how was that provider in actual delivery, that can help you know what you're walking into.

Anne Nicholson Weber: 17:42

That's a great suggestion.

Holly Rogalski: 17:44

And I . . . and yeah, interviewing your provider, securing a team is important. But I also think one of the most important things that parents can do is examine any sort of blind spots. And the way that you do that when you're pregnant is you pay attention to what chapters am I not reading in the book? Like, when am I saying, that's not going to be me; I'm not going to need a c-section because I'm planning a home birth, so I'm just going to skip that. That's potential right there. Any birth story you hear that you're judging, that's something you're -- it's being revealed to you now. If that happens to me, how would I get through that? Instead of saying, that's not going to be me. So the things you avoid, the things you judge when you're pregnant, those are the windows into knowing where the trauma might be waiting for you if your birth does have that plot twist, if your baby does need that sort of experience or that sort of birth.

Holly Rogalski: 18:46

So there is a lot of work people can do ahead of time to minimize trauma, and that really is about looking at all the ways birth can go. And there's just so much misinformation right now, and you're talking about social media, people saying -- like they're demonizing medical support -- that's the only cause of trauma. But birth trauma is so often just about like the unexpected and birth itself holds within it the unexpected. So, so really looking at when you're pregnant, what am I not preparing for? And you don't have to spend a long time on it, but just think about, okay, if that goes that way, how would I get through it? What's around me, what's inside of me that I can bring to it?

Anne Nicholson Weber: 19:28

There's a woman in Australia who's doing something called The Birth Map project, and her concept is that a birth plan is a single strand, that what we really need to picture is, you know, the fork in the road, like where we develop risk factors in pregnancy, and what would that look like? I mean, exactly what you're saying, Holly, that when you just have one idea of what you want your birth to be and you've only confronted that in your imagination, you're so much less prepared, and that can be a source of trauma. I'm just restating what you just said, but I loved the idea of a map, which is not one line. It can show you multiple branching paths to get to the same place.

Well, let's move on to the situation where someone has had a traumatic birth for whatever reason. I mean, we can talk of . . . obviously one thing that could happen is things just go unexpectedly medically, but I think that's not always the case. I think you can have a traumatic birth, even if it looks a lot like what you hoped for. Stephanie, would you agree with that?

Stephanie DeFilippis: 20:37

Absolutely. I think as a society, you know, we have so many societal expectations around birth, around childbirth in general, and when we feel like the birth didn't go the right way -- and I'm using air quotes, right? -- that can sort of leave feelings of guilt or failure as a new parent. And that's a totally valid experience to have after childbirth. And I think that can go back to, again, to like these expectations. And what were those expectations that we had? You know, in my practice how I often see trauma manifest after a birth experience around feelings of guilt or failure or impact on bonding, breastfeeding -- if that's how they're choosing to feed their child. Trauma interferes with the early postpartum period. And if a parent is experiencing ongoing physical or emotional difficulties as a result of the trauma, we can see it manifest in that way. In the very severe cases, we definitely see symptoms of post-traumatic stress disorder. So that might be intrusive memories or flashbacks of the event, avoidance, negative changes in mood or thinking, more reactivity. But again, you don't have to have that degree of sort of symptoms. It doesn't always manifest that way, I guess is what I'm saying. Sometimes it looks different, and it can look more just like those feelings of guilt or difficulty bonding.

Anne Nicholson Weber: 22:15

And is it fine to just say, I don't feel good about it, I want help. Is that an . . .I mean, in other words, you don't need to cross some baseline of symptoms or severity, right?

Stephanie DeFilippis: 22:28

Absolutely. Everything in mental health, I like to say, is a spectrum, right? And your degree of experience doesn't negate you from getting help. Like, you can get help at any point on the

spectrum. You are worthy of help no matter how little or how much you feel from the experience.

Anne Nicholson Weber: 22:49

Well, let's talk then about what healing looks like, what's entailed in getting past trauma resulting from some experience in childbirth. Tesa, do you want to start that?

Tesa Emmart: 23:01

Sure. What I see a lot is, you know, shame keeps us stuck. And there is such an over association, you know -- in SE language, we call it an over coupling -- between traumatic childbirth and shame. You know, the feeling of there's something wrong with me, my body didn't do what it was -- and again, air quotes -- supposed to do. And so one way that we challenge shame is by speaking that which is causing it. And so part of the healing truly I think happens whenever somebody has a willingness to come in and just talk about, this is what's going on for me. Because naming those things that are causing us shame starts to challenge that shame, and shame I think can really keep us stuck. So part of the healing, a big part of the healing I think, is identifying that and recognizing how it's impacting you and your day-to-day life, whether that is sort of how you're getting your own needs met, how you're interacting with your child, how you are interacting with others in your life, these sorts of things.

Tesa Emmart: 24:12

And then of course it can look like, what didn't get to happen in the delivery room? And can we talk about that? Can we look at, um, you know . . . in certain ways it's kind of cool because our body can respond as though the event is still happening. And of course that does not feel cool when that is happening with people and it's traumatic and overwhelming. But in healing we can, our body can also respond to imagination. So we can also, you know . . . SE talks about the question often as, what didn't get to happen. And so what's the imagination of what didn't get to happen in the room? You know, I wish my partner could have spoken out louder. I wish that we could have just freeze framed time for a moment so I could have, you know, taken in the information a bit better. I wish . . . fill in the blank. And so I think sometimes sort of doing that repair work can really help people heal. And of course, just the relational piece of being with another human who sees you, who is willing to be in that pain with you and hold that space, I think is huge.

Anne Nicholson Weber: 25:23

And I can imagine that your friends and family may be dismissive, not understand. It may seem to them like, everything's fine, why are you fussing about this so much? So, just having a place where that doesn't happen, where that isn't diminished. Holly, I know that you do something called birth story processing and you -- I think you pointed out that that can

be a useful experience whether or not there's trauma. Is that what you were saying before?

Holly Rogalski: 25:52

Yeah, you know, I don't get into the semantics necessarily, because there's a lot of different causes for people to come to a birth story processing session. And in fact we . . . when I'm doing a session with someone, I'm watching for six potential, like, “seeds”, I would call them -- that's what they actually call them in birth story processing. Sometimes someone is upset by their birth because they had a rigid rule about what birth was supposed to be, sometimes sourced from like the first thing they ever heard from their upbringing, their own birth. And their birth -- like their baby's birth broke that rule. Sometimes it's absolute statements like saying, you know, your body's made to do this. And people are often, during delivery, confronted with the unpredictability of biology. Often in birth story sessions, people are working through a relationship break, like feeling unseen, unheard, judged, humiliated.

Holly Rogalski: 26:52

And so it may not even be about an intervention itself, it's more about the interaction with the provider or my partner, like Tesa was saying. And then for a lot of people, they're feeling like my body betrayed me because they're having their identity and there self wrapped up in what their body does -- when bodies are unpredictable. Like, you know, half of us in this room have glasses. Bodies do funny things. And we've moralized it in our culture that your body should do it a certain way and it means something about you if it doesn't go that way. And that is that shame that Stephanie and Tesa have talked about. The overwhelming physical experience or interventions are another one. Then a big part of it is also, like Tesa was saying, having an absence of a constructive process to work through it.

Holly Rogalski: 27:42

We don't have any ritual, we don't have any sort of cultural framework for you. You've returned from this rite of passage: good luck. You know, there's no framework or understanding of like you've just gone through something where you learned about life and about yourself and what does that mean to you now? So just having a place to kind of complete that cycle. I mean, we really think it's two and a half to three years after delivery where you complete that cycle, but having someone to walk through it with you along that process can help you integrate it into who you are now. But then also it's creating a framework ahead of time and afterwards just telling the truth about birth: that it is unpredictable, that it is inherently going to break you apart psychologically. And part of that reforming of who am I now . . . having an archetypal framework of that is so crucial to feeling like I'm not doing it wrong when it's hard. So

just creating that framework for my clients and helping them have an archetypal way of understanding it so that they aren't, going into that self blame, that self judgment because it's because it's so hard.

Anne Nicholson Weber: 28:57

And it's supposed to break us apart. I think that's a part of what needs to be said is, that's how you become this entirely new thing, which is a parent <laugh>. Um, so there's something very positive about that, but it is destabilizing. Stephanie, do you want to add anything to what Holly said?

Stephanie DeFilippis: 29:16

I like how you guys are, um, categorizing this period. I like to use the word matrescence, if you're not familiar with that, right? It's this idea that like when a baby's born, so as a mother, so is a parent, and that is very much what happens in the birth room. It really is a spiritual experience. And I think when that experience is severed or tainted in some way, you know, a lot of times a birthing person can feel guilty or upset or shameful. So I think I would add that. And the only other thing I would add too is like the birthing person is not the only person that can experience birth trauma; other people in the room -- whether that's a support person, a doula, right? -- like they can experience birth trauma too. And that's just something to be aware of.

Anne Nicholson Weber: 30:04

Yeah, so we focused a lot on the childbirth experience and the immediate postpartum period. I'm sure that there are many people who experience trauma but don't address it in the near term and then . .. . so I'm interested in what changes when you try to go back to this. Maybe you're pregnant again and you're realizing that you're afraid of childbirth, or that there are things in your way and you want to now go back to that earlier experience. Are the ways of addressing it different? Is there anything that's important to point out about that situation? Tesa?

Tesa Emmart: 30:40

Sure. So you're sort of speaking about what time do they actually come in to get help, or when they start to notice that they might have some struggles. And there's this beautiful thing our body does, that is such a skill -- or such a trait rather -- of dissociation. Like, that is such a protective factor in being able to get through really overwhelming experiences. So sometimes -- and a lot of times this is based on the past history of the birthing person, what other experiences they had in their life, their own biology, their own support system, whatever resiliency they have online -- but there are reasons then that something becomes traumatic: it's within the body, right?, not necessarily within the event. And so, sometimes then events happen and it brings up our past material. And so another

pregnancy might bring up our past experience of a traumatic childbirth or, you know, any other big transitions in our life.

Tesa Emmart: 31:48

And so I say it's never too early and it's never too late, but treatment could look different depending upon what's going on in your life. And you know, so if somebody comes in and they realize, you know, Tesa, I'm so overwhelmed with this pregnancy in a way that I wasn't with my first pregnancy. And you know, through sort of taking a history, we realize maybe their childbirth was traumatic and they're currently pregnant. A lot of it would be, how do we help your nervous system stabilize right now? You know, because your body's doing a lot of work creating ear lobes and a liver and, you know, everything it's doing. And so how do we help stabilize that? And now maybe it's six months postpartum and you're noticing, “I'm having a really hard time engaging with other people. I'm feeling checked out and, um, I'm not quite sure what's going on.” It might be, okay, let's look at what was your childbirth like, what were those first few months like, there might be more resource on board to sort of do the trauma processing now, you know. Or it's five years later or whenever, you know. We work with people wherever they are because, like I said earlier, our bodies respond as though that event is still happening.

Anne Nicholson Weber: 33:07

And Tesa, we haven't talked particularly about the body centered therapies that you do. Is that the right term? Is that how you talk about it? And how does that look different from typical talk therapy? Or does it?

Tesa Emmart: 33:23

Yeah, it's a good question. So, if you were fly on the wall in some of my sessions or any body-centered sessions, they might not necessarily look so different, but it might be the questions that we're asking, you know. So when somebody feels something, that's physiology . . . and the meaning we make of it, and an emotion label we put on it as well. But, you know, if somebody says, “I feel anxious”, what do you mean by that? What's happening in your body that's telling you that you're feeling anxious? And so, in terms of traumatic childbirth, it might be noticing first and foremost -- because we're not really good at this -- where do you feel okay in your body? First we want to find resource. We want to find a way out of our body in the sense of, you know, if it's coming out to the room to notice something pleasant in the room to be able to downshift our overwhelm. So it might just be the questions I'm asking and sort of the pacing, you know. It's intentionally much slower because trauma is fast, and so we want to be able to slow down what's going on, and then we get to see these little nuances of our

body telling the story of what happened or what didn't get to happen.

Anne Nicholson Weber: 34:41

And Holly, maybe you could tell us a little more about what birth story processing looks like.

Holly Rogalski: 34:46

So a lot of providers -- doctors, midwives, nurses -- what they witness with people who've just given birth is what we call the fruit basket version of the story, where they're just really grateful. And there's nine versions that a birthing person goes through of their birth story. And they're actually pretty . . . they're predictable. And so we ideally do not have a processing session within the first two or three weeks because they're in -- initially they're in a version of the story where they're still kind of in it, there's not really a cohesive narrative yet. And then they get into the relief and gratitude, which is what we call the fruit basket story. And, "I'm just so thankful". And I see it all the time at birth. "Thank you, thank you so much. I'm so, I couldn't have done it without you." And I know this is where we are.

Holly Rogalski: 35:33

And then they start getting into the story of who showed up for me, who didn't, the story of relationships and what does this mean about this relationship and that one. And then it goes on for there. People can get stuck in these. So I had a session a year ago with a woman who was processing her 21 year old's birth. And the truth is, just like Tesa was saying, like, that stays in your body. That meaning you give it, that narrative becomes a refrain and animates your body. It animates how you live your life and the choices you make because it's a belief you have. It's like, this is true unless it's examined for maybe something deeper and a different truth, a bigger truth. So when you come, it really is more about like, which version of the story are you in? And that can be a week, it could be 20 years.

Anne Nicholson Weber: 36:30

Would you mind taking us through all those phases of the story? 'cause that was pretty interesting. We got the 'fruit basket' and then we got the 'who showed up for me', then what else?

Holly Rogalski: 36:40

Yeah, so this is all based on the work of Pam England, who wrote Birthing from Within. She's my mentor. I still train with her as much as I can because she's just got a special genius for this. So she created the birth story processing, um, process, and in her 30 years of listening to stories she started to realize this pattern. So it starts with having no story. It goes into the relief and gratitude 'fruit basket'. And then you get the relationships, like I described: who was there for me, who wasn't, what does this mean about us? And then there's sort of the social birth story. What does this mean in the larger context? What am I going to

tell Karen at work? What does this mean about me as a woman that I had to get an epidural, you know, et cetera, all the social constructs.

Holly Rogalski: 37:24 And then they might start looking for their medical records, what actually happened. That's the medical birth story. Like howlong was I in labor? How low did that baby's heart rate get, you know; should this intervention have happened or not? And, and that's when . . .that's a bottomless pit, that is a bottomless pit of all the things that I could have done differently or should have done differently. And so a lot of the process is really getting to a place of self-compassion and self-forgiveness . . . that, you know, everyone's always doing the best they can with where they are and what they have. And people can tell you that up and down, but you've got to get . . . that's got to come from inside. So that's the work when someone's in the medical story. And then this is a common one too.

Holly Rogalski: 38:03 We call it the revolving door of the victim and the rule keeper. So often when you feel stuck in a story, you've got at least two voices in your head. One is talking about . . . one is judging you for what you should have done or should not have done. The other one is the victim or the child who's saying, yes, but I was doing, you know, this. And they go back and forth, back and forth, and people get stuck there a lot. So if they're stuck in that revolving door, the answer out of it is validation and compassion. And just speaking to them in love, speaking to both those voices for what they need and what they're trying to get. And then they . . ., somebody might start . . . after they resolve that, then they come out with some wisdom.

Holly Rogalski: 38:43 And in indigenous cultures they say that you don't come back from your rite of passage until you have wisdom to bring back to the group. And so this is when someone's coming back with that, saying like, this is what I learned in it, this is what I know now. So that's what we call that more like the poet story. And then there's the huntress, where you're seeking and looking for like just a new integration, a new understanding of yourself. This is what I'm trying to get in birth story processing, because I'm trying to get someone looking for what else is true. Like, like I'm, I've got this narrative that, you know . . . let's say as an example, someone says, I am naive because I went into this birth and it was not how I expected and I planned so idealistically and the birth went plan C. But getting her looking for like, you know, how did you know to prepare that way, which part of you was preparing that way and having compassion for that naivety that was really just wanting to do the best for her baby.

Holly Rogalski:	39:44	So getting them hunting for their own answers for self-compassion. And then at the end when someone has like integrated, whether through some sort of processing or therapy -- or just some people are introspective enough, they can do a lot of this, their own work -- they get to another version where there's no story. and we call this the wise woman story, and you know, this is true because they may not even remember all the details of their birth anymore, they may just have like anecdotes from it. They may just be able to say like, oh yeah, this happened and that was really hard and you know, this is how I got through that. So it's not as emotionally charged, it's fully integrated. And by that time, they've usually actually had a few years of parenting to realize that there's a lot of ups and downs and there's a lot of really challenging things in this that I can get through and I can grow from.
Anne Nicholson Weber:	40:36	It's so interesting you say that because I just drafted an email about how it's not just one day, you know, that kind of meme that 'birth is one day, parenting is a whole lifetime'. And that is obviously true. It also, I think, can leave out something so important, which we are all circling around, which is that birth stories are central stories in our development. And I know Penny Simkin did research where, you know, women remember their stories for decades and with great emotion. I mean, it doesn't . . . so, so it's interesting, Holly, to hear you talk about that as a positive, that over time the emotion dissipates because you've integrated into this other truth, which is that birth is just one day <laugh>. So they're both really important truths. I think it is one day and it's much more than just one day, right?
Holly Rogalski:	41:34	But it has to come from within. That has to be like . . . someone else saying that from the outside has a subtle shame to it, right? So when someone says it is just one day and there's lots of parenting. But when that's something that you feel and you know and you say, then . . . It's just like, 'at least I have a healthy baby". The only person who gets to say that is the person who has the healthy baby.
Anne Nicholson Weber:	41:55	Yeah. Well, is there anything anyone wants to add to anything ? Tesa you look like you might be thinking of something?
Tesa Emmart:	42:03	I just . . . the word that keeps coming up for me is community, you know, and I think just in parenthood and motherhood, you know -- Instagram is full of all this quote unquote wisdom now, right? But this notion of, you know, there's so much support for the baby and then what happens with the mom? And so then I think about this and also then paired with when we experience trauma, part of what we do is we isolate ourselves, already in a

system that, you know, that we truly are meant to be with other people. Like we're meant to have the support, we're meant to have this community. And I just think that it's kind of this double-edged sword with becoming a mother, becoming a parent. And that already us lacking support -- as much as there are us out there, you know, - -- just as, as sort of a socialization. We lack support. And then trauma, I think, even throws us more into isolation. And so just the word community keeps buzzing in my head, for whatever that's worth.

Anne Nicholson Weber: 43:10

I think social media is a whole other topic we probably could talk about in this context. Because it's such a fake kind of community, I think. I mean, I don't mean to be as judgmental as that sounds, because I think there's amazing information and support that can come from social media. But these ideals that get turned into photographs that are so unrealistic and then become sources of shame and this, um . . . what's the word I want . . . this disjunction between your own actual lived experience and this imaginative, fake experience that you're measuring yourself against. Yeah, I don't know. Is there anything else we want to talk about? or just say we've done all we can for this time?

Stephanie DeFilippis: 43:58

Well, I really learned . . . I really liked learning from you, Holly, all those different stages. That was really interesting. I've never heard it put like that. And it's so sort of like a beautiful process for someone to go through. And while I don't walk through those nine stages with people, <laugh> in my work, it's very similar in this idea that I think all of us have brought up, like reintegration of the trauma in some sense. You know, you can do that through somatic experiencing, you can do that through traditional talk therapy, you can do that through EMDR, you can do that through brain spotting. But I think what we're all getting to is the fact that the reintegration happens when we are able to get back into our bodies after a traumatic experience. And what trauma does is throw you out of your body. So we need these sort of bottom-up approaches to reintegrate ourselves, recenter ourselves, and be . . not be able to, you know . . we can't get rid of the fact that the trauma happened -- it will always be with us -- but it'll soften in a way that integrates more seamlessly into our lives and we can move forward in a way that feels productive and empowering.

Anne Nicholson Weber: 45:05

That seems like a really great ending. Rhank you guys so much for talking to me about this and I've learned so much.