Module 5 Introduction Letter

Dear Trainees,

I am pleased to present to you these materials for Module 5, *Surgical Imprinting*. There are some new videos and updated material in the slide shows. This set of materials represents weeks of work in preparation for M5. I hope that you find them illuminating and useful.

I wrote the written material for this module between 1996 and 1999. Since that time in the work, I am focusing much more on the family as a social nervous system than on the individual care of the child. This work is group oriented as exemplified by my focus on the family and on small process groups with 7 participants. The written material in each of the following sections focuses more on the effects of surgical interventions on babies and moms rather than on their relationships with each other. The material presented is still useful, but keep in mind that, from a practitioner point of view, the primary thing that I do today is focus on the quality of the relationships within the family and between the participants of the process workshops.

In order to firmly grasp the effects of interventions on babies and families it is necessary to have a clear definition of health and of birth trauma.

The first three modules of this training were dedicated to developing an understanding of health in the system, in the individual, in family systems and in small groups. Health is defined as a state of wellbeing where the individual within themselves, in relationship with others, and within the family system has the capacity to interact with the intention of mutual support, cooperation and love. Healthy families are able to move through challenging experiences, integrate their experiences, garner support for themselves, give support to others and recover from stressful or traumatic experiences. These families meet challenging experiences with a level of mutual cooperation that supports the building of potency and wellbeing in individuals and the family system.

In birth, the baby and mom work together. The mother's uterus contracts and the baby participates by pushing with his/her legs, working to be born. The interaction involves creative opposition between the two. They are mutually and creatively pushing against each other for the same purpose, for the baby to be born. When the pressure between them meets in this way, the outcome is that both mother's and baby's endorphin producing systems are activated. Under these circumstances the hormone oxytocin among others is secreted in quantity. The result is that together they meet a very challenging experience, giving birth and being born, with a sense of natural euphoria and overall wellbeing.

The definition of trauma to which I have subscribed since 1995 is as follows: **Any experience that overwhelms a person and renders that person unable to integrate his/her experience in the moment they are having the experience is traumatic.**

Experiences that are stress inducing have some aspect of overwhelm that includes the moment-to-moment inability to integrate experiences. With non-traumatic stress, a person is able to recover from the experience either in the moment or immediately following the experience. If stress continues over time without recovery, it will accumulate. As stress is accumulating, the individual must compensate to the mounting stress. There will be a point at which the person is unable to compensate and the stress buildup becomes overwhelming. The point at which overwhelm begins is the point at which experience or accumulated experience become traumatic. When the trauma reaches a level where the individual's compensation pattern moves to freeze and dissociation, the person then is in shock. What I have proposed here is a continuum between healthy experience and shock. Please review my paper, "The Stress Matrix."

Healthy experience ⇒ Stress ⇒ Trauma ⇒ Shock

It is also very important to understand that when different people and families have similar experiences, some will integrate their experiences while others will not. So, it is not the experience that defines the long-term effects. For example, Mary Jackson and I are seeing that interventions at birth that are usually traumatic may not leave traumatic imprints depending on how the procedure happens and how the baby and mom are prepared for it. If during a procedure like clearing a newborn's airways with a DeLee suction device the mom and baby are told what is happening step by step and the procedure is done with awareness of the baby, we routinely observe that there are little or no long-term effects on the baby or mom. It seems that the babies and moms are integrating their experience during the experience itself. Some people however, will not integrate that experience and the baby will have difficulty nursing as a result.

I am remembering a baby girl born in England in about 1980 with forceps. I remember the way her father described her birth. Just before she was born, she was stuck. The attending physician suggested the use of forceps to help birth her. The mother and father considered the suggestion and prepared their daughter by talking directly to her about what they were going to do. The physician very gently applied the forceps and together they told their daughter what they were doing while they did it. They did not just apply the forceps and pull her out. They did all of that with her in their consciousness and attention, not just acknowledging her physically but acknowledging her as a present conscious being who was actively participating in her birth. Importantly they used the forceps in a relaxed manner and at a tempo that supported all of them to integrate the experience while they were living it. The parents and the physician worked together with the baby. The physician, mother, father and the baby were considered to be a team. The father described that experience as being non-traumatic. All of them, including the baby, were able to integrate their experiences in the moments that it was happening. The way they birthed their daughter with forceps did not leave non-integrated experience. These were parents who had a high level of skill in the area of craniosacral work and trauma resolution. These parents also did follow-up care with each other and their baby to further insure the integration of their experiences both individually and as a social unit, a family.

I also want to present some simple guidelines for how to choose between the use of forceps, vacuum extraction and cesarean section. If I had my choice between these methods, I would first go for the use of forceps in the hands of a very skilled operator. If a skilled operator were not present, which is often the case in American hospitals, I would have to carefully weigh judgment between the use of vacuum extraction and cesarean section. If the baby is strong and the mom's health is not compromised, I would opt for the use of the vacuum extraction method. If the baby appears weak and showing signs of distress and the mom is strong I would opt for a cesarean section. With the vacuum extraction method, the effects on babies appear to be immediately traumatic, but the affects of a cesarean on both mom and baby are immediate and long lasting. If there were a medical emergency, I would follow the advice of the medical personnel present.

The reason I would choose vacuum extraction over caesarian section is because the caesarian is a major surgery. The long-term effects on the baby and mom are substantial. Babies often have long-term respiratory problems. Some other effects include bonding and attachment challenges, physical recovery challenges and postpartum depression. I've worked with moms and children who were in the throes of postpartum depression for 5 years. The effects on the families were substantial including dysfunctional parenting, and major changes in the intimate connection and sexual expression of the parents. Everyone in the family is affected.

In the written materials section I have included 2 pages titled: CS & Circ Citing and Links. These are exceptional websites that are very useful references.

In addition, there is a new and expanded document titled: "Skill Sets, Exercises and Protocols for Practitioner Trainees". In this document there is a first time ever description of a protocol for forceps imprinting. No one has ever been given this information in writing. I've been very cautious about putting it in writing because this protocol can do harm if it is not done in the way I've prescribed. I am giving it to you with the trust that you will use this material for your own study and **not pass on the written texts to anyone else. I especially do not want to see this protocol in the hands of anyone that I did not personally train to use it.**

I continue to be grateful that you are growing and expanding your skills in the somatic pre and peri-natal work. Please know that I welcome any thoughts or feelings that you may have about the written and multimedia materials that we have provided for your training.

With love and appreciation,

Ray Castellino