PRENATAL AND BIRTH THERAPY:

(Following are possible subtitles)
An Approach to Re-patterning Early Adverse Imprinting.
An Approach to Healing Prenatal and Birth Trauma.
An Approach to Re-Patterning Imprints from Prenatal and Birth Trauma.
An Approach to Healing the Effects of Early Trauma.

By
Raymond Castellino, D.C., R.C.S.T., R.P.P., R.P.E.

1105 N. Ontare Rd., Santa Barbara, CA 93105, 805 687-2897, ray@castellinotraining.com, www.castellinotraining.com

TABLE of ACRONYMS and ABBREVIATIONS:

AC = About Connections
aTLC = Alliance for Transforming the Lives of Children, www.atlc.org
BC = Baby Centered. Note that through out the book I will be referring to Infant, Baby and Child Centered Family Therapy. So I don't have to write that out each time, I will simply write "baby centered" or BC. BC Family Therapy will mean Infant, Baby, or Child Centered Family Therapy.
BEBA = Building and Enhancing Bonding and Attachment, www.beba.org. BEBA is a non-profit research clinic in Santa Barbara and Ojai, CA
CPBT = Castellino Prenatal and Birth Training, www.castellinotraining.com
DC = Doctor of Chiropractic
MFT = marriage and family therapist
PPN = pre and perinatal
PPNP = pre and perinatal psychology
PPNT = pre and perinatal therapy
PPNFT = pre and perinatal family therapy
PPNPt = pre and perinatal practitioner
WSP Workshops = Womb Surround Process Workshops
RCST = Registered Craniosacral Therapist
RPE = Registered Polarity Educator
RPP = Registered Polarity Practitioner
SP = Somatic psychology

Acknowledgements:

Many people have contributed to my growth and well being along the way. I am grateful to each and every one of them for their presence in my life.

To Jim Said, Jim Feil, Cindy Rawlinson, Rod Newton, Kathy Weston, Elise Wholler, Joan Klein, Joanie Rosen, Jimmy Rosen and Mark Webster for being my friends, my teachers and guiding lights for me in the late 1960s, 1970s and 1980s.

To Randolph Stone, Pierre Pannetier, Robert Hall, Alyssa Hall, Richard Scorsesi Heckler, Catherine Heckler and Henry Stein for being teachers and major influences in my life in the early 1970s.

To Louise Hilgar for being such a bright light, an inspiration, a friend and for knowing how to die with ultimate gratitude and grace.

To Jim Said for your work in Polarity Therapy and chiropractic, for helping me learn how to think and for doing supervision with me when I began my chiropractic practice.

To Bertrand deJarnette and Mark Pick for your contributions to chiropractic and being my teachers in Cranial Sacral Occipital Technique.

To Cindy Rawlinson and Jim Feil for being colleagues and friends in learning/teaching polarity therapy during the 70s and for continuing to support each other as we integrated polarity with the other modalities.

To William Emerson for your brilliant work and being my teacher in Pre and Perinatal Psychology between 1987 and 1991.

To Franklyn Sills for your brilliant work and being my teacher in fluid tide craniosacral therapy, inspiring me to begin a “baby clinic” and showing me how you organized your training curriculum.

To Peter Levine for your groundbreaking work and being my teacher in Trauma Resolution.

To Wendy Anne McCarty for co-founding BEBA with me, taking on the administrative tasks and co-facilitating family sessions for 5 years between 1993 and 1997.

To Ginny Partridge for your presence, friendship, keen guidance and support in the early years of BEBA, for helping me organize the first two Castellino Prenatal and Birth Trainings (CPBT) and for assisting me in the beginning of this book project.

To Debby Takikawa, for your friendship, participation in BEBA, dedication and substantial contributions to the work, including your amazing film projects.

1105 N. Ontare Rd., Santa Barbara, CA 93105, 805 687-2897, ray@castellinotraining.com, www.castellinotraining.com

To the early BEBA assistants and volunteers—Beryl Weismann**,** Samantha Woods, Holliday Dines and Tom Gwyne**—**for your efforts.

To Tosh Monte for assisting in BEBA and working with me to create teaching materials for the training.

To the past BEBA Facilitators—Wendy McCarty, Debby Takikawa, Nancy Greenfield, Alison Greene-Barton— and present BEBA Facilitators—Jean Weitensteiner, Tara Blasco and Kenyon Taylor—for your brilliant work and inspiring presence.

To Marty Glenn for your consistent support of the work and for holding a common vision to transform Santa Barbara, CA into the PPN Mecca of the world.

To Jack Travis, Kent Peterson, Sharron Humenick, Pam Leo, Suzanne Arms, Joyce Knott, Rick King and all the wonderful people in aTLC for your love and dedication to creating and supporting healthy families and wonderful presence. Thanks for making space for me to do the journey with you.

To the BEBA Board of Directors, past and present, for guiding us all of these years.

To all of you who have been my clients, patients, students, WSP workshop participants and CPBT trainees, for teaching me and helping me to grow in the work.

To all the BEBA babies, children and parents who have the courage to grow and learn with us as we develop this work.

To Chris Wolfe and Forrest Cameranesi for transcribing and editing countless hours of videotape.

To my friend, Mary Jackson, for touching my heart, being so selfless in your giving and for your contributions to BEBA, this book and for our journey together through About Connections in deepening, strengthening and spreading this work.

To Myrna Martin for your contribution to editing this work and for taking this work and translating it into your own.

To the growing number of certified WSP Workshop facilitators who have devoted the time to their own personal growth and extensive learning and are now offering their own WSP workshops, for spreading this work and adding your own contributions: Alison Greene-Barton, Chantek McNeilage, Charisse Basquin, Claudia Koehler, David Haas, Judyth Weaver, Klaus Kaeppeli, Mary Jackson, Myrna Martin, Regina Buecher, Susan Lange, Tara Blasco.

To my paternal grandmother, Rose and my great grandmother, Amelia, for giving me my voice.

1105 N. Ontare Rd., Santa Barbara, CA 93105, 805 687-2897, ray@castellinotraining.com, www.castellinotraining.com

To my maternal grandmother, Eugenia, for being a wet nurse to babies in the Italian immigrant community in the Temescal area of Oakland, CA in the 1920's and for giving my mother the confidence to know she could birth me without interventions.

To my mother and father for bringing me into this world, doing their very best to give me a good start and for encouraging me to follow my passion.

To my sister Julianne and my brother Bob. Both are extraordinarily talented in their own fields. I learned with them that all of us grow up in relationship.

To Auntie Mary (my father's sister), for her laughter and for being there for me in my childhood and for seeing in me a potential that I didn't know I had. I'm grateful.

To my cousin Don Grady, for growing up with me and remembering my birthday.

To my music teachers, Richard Hansen, Gordon Keddington and William Erlandson, for giving me the support and inspiration to find my way with music and singing.

To Carolyn Cory Bognar, my first wife, for your motherhood to Sean and your substantial contribution to my life.

To Sean and Sasha Castellino, for being my children and teaching me most of what I know about growing up, inspiring me beyond words and being absolutely stellar human beings.

To Sandra Castellino, for being my wife, for your persistent presence, your love, your motherhood to Sasha, for being a stepmother to Sean and for your extraordinary dedication to service. Your effort and work makes possible all that I do.

Lastly and certainly not least, to my spiritual teachers, Maharaj Charan Singh Ji and his successor Baba Gurinder Singh Ji, for the light, love and for holding us all. With them all is possible.

With gratitude,
Raymond Castellino

1105 N. Ontare Rd., Santa Barbara, CA 93105, 805 687-2897, ray@castellinotraining.com, www.castellinotraining.com

Outline

Title Page
Table of acronyms and abbreviations
Acknowledgements
Section I: In the beginning

- Chapter one: Introduction
  - Assumptions
  - Orientation to PPNT
  - Intention
  - History of the development of this work
    - Personal
    - Professional
    - BEBA
    - Womb Surround Process Workshops

- Chapter two: Basic principles for the WSP workshop
  - Choice
  - No
  - Pause
  - Contact
  - Confidentiality
  - Leaving the room

- Chapter Three: Building Resources
  - Midline exercise: mother earth, father sky
  - Establishing Support
  - Hold presence

- Chapter Four: Conception and Prenatal Consciousness

- Chapter Five: The Social Nervous System
  - Stress Matrix

- Chapter Five: Introduction to approaches to prenatal shock imprinting
  - Tempo
  - Leading edge
  - Looking into the circle

- Chapter Six: The Polarity Paradigm

Section II: Bonding and Attachment

Section III: Birth and Structure

1105 N. Ontare Rd., Santa Barbara, CA 93105, 805 687-2897, ray@castellinotraining.com, www.castellinotraining.com

1105 N. Ontare Rd., Santa Barbara, CA 93105, 805 687-2897, ray@castellinotraining.com, www.castellinotraining.com

Introduction

Welcome. Welcome to the world before there were words. Welcome to the quest of attempting to integrate and make sense out of how we came to be here in the first place; how we came to be who we are. Welcome to the journey. Just by the fact that you are here you have already demonstrated a measure of courage. This is not a journey for the faint of heart. This is a journey for those who want to know the truth of themselves from within themselves; for those who want to struggle with the very principles that organize and govern life, for those who are called to find a way to support others into the journey of life. You are professionals from all walks of life. You are health care practitioners from a wide range of fields. You may have reached a place where you feel the limitations of the work you have studied and your practice. You are being challenged by your patients and clients to broaden your scope of practice. You are being challenged to see them with new eyes. You are being challenged to perceive the health that they are presenting to you in new ways and accurately reflect that health to them, to support your patients, clients and students to discover and fully be themselves.

Thank you for picking up this book and beginning to read. I am grateful for the opportunity to share this work with you. I am writing out of my great need to pass on what I have learned, from:

My depths,
My children and family,
The babies, children and families that I've held in my arms and heart,
Those courageous ones who have participated in the womb surround process workshops that I lead,
The students who have sought to find accurate reflection in my classes and trainings,
And my parents and teachers who have guided me along the way.

This work has emerged from what you have given me.

I present to you my life's work to date. I want to show you how I've attempted to make sense out of the early journey into life and present a way of organizing this vast material.

Intention

The purpose of this book is to provide a map for learning how to become a Pre and Perinatal Practitioner (PPNPt) with a focus on facilitating families and small groups of adults. Pre and Perinatal Family Therapy (PPNFT) is prenate, infant and child centered. PPNFT is exemplified in BEBA (Building and Enhancing Bonding and Attachment). I call the Pre and Perinatal (PPN) work with small groups of adults Womb Surround Process (WSP) Workshops.

BEBA is a non-profit 501(c)3 research clinic devoted to:

- Supporting babies and children and their families to resolve or re-pattern traumatic imprints during pregnancy, birth and infancy;
- Supporting infants to get the best possible beginnings in their families;
- Supporting parents to be effective with their children;

1105 N. Ontare Rd., Santa Barbara, CA 93105, 805 687-2897, ray@castellinotraining.com, www.castellinotraining.com

- Supporting parents to recognize how their babies and children are influenced by PPN imprinting and to effectively interact with them in healing ways around these imprints;
- Support parents to effectively communicate with each other about parenting children;
- Developing a clinical research base for PPNT

As of February 6, 2005 BEBA has completed more than 3900 hours of direct and telephone sessions. All of the sessions at the BEBA clinic with families are videotaped.

The WSP workshops consist of seven adult participants, a facilitator and possibly one to three assistants. Thus, the WSP workshops have eight to twelve people in them. Since 2003, I have taken no more than seven participants.

The reason why I focus on working with families and adults in WSP workshops is because families and WSP workshops take basically the same skills to facilitate. In the early 1990s, I realized that I needed a fast track approach to further develop my family skills. All the training I had up until that time was geared toward therapy with one facilitator and one client. This was true for Polarity Therapy, chiropractic and craniosacral work.

The PPNT as presented here is an out growth of work that I began in the 1970s doing Polarity Therapy, further developed in my chiropractic practice and matured in BEBA and WSP workshops.

Originally, I began this book as a training manual. On the surface this book is organized to follow the course of the Castellino Prenatal and Birth Training. The training is designed to provide foundation skills for practitioners to facilitate families and small groups of adults to heal from the unresolved wounds of adverse pre and perinatal imprinting. Notice that I wrote: the training is designed to provide foundation skills. I did not say that this book would do that. The skills can only be learned in relationship with others, with competent guidance and a sound structure to hold you in the journey of your own learning. Moreover, the skills that are described herein are learned only from persistent practice. A prerequisite to learning PPNT is that students must attend to their own personal growth. Practitioners must personally know the territory they are traveling from within and in relationship to others in order to effectively coach parents and process workshop participants. They must be able to model presence, compassion, empathy, the skill of tracking tempo, self-regulation skills, communication skills and contact skills from within themselves. Moreover they must learn how to creatively support family members and process workshop participants to establish and create bridges of contact between each other. They must know how to establish safety and presence within the womb surround, be it a family or group circle.

Training and mastery of PPNT requires discipline similar to what it takes to study and perform music, dance, or any other art form. No one can effectively play a violin or any musical instrument without long hours of work and practice. For this work the practitioner's instrument is his or her body and awareness. Reading this book will provide guidelines for learning, discussion for research and support for likeminded researchers and for integration. It will not teach the skills. Emerging practitioners must be willing to take the personal journey into themselves, inquire into the origins of how they came to be, dedicate themselves to the essential truth of their beings and be willing to live and grow in that truth. In short, mastery of PPNT requires walking our talk.

1105 N. Ontare Rd., Santa Barbara, CA 93105, 805 687-2897, ray@castellinotraining.com, www.castellinotraining.com

Mastery of PPNT does not mean that we have to be perfect. Mastery means that we must be willing to acknowledge our imperfections. We must realize that we are all basically students and name and acknowledge our humanness. Like you, I am learning. There is no point of arrival. Every one of us is taking steps along the way.

As you proceed through this work it will become more and more apparent that I assume all behavior and human conditions are expressions of health. I consistently ask the questions: How is health manifesting in the being, in the family? Where is the health in the system? Each of us has tremendous capacity to survive and adapt. Adaptation is part of the design for survival. This adaptive capacity was present in the beginning. It was present at conception, through our gestation, during our birth and as we grew up. We do not have to learn how to adapt. We just do it. This adaptive capacity manifests as survival behaviors and ways of being that I refer to as survival skills. These survival skills supported us to get here. Without them we may not have made it. We may not have survived. The survival skills and adaptive ways of being came about as a creative response to adverse, stressful and often traumatic early experiences. The survival skills form from the innate need to live. The survival skills represent an expression of the health of the system. They worked to get us here. Yet, these same survival skills may not be the most efficient way to effectively approach life today and may limit our present ability to be full in our lives. As we proceed with the process of learning new ways of being and of re-patterning the effects of these early adverse imprints, you will see that I consistently appreciate the adaptive survival capacity of the being before I work to increase the options.

Many times, when participants in Womb Surround Process (WSP) Workshops state their intentions for taking the workshop, they say that they want to get rid of some way of being because they experience pain as the result of that behavior. They say, "If I could just get rid of how I feel I would be able to be happier, a better parent or a better partner. Life would be better." The problem is that attempting to get rid of these feelings often does not work and can even amplify the struggle the person is having. The main reason that this strategy doesn't work is because these behaviors, sensations, feelings and beliefs began as imprints from early experiences. The consciousness from that early time does not differentiate itself from the early experience. This is to say that the young part of our self identifies with the experience, the behavior, the sensations, the resulting beliefs and the imprint as itself. For the early consciousness it appears all the same.

I know that this concept is a big one for many to grasp. I assure you that as we proceed through these pages we will return again and again to this fundamental PPN concept and provide examples from BEBA and WSP workshops. I am introducing this concept at this time because when we attempt to change into new ways of being our early consciousness may perceive that an attempt to change could be an attempt to do away with the early being itself. As we proceed I want you to know in advance that I have no intention to eliminate the ability to adapt and manifest survival skills. I support using the survival skills only when we really need them. Using survival skills is always an option. I encourage learning new creative ways to come closer to the true nature of our core being and to consistently appreciate the health of the system.

As you read you will find that I assume the presence of God or a greater power. If doing PPNT has taught me one thing, it is awe for the perfection of the interconnection between our selves and the divine. Life is dependent on a force greater than our selves.

1105 N. Ontare Rd., Santa Barbara, CA 93105, 805 687-2897, ray@castellinotraining.com, www.castellinotraining.com

Consciousness existed before the advent of this body, is present now and will exist after this body ceases to be. My great curiosity is how consciousness comes into this realm of existence, forms into a physical body, is sustained in that body and ultimately leaves it.

Therefore the work we do is focused on being in a physical body and enriching our lives and relationships. Early imprints affect how we live in our bodies and function in our relationships. We will explore ways of re-patterning adverse imprints so that we can become fuller in the presence and expression of our authentic being, to be the person we want to be and to support others to do the same. I see absolutely no purpose in exploring early imprints unless there is benefit for us today and in our future. The purpose for doing PPNT is to improve our lot today and in the future and to become more functional and present today and tomorrow.

The way I practice and teach PPNT now has evolved over several decades since 1969. The influences are many and varied. It is clear to me that this work does not belong in the domain of any single discipline. I am convinced that the structure and way of healing requires communication and cooperation across all healing-related research disciplines.

This book will show you, in very practical terms, how necessary it is to have skills from several disciplines to do PPN. The understanding that has emerged from the last half of the 20th Century about what it takes to bring babies in to this world and raise them to be spiritually, psychologically and physically healthy people has put new demands for a broader range of skills on professional health care givers. We can no longer be effective by being over specialized. There is a need for a wide range of practitioners who are integrating skills from psychology and somatic (body-oriented) disciplines.

Orientation to this book

Each section of the book provides basic context for a major area of PPNT. Each section forms part of the foundation knowledge that the next section builds on. The first section, "In the beginning," outlines the underlying principles and form of the work of healing early adverse imprinting. The next seven sections provide more specific knowledge and applications for healing around the major areas of adverse imprinting in this period of life. This organization follows the eight modules of the Castellino Prenatal and Birth Foundation Training.

Orientation to Ray

In the following pages I will present a brief autobiographical history so you can see how the work that I now do and teach came about. I also want you to see how eclectic an array of disciplines contribute to the work I do today and many of the factors that coalesced for me to organize the CPBT and this book in the way I have.

I was 10 years old. It was 1954. I remember listening to my mom, Julie, and her close female friends talking in the living room. These women were her "Cats Club." They had grown up together and been meeting since they were in high school in the late 1930s. This evening Mom was sharing about birthing her babies. Mom was born in the bedroom of the house they lived in on 49th St. in the Italian Temescal District of Oakland, California. She talked about how her mother (my Noni) was proud that during the 1930s

1105 N. Ontare Rd., Santa Barbara, CA 93105, 805 687-2897, ray@castellinotraining.com, www.castellinotraining.com

she had been a wet nurse to many of the babies in the neighborhood. Mom had recently birthed my brother, Bob. Like Noni, Mom had been able to birth my sister and me "naturally" without drugs or medical interventions. She felt pride in herself that she could do that. On this day Mom felt angry and betrayed because with my brother's birth she was knocked out with drugs. She couldn't remember what happened. Moreover, she exclaimed that she had an agreement with her obstetrician that since she had already had two babies naturally, she was not to have any interventions with her third. She said that her obstetrician saw no reason why she couldn't do that. The catch was that my parents were part of the Kaiser Permanente Medical Plan. This meant that there was no guarantee that her obstetrician would be on duty when she went into labor. How she was to birth our brother was subject to a random draw. As it happened that night in January of 1954, mom went into labor with my soon-to-be-born brother, Bob. Julianne (my sister) and I were whisked off to our cousin's house and Dad drove Mom to Kaiser Hospital in Walnut Creek, CA. Mom's obstetrician was not on duty. No communication had happened between her obstetrician and the obstetrician on duty. Apparently, either Mom's medical records did not reflect her wishes or the obstetrician on duty had not read them. As she described her plight to her "Cats Club," shortly after she arrived she was given a shot of something. She remembered nothing until she woke up hours later, groggy, sore, alone and void. Where was her baby? Was her baby a boy or a girl? Where was Sam, my father? Where was everyone? Eventually a nurse whom she never met, a stranger, came in and told her she had a boy. If she wanted to see her baby all she had to do was to pull out the drawer next to her bed and she could have ready access to her baby. It was the latest thing in that hospital. The babies were kept in drawers with the nursery on one side of a wall and the mother's maternity room on the other. The nurse helped her open the drawer and meet my brother for the first time. She could see her baby on demand when she felt like it, but my brother couldn't access his mother when he needed her. The nurse then said she would get my father. Mom told her "Cats Club" that evening how devastated, disappointed and bewildered she was. After she took my brother out of that drawer she would hardly let go of him out of desperation.

This story is representative of the primary theme of birthing and socializing children in this era in North America: birth was a time of isolation, separation and disempowering women and fathers and babies. Hearing this story at this point in my life really impacted me. It was a precursor to my inner questions about what needs to happen to help babies enter into the world in the best possible way. It is now apparent that for children to grow a healthy nervous system they must be in healthy, attached relationships with their mother and father. In order for parents to do their best job they need surrounding support. Today, as in the 1950's, the surrounding support during the birth process and in the early years all too often separates and isolates mothers, fathers and children from each other. Isolation and separation have become the primary mode for bringing children into the world and socializing them.

This story is also part of my ancestral family pattern of isolation and separation. Being Italian immigrants to the USA, they left their extended family and culture. Babies experienced separation from their parents over at least four generations, from my great grandparents, up to and including my own son.

1105 N. Ontare Rd., Santa Barbara, CA 93105, 805 687-2897, ray@castellinotraining.com, www.castellinotraining.com

- On my mother's side:
    - My great-grandfather was a foundling left on the steps of a convent in Italy, who was taken in and raised by the nuns.
    - His son, my grandfather, left his newly pregnant wife in Italy to come to the USA and didn't meet his son until this baby, my uncle, was 18 months old.
- On my father's side:
    - My great-grandmother, Emilia, was born out of wedlock and spent the first 17 years of her life in an orphanage. (Her mom Biagiana, pregnant with one man's child, married another man, Anselmo. After birth, Emilia was sent to an orphanage 7 miles away, where she lived until she was 17, at which time she was adopted by Biagiana and Anselmo and returned to their home.)
    - At 25, Emilia conceived Rose, my grandmother, with her adopted stepfather, Anselmo. Then Emilia left for France. Rose was born in France where she was raised by Emilia and her new husband until the age of four. Then Rose was brought back to Italy to be raised by her grandmother Biagiana, and her father / step-grandfather, Anselmo.
    - Rose's son, my father, was estranged from his father as a boy.
- My father left my mother and I behind when I was 6 months old. He went to WWII and didn't return until I was two and a half years old.
- My son Sean's mother moved to Europe when Sean was three and he grew up without his mother's presence except for brief visits and frequent letters.

The impact of this ancestral history and the history of my personal experience of being separated from my mother at birth, being circumcised, not being nursed after 3 months of age and being separated from my father for two and a half years, underscores the very strong commitment I have to:

1. Healing myself and supporting my children to heal the adverse ancestral influences of my family.
2. Doing whatever I can to support others to transform adverse ancestral influences and build health in their families.
3. Empowering families to birth and raise their children in ways that support healthy relationships with themselves and others.

My story is not so different from those of many others. Rarely do babies have an ideal birth and early time. Parents often 'beat themselves up' over this, but the reason for doing the work now is so we can do a more effective job of raising healthy children and grandchildren.

It is a common belief that we are just the product of our own experience and genetic makeup. The PPN work challenges us to examine this belief. My own story may well demonstrate the principle that similar patterns get handed down, repeated, or recapitulated through the progression of generations. This raises the question, "How can the adverse effects of these patterns be squarely addressed, integrated and re-patterned into more useful and functional ways of being?" One possible explanation is that family histories hold patterns that repeat themselves through generations, which are held in the

1105 N. Ontare Rd., Santa Barbara, CA 93105, 805 687-2897, ray@castellinotraining.com, www.castellinotraining.com

implicit memory system of the being. A possible way to heal the adverse effects of these patterns is to bring them into conscious awareness, differentiate the present reality from the history and develop the skill to be able to choose how we actually want to be in the present moment and to do this in connection with our very own internal primary impulse.

In 1967 I married my first wife, Carolyn and started working as a 7th and 8th grade choral music teacher. I have always been profoundly interested in education, learning theory, curriculum development and psychology. At that junior high school I taught choir, beginning band, a general music course for 7th graders, an experimental humanities course for 8th graders and photography. I wrote innovative curricula for the general music, humanities and photography courses.

When my son Sean was born in 1969, as you would suspect, my personal world changed radically.

I was 24 years old when my son Sean was conceived in 1968. The only thing we did to prepare for his conception was to decide not to use contraception. He was born August 27, 1969. When his mom Carolyn and I discovered we were pregnant I was struck by a knowing sense of his presence. I didn't know he was a boy and I certainly didn't know his name. Yet, during the whole pregnancy with him, I was elated by his presence and by Carolyn being pregnant. I felt an awakening in my being which was unmistakable and indescribable. I was beautifully and helplessly captive to the experience. I felt compelled to be as actively involved in his birth process as possible. In those days we were totally unaware of pre and perinatal psychology or of somatic approaches to therapy. In hindsight we both needed to be in therapy, but were unaware of our need for help. I was a junior high school music teacher. Sean's mom was a ballet dancer and teacher. Both of us were enamored with the Summerhill concept of education and wanted to give our new baby the most natural welcoming we could. We read Painless Childbirth. Other than that neither of us was very aware of different birthing possibilities. We did know that I wanted to be at the birth. We went to a talk given by a local obstetrician on the value of natural childbirth. So we choose him to be our obstetrician. He was the only one at our local hospital who allowed fathers to be in the delivery room. Our birth education consisted of an early trip to the obstetrician for Carolyn. We took our requisite hospital tour during the seventh month and went to Lamaze training.

We were ballroom dancing in my mother-in-law's living room the night we went into labor. We had a wonderful time. Carolyn had been dancing throughout her pregnancy. At about 9:00 PM she began to have contractions. By midnight the contractions were regular at ten to twelve minute intervals. I called our obstetrician who sounded moderately annoyed. "It's five weeks early," he said. "She shouldn't be in labor yet. This is probably a false labor. Give her a glass of wine," he instructed. "It can stop the contractions." Even though both of us felt Sean was coming, we dutifully followed his instructions. Within 15 minutes, in the middle of a full contraction, Carolyn was vomiting the wine into the toilet.

After the first phone call and the results, I hesitated to call the O.B. back. This time I waited until 4:00 AM, during which time Carolyn would go to sleep between contractions. I did my best to be there just before the contractions came on. I quickly discovered that Carolyn would be distressed and in lots of pain if a contraction woke her. I found that if I laid down next to her, spooned and put my hand on her womb, I could

1105 N. Ontare Rd., Santa Barbara, CA 93105, 805 687-2897, ray@castellinotraining.com, www.castellinotraining.com

feel when the contractions were beginning to come on. "Carolyn," I whispered in her ear, "a contraction's coming." She gently woke. I marveled at how naturally her womb, Sean's womb, would gradually begin to contract, crescendo to a peak and then subside. As we rode the tide, we did our best to do the Lamaze breathing we were taught in class. I breathed with her. Getting through the contractions was work, but manageable. We had a distinct sense of teamwork and exuberant intimacy. While all of that was going on I was somehow able to keep a chart on the progress of the labor. I had a stopwatch that gave me the time, length and the interval between contractions. Before the next contraction would come, I packed for the hospital.

By 4:00 AM Carolyn's labor contractions were 5 minutes apart. It was time to call the obstetrician back and go to the hospital. The obstetrician reluctantly agreed to meet us at there as soon as possible. Even though Alta Bates Hospital was only a few blocks from our apartment, the task of getting the car started, into the driveway by our back door, the suitcase in the back seat and Carolyn into the passenger seat, took the time of three to four contraction cycles. I was committed to being there every time a contraction began.

By 4:30 am we arrived at the front of the Hospital's main entrance. I thought, "the hell with it," and left the car on a vacant street in a No Parking Zone. We waited for a contraction to pass, got out of the car and walked ourselves through the front of that hospital right into admitting. I know I had been up all night and my hair wasn't combed, but in spite of my attempts to articulate Carolyn's condition (after all I did have my chart), they insisted we wait a few minutes before they began to fill out the admittance paper work. I helplessly sat by as I watched Carolyn swallow, containing a contraction scream as she muttered through her social security number. By the time the papers were done we were effectively disempowered. I sat there incensed, enraged and helpless to do anything about it. The next step was to go upstairs to delivery. A cheerful male orderly insisted that Carolyn, who wanted to walk and was capable of walking, sit in a wheel chair and ride the elevator to Labor and Delivery.

As they whisked Carolyn through two double doors, I was instructed to wait in the adjoining waiting room. "Wait!!" I was promised that I could be there. It was prearranged. Besides, couldn't they see that she and my birthing baby needed me? By that time Carolyn was 4 centimeters dilated. My helplessness turned to agitation. I stood there at the door, paced, stood there and paced. My gut churned as I heard Carolyn in the distance, crying out in pain. I inquired. "Not yet, sir!" insisted the burly stout nurse with an air of being too busy to have an expectant father and husband in her way. By now it was getting to be 5:15 AM. Beyond agitation and rage, my primal instincts catapulted me thought those doors on the way to find my wife and unborn baby. A nurse attempted to stop me, “Sir you can’t be in here.” Even though I was tired and without sleep, I found myself pointing at the nurse exclaiming the magic words, “the doctor said…!!” I kept right on walking to the sound of my child’s mother’s laboring voice. I found Carolyn in a room by herself on a gurney with her face to the wall. I felt shameful, guilty and angry that I had abandoned them and left them alone to labor; yet, I was relieved to be with her again.

There was hardly a moment to find out how to reconnect with her when a nurse came in to check Carolyn's progress. This nurse was young, competent and reasonably accepting of my presence. After a vaginal exam she announced, "Not to worry, she is only 5 to 6 cm dilated. The doctor will be here soon. Relax. There is plenty of time." I

1105 N. Ontare Rd., Santa Barbara, CA 93105, 805 687-2897, ray@castellinotraining.com, www.castellinotraining.com

was relieved. I could resume my rightful post supporting my wife and soon-to-be-born baby.

We had a few minutes together when Carolyn felt strong instinctual urges to push. In a flash I was in the hall summoning the first nurse I could lay my hands on. "She needs to push!!" The nurse checked her again. "My god! She's 10 cm dilated. The baby is beginning to crown. We've got to get her to delivery. STAT!" She lifted the gurney's guardrail. In unison, we moved Carolyn across the hallway to another room a few doors to the left of the room she was in. As I helped push the gurney through another set of doors which I assumed to be the delivery room, a voice behind me commanded, "I'm sorry sir you can't go in there. You have to dress and scrub down." I was shuttled away again!

When I dutifully returned, properly scrubbed in my green paper outfit and mask, I was told to wait again, this time at the delivery room door. After the obstetrics team was fully assembled and in place, I was allowed into the delivery room. Carolyn was on her back, legs spread, feet in stirrups. The doctor was attending to Sean's crowning head. The anesthesiologist, who coincidentally was a family friend, positioned himself at Carolyn's head. A nurse, whom we had just met, was on her left side coaching. Reduced to a spectator, I was ushered to Carolyn's right side. I looked at her agonizing eyes, feebly held her hand and did my best to reassure her. We were unable to have the level of contact or intimacy we had known earlier in the night. I stood there numb and in awe as I watched the black hair on the back of Sean's head show more through the birth canal as the contractions peaked, then receded, with the waning contraction. Carolyn panted Lamaze breaths, pushed uphill, blew long exhalations and collapsed at the end of the contractions.

Over the next half hour Sean's head moved back and forth making little progress. Somehow his head was not coming though. Assessing the situation, the anesthesiologist suggested that Carolyn be given some oxygen. As he put the respirator over her nose and mouth, I reminded him that we didn't want any anesthesia. He assured me that it was only oxygen. Carolyn didn't care what he gave her. Then with great effort, as the nurse and I yelled at Carolyn to push, Sean's head emerged from the birth canal. His airways were immediately suctioned with a bulb syringe. Two more pushes and Sean was fully born. We knew we had a boy. I was overwhelmed with joy. As I turned to congratulate Carolyn, she resolved, "I never want to do that again."

Sean was placed on Carolyn’s belly. His umbilical cord was promptly clamped and cut. Sean was put to Carolyn's breast for a brisk attempt at nursing. Then he was whisked away, for drops in his eyes, bathing, measuring, weighing and pediatric examination. A little while after Sean's placenta was born, the OB turned and spoke to me. "Massage down her uterus," he commanded.

"What?" I said, "I've never done this before."

Again his words, as if he was talking to the hospital staff, "Massage down her uterus."

I looked at him perplexed, then looked at Carolyn's flaccid abdomen and placed my hands on her belly, noting how different it felt without Sean occupying her womb space. Concerned not to hurt her, I got lost in the new strange new sensations I felt in my hands. I gently probed into her void belly feeling for her uterus. As my hands began to

1105 N. Ontare Rd., Santa Barbara, CA 93105, 805 687-2897, ray@castellinotraining.com, www.castellinotraining.com

surround what felt to be a large mass, his voice broke into my consciousness, saying, "Oh, let me do that," as he pushed me out of his way.

"I've never done this before," I repeated. Pleading silently to myself, "Give me a chance. I can learn how to do this."

The Obstetrician just continued to massage down Carolyn's uterus as if I should have know all along. I backed away and I slumped into shame.

By this point I must have been in a mild form of shock, because I don't remember saying goodbye to Carolyn or when I first held my son.

I was ushered out of the delivery room and out of my greens. I went to make the requisite family phone calls. "We have a boy, 5 lbs, 6 oz. He was born at 6:10 AM. His APGAR score is only 7 because he is 5 weeks early. We are all tired and fine. No, we don't have a name for him yet."

Some time later I finally got to be with Carolyn and Sean. They were neatly tucked into rooming-in**.** Carolyn and I decided to do what ever we could to have her and Sean out of the hospital as soon as possible. That evening, new grandparents and new great-grandparents came to see our new prize. Sean and Carolyn stayed in the hospital overnight. I slept by myself in our apartment. The next morning we signed whatever papers we needed to in order to get out of the hospital.

A few nights later at home, as Carolyn was sleeping in the back bedroom, I sat in the same living room where she and I had been ballroom dancing, where labor had begun. No one else was in the whole house. I put Rimsky-Korsakov's Scheherazade on the phonograph. I felt the power of the Scheherazade theme and rhythm course through my being. Holding my new, unnamed son in my arms and gazing into his eyes, entranced by the power of his presence and the music, entranced by the moment, we danced. Swirling, leaping over furniture, safe and secure in the magic of fluid movement, we danced until the music stopped. Then we just sat, warm, breathing, alive and quiet and gazed into each other's eyes.

Three weeks later we were at our Lamaze class, showing off our new baby and telling our story. "No, it wasn't painless." We considered ourselves on the forefront because, to date, few dads were allowed into the delivery room. Besides, look at our healthy new baby, I was proud. Carolyn appeared pleased even though the pediatrician told Carolyn to stop nursing Sean because he said his bilirubin count was too high. We started Sean on Enfamil. He later resumed nursing but was supplemented with Enfamil for several months.

I don't remember anyone, us included, ever asking Sean, from his conception onward, how the experience was for him. "How was your experience Sean? Did it go OK for you? Was it fun? Was it hard? Were you scared or terrified? Did you get stuck?"

Sean's birth, in part, inspired me to find out about myself. I often didn't understand my responses to Carolyn or him. I found myself indulging in fits of rage and uncontrolled emotional cathartic releases. Life became more confusing. I questioned who I was and what I was becoming. I didn't like how much I was using alcohol and didn't like the fact that both in demeanor and size, I seemed to be becoming more and more like the my boss, the junior high school principle I despised.

I remember feeling humiliated by the obstetrician and crushed when Carolyn said that she never wanted to do this again. I knew then that I was destined to raise more

1105 N. Ontare Rd., Santa Barbara, CA 93105, 805 687-2897, ray@castellinotraining.com, www.castellinotraining.com

children. Later, I often wondered how she would have felt if we had birthed in the safety of our home with the skillful attention of midwives.

Prior to Sean's birth, I was abusing alcohol. Life was a roller coaster ride. I did not know how to effectively express my overwhelming and confusing feelings. I was subject to frequent fits of anger and rage. Sean's birth caused me to question everything about myself. Carolyn and I were not effectively communicating. I didn't really know how to find help. Out of this desperation I was lead to Robert and Alyssa Hall and began attending Gestalt Therapy groups. It was late 1970 to early 1971 that I was introduced to Dr. Randolph Stone, the founder of Polarity Therapy.

Dr. Stone was an old Osteopath, Chiropractor and Naturopath. He was a jubilant, eccentric, large man in his early 80s. By the end of the day his students, a unique mix of medical professionals, psychologists and lay people, would be tired. Dr. Stone would then see a list of patients who came to receive treatment from him from far and wide. His energy appeared to be boundless. As I reflected about how I wanted to be when and if I became 80 years old—either like Dr. Stone, or the tired, overweight, alcoholic principal I was working for—there was no contest. I seemed to have a natural aptitude for Polarity Therapy and began studying the work more seriously.

Polarity Therapy is a form of Energy Medicine that involves lifestyle changes, exercise, a hands-on approach to healing and a way of perceiving energy. Dr. Stone taught and exemplified a comprehensive way of perceiving the interconnectedness between what happened in a person's life, how they felt emotionally and what was happening in the physical body structurally and physiologically. At that time Dr. Stone was in his 80s. He was an osteopath, chiropractor, naturopath and a naprapath. At that age he was more alive and vital than anyone I had met in my life. He developed Polarity Therapy as a healing adjunct to the other primary care models he practiced. He viewed health above disease. He was committed to opening the potential of the being to the free flow of life energy within the body and balancing that energy to heal and reach one's full potential. More than the healing techniques and lifestyle approaches he espoused, Dr. Stone taught a healing philosophy and a way of perceiving that gave the practitioners he taught a way of discovering with their patients and clients the underlying causes of what ailed them and ways to improve their health and vitality. I was drawn into a world that opened a vista for self-improvement and healing that put me through a fundamental paradigm shift that forever changed the way I experience and perceive life. I wanted to find more efficient and profound ways to support growth and change, in myself and in others. This required that I leave my work in public education.

By the time Sean was almost two years old, my relationship with Carolyn had deteriorated even more. We had both had affairs. Mine was short lived. We were both extremely naive. I got into therapy by attending weekly Gestalt groups. I began studying hatha yoga, alternative health care and Polarity Therapy. My eating and drinking habits had radically changed. I lost 30 pounds and was beginning to feel physically better than I had since high school. Within two month after buying a house in Oakland, Carolyn decided to leave with her ballet dance partner and Sean. They moved to Palo Alto, a one-hour drive away. I picked Sean up for visits one or two weekends per month.

I began a wonderful transitional relationship with a divorced mother of three, named Lucy and quit my junior high school music position mid-year. I began earning my living as a "jack-of-all-trades." I got jobs lighting small theatrical productions, sold

1105 N. Ontare Rd., Santa Barbara, CA 93105, 805 687-2897, ray@castellinotraining.com, www.castellinotraining.com

photographs, lead Gestalt workshops on weekends and did this strange new energy bodywork called Polarity Therapy.

By April, Carolyn and I managed to orchestrate our divorce with the same lawyer. She was awarded custody of Sean and I had regular visitation rights. Sean was not doing well. Something did not feel right about how Sean was being treated by Carolyn's new partner. I was getting stronger in myself. I knew I needed to do something about the situation Sean was in, yet I did not feel able to be a single father. Strangely, by mid-1972, Carolyn called and suggested to me that I might consider taking Sean.

In early1972, when Sean was 3 years old, I became a single father and remained so until 1976, when Sandra and I married. The challenge of single parenting was overwhelming. I needed and sought help. I continued my studies in Polarity Therapy, hatha yoga and various spiritual practices, sought personal therapy and found a new community for support. Sean and I moved to Mill Valley, California because there was an excellent Montessori School there and a community of spiritually oriented people that I was drawn to.

During those years I met only one other man who was raising a child as a single parent. A group of women—moms, some single and some married, plus a few of their female friends without children—took me into their circle. I must say that even though I had some good instincts, I really didn't have a clue about parenting. In addition to giving me needed guidance for parenting my son, they showed me how women can be with each other when men are not around. This experience opened me up in profound ways to the feminine nature of mutual support, cooperation and intimacy in relationship, a way of being that is central to my work today.

For therapy, I was referred to an Adlerian Marriage and Family Counselor, Henry Stein, who had a private practice in South San Francisco and taught at San Francisco State College. Henry studied with a teacher who was in a direct line to Adler. He used a Socratic method of inquiry as we delved into the emotional and psychological challenges I was facing in my life. Henry's rational approach to therapy plus Dr. Stone's emphasis on balancing the nervous system brought my life into focus and counterbalanced many of the more cathartic approaches to psychology and bodywork that I was experimenting with at the time. I was in therapy with Henry off and on for about 3 years and took many workshops and classes with him. Henry demonstrated a profound belief that his clients could change their behavior and beliefs by examining their early history, reflecting on its influence in the present and by connecting in relationship. His approach continues to be major influence for how I work today.

In 1970, I met Sandra, my present wife and work partner. Our friendship over a period of years. We realized in April of 1976 that we wanted to be married to each other. We were married in June. During that time I practiced and taught Polarity Therapy. I had the great good fortune to work with several pregnant women and be a labor coach for two of them. By 1977, I decided to go to chiropractic college.

In 1979, ten years after Sean's birth, our daughter Sasha was born. In contrast to Sean, Sasha was born at home. Sandra and I had two midwives and two able, dear friends who were present at her birth with us. Our friends were Cindy Rawlinson, a Polarity Therapist and acupuncturist and Kathy Weston, a Family Nurse Practitioner. I had the profound privilege of catching Sasha as she birthed. Prior to her conception, Sandra and I prepared ourselves for two full years, with homeopathy, nutrition, exercise and education.

1105 N. Ontare Rd., Santa Barbara, CA 93105, 805 687-2897, ray@castellinotraining.com, www.castellinotraining.com

Sandra studied directly with Sheila Kitzinger and others to prepare. I was looking for any information that I felt would help me with the birth. Sandra and I even attended infant mental health classes. We knew that we were committed to raising our child differently than we had been raised.

Sasha was born a "handling." Her little left hand emerged along the side of her head. She had a nuchal cord (the umbilical cord was around her neck), which prompted the midwives to yell at Sandra to push Sasha out. This was contrary to what Sandra had learned from Shiela Kitzinger and contrary to what she wanted to do. It resulted in Sandra having a deep tear. Sasha came quickly. Sasha opened her eyes immediately, cried a little and was immediately put on Sandra's belly. We welcomed her. I remember Sasha looking directly at me and around the room. After a while the cord ceased to pulse. We tied it and with a sense of reverence and ceremony I cut the cord. Sasha was put to Sandra's breast, latched on, sucked and made lasting deep eye contact with Sandra. Then the placenta came. The midwives needed to do some substantial stitching for Sandra's tear. Sean (who was 10 at the time) and I drew a bath for Sasha in the big bathtub in the next room. We took Sasha into the tub of warm, soothing water. Neither Sasha nor Sandra liked being separated from each other just then, but as we gently talked to her and lowered first her toes, feet, ankles, legs, then her little body into the water, she settled and relaxed. I supported her head with my hands as she floated in the water and did cranial work with her. Again Sasha looked directly into my eyes and then around the room. Again we welcomed her. She appeared serious and contemplative, yet at the same time her eyes were clear, not glossed over like many babies I've seen born with interventions. She seemed present and able to see farther that what the textbooks were saying about the capabilities of new babies. For the first several weeks of her life, when she appeared to go to sleep, Sasha's eyes rolled up and back into her head. She began to smile, laugh and appear to be in ecstasy. Her face seemed to express a state beyond what I remembered in my own dreams.

When Sasha was born I was in my 2nd Semester at chiropractic college. I took several weeks off of school and later went half time for two semesters because my school schedule was too intense and I did not want to miss out on being with Sasha, Sean and Sandra. I wanted to be with them. Sasha's birth showed me a possibility for birth without separation and isolation.

I went to chiropractic college primarily because I wanted to learn craniopathy. In those days cranial sacral therapy training was not offered to lay people. The osteopaths would only teach other osteopaths, MDs and dentists. Within the chiropractic system, there were several branches that taught various approaches to craniopathy. Years before, several of us asked Dr. Stone to teach us the cranial work. He frequently referenced the work of the Osteopath William Garner Southerland and the work of the Chiropractor and Osteopath Bertrand deJarnette. Dr. Stone told us that if we wanted to learn the cranial work we should either go to osteopathic college or chiropractic college. Dr. deJarnette had developed the chiropractic approach called the Sacral Occipital Technique (S.O.T.) and was a friend of Dr. Stone. Osteopathic College and medical school were synonymous. I was not interested in using drugs, radiation and surgery. I chose chiropractic college because I wanted a hands-on approach to healing and I wanted to learn from the inside how the medical-legal system worked. Moreover, I obtained ready access to the work of Dr. deJarnette and studied cranial work with many other elder hands-on-healers in this

1105 N. Ontare Rd., Santa Barbara, CA 93105, 805 687-2897, ray@castellinotraining.com, www.castellinotraining.com

field. I knew then that chiropractic was a stepping-stone for my future work. At that time I was already convinced that our current healthcare system was compromised and not fully meeting the public's needs for support to be healthy. I knew that I wanted to find a more effective way to meet the healthcare needs of our population. My disillusionment with traditional medicine was underscored by the death of my mother at age 58 in September of 1982. After a confusing series of misdiagnoses, she died of Creutzfeldt-Jakob Disease (commonly called Mad Cow Disease).

I found out just two weeks after my mom died that I had passed my California Chiropractic Board Examination.

That summer we moved to Santa Barbara, California, to raise our kids and establish a practice. I practiced chiropractic in Santa Barbara for 10 years. A frequent inspiration in my practice was to work with pregnant moms and new babies. I often made home visits to treat moms as they were beginning labor; and then, after the baby was born, to be able to do cranial work with them and support deep connection between the babies and moms. Later in my chiropractic clinic, I would continue to work with the little ones. As I held their heads and bodies I was amazed to see these babies often move, rotate their bodies and put themselves into positions that appeared to be the very same positions they were in during their birth. Moreover, the sequence of positions they put themselves into and their movement patterns looked as if they were showing us the story of how they were born. As they moved, they would sputter and make birth-like sounds. Sometimes a baby's mom would exclaim that the sound she heard her baby making sounded like the baby's version of the sound she made during the baby's birth. After these sessions the babies' parents reported that they often nursed better, slept better and cried less and that "colic" type symptoms seemed to improve.

I learned that slowing down compressed traumatic imprints decompressed them and supports the baby to be able to move in a way that actually shows its past experience. This doesn't come out in sentences or words or phases. Babies, children and adults are capable of expressing their history through movement patterns, emotional expressions, postures and the sequencing of these. With older children or adults, some words may also be present. The way the imprints are sequenced reflects the order that the imprints are laid down in the baby's nervous system and body. This complex mechanism involves many layers, which will be delineated throughout the book.

This discovery, as well as the babies themselves, had captured my attention. In chiropractic college, I had already begun to collect current and old midwifery and obstetrics books. Today, I have a collection that begins in 1900 and covers each decade of the 20th Century. I have become a student of trends in obstetrics throughout that century by studying those volumes. Having this background knowledge helps me recognize the movement, sequence and emotional patterns that are imprinted from birth.

Discovering these babies' movement patterns, observing that the babies just may be showing us how they came into being and seeing the interconnectedness between the mothers and babies, reaffirmed my already strong conviction that babies were a lot more aware and conscious than we previously thought. This led to a whole new way for supporting babies and their families to heal traumatic effects from birth imprinting. Some of this experience in my chiropractic practice has been incorporated into the present day BEBA work almost 30 years later. These discoveries caused me to wonder about the historical and ancestral forces that may have contributed to how a mom would labor and

1105 N. Ontare Rd., Santa Barbara, CA 93105, 805 687-2897, ray@castellinotraining.com, www.castellinotraining.com

birth. I longed to be able to talk with others about what I was doing. I began to look for other people who were doing similar work.

One day at the end of November 1987, I was sharing how babies were responding to the way I was doing cranial work with them with my old friend, Cindy Rawlinson. I was excited to learn from her that she had just been to a talk with William Emerson on helping babies resolve pre and perinatal trauma. By that time William had already had some 20 years experience developing his work of resolving early trauma with babies. I immediately called William on the phone and found out that he was going to be presenting at the Association for Pre- and Perinatal Psychology and Health (APPPAH) Congress in San Francisco in a few days. I immediately cancelled my patients got on a plane and went to SF for the APPPAH Congress. This was my introduction to the whole network of people in the pre- and perinatal field at the time. I got to meet and speak with William, Graham Farrant the psychiatrist from Australia, Thomas Verney, David Chamberlain, Barbara Findeisen, Maureen Wolfe and others.

Between 1987 and 1991 I studied with William and began to transition out of my chiropractic practice. In 1989, in a workshop that I took with William at Wendy Anne McCarty's house, I knew and affirmed that I would be focusing on PPNT for the rest of my life. During that four-year period I completed William's foundation training, assisted several of his workshops and did some co-teaching with him.

William has made a major contribution to the PPN field. His total emphasis—to learn how to view the world from the point of view of the pre- or perinatal being—and his empathy-based therapeutic approach, will have lasting effect on this developing field. In addition, his work on birth from the perspective of the baby and the Emerson birth stages are very important contributions. Personally, I was given a place where I could explore my early wounding and expand my understanding of the PPN perspective.

In 1990 and 1991 I assisted my old friend and colleague, Franklyn Sills, in his first American craniosacral training. Hanging out with Franklyn those two years strengthened my connection to the cranial work, further grounded me in the "fluid tide" or biodynamic craniosacral therapy and gave me an inside view of an excellent training structure and curriculum. I was particularly interested that Franklyn had, with a few other craniosacral practitioners, donated a day a week for a year to providing craniosacral sessions for babies and children. The idea of doing a baby clinic was appealing and would influence my decision to begin BEBA a few years later.

By 1991 my life focus was now clear and my passion for the PPN work was extremely high and growing. My experience in my chiropractic practice became more than frustrating. I was writing countless medical-legal reports for patients who had automobile accidents and workman's compensations injuries. The paper trail to justify care to insurance companies was overwhelming for me. All too often, I was asked to significantly reduce my fees at the completion of a case. One day I looked at a stack of reports I had written, primarily designed to justify care and for lawyers to argue over who would get paid how much and when. I detested writing these reports. If I was going to write this much again, I vowed that it would have to be something that I wanted to write and have some socially redeemable content. My prenatal and birth focus was increasing in my chiropractic practice. I could no longer justify the work I was doing within the limited scope of chiropractic. I had to find another form.

1105 N. Ontare Rd., Santa Barbara, CA 93105, 805 687-2897, ray@castellinotraining.com, www.castellinotraining.com

Sandra and I had already been working to transition out of my chiropractic practice for a few years. It took about 4 years to actually close my practice and fully begin in a new form that fully embraced the PPN perspective. I knew that I needed more experience with families. I was already accustomed to the fact that working with babies and children is different than working as a single practitioner with a single patient. Babies always show up with someone. They came with their mothers, or their fathers, or both their mothers and their fathers, or some other caregiver. Most often moms brought their babies and children. Dads brought them sometimes. Rarely did both moms and dads come in together when they brought their children. Sometimes another caregiver brought the children in.

Still the primary motivation for parents to bring their kids was because they considered that there was something wrong with their children that needed to somehow be fixed or healed. The emphasis was on the needs of the child from the parent's perspective. The focus was not on the needs of the child from the child's perspective and certainly not on the relationship between the parents and children. In my view the underlying causes of the child's problem was not adequately being addressed. The practice was not truly child centered. In this system the child was the identified patient. Moreover, the PPN work I had studied thus far focused on resolving the effects of early traumatic imprints of individuals, whether those individuals were babies, children, or adults. The work did not account for the group and family dynamics, or the relationships within the group or family. What I wanted to do was develop a practice that was truly infant and child centered. This new practice would support the growth of fully healthy children, strengthen the relationships between the children and their parents, support the parents to be more effective and improve the relationships between the parents.

In 1990 I had an experience with a family that really brought this point home and affected me so deeply that I questioned everything that I had learned before. It caused me to totally restructure how I approached the work. A family of four was referred because both of their children had experienced difficult births. Mom and dad were professionals. Mom was an obstetric nurse and dad was a social worker. The first child, a 4-year-old boy, was born via cesarean section with respiratory complications that required a few days in the NICU. The second child was a little girl, 3 months old, who with great effort was born by vaginal birth after cesarean (VBAC) with pitocin and epidural anesthesia. Both parents were tremendously dedicated to their family and children. They really wanted to do "the right thing," yet at the same time the parents seemed strangely disconnected and intellectual as they described their children. The older brother was acting out toward his sister and the baby was crying a lot. In those days I would schedule a 2-hour block of time for the family and give attention to each of the children during that period of time. On this occasion I did not have the benefit of my chiropractic assistant and saw them by myself. It was agreed that I would work with the older boy first and then his sister.

As I began to engage the boy, what transpired left me puzzled and with a deep sense of overwhelm. The mom quickly went to sleep on the couch. It was almost as if some drug had taken her over. As mom dropped off, dad took the baby in his arms. I continued to play with the boy and wrestle with him. The boy clearly was enjoying himself and gleeful in his play as he would run and push me over and challenge me. While I engaged the boy, the father began to agitate and spontaneously regressed. As I

1105 N. Ontare Rd., Santa Barbara, CA 93105, 805 687-2897, ray@castellinotraining.com, www.castellinotraining.com

asked the dad what was happening, he handed me the baby, laid down on the floor and began to cathart and act as if he was being born himself. Sitting with people in these regressed states was not new to me. I felt totally capable of doing that. But sitting with a family when both parents did not have the ability to stay resourced and present with their children during a session was new. Mom had dropped into what appeared to be the affect of an early drug imprint and dad became the identified patient without negotiating his turn, totally usurping his son's turn. I was left there with a completely dysfunctional family. No wonder these children were having difficulty. Where was the opportunity for them to have their own emotional needs met? I held the baby in my arms and she began to cry. I apologized to the boy and asked him to occupy himself with some toys. I looked to the mom to see if she could be of assistance. She couldn't. So I worked to stabilize the father and talked to the baby.

As I followed the dad's process, his movements became clearly distinguishable as birth type movements. This means that his body position and the sequence of movement were consistent with movements that were imprinted at birth. The sounds and grunts he made were also similar to the sounds, grunts and cries that I had seen babies make when they were showing their birth stories. Later in this book I will go into detail about this process in adults and babies. I will also propose a neurobiological mechanism for how this process works that is consistent with neurobiological research of the last 30 years.

As the session continued, the dad continued in his process. He was responsive to my talking with him and had slowed his tempo down. Though he was still in a regressed state, it was now clear that he was also self-aware. I continued to talk to the baby and her older brother. I assured them that what dad was doing was not their fault. He processed some of his own early material. I could see that mom was beginning to rouse. She seemed to be coming out of her slumber and appeared very groggy. As she began to sit up, without warning her husband began to curse, yell and scream the most vile profanities. Every four-letter "F" word plus others began to spew from his mouth. The mom, who was an obstetrics nurse, leaned forward on the couch with a quizzical look on her face and simply said, "Scopolamine, looks just like a woman in labor on scopolamine." Having said that she laid right back down on the couch and dropped out again. Dad shifted out of the cursing and went back to making grunting sounds. He had arranged his body on his left side in a fetal position, with his knees to his chest and his feet against the wall. He put both of his hands to the sides of his head as if to be pulling his head out. He made a loud "argh" grunting sound from the depth of his gut and pushed with his legs at the same time. His head arched back, body elongated, as his body slid from the power of his legs into the center of the room. He lay there, curled up and cried. I held his daughter with one arm and draped a blanket over him. His cry was the cry of a newborn. I look at the clock in the corner: a half an hour had past since dad had spontaneously gone into this regression. His body settled, relaxed and rested. As I viewed the family in the room and tracked the sensations in my body, it appeared that not only was the dad settled, but also everyone in the room—dad, mom, the two children and myself—were all in synchrony or in a harmonic resonant state. The sensations I felt were similar to those I had known over and over again when I did craniosacral and polarity therapy sessions, when the client and myself experienced a deep satisfying relaxation. I sat on the floor with my legs crossed and continued to hold presence and hold the baby. The boy came over and sat down next to me and in a very sweet way leaned his body against mine, looked at his sister and his

mom. Mom began to sit up again, this time her face and eyes looked clear. She smiled and said, “What a good rest, just what I needed. How is everyone?” I handed her daughter to her. They smiled at each other. The baby made nursing gestures, mom responded and they nursed. Dad looked out and said, “Wow, that was amazing. I haven’t put my birth story together so clearly before. I’ve only been able to gets pieces of it in the past.” He had been working on his birth in his therapy. The boy looked at me and went right back into the game he and I were playing before his dad’s experience.

I appreciated this scene. The outcome appeared wonderful. After the session the dad confirmed that his mother was given scopolamine combined with Demerol or “twilight sleep.” Months later the dad reported easier and deeper communication between everyone in the family. The boy had settled more and showed gentle interest in his sister. Yet, in no way did I want to work with a family in that way again. There were too many unknown variables, too little structure and much too little support. I was going it alone. I needed more support and the family needed more support. I needed to find a way to accelerate my learning curve for rapidly increasing my family facilitating skills. My bodywork and chiropractic practices were based on the dyad model of one therapist and one client. The family therapy model did not consider prenatal and birth influences.

As I reflected on this experience I found myself pondering two questions. One was how I could most efficiently improve my family facilitation skills. The second was whether there was a way that I could more efficiently facilitate adults. I needed a new form to effectively grow in my work. Contemplating these questions created a critical mass that inspired me to think about working with small groups of adults and continuing working with families in a much more structured way. Years earlier in the mid 1980s I had designed a three day workshop fashioned to support single people to make better choices in their quest to find and establish solid lasting committed relationships for those who already had formed relationships to strengthen and build their bonds. I divided the workshop into three sections. First I had them establish what they wanted in their lives. We explored the questions: What did they want in relationship? And what did they have to offer? The second part looked at the resistances they had to getting what they wanted and what was keeping them from having what they wanted. The third part asked the question: What did they need to do in order to have what they wanted? I did this workshop four or five times. I quickly discovered that the challenges people had to making good choices in the first place appeared to be rooted in early prenatal and birth experiences. The exercises I had designed were designed to support participants to discover what was in the way of forming strong, lasting relationships. So often participants found themselves exploring conception and implantation imprints and other birth and early infancy experiences. One young man was born prematurely and spent weeks isolated in an incubator. Many were conceived by ambivalent couples who were more interested in sex than in being parents. Some were conceived to parents who had previous abortions or lost babies. Many explored how their parents used alcohol or recreational drugs during their pregnancies. Others felt like they were looking for a relationship that no one could fulfill. These people routinely described how they quickly got themselves into enmeshed, merged parings that began with a flurry of passionate connection and amazing sex and soon exploded into unmet expectations and a sense of personal failure. Each workshop had 18 to 20 participants. I did the workshop 4 or 5 times.

1105 N. Ontare Rd., Santa Barbara, CA 93105, 805 687-2897, ray@castellinotraining.com, www.castellinotraining.com

I resurrected my notes from the Life Choices workshop and found some useful components. As I thought about this new workshop, I felt I needed to make active use of the group as a surround for the person whose turn it was and help me fortify my small group and family skills simultaneously. I naively began with nine participants in a three-day workshop. I found out that nine people were too many. By 1995, the basic organization for the present Womb Surround Process (WSP) Workshops evolved. The WSP workshops have up to seven participants and up to three assistants. The assistants provide wonderful support for the participants and me.

The WSP workshops did indeed build my group and family skills at the same time. The skills that it takes to facilitate WSP workshops with adults and families are about the same. Working in one of the two areas builds skills for the other. The CPBT curriculum is therefore designed to provide a foundation for the PPN Family Therapy and WSP workshops.

In 1995, I took four months off and wrote the first draft of the Castellino Prenatal and Birth Training and the paper, "The Polarity Therapy Paradigm Regarding Pre-Conception, Prenatal and Birth Imprinting." This paper was presented to the American Therapy Association and was honored as the winner of the first annual Dr. Randolph Stone Prize for the best research paper on Polarity Therapy. That same year I took Peter Levine's basic training in trauma resolutions with Peter and Diane Heller.

Between 1995 and 2007 I completed nine 2 ½-year trainings in the US and Europe. In 2010 we are beginning the tenth 2 ½-year professional training. By 2012 approximately 270 professionals worldwide will have received training from me directly during that period. My thinking is that, in the long run, in depth training from this perspective will have the greatest worldwide impact to spread this work.

The tenth Castellino Prenatal and Birth Therapy Training is being co taught with Mary Jackson, RN, LM, RCST, a homebirth midwife of near 40 years. This collaboration is among my most important throughout all of my work.

As Mary states, during the 1980s and 90s she became increasingly concerned because she was seeing more transfers to the hospital with more and more breast feeding issues for moms and babies. I had known Mary for more than 20 years. In 2001 she took her first WSP workshop from me. By 2004 she had completed both my CPBT Foundation Training and a two-year biodynamic craniosacral training.

By the year 2001, when Mary participated in that first WSP Workshop, she had attended 2000 to 3000 home births. Interestingly, while I had only been present at a handful of births, I had completed about the same number of individual adult sessions in WSP Workshops and BEBA family sessions with parents, babies and children. In that workshop we discovered that our observations for what babies and families need for optimal births and for what it takes for babies and families to form the healthiest possible bonds and attachments were virtually the same! The experience I had gained through clinical and workshop therapeutic work and the experience she had gained from attending home births, led us to the same conclusions!

After she graduated from the CPBT, I became her student by attending several prenatal visits and home births with her. Mary became a videographer and co-facilitator in BEBA and assisted many WSP Workshops with me.

1105 N. Ontare Rd., Santa Barbara, CA 93105, 805 687-2897, ray@castellinotraining.com, www.castellinotraining.com

As a result, together we have developed a host of amazing projects and PPN healing processes. It is important to note that the support systems are not only for clients: they are for the practitioners too.

Among them are:

- **About Connections**: In AC we see individual adults and families. Mary now requires all of her home birth clients to have a minimum of 2 prenatal attunement sessions and one postnatal session with the two of us.
- **Family Support systems** for families that strengthen their ability to have the births that they actually want and their ability to bond and attach in the most optimal ways. This includes a process we call "Supported Attachment" which helps babies and moms beautifully establish breastfeeding and helps babies to show how they were born.
- **Family repair support:** For families that are in crisis and or who have had traumatic births, health challenges and adoptions, we've incorporated the BEBA style work and "Supported Attachment" methods to support families including babies and children to heal and repair the affect of a wide range of challenging and traumatic early experience.
- **Birth Team Support systems** for Mary's birth team in the form of in depth professional supervisions for themselves and group work that strengthens their team work. All this is designed to strengthen their ability to provide optimal prenatal and birth care for families in the child bearing years.

In all aspects of this work we aspire to sit in Birth Time. We sit in observance of the Breath of Life. We sit in the awareness of the slow oscillating rhythms that the old osteopaths call the "tides;" the long and mid tides especially. By attending births and living in Birth Time, midwives naturally sit in observance of the Breath of Life. If a midwife does not get too constricted around all that she has to do from an obstetric point of view and her own early imprints; if she is able to sit in present time and really have faith that the mother's and baby's bodies know what to do; and if she is able to make space for the health in the system to show itself; then the baby, mother and the family will be supported to birth with that true knowing within themselves.

The consequence of this new program is that at the time of this writing, Mary has completed more than 120 births with the families that have done the program we developed, with less than a 5% transfer rate to the hospital and only 3 caesarian sections for the mothers who have completed our program. The common transfer rate for midwives is now about 15 to 45 percent, depending on the region the midwife is practicing in. Mary reports that prior to that, her transfer rate to the hospital was about 20%. In addition, Mary had a run of 63 births where there were no transfers at all!

Now, why did that happen? The reason why that is happening is because Mary and her midwifery team and I are all learning to sit in midline, attend to fluid tides, stay out the way, attend to the life force, give attention to what is going on in the relationships, give and receive support and have faith in the health of the system.

1105 N. Ontare Rd., Santa Barbara, CA 93105, 805 687-2897, ray@castellinotraining.com, www.castellinotraining.com

So, now we are beginning the tenth Foundation Training. This is the first time that I am teaching this training with a co-trainer. Mary and I, with our very able assistant team, are all dedicated to do our very best to support you, hold you and give you creative resistance so that you are able to grow in this most remarkable, leading edge, professional field.

All the skills that are presented in the Castellino Prenatal and Birth Therapy Training support the healthy growth of individuals and families at any stage of development, from preconception to death. In the CPBT we will use the form of the Womb Surround Process Workshop and the BEBA style family work to build skills. Even though we will focus on those two applications, you will be supported to take these skills and expand your prenatal and birth facilitation skills with individuals, families and small groups wherever you are.

Ray Castellino
February 6, 2005
Updated, May 1, 2010.

1105 N. Ontare Rd., Santa Barbara, CA 93105, 805 687-2897, ray@castellinotraining.com, www.castellinotraining.com