

T13 Module4 Ojai NOTES
(Typed by Mary Jackson and Colette Venier)

Monday, April 24, 2017

Blueprint in Relationship to Drug Imprints

Begin

Orient and Intro

Check in in groups of 6 or 7

Effects of chemical imprints

Exercises

Schedule

9-9:30 Office ½ hr

9:30-12:30 Morning Session

12:30-2:30 Lunch

2:30-5:45 afternoon session

Day 1 April 24, 2017 Morning Session

Christina, Jennifer not here for the whole module and Tera not here this morning and Friday

Attention to settling and shifting down

Thank you for getting here.

New sound board and camera

Exercise: body oriented, ME, FS

The task in this module is to keep coming back to now because the imprints we are exploring will bring up enough.

Use ME, FS, exercise as much as possible.

Keep coming back.

Blue Print in relationship, exploring coming into soc NS, present age, present time.

The topic is huge, more than we can cover in 5 days. It should be 2 modules long.

So much happening in this field. How the drugs are used medically, in ceremony, recreationally. There are effects of all that stuff. Somewhere before imprinting there is a core that may go back for generations. For some reason our culture is drug dependent.

Every where we go in our cultures now there are a lot of drugs. What we want to explore is how we have come to read those substances, be with them and interact with them so the person can get present age present time with them.

WE will go into some of the drugs and look at how they affect us and what they are. A lot of the info will come from what your experience is.

The drugs that have been used in pregnancy and birth, recreational, we will cover the most common.

Skill building-how to be w the material. Title has to do with imprints, first 3 modules also, conception, bonding and attachment, birth. Whenever we talk about the health in the system it brings up that. The main thing is the health. WE are trained in our culture to not pay attention to that. WE are in the process of learning how to pay attention to health. Maybe when I get it I will be done w this life. (Ray)

Ray- the other thing to dance w-the subject is overwhelming for a couple of reasons.

1-info is big and the use of drugs has such profound impact on ourselves and kids and it is so invasive in our culture it is hard to go to a place where it is not.

There is a big impact they have on babies and kids. Its huge.

What happens to babies and kids as they come in under the influence of what are parents are taking and doing?

ME,FS, just naming the imprints does something to the field, can you feel that?

As we do ME, FS, one of the things we want to do in here is to have tone. We will look at what drugs do to the NS, what causes drop outs etc. We have to do something to have tone to be in the presence of now. Tara and I will work with you to have this. So you can integrate the material while you are moving through time.

R-a lot of information we will share w you has come out of BEBA ,AC, And WS. We have done our version of clinical diligence. We want to let you know how we do that.

So when you are working w folks and their imprints show up-the energetic and physical affects relationship affects, sensational symptoms. Give you that info and your own info about the stuff so when someone comes in w the same drug in their history, you can support them better.

What we do different is see how does it feel from the inside of our experience of that. Connecting w that, moving through it, being present w what that is supports us to be w babies and adults to help them move through it. So many stories of babies receiving a drug and spinning in it for their whole childhood and parents may not even know what that is doing.

Counter transference-what comes up in us w people we are working with, what we are working w for ourselves gets triggered. Transference is what the client projects on us.

How to use counter transference so it is useful for them and for us. You can differentiate. The CT can be used for information, use your own activation w clients for information.

The first module we looked at Conception dynamics coming into create, expansive. 2nd mod B & A, more fluid, spinal fluid. 3rd, birth we looked at birth stages, pelvic structures, physical positions and movements, sequences-more physical.

This M4 Drug imprints, the primary thing we see-me, Franklin Sills, William Emerson early 1990's. The imprint of the drug imprints are stored in the fluids, we see how they behave.

Tone is helpful to be in present time. Coming into contact, CDO is very useful.

Drugs tend to disconnect us from our body. WE want to help people connect w their body. We will do exercises to help you come back into the body.

<u>Principles</u>
Mutual Support & Cooperation
Eye Contact and touch
Pause
Choice
Self care
Confidentiality

PRINCIPLES

BFEC-even more w drugs, it is so easy to isolate, drugs keep people isolated and separate from each other.

Touch-very important, maybe strong, that makes us go back inside our bodies is very useful.

Confidentiality=brings a lot of safety and lets us know that what we share here stays here.

Pause- if you feel lost or confused ask for a pause and most likely it we help us stay present.

Self Care-keep referring back to how we are inside.

We are uncoupling imprints from our true self. This is a differentiation process. Chemicals often mask the blueprint energies. They seduce us away from our core being. Sometimes some drugs can facilitate an awakening. Sometimes they are very helpful for healing.

For some people they don't know that drugs have been having an affect on them. That is not the real you and there is a real you underneath.

Identifying that they are there and how it is to live w that imprint in our awareness all of the time.

A-Drugs are life saving and necessary and may not have an imprint that is recognizable.

Yes and there is still an aftermath. We are not denying their usefulness.

Exercise:

2 people

There are two parts to it.

Stand next to each other, find sweet spot , talk about it.

then come back to sweet spot.

Then after you find sweet spot find a pressure where you can find a pressure that build potency, then a pressure that wakes you up.

Then talk about the difference bt the 3

There are a number of skills you are mentioning.
What is blue print, what is imprint. If you just get sweet spot, establish connection you are in blueprint. If you start feeling emotion, discomfort etc you are coming in touch w imprint.

Gathering potency-you increase the pressure to gather potency. Taurus, is it coming from me, both of us? You have both of you and they are overlapping. Your system forms its own Taurus. When you get it the two of you are in a single Taurus and there is a group Taurus.

If you sit w Taurus for a while, the heat goes back and forth. You have skills in this.

If you begin to engage someone and a drug imprint comes up you aren't going to have it clean like that.

AS we were finding more sweet spot I could be more in my own fire and something in the rocking changed. Someone under drug layer cant produce the heat and its not going to go in the direction it needs to go in order to anchor. W drugs the heat goes in a different direction.

Imprint interacting w blue print.

Often people w thick layers of drug imprint takes more pressure. Yet others require less pressure. If you get into too much pressure you can bring more tension to the system and dampen the awareness of the blueprint energies.

Sit next to someone now. One person puts there own hand on their knee then the other one puts there hand on top and find the sweet spot.

The skill we are working with, from clients view, to be enough into the blueprint, then from there touch into the imprint. BP gives the sense of witness and give ability to differentiate.

Break 4pm 20 min

Announcement that we will have Mary do office half hour also w an assistant

Main skills for this module

Titration, very little increments

Use the form, especially helpful when disoriented

Get support

Attention to heat distribution

Name thing

Relevant history, support coherent narrative

Focus attention to sensations

Incremental movement and facilitated movement

Inside out in a process of discovery

Outside in, creative opposition, energetic touch, firm touch

Proprioception cuing to know where we are in space

Dropping through the layers.

We will connect w BP. Continue to pendute to resources. We will do it in increments.

If you take any one of these and make it a technique it wont help. It has to do w how the people you are doing it with respond. If you slow down and the person is dropping out that is not helpful for them. Having the

flexibility in ourselves to go the tempo that you can find where the connection happens.

When we start to lose where we are in the form, that is information telling us that someone had that experience that took them out of where they were in the process.

These skills are really essential, it is ok to go into our own material and important to have something to orient to.

When we get to relevant hx, sometimes it is harder to make a coherent narrative. IF not coherent it is cohesive. That will let us know if the person has a disconnect from the drug or something else.

IN the movement phase it is important to pay attention to where in the sequence that something happens.

Cohesive has constriction in it, coherent has open possibility. Mary Main and Dan Siegel talk about this.

Heat distribution-if you come into DCO and you get heat out in all directions from you umbilicus you are in blueprint. Imprints leave the head, hot and extremities cold, or, they leave the extremities hot, or there is localized heat. When the fire/warmth/heat is balanced in all directions that is an expression of the blueprint.

Drug imprint usually take the energy pulled to center, then it goes up. The purpose of anesthesia is that the person has a change in their experience so they don't feel what is happening. The consciousness goes to center and goes up. Heat distribution follows our consciousness. One of the imprints that gets left, maybe there mother had drugs, and they have cold hands and feet, it is likely they have drug imprint.

If you have warm hands and feet, BP. The imprint of drug leaves imprint on the circulation. Drugs affect the fluids. The distribution of heat is directly related to how blood moves through our system and how energy is distributed throughout our body.

If a person has hx of shock, what does consciousness do? Goes to center and goes up . It either goes out or it goes in. Anesthetic drug imprints often leaves movement of in, up and out.

In a way it takes you out and brings you back afterward. It leaves an imprint. Surgery can be really useful and leaves an imprint.

You can work w it and titrate it. Feel where the cold is. Feel top down, inside out, feel potency gather bottom up.

Is there imprint when the feet are always hot? Yes, there can be an imprint where energy had to go all the periphery. There is a purpose to have energy in the periphery to run away or fight etc. Is there a reason why it stayed that way.

Most of the time there is a drug imprint w anesthesia of in up and out.

Anesthesia tends to use the shock process as one of its mechanisms. Consciousness has to go to the place where there is a layer of shock. What we do in WS is, the form takes you to a place where if the person can slow down enough the person will connect w the BP. By the time you get to relevant hx you have sweet spot, BP connection and the energy goes clunk and spread.

Then the TP can stay w themselves because the TP can go below the imprint to the BP.

We name things, what is happening in the body or in the field, often it is something that was happening in the field. Sometimes it takes decompressing the imprint, slowing down, brings more coherence in the body and creates the coherent narrative.

Pendulating is a real useful tool. You find out where resource is. Body low slow loop. You touch a place that feels good then go to edge of what doesn't feel good. You go back and forth. Then the more time you spend what does feel good, there is less attention to what doesn't feel good. Peter Levine studied w Dr Stone before most of us did. It really affected how he considered how he did trauma work.

Focus attention in the sensations-each drug has their own imprint and sensations and movements. Pay attention to the sensations as it happens in our bodies. It will help us reveal from the inside out what our hx is w drugs.

Some sensations take us toward disorientation and some to orienting. If someone is getting more disoriented from paying attention to sensation, you may not be able to follow that through until they are able to orient. So what orients you.

Lateral fluctuation is an indication someone is integrating something.

Consciousness comes in or out and has more of a tendency to go to area of shock, or it goes in and in and gets compressed. Eventually you go out of your body. They want to put you out so you don't remember. The baby wants to follow the mother's consciousness to search for her.

Working w someone w drug imprint, of any kind, important the person feels that when they come to a part of the sequence they have contact so they can feel the space they are moving through. The person feels themselves because they feel the contact of others. Numbness is sometime the imprint and they can feel from the inside out how to do the movement.

How many have felt your self to move from the imprint, or then you are moving slowly and it quickly goes away? W birth you are going along and then drug is given and you lose where you are. Cant find yourself. When you find where you are in the sequence it can be life changing. You back up where the person got disoriented and find where they still felt connected and support the person to navigate to a place where they have more connection w their body and w what it is that they wanted to do.

Often it is enough to just touch the edge of the disconnect and then help them go back to their body so they bring resources to that place.

Can a suggestion of a drug leave an imprint? Was at birth where baby was crowning for a long time. MW said if you don't birth the baby we

will have to do episiotomy and w next UC the baby came out. You can work w the baby to decompress their experience.

Often the doc says if this doesn't happen we will have to do this...then give baby time and choice to do something. If there is ultimatum made, the baby will have the imprint of the ultimatum. If we watch the response of what we are having the person doing and their response to it, there is a lot of information.

The exercise we did today is mostly outside in. Giving resistance, pressure, outside in. Inside out is as practitioners we give attention to where the potency gathers in side the person by sensing our own body. Suggesting tracking the minnow through the ventricular system gives reflection to something that needs to happen inside the person's fluids. We just watch it change. Potency gathers and the fluid changes the way it functions.

Emoto proves that what people think will effect the way water behaves. CSF Cerebro Spinal Fluid is the first layer of physical matter. Tears are close to the biochemical composition of CSF. Some think there is some CSF in Tears. When we have attention to that layer, when one person does that we can feel the change in the field. Have to pay attention to how the person responds , if they start to wig out or collapse, it is the wrong medicine. Find something else to do.

When you stand next to someone, you feel something happening. The practitioner can drop into the sensations but we want to feel them as a small breeze instead of a sledge hammer.

Give attention to that , feel the potency gather, expansion occurs. We were supporting something to happen in the person's body. Drugs affect how energy is distributed and moves through the body. We want you so solid in being w your own body. It can drain you if you are trying to go inside their body trying to figure out what is going on.

The fluid is acting as remembering the BP and does what the energy does with the Minnow.

There is a change in the way the fluid is behaving. When fluid is in imprint memory it will behave the way it functions in the memory, then

someone tracks the minnow and it gives the person the opportunity to have the sense of someone having the attention there and BP aligns w that energy and then the person feels the BP of that.

Everyone of us has the BP. We know in our core how to do it the way we were designed. WE are also designed relationally. That is health. Potency gathers more efficiently when we are w someone who is in alignment who is in support of our intention. This is core in understanding why our work works.

Tomorrow we will do exercises from the inside out. Dynamic Creative Opposition, firm touch, energetic touch...working w proprioceptors in our joints. Proprioceptive cuing helps us orient to where we are in space. All our joints have proprioceptive receptors. Drug imprints mess w the coordination of the proprioceptive system. Some move their upper body more than lower body, left side body more than R side of body. It messes w the receptors getting the information to the brain. We don't know where we are because of the drug imprint.

5:35pm End of day one.

M4D2

Orienting

Check ins

Ventricles-exercise

Proprioceptive Cueing

Video-Ramsey Epidural

Effects of chemical imprints

Prepare for Sessions

Dance Friday night 7:15 w Frank

MEFS

There is a prenat in the room. Please be mindful through out the day as we work with imprints that the baby is here.

Story of Ray taking baby to school as a teacher.

Check in in twos, take the mindfulness w you. Bring a sense of where your personal space is.

As we watch these slides, have the intention to be w them like you were sitting w a client. We are making ample container space for the material.

The skill is used for what the container is designed for, be mindful, have boundaries, hold our young selves.

This subject is on top of the list of what I like to learn about. Cerebral spinal fluid is really interesting to Ray and how life force travels through it and how the life force behaves differently at different ages.

The way the fluid behaves is it changes through time. WE will do some experiential work as we look at the ventricles in the different ages. The CSF is the conductor of the Life Force. Life force-goes through the chakras to the sacrum. The cells work w lipids and water. Takes water for the cells to function. CSF is the physical substance that is the first layer of transmission in any physical body.

CSF is loaded w electrolytes and trace minerals. If you hold a tear, it forms in the eye and has access to the other side and has some CSF. CSF fills the spaces of the CNS, arachnoid space bt the dura and the spine. It is in all the spaces inside the CNS. The CNS is contained by a tissue by a tough substance, the Dura Mattter. Tough Mother. The Tissue that can endure.

The CNS is the inside inside of the physical body. The most inward part. We will look at the slides to get an image of the spaces. Just have the attention w yourself, inside self, and hold the intention inside yourself, not projecting it into someone's system trying to get something happen.

Watch miracles happen.

Gary plays flute, have felt sense of dropping into the slides

Rearrange yourself in the room, be mindful and hold the space while you are doing a task of lying down and holding someone's head. Everyone needs to be in the room lined up on the floor.

Then we will go back to the images, and the person holding the persons head needs to be able to see the screen. I will show diff slides and not

tell the person lying down what the image is. Then write down what your sensations were w the diff images.

Do your best to stay w the relaxed sense of that. Let yourself have the sensation of the flow of the movement.

Add the component of tone. If you feel yourself getting sleepy, dropping out, put your hand up and an assistant can come work your back or do something that helps bring back the tone so we can stay in functional range.

Slides of the brain are on the web.

Slide 1-Slides of 7 brains.

 Orienting

 Differences in Brains, prenatal to 9mo old brain.

Slide 2-ventricles in the brain, star wars made good use of this shape. It is the way the brain forms and leaves spaces. The parts of the brain that form leave those spaces. The fluid is a slow easy moving stream.

The function of the ventricles and how it supplies fluid to the system. The 4th ventricle is the power house. The 3rd ventricle is right in the middle. It has the hypothalamus on either side of it. There is a slow movement of fluid there Pay attention to where the energy and fluid meet there.

Lateral ventricle has horns. Look at the anatomy around it. It feeds the grey matter around it.

The occipital lobe is the vision center. the lateral horns go to the temporal lobes. The temporal lobes –memory.

Slide 3-skull around the ventricles in an adult. Gives sense where the ventricles are in relationship to parts of the brain.

Slide 4-adult brain, inside the R lobe w corpus callosum, brain stem, pons etc.

Slide 5-Image of Ependymal Lining of Cavities of Brain at 9 months (birth)

There is a rhythm that when we get scattered, mentally and emotionally out of sink, each of those rhythms will oscillate w focus somewhere diff

than another rhythm. When the rhythms get aligned the system functions optimally.

Slide 5 –same but front to back

Slide 6- around the nervous system. CSF made up and down the spinal cord, in the choroid plexus.

Slide of Katie and Dylan w newborn.

Slide of a 4 month gestation

Slide at 5 w gestation

Slide 13 w-21 w ventricles

Slide-Leslie and Noah nursing

Break 11:17, 20 min return 11:40

Exercise:

Hold the persons head by cupping your hands.

He will show diff slides. The person receiving does not look at screen.

The person holding the head will look at screen. Notice the quality of energy w the diff images.

After he shows 3 images, he will give time to talk to each other.

Then switch.

Then we will show you the order the slides were given and talk about the sensations you experienced.

If you start going into material. You can pendulate yourself. Just touch the edge of it and go back and forth.

11:42-11:58 1st round

Gary plays flute.

If you haven't made contact yet, go ahead and do that.

Gary still playing.

Slide 1-Netter image of adult

Slide 2-4 months gestation brain ventricles. Notice what happened w first, notice what happens now.

Slide 3- 5 weeks gestation, 4 inches long, fore, mid and hind brain

Slide 4 Katie and Dylan w Alwyn, newborn.

If you are lying down, taking a breath, person holding head say hello.
Orient to where you are w your body. Wiggle your toes and fingers. Shift into sitting up.

Talk w each other about the qualities of the different sensations in that set.

Then we will switch.

Second round: 12:05-

Slide 1 5 weeks gestation, 4 inches long, for, mid, hind brain

Slide2 -4 months gestation, brain, ventricles

Slide 3-Netter adult brain

Slide 4 Katie and Dylan w newborn Alwyn

12:13:

Transitioning form lying down to sitting up, do it w/o a lot of talk and I will show you the order of the first and second set of slides. Then talk w each other.

Ray shows order of 1st set. Second set was played in revers of the 1st set. First debrief the second set.

2:45 start

Chemical interventions. We want the tempo a little faster.

Birth, gestation and recreational drugs to be addressed. The list is on the website.

You may discover other things as you do the session. So t wont be fully comprehensive.

One common thing is that if drug given by IV, baby feels it is coming from inside of them or their mom. This is important w Pitocin, the speed up feels like it is coming from inside, from the mom. And it is actually is coming form the outside. It is an illusion. Baby grows up thinking it is mom. It can affect the impulse and their relationship.

Is that the same if the medical team is speeding up and moving fast to get the baby out? The baby may feel that that is coming more from the outside but maybe it can feel like it is coming from the inside.

How does it show up in the baby?

Observe where it comes up in the sequence.

IF there weren't drugs but there are drugs in the field, ...what is the answer? Yes, in the baby it is amplified.

Another thing that happens, the sense of boundaries get confused. You might not know where you end and the other begins, merging, harder to hold a boundary. ETOH is a good one for that.

Today we will give general affects, then after sessions we will give more hx of drugs.

In one era it may be used differently from another.

It affects our ability to embody, to come all the way into our body. The drug invites us to disconnect. So we will want to help the person to reconnect and re-embody. It affects the center of gravity to be high. We will learn as we go through the training that someone may be hanging out outside of their body and you help them to come back in.

The routes that drugs are given can be IV, oral, rectal, intra muscular, spinal, respiratory (gas).

Disociation w drugs can compartmentalize in the field. It can be a survival strategy so as it changes it can be a big thing.

IT effects our sequencing. It is an interruption. There is a pace we are going through birth and it can slow down, speed up. There are often amnesiacs used. You wont remember what happened in the sequence, you forget a whole major piece. You loo at the before, beginning, middle, end and afterward. Where ever it comes into the mother that is where in the sequence it will show up.

It can also overwhelm the nervous system. That is obvious. For the little one it can be big. Can have an effect how your NS operates. It is layered onto your NS. When we feel overwhelmed, if we slow down we can see that several things are happening at the same time.

At what point does it cross the placenta? They want to get the baby out before it gets to the baby. The medical world doesn't know that the baby

has the affect of the mother even if the chemical doesn't get into the baby at an energetic level.

There is a loss of sensitivity, legs might get cold or numb. You can develop a hypersensitivity from the dose being too much for your system. The more interventions they do at birth, it is more likely to see an affect in the baby, they can be in overwhelm from the start. It is hard for them to take on more.

Each individual can have a different reaction. Constitutional strength in people is different. Stronger constitutions can tolerate more. The weaker constitution leave the person more sensitive, can be like a canary in the coal mine. IT can look like ADHD in children but can come from the chemical imprint. That has been an observation in BEBA for 25 yrs. Working with children in the spectrum they have an overwhelm in their system.

There is a cumulative affect. The drugs are given to change perception and to work w a symptom is having or condition so the person can live through that. It changes perception of sensation, of time, how our mind works in relationship to an experience we are having. Given to make us forget, make us speed up, some slow down, some change the perception of pain. Some are given to prevent something else from happening. The affects are accumulative, then later on something else is given and it amplifies the bodies reaction.

There is a slide of classifications and routes they are given that is on the web.

Next module we will do surgical imprints. Often the chemical and surgical imprints happen at the same time.

So in your exploration keep in mind there may be 1,2,3 drugs or more used.

Some will fight, submit, collapse from the drug. Surrender. Drugs can be necessary. Babies and everyone needs to be prepared.

Epi-d

The 3rd ventricle is where most of the affects hang out. 4th v goes to brain stem...

If we use the skills and protocols, tracking the ventricles, giving resistance, strong firm touch in the session can be life changing to help connect back to the body. Work from the inside out with the fluids and the outside in with DCO, squeeze and Wrap Around.

OK get up, walk around and find 2 other people. Remember the squeeze.

Groups of 3, take 20 min and do the squeeze. Each person gets a turn. Do it so it is mutually beneficial for all of you.

M4 Day 3 April 26, 2017

Orienting-this is a training for building and practicing skills, different from a WS

SESSION day

10-10:45 Check ins, roles and chose your place, principles

10:45-12:15 lunch

2:15-3:45 2nd session

3:45-4:15 3rd session

1 hour for session 15 min for debrief, 15 min break

The Form

1. Roles TP to Support Person to Practitioner
2. Name principles in 1st session
3. Affirm turn
4. Intention
5. Relevant History
6. Movement/activity
7. Restate Intention
8. Differentiation Statements
9. Debrief- How was it for you in your role

When changing roles, state your new role and ask if everyone is willing to start a turn, then that you are beginning a new turn.

We would like you to explore something that is related to drug imprint in your hx from your conception, pregnancy, birth, pp, later in life.

Name how you want to feel after this exploration. How you want your life to be different.

If you begin to swim in something call us over for support. Sometimes it looks like you are doing fine. And we don't see it.

We are changing our relationship to our history and how we remember. We remember this imprint from the implicit somatic layers and learning how to add word and cognitive awareness, so we are changing how we remember.

How to be a good support person-the most challenging role in a way. You are in place like the surround people are in a WS PW. Your job is to be there and find out where the support needs to happen. You are in relationship with the TP and facilitator. The facilitator's job is to keep checking in w the support. If support starts taking on something from the TP's hx, name it, notice what is happening in your body, stay connected w the facilitator.

You will each have your own perception. Offer what your impulse is, ask if it feels ok to do that.

Tour of the minnow-

(different from Sutherland)

Start in the 4th ventricle- power house of the system.

Be where the life force touches the fluid.

Pay attention to the response to your attention being there.

As the potency gathers the attention moves up through the cerebral aqueduct / Aqueduct of Sylvius.

Colors? Tarry, wine, brown. Usually starts out as dark and murky. Do not fret. Wait. The colors will change.

It will emerge into the third ventricle. Franklin, Emerson, myself feel houses the most imprints from drugs.

You can hang out there. Where is your attention going? Back? Front?

Allow yourself to see it the way you see it.

Two foramen in upper corners- portals to lateral ventricles.

Lifting feeling? Can encourage the sensation of the drug imprint. We want to embody.

Heat? And it starts going up. Come back down to 3rd ventricle until the heat distributes evenly. Or go back down to 4th to gather potency.

3rd eye? Focused attention. Let it be.

Pushing the visualization can cause turbulence in the system.
Be with where the life force touches the fluid.
Can go down to the cerebellum. Or around the brain.
If the person gets lethargic. Need something from the outside to stimulate the system. The person is showing you the shock to the system.

Exercise:

Get with one other person. The person that is tracking is the one that has their hand on the other persons back.
Settle within yourself.
Put your hand on the others back in the middle of lumbar spine for structural support. Look for sweet spot and sometimes it is solid support. In WS it is more important to support structurally than to track tides from sacrum.
Sit with the intention of observing what the fluids are doing in the 4th ventricle. Always stay with yourself. What is going on in you as you are getting the sensations of the field.
Add the layer of the music. Gary on the flute.
Watch what happens as you do that in relationship to the other person.
Keep your eyes open. Listen to the music.

Sharing:

One way we are enculturated is that the way we get information from the inside by closing our eyes. There is so much information from the outside that we close our eyes so that we can find out where we are. The problem with this strategy is that by closing our eyes it is easier to disconnect from the present moment and amplify imprints. Moving one's attention back and forth between eyes open and closed is a way to feel inside and stay present in the moment and more connected to the blueprint.

Ask what is happening within the person as you are with the fluids.
Correlate what you notice with what is happening with the other person.

That power gives the opportunity to perceive before the imprint. That becomes the reference and you can pendulate with that.

Sister in law story- ventricle swelling

Just sit with it and let the powers that know what they are doing do what they do.

Can have your attention on the lumbosacral sac.

Pitocin and Epidurals:

Ether-poisonous quality w the mother, sense of aversion and wanting to move away from that. Choice to follow mother out or go with the life force. Ether is space, if you look to outer space you are looking to ether. It is like a vacuum.

Ether is a very fine gas. When it is put out into the atmosphere it expands. People who have the imprint have a hard time settling, attracted to black, silver things that will weight them down or they float away. It fragments.

You can watch yourself and see what you like to do-go out and look to outer space, or be earthy, in and down. It can be seductive and people want to follow that that takes you out. It is fast acting. Sense of dark cloud, had to move fast to get out. It was given with tonsillectomy.

Chloroform-dangerous, easy for people to go out and stay out. They stopped using chloroform in the 1940s. Came into vogue in England during Queen Victoria's time about 1840's- late 19th century. Was used in birth when it got difficult. Otherwise the MWs attended to births. First used in by Simpson in Scotland found chloroform had less side effects, administered to queen Victoria in her 8th birth in 1853. Quick acting. Used in second stage of labor.

Nitrous Oxide:

Babies get oriented then disoriented when self administered by the mother. Laughing gas. The MWs in England take it to home birth even nowadays.

Feeling -a little removed from the situation, funny laughter, uncontrollable.

PITOCIN

Planned induction, and can be followed by epidural. Watching the matrix, speed and slowness at the same time. Went from nothing to go go go. Didn't know which energy to follow. Parasympathetic shock. Too much information. Pressure, confusion, disorientation.

The freeze happens because the gas peddle and brake are on at the same time. What causes the parasympathetic part of it causes it to drop. Pit blocks the receptor sites so the natural oxytocin can't get into the receptor sites.

It doesn't allow the body to create its own responses to pain. The route that it is given makes a big difference-Buccal application pit-Bovine, injection-intramuscular, IV drip.

It feels to the baby like it is coming from the inside. What is me, what is the drug, what is my mom?

Support the person to feel their,, own energy coming into the body and differentiate from the medication.

Story of child at BEBA and Pitocin

Confusion if it is coming from inside outside, angry about what is happening on the outside, upset if my timing is not respected. Repair needs to be done w the baby. You were stuck and I am sorry that your rhythm was over ridden. Support them w expressing the speed up place, not trying to stop it. Help them with coherent narrative.

The sequencing imprint of Pitocin-if going to be late, it feels like life or death. It is not a casual thing. Big reaction to someone making you do something. Anger and rage.

EPIDURAL

It has full effect within 10-20 min after given, Necessary to rotate the mother from side to side so it is evenly spread to both sides. It lasts for about 2 hours and can be re-dosed because the catheter is left in.

Combination of local anesthesia (like bupivacaine or lidocaine) and opioids (narcotic)such as fentanyl and sufentanil to prolong the epidurals effect or to stabilize mothers BP. Different doses and combinations of medications can be used.

William Emerson- what ever the mother doesn't complete about a birth the next child down can inherit the sensations

Difference bt epidural and spinal

Epidural does not go through the dura mater, it goes outside of it. Epi literally means: on or outside. Epidural means: on or outside the dura-mater. That affects where the nerves are coming out and go to the periphery.

Spinal-punctures the dura. The anesthetic agent is injected into the space between the spinal cord and the dura call the arachnoid space. The spinal cord ends at L2,3.. below that the anesthetic agent goes into the CSF in the lumbosacral sac.

Head aches-caused by puncture in the dura and it leaks CSF. The Central Nervous System is a closed hydraulic system that needs a certain amount of pressure to work. Dural Punctures for birth are in lumbar area. The pressure from the inside of the system can easily cause CSF to leak when the dura is punctured If there is a leak it reduces the pressure in the head thus causing a headache.

It happens if it doesn't seal up.

Put the head lower than the feet to take the pressure off where it is leaking. There is a procedure where they take blood from the mother and use it to patch the puncture site, called a blood patch.

Historically the spinal was used first in the, 40s, 50s and 60s. They first used epidural in 1931 but it didn't become common until the 70' or '80s.

Friday M4, April 28, 2017 Day 5

Orient

Check in in pairs

Continue harvest

Exercise to titrate

Proprioceptor

WRAP AROUND

HOME WORK GROUPS

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Afternoon

Exercise

Harvest of exercise

When the pace picked up it was better. The partner needed slow contact, reaching through the ice...it felt As if things were draining down through the body instead of being held up all the time.

Felt so simple, brought me to my center.

The energetics of it, why it is so powerful-from a polarity point of view, every joint is neutral. You can't have any movement in the joint w/o neutrality.

If you get arthritis, the joint has lost its neutrality. The mid space is neutral When you do proprioceptive cuing, you are not just touching the limb but also touching every other place that is neutral in the body. It opens the door in the direction that you are doing the cuing, right down the center.

Said again:

The mid space, down the center. The central canal of the spinal cord is neutral, there is a space right down the center of the Spinal cord. To touch any neutral place in the body, it not only wakes the joint itself but wakens all the neutral poles in the body. To awaken the proprioceptors in the arms and legs simultaneously awakens the mid-space. The impulses to move are not only awakened, it orients us to mid-space at the same time.

If you do both sides at the same time you get twice as much information. Some people can handle more info and some less. The neutral in the cord, it is below the freeze and all of the other stuff. Useful when there is a freeze and the person is ready to move.

This is so simple to play with. Very useful for babies and kids when they are trying to move and when the are uncoordinated. Kids walking on their toes when they have had a lot of heel sticks, this can be super helpful. Touch their achille's tendons and their heels, they start putting their heels down.

In BMC, if baby hasn't pushed out of the womb, work the ankles. If there are epidurals upper body and lower body discoordination is common.

Sometimes w children we want to see the history. To see what they received that keeps them on their toes. Can we do this w ourselves? There is nothing like having someone else work on us, and yes, we can do it on ourselves too.

ETOH, Nicotine, amphetamines were talked about this morning. Pitocin, how does it affect sequencing for children? It is usually used w something else.

Kids w strong constitutions wont sit down all day long, they just keep going and going. They are looking for enough resistance so they can take that drive into relationship. It is not innate to that family system because it is a drug imprint from the outside. The kids are looking for resistance, boundaries, understand about this drug that made everything go faster and harder.

Is there collapse in it? If the constitution is weaker the adrenal system will not be able to sustain that very long so the will burn and crash.

There is quality of intensity.

Something in the rev needs to be acknowledged and repair done. It needs to be understood in that place. You go to the speed they are going and meet them there then slow down and they usually will slow down with you. You don't try to slow them down or they get pissed. But doing it together you meet with your nervous system.

Do you need the parent reflect what they had wanted instead of the Pitocin or can the practitioner do that? When the parent understands where it is coming from it gives more empathy from the parent to the child. They can then go where the kid needs to go more easily.

One family, the mom was afraid to meet the child in that place. So Tara met the child in that place and the child wanted to move in w T. In the next session, we support the mother to face her fears and meet her child. You have a conversation before the session about the Pit and what you might do. Ask the parent while playing a game, "What does this remind you of?" then they tell the story of that part of labor when the doctor gave the pit. The child is playing but also taking it in.

You have the forms filled out by the parents which will give you a lot of the history.

General anesthesia -mother was given anesthesia, sensation that I was awake and present, Couldn't stay connected and follow her own impulse.

The consciousness is there. It doesn't just stay in the body, it can get out of the body like when we sleep. Then in coming back, having to find the way to come into the body to be born. I was in the body, aware of my mother leaving and me staying, going deep into myself. There was a descending. No connection with going out and leaving, I went in the opposite direction. In and down. Where the energy meets the fluid, I feel that and there is a lot down here that is opening. That is where the energy meets the body.

Locate where the fluid meets your body. For some it pulls out in and others in to out. If the person is pulled up and out. There can be a place of disconnection w another human being. IT can affect bonding and attachment. There is a realization that I didn't leave myself.

He has thought before how his Mom went up and out to the Left, he is going w the life force down and in to the Right. Staying w himself and the life force.

Poison-at 18 months she drank turpentine and had her stomach pumped in 1959. What would they have done to pump the stomach? Put an NG tube and add suction to take out contents of the stomach. They probably would have used sedation not anesthesia. It is a lesser level. It is good that people are around who know how to do that.

ALCOHOL and kids- how do you separate the fetal ETOH (alcohol) imprint and brain damage from the kid? W the use of diff drugs in pregnancy, it can create disability, disorientation etc, w ETOH(alcohol), any dose can be too much-for anyone to perceive the connection, see where the child is, the child will see you do this. It opens something in the child and they will have to work w it through their lifetime.

How to sit w their parents who are wanting their kids to be healthy. Work w them to handle their own history. They will be a great aid to their child if they can do that.

One of the facilitators at BEBA worked w a little girl and her grand mother. She worked w the child's school and w the child. The school didn't take into account that the Fetal Alcohol syndrome was going on to her. The child was very sensitive. It affects the way things move in and out of the cells. The cells are hypersensitive. Work w the child to build tone in the system to come out of the hypersensitivity so they can come out and be in the environment. The girl was affected by some drugs.

Break 3:52-4:15

Wrap around exercise-How close do you want people to come in, how much pressure do you want? Find the amount of pressure that supports you to come into your body more, that supports your potency to build. Do in groups of 3, take 5 min each. Then say a few words after each turn.

SHARING:

- Felt like seaweed w feet rooted to the ground. So grounding.

- Glad we did this.

- I also felt my feet on the floor. It felt heavy. Not use to that much pressure of my feet on the floor. It was easier to balance my head on my shoulders.

- The feeling of both people was very unique.

We had you do sessions on the 3rd day so we could have the discussion that we had yesterday and today. Staying w the fluid and the discussion, that skill gives us the opportunity to sit w others in this w/o having to identify in w/ our own material. To have a reference. Especially w babies and families.

The exercises engage more potency. The wrap around can give the feeling of what it is to be connected.

There was a ques if I did this w my family at home. It brought up an idea of doing this w the intention of connection.

We do this at home w my 23 yo son and he often initiates it.

We use it a lot in the prenatal sessions.

HOMEWORK GROUPS:

30 min –how are you doing, do you need any support?

Assignment-take audio visual of your work w doll and pelvis, describe the position you were in.. Put your mind in the mechanical part. We are use to doing the narrative quite different than we are asking you to do.

IF something was challenging talk about that.

Where are you in it?

It is designed to put your attention more into movement patterns and what it looks like.

Is it possible that drug imprints interfere w that?

Having done this day it will make it easier to talk about that.

There is huge value watching the positions the doll goes through, taking pictures and writing about it.

Saturday, M4D6

Orient

Check ins

Homework

Summary

Q&A

Closure

12:30 Complete Morning Session

1pm end

Homework: there was old version of the homework from 2005. Apology for the confusion.

The purpose of these 2 modules is to make a coherent narrative of your own birth. Next time we will do surgical imprints. Putting that into writing is useful and it is a layer that adds to greater capability of being w your own transferences. Having enough understanding of our own history allows us to more easily be w another's.

It takes it out of implicit and gives language to your experience. What ever you did is perfectly fine.

Shows the birth sequencing chart.

Work w that, look at your narrative, sit w doll and pelvis video.

Put Name, email, readers name, date on your homework.

Vaccinations are a big topic for families we work w. Watch the Truth about Vaccinations.

HOMEWORK FOR M4:

WRITE WHAT YOU LEARNED ABOUT chemical imprints. Select the ones you want to explore and write about. Put in the context of your imprints. If you learned something new this week, add it to the narrative. It is like doing a journal. Do your homework in a way that supports you, not overwhelms you. You can have your own journal for yourself, don't send more than 2-3 pages to your reader. It is just seeing how these drugs were used in your birth or in your life and how you are navigating them. Send what is ever left (if you had an add on) from M3 and the homework from M4 to the M4 reader. If you didn't do your M3 homework yet, send that to the M3 reader.

Shows the chart for the readers for each participant.

Due date-end of august

Be in touch w each other bt this module and the next module. It will be 6 months until the next module. Read each others papers. The value is you get to see someone else's story/narrative in relationship to these imprints.

You will be more able to put dots together when you are sitting w other people. It expands your capacity to be a practitioner or to use it in your own family or where ever you want to take it. Use the assistants for support when needed.

Participants can assist WS after the training is over.

Ray will offer on line supervision groups.

Do intake work w families, have phone call w them and see what comes up for you, get supervision for yourself before you see them. Do 2-3 families and that can accelerate your learning. Do follow up supervision also.

Preparation for Next module's homework:

Will be w ancestral history.

Look for people available to talk to who may know the history about certain family members whom you are attracted to. Start gathering information from them about your family's history. Then in Nov. we will ask you to write something or make something. Some take photos of ancestors, look at them and organize them, see how far back you can go. What ever you can find, you can present, it will help you have more orientation to your family. It can be an art project.

Between now and next module have the intention to connect to the historians in your family and talk with them. Visit the places they lived. Genetic research.- "23 and me". If you haven't done it we invite you to do it.

You can do a test that gives ancestral stuff but not medical reports. Women carry only XX and men carry XY so they can get more info from the males in the family both paternal and maternal.

We have been exploring how to be w drug imprints, to drop into BP and how to be w people who have these. We have done it in a way that we can sit with the mystery of it.

2 days of skill building –inside out and outside in.

Session day.

We didn't give you everything there is to know about drugs. That is not our expertise

There is a good book-**Deliver me From Pain**

There is a chart on the website where you can look up the different drugs.

Amnesiacs- if you don't remember it didn't happen. Sometimes the pain is felt in a surgery and they don't want you to remember it. They don't understand implicit memory or how it works w kids

When Levine gets surgery he asks not to have versed or memory altering med.

Cytotec and cervadil
Marijuana, Fentanyl

Mother, father, baby. It is better for the mother not to be using. If mother is not preparing to get pregnant, then gets pregnant and she has used something before finding out.

People look at what the mother has used because baby is in the M. But if the father is using, If one person is using it affects all the relationships. If one person stops using it changes the quality of living. Usually it is the M and then it affects the relationship of the family. The baby is undifferentiated from the surround. Some of that is initiated from the mother.

Ray recalls a client: When the father used Ayahuasca it affected the child's intestines to the point that the child needed surgery.

With Marijuana we have seen the F is using and the M stops, they don't stay together. They have the illusion of going deep but if you take it into practical relationship, the person's presence is not here. It affects the way their synapses in the brain work. It has affects in the family dynamics.

Any time something is used it changes the way we perceive. If the goal is to get more connected w our selves and w each other, we have to look at that.

If the use is to change how we perceive, If the child is around, there is an emotion that maybe someone is numbing from, it is in the field of the family. The child feels what is not named, or seen or dealt with. It is a lot of work for the child in those families.

The use can prevent the person from getting to their intention.

Working w a woman who had severe anxiety. Needed meds to regulate the NS. Curious about the pros and cons about that.

It is mixed. There is an affect both ways. Differentiate with the baby and make it clear why it is being used and when the child shows behavior that reflects that, and they will show the story until they don't need to do that any more.

If the med is helping the mother to function, the baby feels that.

The family has to go through the fire together to reestablish the wholeness. Better to do it when the kids are 2 than when they are teens, better when they are teens than when they are in their 20s.

A study looking at the correlation bt the drugs that were used at birth and the drugs they use as adults. There was a higher percentage of usage if they had drugs at their birth. This study will be on the web in the powerpoint presentation on History of Anesthesia at Birth. The imprints of the different drugs are shown there. Study done in Stockholm, Sweeden.

If mother was given opiates, barbiturates or larger doses of nitrous oxide, the increase of child to use opiates later on in life increased 4.7 times.

There is a study of looking at the brain and photos of what the brain looked like before and after using Marijuana. The brain is very elastic and can recover unless it is done for years and years.

The job of the teen is to prune certain things from their brain. The drug affects what is pruned and what is kept. It keeps pathways around the drugs rather than where the person is clear. Dan Siegel's book, **Brain Storm**-Being with teens.

Each person has their own journey. Certain things show up at different points. How we sit w each person makes the different.

Have the intention to Be in the place where the energy meets the fluid.

Brain Scans of Healthy Brains and Drug affected brains:

1. http://www.addictionrecoverycenteroftemecula.com/browse-20741/Brain_Scan_Images.html
2. <https://www.youtube.com/watch?v=DaifOWSKjdA>
3. <http://www.amenclinics.com/healthy-vs-unhealthy/alcohol-drug-abuse/>

The Amen Clinic has an exceptional collection of images for many different psychological disorders to Drug addiction. Go to their website: amenclinics.com. Look for the SPECT research and gallery.