

## Graham: a Case History

*Karlton Terry*

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When I first met Graham, an adopted baby, he was four months old. His parents brought him to my Boulder, Colorado office where I work with many babies. Some of the babies I've worked with there were cross-culturally adopted, some of them have had emergency C-sections, surgeries or serious traumas, but Graham, was a "local boy" who had a "normal birth." His biological parents had known each other for only one month when he was conceived, and after his birth they were both diagnosed with Bipolar Disorder. Graham's mother was adopted, so Graham was second generation adopted. Although his adoptive parents had been ejected from the delivery room against the wishes of all four parents, he did get to meet his adoptive parents pretty soon after he was born. By the time I met him he was a plump, solid-feeling blond boy with intense dark blue eyes, who had already figured out how to sit pretty well on his own.

As I do with most first sessions, I try to develop rapport with the parents and really understand why they have come. Some therapists are drawn to focusing too soon on the baby, and that is tempting because babies are so cute and compelling, but I can't really work freely and deeply with a baby until I have figured out what the parents want and how resourced and realistic they are, and how deep they are willing to let their baby work: their tolerance threshold.

Most babies are open to and able to work with emotional issues and physical traumas quite deeply and quickly. But it is often the parents who are not ready to handle such deep emotional expressions from their beautiful vulnerable baby. So not only is it essential to determine the tolerance thresholds of the parents it is also essential to assess their ability to support their baby at home in between sessions. Graham's parents, Lynn and George, had a good relationship. There was a lot of love and respect apparent, but I could also detect the inevitable "new baby in the family" stress between them. New babies, often especially adopted babies, impact the established relationships in families in much the same way ocean waves impact sand castles. Established family structures are gradually but thoroughly altered or eroded, social rhythms are dismantled, and personal pacing as well as self stress management by the parents (of themselves) can be turned upside down. With George and Lynn I could sense their style of dealing with this stress, which was competent and patient, despite the incongruities in their own individual natural styles of relating to this new, fascinating creature in their lives. Helping parents to agree upon the precise moment to moment needs of the baby, and upon the parenting techniques they can both feel comfortable with is an essential part of my work. It is important to determine not only to the depth of work we can do with a baby, but also with the ongoing support of the baby's individuation during treatment. How the parents support each other, and grow within themselves after

the treatments with the baby, are essential elements in directing the course of treatment, because when you are working with a baby you are really working with the whole family.

Even though they weren't always on the same page, Lynn and George seemed as though they would be able to work out agreements without too much stress or conflict that could impact Graham. Meanwhile, in that first session, Graham was content to listen, and made voluntary eye contact and physical contact with me. Altogether, this family seemed like one who might be able to incorporate the healing possibilities of Accurate Empathy and memory-crying sessions. They were a couple who would take conscious responsibility and empathic inspiration deep into the day-to-day family lifestyle without a lot of detailed orientations, descriptions, rational or persuasions from me about what might be best for Graham.

Some parents can become emotionally and socially fractured after adopting a baby. Having a new baby in the family is a big change as many of us know, and having a new baby who gestated in someone else's body and another person's (or family's) socio-emotional environment can be an even bigger, more challenging change. Fathers are often slowly alienated from the relationship they used to enjoy with their wives and this can bring about resentment, anger, loneliness and disillusionment. As their wives begin to struggle with the changes and diminishing available time for self-care, husbands can become the last social priority in the family and can really feel their world has changed in some very challenging ways. Try as they might to co-parent, dads can often be perceived as too relaxed or uninterested by the new moms who really know from moment to moment what a lot of work the new baby is.

Meanwhile, new adoptive moms sometimes realize that many of their expectations about motherhood are absolutely shattered and that this new baby is more demanding than they expected, while the longed for moments of blissful bonding and happy baths and tender moments of falling asleep together are short fleeting seconds between hours of work, shopping and cooking, cleaning, crying, trying to catch up on desperately needed sleep, and being present for a husband who wants more of you than you have to give. I see parents in my office who look like they are ready to snap or look like they have snapped and are trying to pull themselves together. On top of all of this there are nearly always feelings of sadness and longing in the mother who wishes she could have given birth. These problems can come with feelings of inadequacy and sometimes shame and other difficult issues. Sometimes these issues are not always adequately shared, even with the adoptive father. Working with adoptive babies can sometimes include working with adoptive moms to help them resolve and release their issues. This work can free them emotionally to be more present for themselves and their babies, and eventually for their husbands.

In the situation with Graham, his parents, Lynn and George, would sometimes look to me to help them come closer to agreement on parenting details. I could tell they felt some inadequacy within themselves, and didn't always know when to defer to the other parent in cases when their ideas differed. What they didn't realize at the time, I think, was that they had the important issues well covered: they took turns changing his diapers, and feeding him (though I suspect it was Lynn who prepared the thoughtful packets of food and baby juices). They were

careful about where they parked the car and how they handled the baby seat and the stroller, remembering hats on chilly days, and basically surrounding Graham with love and with toys and books that were clearly chosen with thoughtfulness and curiosity for his best interest. If Graham wanted to pull off his socks and shoes or even his pants during a session, both parents would check in with each other about what was appropriate, and whether it was warm enough. Lynn, however, would tend to jump up from her chair and race across the room (at the risk of throwing out her back) to rescue Graham from a toppling pile of books, or from knocking over his bottle, while George tended to be more laid back, allowing Graham to experience the results of his natural baby clumsiness. This particular difference in parenting styles emerged as somewhat symbolic, as Lynn began to sense that George could be a little too laid back, not being careful enough about some really important risks, while she herself was becoming chronically exhausted while dealing with Graham all day long. George on the other hand could become impatient with what he experienced as Lynn's over-protectiveness, not allowing Graham to learn from his own mistakes.

Meanwhile, we all began to notice there was something special about Graham and his presence. Because of his adoptive parents' love and consciousness, and their curiosity and devotion to his growth (which was apparent in every session) we held a field of conscious empathy together, which was characterized by nurturing, support, gentle curiosity, and deep respect. In this field Graham began to reveal things to us that clearly came from his pre- and perinatal experiences.

I have learned that the way a baby feels in its body is pretty easy to observe with a little training. Young babies have not yet developed personas and egos that can hide their inner feelings, and babies' bodies are particularly transparent to their moment-to-moment feelings and to the repercussions from the trauma of their prenatal lives and their births. Because human beings have big brains and big craniums, and because we have small pelvises (enabling us to remain bipedal unlike other mammals who walk on four legs) the heads of humans are exposed to trauma during birth. In fact, unlike all other mammals, we are the only ones who have to rotate our heads to pass through the pelvic outlet. Unlike horses, for example, which can be standing and walking within a few hours of birth, human beings, as a natural course of life, are traumatized and helpless for quite some time after birth. Even though our peri-natal heads are designed to collapse around our fontanelles, there is still damage to the brain of vaginally born babies. Because of the pressures against the head of the baby, which is on average one inch larger in diameter than the pelvic outlet, there is a lot of pain during birth, and brain cells are deprived of oxygen and there is some form of trauma in every birth. Trauma in C-section babies and psychological consequences from C-sections can actually be more extreme than in vaginal births, despite popular opinion.

I asked Graham's parents to bring me his birth records so that I could review the circumstances of his birth from the official medical perspective. Obstetrical interventions, including the administration of drugs, impact the birth experience of the baby and have psychological consequences, so when working with a baby it is a good idea to review the birth records. In Graham's case there were a few minor interventions, but all in all, on paper, the birth looked pretty good. It was, perhaps, his prenatal life that was asking for more attention.

I like to work with babies in a context of permission. That is to say that on an intuitive and perceptual level the baby (and the parents) give permission or implied permission for contact and for various therapeutic processes to occur. Determining “permission” requires some therapeutic skill because obviously babies cannot give verbal permission, so it is always important to look for signs of opportunity to engage with babies. This kind of work can appear to be directive, however, if the practitioner is doing a good job, on some level the psyche of the baby will be signaling for certain contact or certain types of processes. These signals come from crying, and from the unconscious body movements of the baby: baby body language. If the baby body language is respected, followed and supported the progress of the session usually proceeds naturally, directed by the baby or the baby’s psyche. It often means that the baby will move into a process that involves crying or expressing cathartically. This type of crying is different than what Dr. William Emerson termed “needs crying.” Needs crying happens when a baby needs something it can’t get on its own: milk, clean diapers, warmth, etc., “memory crying” comes when all of a baby’s needs are met but the baby wants to cry anyway. It means the baby is expressing or trying to release something painful, just as adults need to tell the stories of their painful events in order to release and heal.

Even when it is clear that a baby is memory crying, parents can be especially sensitive as to whether or not a permission-based process is taking place. If the parents are engaged and a part of the process, then the work can go much deeper because the whole family system is being impacted by the way in which the baby is communicating. Memory crying comes from pre- and perinatal events that have been compressed into the somatic and psychological systems of babies. When babies are allowed to memory cry they communicate with the parents on levels and in forms that are often new. If the memory crying deepens and I sense that the parents are being activated or concerned, I will stop the work, or attempt to invite them deeper into the work. I ask questions such as “Is this crying upsetting you?” or “Do you think this crying is hurting the baby or do you think it is coming from an old hurt, a memory?”

Often, when trauma sites are palpated energetically, or with light contact, trauma memories are evoked and there will be a strong reaction from the baby. If I am touching the baby and the parents are new to the work, I will make contact with the parent, pressing lightly on their arm or wrist and explain that such a light level of pressure is not evoking the response in the baby. Rather, the contact is allowing the baby to remember or relate to an old trauma that is still held in its system, trying to release. In this way the parent can be reassured that I am not hurting the baby with present moment contact, rather assisting the baby to express and communicate trauma memories and aspects of the baby’s birth or prenatal story that were unknown to the parents. Birth mothers often recognize or even remember on a bodily level what the baby is communicating, and when this happens there is a deeper communion between the baby and mother.

Of course this communion is more difficult to construct when not working with the biological parents. When an adopted baby is working, it sometimes seems clear to me what segments of the birth or prenatal experience are being expressed (more so now after working with many adopted babies). I hope I have learned to

listen with Accurate Empathy rather than with projections or transferences of my own. Often, when there is a concurrence of opinion with both parents and myself, the baby recognizes an opportunity and will continue to express itself, or even deepen its process. One of the emotional events that is common among adopted babies, and sometimes persists throughout some or all of the pregnancy, is called "abortion ideation." I first heard this term while participating in a workshop for adults conducted by William Emerson who was working with an adult who was an unwanted "surprise baby" in a family that did not want another baby. Abortion ideation means that the mother or father (or mother and father) do not want the baby and are having various levels of anxiety and various fantasies about termination possibilities. A biological mother who is persistently wishing she were not pregnant is actually inflicting abortion ideation on the unborn fetus. Sometimes biological mothers fantasize about abortion possibilities, or "accidents" which could destroy the baby, and sometimes mothers reluctantly continue with the pregnancy knowing that the end will result in adoption (rejection) of the baby. This reluctance constitutes abortion ideation. Unwantedness is the state of being the baby identifies with as a result of the abortion ideation, and I have worked with several adopted babies, and nearly all of them have exhibited emotional consequences of abortion ideation. These consequences are sometimes expressed by a lonely type of crying that involve expressions of betrayal, broken self-esteem and anxious endurance of the unwanted pregnancy. Each of these types of crying are identifiable. It is almost as if the baby knows or feels it does not have the right or the invitation to exist. I help the parents understand these cries, and sometimes the parents have helped me understand them. Recognition of these types of crying signals are taught in my baby clinics and my Baby Therapy Course when I am working with adopted babies, or non-adopted babies who were unwanted, unintended pregnancies.

In Graham's case I recognized right away a willingness of his parents to understand and listen to the story of Graham's prenatal suffering and his abortion ideation. During the course of a few sessions we were able to construct an understanding of what Graham endured during his prenatal life. One story that came from the biological parents was that at first the father wanted to have the baby, but the mother wanted an abortion. Then apparently over a period of weeks and months the mother changed her mind, and then the father changed his mind, wary of the implications of commitments involved in having a child at such a young age. Ultimately the storyline changed and based upon conversations between the biological parents and the adoptive parents it was never perfectly clear how and when the feelings and decisions of the biological parents were made. What is clear though, is that there was abortion ideation, anxiety, changing minds, and many options: in other words, an unstable "emotional container" for Graham during much of his gestation. These kinds of emotional reversals, and hesitations in committing to carry the baby to term, result in layers and waves of hope and hopelessness which are especially painful and crazy-making (as reported by adult regressees and as signaled by trauma-crying adopted babies). Graham's biological parents were only 17 and 18 years old at the time they conceived Graham. They had both been diagnosed with borderline or bipolar disorders, and were on medication for these conditions. There is some question as to whether or not one or

both of the parents were smoking, partaking various “street drugs” and living on unhealthy diets involving lots of chocolate, sugar, and fast foods. Ultimately they decided to keep the pregnancy and give the baby up for adoption.

After explaining the concept of abortion ideation to Graham’s parents they agreed to listen to his story even if it involved some serious memory crying. Memory crying is how babies express their pre- and perinatal stories, how they explain to the parents how their suffering was, and how they release feelings from their bodies. Through memory crying the parents often meet their baby at a deeper level, and understand their baby’s needs and feelings better. Even in our first session, Graham looked to me like he was ready to do some memory crying. It is important to differentiate between memory crying and present moment crying. Memory crying is clearly about releasing feelings and this quality can be detected in the crying. Sometimes memory crying can lead to present moment crying and in this case the crying does not sound like it is releasing feelings, it sounds like it is repetitive and stuck. If a baby is memory crying it looks and sounds empowered; the baby looks less empowered when it is present moment crying. In situations when memory crying becomes present moment crying it is important to comfort the baby and allow the crying to stop. However, when memory crying is releasing and the baby appears to be empowered it is important to listen because the baby is telling an important story, a story, which if it were being told by an adult, you would listen to and not interrupt.

As I was explaining all of this to Lynn and George, Graham seemed to be listening, or at least, for a four month old baby, he seemed to be particularly patient. Often the way I invite a baby to start memory crying is by initiating empathic eye contact with the baby after explaining the meaning and potential of memory crying to the parents. I usually ask the parents to hold the baby, and I try to meet the baby in its world and in its feelings. With Graham I leveled my face to his and looked into his eyes which were, and are, very expressive. I simply looked for the emotional or soulful quality. Sorrow and grief seemed to present immediately. When I made visual contact with these feelings in his eyes, and without touching him or talking to him, he began to cry, and his crying was loud, mournful and deep. Sometimes babies cry so hard that their eyes are forced closed by the expressiveness of their faces. This is what happened to Graham, and I was prepared to meet him with eye contact and empathic presence when he opened his eyes again. After some time he did open his eyes and I saw in them an even deeper sorrow than I had first observed. It was as if his initial crying opened up the doors to an even deeper well of sorrow and longing . . . perhaps something connected to the abortion ideation, and maybe something even bigger. It seemed to me to be a deep spiritual or soulful longing, perhaps something like a longing to be with the divine. These deep longings could have logically been connected to a profound longing to have had a better “childhood” in the womb, a better entry into this life. I suppose I attempted to meet this grief without trying to put too many of my own interpretations onto it . . . just guesses, but at some point I really felt I locked onto some recognition, and I had a strong feeling of this recognition in my own body, and in that moment Graham, looking back at me, deepened his cry and nearly doubled his volume. I wanted to check in with the parents to see how they were experiencing such intense expression, but I knew I couldn’t abandon

my eye contact with Graham while he was in such a vulnerable moment. I felt he required my support and recognition in order to be able to express what he needed. So I waited for his crying to reach a peak level when his eyes would have to shut and as they did, I looked to the parents who were both crying themselves. I asked them if they were okay with what was happening and the reply was, "If it's good for Graham, we can bear it." I advised them to be ready to be present with eye contact for him once he opened his eyes, and to look into his eyes to see if they could see what he was saying, and to determine for themselves if it was good for him. This time when Graham opened his eyes the parent's were there to meet him with their eyes and he looked at each of them and they each looked deeply into his eyes, and everyone's crying deepened. Graham had a lot to say. And I am confident that this expressing and listening had a profound affect on his neurological system, particularly with the language centers of his brain.

The process I am describing here is typical of how I work with memory crying in my practice with all babies, not just adopted babies. I must say that in Graham's case there was really a very amazing event happening and we all seemed to realize it. Graham cried off and on for most of the remaining time of the session, something like forty-five minutes. Occasionally he would stop, but then whenever anyone would look deeply into his eyes again the crying would start, and sometimes it even started without eye contact. I am convinced that we created a safe, empathic container for Graham to express himself, and that he consciously took advantage of the opportunity.

At the end of the session, it was apparent that Graham had not finished expressing his story with the memory crying. Lynn recognized this too, and as she was preparing to leave she asked me what to do if Graham still wanted to cry. I explained that as long as he was memory crying it could be a good idea to make space for him to do all the expressing he wanted. As long as his physical and emotional needs were met, if he wasn't crying because he was hungry or tired or cold, etc., then maybe Lynn and George could listen, and allow him to go on telling his story. As long as the crying sounds like healthy release of unwanted tensions and expression of the baby's story, then it must be healthy. Sometimes babies can upset themselves with too much memory crying and it is clear when this happens, and then it is no longer memory crying and the baby needs to be comforted. I remember saying to Lynn that with a baby like Graham, who to me seemed like a deep soul, and a clearly precocious person given his background, he could probably really get into this memory crying. I asked her if she thought she could handle it if Graham cried off and on for a whole day. She looked at me with a little bit of doubt and terror in her eyes and said, "I think so . . . if you really think it will be good for him." We said goodbye, and I closed the door to my office to prepare for my next client. For me, though I had always had really good results with memory crying, I remember experiencing a moment of self-doubt, and found myself wondering about whether there is such a thing as too much memory crying, and what the consequences might be. The next day I left for Mexico City where I would be teaching for two weeks at the Clinic for Bonding and Pre- and Peri-natal Psychology.

At this point in this essay I would like to invite Lynn to describe her experience with Graham's memory crying session and the time that followed it.

*Graham's Initial Journey with Karlton*

I am the mother of Graham, our gifted, precocious, wonderful now five-year old son Graham is adopted. We adopted him through an open adoption – a process where the adoptive parents meet the birthparents and agree to have the birthparents in the child's life. Each family sets this up in a way that will work for everyone – the birthparents, adoptive parents, and child. At this point, we see Graham's birthparents, who are now married and doing well, twice a year.

We first meet Karlton when Graham was about four months old. I felt it was important for Graham to have the opportunity for working out whatever abandonment grief and pain he had around his adoption. I believe it is impossible for anyone to be adopted and not feel abandoned. It comes with the experience. Within two weeks three people whom I respected had referred us to Karlton. I called his office and spoke with him for over an hour. I was certain after that conversation that Karlton was the right person for us to work with. We made an appointment to meet with him shortly after that conversation.

At our initial meeting with Karlton we were curious and cautious about how Karlton worked and what he could do to help Graham. Graham was, after all, just four months old. It was clear after a short while that Karlton could see who Graham was. Karlton saw Graham's deep spiritual connection and longing, his anger at his birthparents (especially his birthmother), the grief he felt about the journey he had just taken to be born, and many other things that didn't really make sense to us at the time. My husband and I didn't know how Karlton could see all of these things, yet we knew he was completely tuned in to our little guy in a clear way. Most of what he said and did resonated with us on an intuitive level. We walked out of that first session not knowing what had happened. At the same time, we knew it was right for Graham, a huge healing opportunity, and that we would continue this work with Karlton.

We brought Graham to work with Karlton on a weekly basis for quite some time. With each session, we all built a foundation of trust with Karlton and his work. We didn't understand on a cognitive level how he did what he did, but were clear that it was deep, insightful and healing. Graham immediately trusted Karlton and began a journey of deep healing work with him. After two or three sessions it was clear that Graham was ready to tap into a place within himself that was filled with anger, grief, confusion, and frustration.

Graham, George and I met at Karlton's office in Boulder. Karlton asked Graham's permission to approach this deep emotional place, Graham agreed with some apprehension and the work began. Graham went to a deep place of divine homesickness, grief at his birthparents' choice to place him for adoption, and anger at his birthmother for her thoughts of abortion and the toxic prenatal environment he had been subjected to. He became very sad and angry at various times throughout the session. He cried in a deep and soulful way. It felt like he was saying all that he could not verbalize about who he was and how he got here. George and I held him, encouraged him, were afraid for him, did as Karlton suggested, and watched the process unfold. Throughout, Karlton explained what he was doing and what he was seeing happen with Graham. This helped us try to understand this strange and mysterious event that was happening to our son. After the session, we all agreed that Graham had more work to do in this place that



he had so deeply tapped into. We scheduled an appointment at Karlton's office in Denver shortly after (either a few days or a week later). We went home with Graham and saw some significant changes. It seemed as if he had released much in the areas that he had been working on. He was a little less sad, a little less angry, a little more ready to be in his body, etc.

The next session came. Graham and I drove to Denver to meet with Karlton. Karlton observed that Graham had yet more deep work to do and asked permission of Graham and me to proceed. I was a little afraid – how could he go deeper and still be safe? Would George and I be able to handle it, did we have the tools to support Graham in this process when Karlton wasn't sitting in the same room? I looked at Graham and saw his desire and need to release, took a big gulp of air, and agreed to go forward. Graham then did his work. He went incredibly deep into missing spirit, being afraid of being killed, fighting for nourishment and survival, and many other areas that I couldn't see or understand at the time. He cried and cried and cried. He released and released and released. Karlton told me that this was very important healing work for Graham to do and giving him the opportunity to release all of this toxic energy from his soul and his body would be like a miracle for him. We worked for about an hour. I was amazed at what Graham could hold and release.

When it was time for the session to be over Graham was not finished. He needed to keep crying. I was afraid and feeling inadequate, but Karlton assured me that George and I could provide the safe and comforting place for Graham that he needed. Graham cried off and on the entire way home (about an hour or so) . . . and he really didn't stop crying for about two weeks. He didn't cry continuously. The tears, release, anger, sadness, hopelessness, fear came in different ways. Sometimes he would cry for hours, sometimes it felt like he cried for days. What I remember is that he cried for two weeks, at least.

After about five days of Graham's crying, George and I were feeling quite helpless and afraid. We didn't understand what was happening. We didn't know what to do for Graham. We thought he would never stop crying. We were worried that he couldn't handle the work he had done with Karlton. As parents, we wanted him to be okay. We wanted him to stop hurting. We wanted his pain to stop. We were in over our heads and were desperate. We called Karlton's office, we called Karlton's home . . . we called Karlton's office and home begging him to get back to us and help us. Karlton's assistant called us back to say that he was in Mexico. "In Mexico!! We can't deal with this . . . our son is in pain. Please have him call us, tell him we are desperate, tell him we need help!"

Karlton called from Mexico. We talked for a long time. He assured us that Graham's crying was exactly what he needed to do. It was his way of grieving and releasing all of these feelings and experiences from his soul and his body. We said, "Are you sure? This is really intense. Will he be okay? Can we do this?" Karlton reassured us that it was exactly perfect. Graham was doing deep healing work. He could more than handle it. He didn't need to be fixed or stopped. He needed to be supported and loved. Yes, of course, we could do this. We had the tools. What we needed to do was:

- love him unconditionally
- have empathy with his grief, anger and pain

- guide him by allowing him to do some of the processes that Karlton had taught us
- create a birth canal for him to go through, if he signaled to us that this is what he needed
- talk to him and tell him what we see him experiencing: “Oh honey, it is so scary that Amanda thought of killing you. We can see how afraid you are.”
- when we saw him in the Implantation Posture, let him go, let him push his head all over the floor, let him scream with pain, be there to catch him
- hold his space and let him know we are there, but don’t interfere or stop him
- oh, and by the way, this may go on for weeks!

We were relieved to know what to do. And, we were terrified that we wouldn’t survive – all three of us. But, we did survive. Graham cried off and on for two weeks. We hung in there and did the best that we could. Eventually he stopped crying. And, a miracle happened. Graham was so clear, soulful, and content. He had let go of so much. He was closer to his true Self. Karlton started calling him “Little Buddha” and he really was one. He made a quantum leap in so many ways – sleeping, eating – he was just so much more present and at peace. And, since that time, he has continued to grow in leaps and bounds. As we have worked with Karlton over the years, Graham has healed so much of his prenatal wounds. The initial wounding that occurred when his soul made the journey from spirit to being in a body on this planet (his journey of embodiment). All of his gifts and natural way of being are emerging. He is ahead developmentally, where he was behind when we first met Karlton. He is highly gifted, at age four he tested as if he was in the first grade. He is at peace. He is highly resourced. He is happy and joyful. He is loving and giving. And, most of all, he is truly Graham.

### *Back to Karlton’s Narrative*

I was greatly relieved to hear that Graham finally stopped crying, though I also need to admit that it could be my own limitations and my own relationship with crying that could lead me to believe that it’s not okay to cry all the time, or as much as someone wants to. I actually have a couple of long term students who come to courses over and over again, and who grow and change, and report great improvement with the satisfaction of their lives, and who can sometimes cry nearly all day long for four to six days. My experience with them is really quite beautiful and I think I am learning something from them . . . perhaps something about not bringing my own judgments, limitations and projections to someone else’s crying, including why, when, where, and how long they cry. Graham, when he finally stopped crying never really cried much again unless there was something wrong like getting hurt, or unless he had a need. When he was still a baby, if he did cry, Lynn and George knew that he needed something and they would look him in the eye and ask him, “What’s wrong Graham?” Usually, he seemed to know what the question meant and through the particular sound of his cry, eye movements, or a gesture he would communicate what was needed so he could get the adult help that was necessary. He did very little memory crying after his first engagements with it. It is a great thing in a family with a baby to know why their baby is crying and what their baby needs. Most parents do not recognize what memory

crying is and they can experience great frustration trying to console a baby who doesn't need anything except to cry. Many parents come to my practice because they say their baby is inconsolable, but when I teach them about memory crying, and they learn to listen, they then begin to recognize different qualities in their baby's crying: this is improved communication. Once babies are listened to when they are memory crying, the memory crying diminishes, babies' painful stories are told, and deep healing occurs. When communication improves in the baby relationship, usually everyone gets to know and love each other more in the family, and it is very satisfying work.

The next time I saw Graham, after I came back from Mexico, was about a month and a half after his first memory crying session. I was amazed. He looked not a month and a half older, but more like three months older. He looked completely relaxed in his body. He sat comfortably in front of me like a little Buddha, looked directly into my eyes without any apparent emotion, except perhaps curiosity, if curiosity can be called an emotion. And as we looked at each other I got the distinct feeling that he was silently asking me, "Okay, what's next?" Seeing Graham and "hearing" his question erased any doubts I harbored about the efficacy of memory crying, and I have worked with memory crying with even more confidence ever since. So long as the parents can provide a secure, empathic container for the crying, I believe it is not only safe, but also extremely healing.

I am proud to say that I have known and worked with Graham and his family for nearly four years now and he is still constantly surprising me, and so are his parents. We have worked with many aspects of his prenatal life, his birth, and his babyhood and childhood with Lynn and George. We have worked with somatic patterns in his body, we have worked with his self-esteem, and sometimes he has come to a session and politely stated that he does not feel like working today, but could I please work with his parents. One time, when Graham was three years old, he came as the last baby at the end of a long day during one of my baby clinics. He walked up to me and looked me straight in the eye (I was leaning against a backjack) and said, "Karlton, you look tired." I had to admit that I was indeed extremely tired. He replied, "Actually that's okay because I don't want to do any work today, I just want to play." We have to respect that this is quite remarkable vocabulary, and quite remarkable awareness and self-awareness coming from a three year old.

Accurate Empathy and memory crying sessions are powerful ways of working with babies, and of course there are many other methods of working with kids and babies that are effective, creative, and fun. Parents who have participated in successful sessions and sequences of work are extremely grateful. The changes in the family and the interpersonal relationships can really help families deepen their relationships, and increase tolerance and harmony. In most cases with families who have new or young babies, if the baby is happy, so is the family.

In Graham's case we all knew we were working with someone special, and when it came time for the family to start thinking about school Lynn began doing some research. We agreed that Graham was probably "gifted" meaning that he was above average intelligence and we could see that in language and social skills he was clearly precocious. After talking to several schools and inquiring about the

various programs and systems of support for gifted children Lynn decided to have Graham tested by a specialist who was a psychologist.

Having Graham tested by an objective competent expert was useful and valid for many reasons. First of all, although the parents and I were not really surprised by the results, the confirmation of how advanced Graham really is made an impact on how we knew the rest of the world would see him. His relationship to his peers, teachers and others will be different than it is for most kids. His testing helped us be more objective about how we needed respect his future relationships, and about how important it is for us to help maintain his self confidence and his ability to feel powerful and confident in a world which, unlike his home environment, doesn't always recognize how he is different. That he is indeed different is a positive thing for him and we want it to continue to be a positive thing for him. Gifted children can often suffer more deeply than other children because they can see and make so much more sense out of certain things in life, particularly painful things. Furthermore, gifted kids, when they are not challenged, inspired, and when their creativity is not encouraged, can become resentful, and even resentful of themselves and their "different-ness."

Although Graham's test results weren't that surprising to us, everyone was still quite impressed with his score in "Language." We are working with a child who, in all the country, is more advanced than 99.6% of all the kids his age his age. This is really a remarkable statistic, and is even more remarkable given Graham's turbulent prenatal life and given that Graham was an adopted baby. Generally, adopted babies are slower learners, scholastically inferior, and sometimes even delayed. It is unusual for adopted kids to be "even" with others, let alone precocious, let alone at the level of Graham. I have worked with a lot of babies and, as I stated at the beginning of this essay, I feel like there is something special about him. However, I really need to emphasize here that Graham was the lucky recipient of two outstanding parents. Both Lynn and George have loved him unconditionally, even when stretched to the limits of their patience and even when they have had rough times in their own relationship. They have been aware of his familial needs, his health needs, and his social needs, not to mention his diet and his personal safety (precocious kids can really stretch their curiosity into some potentially dangerous places). If Graham had the "seeds" to really be someone special, he definitely chose the right parents, or one might say he was lucky. I'm pretty sure that if a dysfunctional family, or even a "normal" family had adopted him, he would not be who he is and where he is today. I also like to think that his work with me had something to do with supporting him to become who he is now and who he will become. I believe that one of the most supportive functions came with his memory crying (and even more particularly the way his memory crying was honored and supported by his parents).

At the present time I spend about fifty percent of my time at home and about fifty percent of my time traveling, teaching and lecturing. When I am at home I maintain a private practice, and in my private practice about sixty percent of my clients are babies and young children up the age of about five. Among these babies, about half of them are adopted babies. In my experience, virtually all adopted babies have suffered abortion ideation, and I always facilitate the family to do memory crying over the abortion ideation. One adopted baby who did

not have abortion ideation was discovered to have an unusual congenital condition after birth, and the biological parents discarded her after discovering the problem. Meanwhile, nearly all the parents who practice memory crying report positive experiences. These parents are also the ones who work conscientiously with their babies, knowing when they need advice, coming to my practice, as well as seeing other practitioners when there is a need. I am always eager to track parent-teacher meetings, and usually read the reports on social and scholastic development so that I can assess how my young clients are perceived by the world outside my office and outside the perception of the parents. In almost all cases, the adopted babies, even if they start out behind, or are struggling in certain areas, are reported by teachers and day care providers to move ahead of the curve and are seen as individuating, growing and even precocious. To my mind this is a great confirmation not just of the benefits of memory crying and the pre- and perinatal work generated in my practice, but it is an indication of how parents grow more conscious and become better communicators and understand their children. In the final analysis, it is the home environment that really makes the difference, and I emphasize this fact with my clients.

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