

Notes for T13M5

T13M5 Ojai Notes 11-13-17 Monday

Welcome

Surgical imprints and the Blueprint

9am arrive, 9:30 Begin

9:30-12:30 Morning Session

12:30-2:30 lunch

2:30-5:45 Afternoon Session

5:45 End

The name of this module is BLUEPRINT!

That doesn't mean we will forget the other stuff but we will work it in.

Day 1

Orienting

Intro Talk

MEFS

Check in in groups

Exercises:

- Elongation

- Squeeze/sweet Spot

- Creating Narrative

3 exercises will get us ready for skill base and arriving exercises at one time.

Showed Marmots Jedi Training Manual for Survivors of Obstetrical Interventions-

We have an energetic body. The purpose of this module is to orient to our physical body and get us oriented to present time so we see who and what is actually in the room.

The way into the sensations of the blueprint is through the moment. That is the only way we can have it. This moment is the window into BP sensations. As we traverse this mountain, practitioner skill #1 is PRESENCE. That skill gives us reference so what ever shows up we can be w presence and that space.

This module is termed surgical imprinting, we used to call it interventions. But we are sitting w what ever that process was in the past. All the things we have in that somatic memory is what it takes, over expands and contracts our sensations in our life. It takes us out of present moment and puts us in the sensation of the memory.

Our job is to get current w what is now and what is memory.

Last time we looked at chemical imprints, influences on the cerebral and spinal fluids. We worked to get below the imprints and how the memory moves through or imprints the fluids and see how those drugs were influence us now. The task we have w drug imprints is,... drug imprints come w surgical imprints. We separated the 2 because it is too much to have them together. The task is to orient to fluids and

the energy. So we can differentiate between the past and now. The drug imprints really affects the fluids and that affects how we approach those imprints of what ever we do.

The surgical imprints have more affect on sequence and movement. Well it all affects sequence. I am going to mention a few now---CS,forceps, vacuum- the approach is to solve a problem so a baby can get born. We are bringing a quality and attention to bring a process of coming in from spirit to birth and raise kids. IT brings us closer to knowing how we are designed. We are designed to be in our experience and not separated from it. Sometimes the interventions are important and we are not saying don't use them. Use them in a way where the presence of practitioners and the way the intervention is used meets us more in a way that we are designed. Remember M1 coming into the creation-hard to find the walls. Just look at the subject manner. The walls need to be more permeable so we can come into presence w ourselves, each other and w the group.

Second Module –affects how Soc NS comes on board and how we come into relationship. In that module what we did is look at bonding and Attachment and the fiber of what it is to come into Soc NS and began to look at Soc field phenomena. It is more than the fluid tides.

3rd M-birth dynamics is more structured, looking at the different pathways through birth. The skills we did in module 3 are the same as we will do in this module. Looking at how surgical interventions affect us how we move through the world.

When someone moves their head in a birth movement pattern, it is usually too fast. We want to slow it down so the movement itself guides you. The skill is to be in presence, slow down so you can be in relationship to whom ever you are with. And in relationship to the Soc Field rhythm, it is about 5 min, 2.5 min in and 2.5 min out. Don't look for it, just have the intention for it, find where the sweet spot is in the field, sit w the people you are in relationship w. Have intention to come into resonance w the field itself then get out of the way.

Always start from where you are and do not look for anything. Track from where you are, the sensations you are having, that is sufficient. Have intention to find where the sweet spot is in the field. Find the skill sets so whoever you are working w the whole first part of the session is to find the place where the material can emerge. Where the BP can emerge, not the material. Scratch that. We are all really practiced at being in our stuff. We want to be in BP

And in relationship to the material and the intentions we have. In that way track the resonance.

W doll and pelvis the person can show sequence that is in line w the intervention or what ever it is. Our job will be to move w them so you can be in relationship w present time field so we can also track the implicit memory. WE are learning a diff way to remember so it can become more cognitive.

Allowing yourself to do this changes the way we remember. What drives us nuts? Feeling bad. When we track feeling bad we are tracking our history. Making it more explicit and cognitive allows us to have more choice about it. We don't have to keep doing it again and again. We are bringing the implicit to the explicit. We are bringing the memory that has the good memories also

The form and the principles, itself facilitates the integration of the memory of the history and imprints to stay on track. Not just one on one but the field. That feels really good. That is how we are designed.. The nuances of the skills-squeeze, DCO are as challenging to get as the CS skills. WE will see how much we apply them while tracking a movement in a turn. We refine them. We take skills from M3 and deepen them and see how to use them in a traumatic experience or a challenging place in the sequence.

When we do **Dynamic squeeze**-in this module it helps to ground and come into your body. How do you give accurate reflection in the movement, track them and notice where the interruptions are and integrate at the same time. Most want to go into emotions sooner and faster than they can integrate while it happens. Most kids grow up in the sensations of that so it can integrate and they can feel the kind of pressure of it so they feel someone gets what happened to me. If you just talk about it it doesn't give the knowing about what happened that gives them the sense that they are really seen.

Having Harmonic resonance experience helps to integrate.
Focus more on the skills rather than the interventions.
Check in in large groups 6 groups of 5 people, one group of 4.

Afternoon

Stand up, walk around the room.

Find 2,3,4 people and do DCO to find sweet spot.

You know Sweet spot by sensation of the gathering of potency.

Some of you are feeling a sense of settling by noticing your feet on the ground.

Others will be feeling an uplift.

Such as your spine elongating and a tug at the top of your head.

EXERCISE:

Move apart from each other. Put 2 ft bt you.

MEFS

Now go back and touch shoulders again.

Notice the difference inside of you now.

Go apart again. MEFS.

Bend your elbows a bit, let your palms face out , your arms hanging.

Notice what your arms start to do. Stay w sensation. Now open eyes and track sensation. Close eyes if you lose sensation just long enough to get it back. Notice what your arms want to do.

Let your arms touch someone else and notice that sensation. Notice what happens as potency gathers. Touching each other is part of Soc NS. Now play. Stay w attention. IF you have fast movement keep slowing it down. IF you are willing make eye contact and see how that goes. Now include another group w eye contact. Laughter is permissible. Remember your feet. Now make eye contact w each other and say thank you.

Get w another person in your group and give words to your experience.

HARVEST:

We are challenged w working w people to meet their intentions. They won't meet their intention if they are going fast. Helping them to slow down to meet their intention. The task is to find the range to gather their potency and manifest into their intention.

As potency gathers, some want to turn inward instead of outward. Remind ourselves of what the persons intention is and what your job is.

Exercise 2

MEFS-

Anchoring in

Add your eyes-anchor onto something that is in present time. Felt sensation

MEFS

Add present time cues.

See what is w/o any imprint.

Look around the room. Keep staying w present time cues

Basic skill for relevant history stage.

Remember something that might be a little but uncoupled

Go to the edge of it

Attention to present day eyes/cues

Attention to the past

Pendulate bt the past and present.

Notice what is happening. are there any changes, better, worse?

Back to present time cues

Variation of Body slow low loop.

Sharing-

IF you pendulate bt a few poles it is likely you will get to midline.

IT was easier to pendulate bt body parts. It is the present day cues that get you back to present time.

It extends the window of presence to come from the present and gives you more access to perceive from midspace.

This is Anna Chittys practitioner skill #1 coming into presence.

#2- If you work w presence, then come into relationship w someone else, the challenge is coming into relationship w yourself and the other at the same time. You

can pendulate that. Who notices yourself go out when relating with another- and who pulls back. Use the cue to pendulate to your self.

Pendulate going toward connection and going away from it depending on what is stabilizing you. Being present w yourself.

Get w your partner, make eye contact. It is easier to do it w 2 people.
Go back to present day cues either visual and/or sensation. Get sensation of your butt, back, visual. Get felt sense of what it is to be w your self in the moment. Now if you already have it, take your self into relationship w another. As soon as you start to loose touch w presence w your self come back to presence then go back to relationship. Pendulate that and get what happens in the sensations as you come back to presence and go toward relationship.

Giggles

Presence plus relationship increases the oxytocin. Now add one more thing to that. Make an "I" statement to person about how their presence touches you right now. Next step, stay in relationship to each other. You are probably already doing this but give attention you are establishing sweet spot at the same time. You have presence, relationship and w relationship you have sweet spot. We are basically doing what we do w relevant hx.

Now chose who will speak first and who listens. Say something that is in your life that is relevant hx right now. Stay with presence and relationship. Get what it feels like to share from there. If you are sharing see what it feels like to hear your self sharing from this space at this level.

Tomorrow we will do principles

Break until 4:10

'How did that conversation and exercise do for you?

Remember Michael Jordan, Make your weakness your strength. What overwhelms you... This system has come out of Rays needs. When I play in the range that resources me into BP and relationship, the wider my window gets.

One more step:

Now use these skills in sharing the narrative about a surgical imprint in connection w BP.

Think of a time in your life when you had an intervention and share it from a place of feeling heard, being present, in relationship w the other and recognizing the story. Stay in relationship, pendulate, don't go into the whole story of what happened, but just take a small part of it and find a way to do the exercise in a way that does not overwhelm you. See how it feels to be heard by the other while staying connected to self.

Bring a coherent narrative while in a container of safety for you.

TRIADS: Choose 2 other people to work w, 3 roles-TP, Support, Facilitator. 15 min each person., of being heard and received, How different this is.

Before w start, do 2 min ea of check in.

Name principles to invoke them. Don't define them. Start w welcome.

SHARING:

10 min to share what your learned and what was useful in this exercise.

T13 Day 2 11-14-17 Tuesday Ojai

BLUEPRINT AND FORCEPS

9-9:30 Office ½ hour

9:30 Orient

Check in

Exercise-Dynamic Creative Opposition

Dr Kim forceps video

Slide show -of mother and baby that Ray worked w

Exercise

WS Video

Hands clapping at diff rhythms.

T4-made video of forceps use. EFM and IFM

Exercise-to connect us in w what we started yesterday.

MEFS, sit w your hands on your thighs, let them relax w palms up, have an intention for settling

If a few people can say what they are feeling.

Internal rotation of hands and forearms, L brain, R brain-lateral fluctuation, your body is working to integrate something.

Hands are moving toward each other.-that is external internal rotation of the shoulder joints.

The intention for the whole course and this module and today is to access present time present moment. There are diff layers, ways to move into the awareness of now.- The key thing is that what ever happened in our hx, that happened. We cant go back and fix it. It is not possible to be with the energy of that. But we can go back and learn from it.

We will work to pendulate and give space to integrate.

The pause can be used when ever you are challenged w the integrating. Have someone come sit by you. If we get triggered by looking at the materials, that isn't going to help you. So be in your adult self, touch the material, resource. Find what is resourcing and make that a pendulation exercise today bt material and resources. It can help you integrate it more.

So it helps create the space bt what the hx holds and being in the moment.

Ray draws the window of presence. Showing stimulation and where collapse is. The pendulation is to keep coming back into the window. If the layers are stacked, take it one layer at a time. Integration happens inside the window, not outside.

We are here to become a practitioner of this work. R slows the tempo. Pause. Make contact w ea other. Feeling into the intention keeps me here. **We are all here to integrate this material so we can do something w it.**

Check ins-in pairs. Notice the tempo, when it speeds up name it, and when it slows down. When you notice you are going out of the window, pause and name it. 5 min each.

EXERCISE DYNAMIC CREATIVE OPPOSITION:

Stand or sit next to each other. If you stand you will get more info.

Where is sweet spot and where is the point of potency gathering.

Look at each other and talk about it.

Pendulate bt talking and paying attention. Get sweet spot. What is the right sweet spot that gathers the potency.

As the potency gathers stay with that point, follow it but stay in touch w each other . if the pressure builds stay w the sweet spot that follows.

Get ME part of MEFS below the floor so you have center of gravity lower.

Let potency build until you feel the heat building.

As the intensity of that builds, ground more.

As it builds you will start leaning.

Talk about your experience with ea other.

How does finding sweet spot affect potency?

With babies, they don't know how to contain the expansion.

W surgical interventions, they have to have enough resistance so they feel it.

Working w PW the TP can over expand and don't hold the window boundaries. So how do you work with them to do that.

As you gather potency you find where the containment and resistance needs to happen, so the person can become more mindful in the moment.

For most people the problem is how to get outside the window and in the window. When you are gathering potency their habit is to go outside the window. They need to feel the resistance as the expansion happens, either energetic or physical resistance so they can know where they are.

When the TP starts to drop in the window and potency gathers, that is foreign territory. They usually are outside the window for that. We have conceptual idea-the abstract self, we get an opinion of who we are and refer to that as ourselves.

So how to come back in to the window of presence and how do I get to be who I am?

How does a pre-nate and new baby learn to be in the window? And how do they learn to be who they are? What kind of reflection is needed to do that?
What we are doing is a co regulatory process. So if we find sweet spot w a baby and have layers of support, everybody comes into harmonic resonance and regulation. Working w adults, how do we fill in developmentally the things we missed when we were little.

DCO is about that. Coming back to the moment, current age and time
Most of the time sitting w someone in their stuff they are so disconnected from it that it takes them into the sewer. We have to learn how to come up from the spin or the hole enough to tell our story, know we are being seen even while we are still in it.

When we are in that survival and disconnected, good to acknowledge the little one and what she needed to do in the past to survive and let her know she needs to choose from her adult to come back into the window. That was a good survival skill you have. This supports them to come back into the window. Then the little one feels seen and heard in her past and what she did.

BREAK 11:00-11:20

Gary plays flute

The other side of DCO:

Groups of 3. 10 minutes per turn: 5 min for the DCO and 5 min debrief. To experiment with more action oriented rather than CST. We want you to have a full range and see it as a continuum. Can be with shoulders, hands, on knees shoulder to shoulder, finger to finger. Kids 4-8 will want to come in and knock you over. This is for that side of it. You are getting it right when you feel yourself getting stronger.

Meet the person where they are. Find the sweet spot from there.

If you have an injury, use your body in a way that won't injure you.

The intention of the TP to find the resistance they need to come into their body, ground and move through the resistance.

Demo: Tara TP; Ray Facilitator. Fac meet the potency of the TP with resistance creating sweet spot. Potency gathers. The TP moves through the resistance and the FACs allows the movement by going backwards maintaining contact and enough resistance to keep the potency engaged. Create a line where the action will stop. Can keep holding hands at the end of the pushing or can let go. Support person stands behind for safety.

Debrief: talk about the sensations of the experience.

Lunch

When you want to come off the parasympathetic side you want to engage your muscles. CDO is a good way to engage the muscles. Many people off the bottom of the window stay there for ever and have a non earthly experience.

We would love to hear of your experience of what is useful, something you experienced new?

Sharing

What is potency?

Is it related to a fluid rhythm.

In order for impulse and movement to happen there has to be a certain amount of fire in the system.

Pause,R- I could make up an answer but I want to settle. Watch my body and how my arms move.

Each rhythm has its own affect on the body. In order for the body to transmit its own life force, it has to have enough Potency. It takes potency for the force to be able to move from the positive to negative pole. Moving thru neutral. In order for that to happen it has to have potency. If not it would be still and be on another plane. There is a quality of force, of life essence, that is underneath. The poles give fire and movement to the system.

There are qualities of potency.

Potency that feels flat, that moves outward, fire spreading through the kindling.

There is always energy around, there is never a shortage of energy. Potency allows the life force to move and express itself.

Can potency be overwhelming? Yes.

Constitutional strength. We are not born w equal amounts of this. Some have more or less. Healers can be on both ends of the spectrum. Those who come in w Lower levels-teaches more about conserving energy. A person who comes in w a lot does not know what to do w it. There are diff qualities to them. Everyone can tap into potency there is always enough.

I can push beyond and get to stillness. Someone w a lot of potency will keep going and not know where there limits are. They wont learn the skill of what it takes to find the right parameters is the right amount of resistance. Forceps w a weak constitution, there system will get overwhelmed faster than the one w strong constitution. Some of us wouldn't be alive if not for strong constitution.

We are finding the right amount of resistance so person can become awake in themselves and get a hold of the sense of their own empowerment so they can have choice.

FORCEPS:

Looking at forceps, when people have this the forceps come in and changes the direction and they cant get the sense of the direction they were going. Someone needs to come in and pull me out. I felt this before. When you get the right amount of resistance the person will get the power and push the forceps off.

IN the '30s, '40s, '50s, and '60s

they were used profolactically. The baby has to surrender, they have no choice, it is done to them. As an adult, and you are, finding the impulse to push them away can happen in PWs.

Video-it shows how to apply the EFM (external Fetal Monitor) and IFM (Internal Fetal Monitor), and how to apply forceps. This is no ones story. Hold practitioners hat, and we will learn how this works.

Kim Kimball, MD FP was in a training in 2000, did 74 births a year. If forceps were needed he would call someone in who is skilled with them. Kim explains how the forceps are applied w the doll and pelvis. Later today we will show slides of a baby being born w forceps.

Usually people who had forceps like pressure and don't know how to get it.

The first forceps were used BC to deliver babies not alive. In the 1600s they were used on the first baby alive.

The idea was to apply the forceps in a way that supports the movement of the baby in the birth to aid the powers of labor and not to just pull the baby out. In the 30s, 40s and 50s they were used very regularly.

Delee used forceps w shoulder dystocia. The medical world read the write up and started using it more. In the 40s and 50s 70% were w forceps deliveries and regional anesthesia. In the earlier years they used spinals more and pudendal blocks and later on epidurals.

TWO QUOTES ON FORCEPS RATES DURING THE 30s,40s,50s AND 60s

In the 1930s and 40s, many OBs reported outlet forceps with episiotomy was superior to spontaneous delivery. During these years, many institutions report that forceps were being used as often as 50% of the time. By 1950 forceps were in use for 70% of all births. 10% of the previous number were midforceps (Yeomans and Hankins, 1992) quote from Ray Castellino articles on Forceps.

DeLee's teaching was the impetus for the dramatic increase in the number of forceps deliveries performed in the United States from the 1930s through the 1950s. However, due to the provocative studies by Friedman and colleagues^{3,3,4} and the increasing tendency for an adverse obstetric outcome to result in a malpractice suit, obstetric forceps delivery rates have fallen in the United States. In 1968 in New York City, 29.7% of births were forceps assisted, but by 1978 the incidence was down to 12.2%.⁵ At the same time, in the United States, cesarean birth rates rose from 5.5% in 1970 to 15.2% in 1978⁵ and now is as high as 20–25%

mailto:https://www.glowm.com/section_view/heading/Forceps%2520Delivery%2520and%2520Vacuum%2520Extraction/item/131

Video:

In teaching hospitals they were used w normal births at the outlet. Just for practice. They usually have spinal or epidurals to help w pain because the forceps are painful.

Decision made not to show the slides of forceps birth and go to Leah in the PW turn. If you can sit in the forceps info we are **acknowledged in the history and shifting the reference**. We grow up referencing the trauma history. IN the birth world w Emerson, Reich, you had to push through and come out the other side. Stone-balancing the NS.

Historically they have used the forceps in diff places. High, mid, low and outlet forceps. By 1988 the American College of Obstetrician and Gynecologist (ACOG) advocated for outlet forceps deliveries over midforceps. The drs were pretty well skilled in the 40s and 50s. In the those years they were used more regularly and profalactically. After that time, the skill level went down. Parents started suing the docs for use of forceps.

There are over 700 types of forceps that have been developed.

They are being used less and less. As the forceps use went down, C/S went up. Vacuum went up.

In the United States, **3.1 percent** of all deliveries in 2015 were accomplished via an operative vaginal approach. Forceps deliveries accounted for **0.56 percent** of vaginal births and vacuum deliveries accounted for **2.58 percent** of vaginal births.

Leah's turn:

Her talking about her experience.

This was her 6th or 7th WS. It turned out to be for her that she wanted to be able to tolerate connection and allow more of it. To enjoy herself while in connection with others. I would like to affirm my life.

The forceps that were used were used to turn her and were either mid or high forceps.

She was born in 1962. About a third of our group was born with forceps with more people from the 60's having had forceps.

Watch it from the point of view of practitioner, of pendulating BP and video, and of the form. This will help you get something out of it. Watching it from a place of "How is it going to help me with my experience" will cloud your perception of what actually happened in the session.

Ray: The form has all the steps in it to help the TP to go from outside of the range to inside the range by the time they get to intention. By then we are co-regulated by this time.

Take that hand gesture “of wanting to go forward and being completely clamped down” you could unravel the intention.

The forceps get the baby out but it doesn’t let the baby be seen.

It is important in the facilitation of the intention to include the surround. “Do you understand her intention and do you support her in this?” The surround needs to behave differently from what it was like the first time. This anchors us more into the blueprint.

Folks who have had forceps tend to have TMJ issues.

The slow rhythm affects the brainstem and the amygdala levels, and they function to balance of the ANS. That layer is precognition. Usually the family systems and interventions interrupt the smoothness of these layers.

The emotional layer is more midbrain. As emotions come up keep tracking the deeper layers. We are not doing stuff to stimulate the emotions. If you use the emotional layer to do the discharge it misses the lower layers. When we are out of the window we are in the primitive brain. So we need to support ANS to do the discharge. The emotions need to support the integration, not to discharge the energy.

The squeezing and the presence kept her “in” while she was having the emotions. The skills that Ray was teaching was containing the emotions as well. Instead of forceps squeezing.

Talk w another about how you are doing.

End of day.

Day 3 11-15-17

9-9:30 office ½ hr

9:30 Orient

Check in

Cont w Lea’s Session

Exercise –movement

Atlas/Occiput Balance

CS Intro

Videos

Check ins-in pairs. When you are listening, sit in the awareness of internal external rhythm. What ever you pick up. Sit w your hands on your thighs and notice the movement or impulse for movement . Don’t look for it but get the felt sense of that. Sit in it and have an intention of that, listen, reflect what you get.

Take 7 min each way.

Continuing w Leah's video

Watching from the perspective of the practitioner.

You have been tracking from the experience of internal/external rotation.

We left in the place yesterday of relevant hx. I am tracking internal/external rotation, giving her feedback, letting her know she is being seen and heard.

Observing the surround and tracking her.

If you get an activation, note it, then we will have a discussion about it after

Summary of what was shown in the video yesterday.

If you bring in the squeeze at a certain time it will surge.

The surge caused an expansion, R held a container for it to expand into by having his hands on the outside of her hands. In the forceps the expansion isn't noticed that it is happening.

One of the primary emotions that forceps brings up is anger. If the memory is triggered it is easy to go to anger. That siphons off all the juice.

IF you follow internal external rotation you get to give resistance, the potency gathers, the movement gets more gross and you feel it more in the body.

Support the head not to go too far into sharp angles. In most situations keep the cervical to cranial angle to under 5 degrees. We are not as flexible as we were at birth. It can also push person into collapse.

IF you get the right pressure they love the right pressure. If child doesn't get right pressure on their head, they look for it in their life. They will climb the tallest wall that no one else can. If you are putting pressure on someone's head check in w R, T, M or assistant who knows how to do it.

Forceps, do a test then if the person says more, keep checking in and little by little go there. If it doesn't feel right stop.

Don't let the session keep going on if their body is not in alignment. If they lose mechanical advantage they can go into the place where they went into parasympathetic Shock. You want to give them info about how she can get into more of a mechanical advantage and let her find the way.

If you work w a pressure point that is tender and hold it, the tissue will relax around it. Then the whole thing gets easier. The amount of pressure isn't changed but it gets easier.

The cry is of a baby who went through a lot, and there is a big change. It is all so overwhelming.

Debrief steps:

1. Someone speaks intention
2. What did they get so far

3. What do they want us to focus on and
4. What questions do they have.

Session is more R brained
Debrief is more L brained

Dissociation

There are a lot of ways baby can go out of their body. You can float out of your body and watch from above.

Consciousness has the ability to see and record.

EXERCISE, ATLAS OCCIPUT BALANCE:

Somatic social NS

MEFS

Pairs,

Receiver and tracker

Add your eyes if you are the tracker.

Track sensation the movement of internal and external rotation.

It will morph. Stay with it.

Keep lowering the center of gravity and soften your knee at the same time.

Be very still.

See where it goes w tracking this way. There is another movement that engages from the axial spine or the ?

Ask them how it feels? If shitty, stop. If good stay w it.

LUNCH

How was the last exercise for you?

Atlas-occipital-spinal release Exercise:

This shows up at least twice in ea PW.

Movement, DCO, stuck, gravity goes high, atlas/occiput jams.

When the atlas-occipital joint gets compressed it inhibits baby's ability to turn their head, open their mouth, latching and swallowing all get affected. The atlas/occiput needs to be fluid but not hypermobile. The sensation is a floating movement energetic in proportions, micro meters, less than a millimeter.

It starts w turn person sitting up and is done w gravity. Sit or stand with an intention to be in the slow 5 min relational field. Track the sensations in your own body. The intention is for harmonic resonance in the relational field. Feel yourself. Do not try to feel into the other person. When the resonance is there your energy fields will mirror each other. The sensations in your body will give you information about what is happening in the other. Use the information for inquiry. Do not assume what is happening in the other. Let the information give you a way into discussion and inquiry with the TP.

From this point of view, as practitioner you will be able to track how the energy moves and gently releases down the spine. After a bit it gets to bottom, goes to perineal floor and people get their feet.

Showed the video and model of the A-O articulation and it functions.

A-O Exercise: 15 min ea way.

1. Have an intention for resonance with the slow resonant field.
2. With turn person sitting, Practitioner stands or sits on the Left side of the TP
3. Practitioner palpates the occiput with Right thumb/Ether and forefinger/Air finger or the middle finger/fire finger. Left hand is open. Palm goes to the TP's forehead. For most adults this will take the Ether finger and fire fingers of the right hand.
4. Spread Ether/Thumb and Air Finger/Forefinger or apart to the tips of each mastoid processes.
5. Usually, the Atlas transverse processes are just inferior and slightly anterior to the inferior tip of the mastoid process.
6. When you establish contact with the Atlas transverse processes, relax, wait and observe.
7. Track how the energy responds. If the energy constricts, back off and renegotiate. You may need to do something else or just wait. Most of the time the energy opens and moves down the spine.

At the end of the exercise share your experience with your partner.

Break

Shifting subjects. Needing your practitioner hats on now.

C-SECTION:

C/S-how we see it show up in the families we work with.

It is a surgical birth that creates a diff door that is different than the imprint of being born vaginally. It uses anesthesia. Those kids have a diff door into the world.

Jane English wrote an interesting book on this subject: DIFFERENT DOORWAY.

CS can be emergency or scheduled that create a different imprint in the baby.

In emergency CS the baby gets the chance to start the birth. They release a hormone to begin the labor. The lungs can be less ready to be born.

IN larger cities like LA the CS rate is higher-50%. National is 32-33%. IN some cities as high as 90-92%. In Brazil they will often do tubal ligation w CS.

It has become a routine to see Pit, epidural, CS happen.

There is hosp in Vienna where the CS rate is 2%. For profit hospitals have higher rates of CS.

It takes Moms longer to recover-could be years. Their sexual life is affected. Often it is a wedge bt baby and M because baby goes w the partner right after birth and bonds to the partner before the M. The mom then has a double bind w liking to see the partner to have a strong bond w baby but biologically it is set up for the M to be the primary bond w the baby.

It happens fast. Surgery is about 45-60min.
IT happens in way less time than those born vaginally. They can see the outcome of what is going on way before vaginally born babies.

MOVIE OF CS
END of Day

Day 4 Nov 16,2017 Ojai
Blue print and CS, Vacuum
9-9:30 Office half hour
9:30 Orient
 Check ins
 Continued CS w videos and imprints
 Vacuum extraction-Intro and imprints
 Prep for session and do 1 session, 1.5 hrs for each session
12:30-2:30 Lunch
5:45 end

Forceps and Vacuum
Check in --pay attention to what is resourcing to the speaker and pay attention to tempo. Listener pay attention what is resourcing to you. It is the sensation of the energy that gives that to you.

Leor video
Introducing midwife Mary Jackson
6 sessions with this family in 2005, baby born by c/s. The mom was a student of SBGI. They give us permission to show these videos.

Mary: orienting to remembering the family and why they came in.
The baby bonded with the father, which is really common, while the mom recovers, during the high level of oxytocin. When the baby finally gets to mom, the oxytocin glue has started to dry up.

Ray: what was needed was for the rolls to get straightened out. The baby wasn't sleeping at night. One of the effects of c/s is post partum depression. We think that they gave her a spinal with epinephrine, which caused her to have panic attacks. The epinephrine causes vasoconstriction.

In 6 sessions: he started to sleep. The primary connection was changed to mom.

The disruption; when the mom's recovery from the surgery, the sensations of "oh I have just given birth" didn't happen for her.

They wanted to do a home birth and it was due to lack of progress that caused them to go to the hospital.

This video has the imprints of the epidural on the baby's movements.
Ray is doing facilitated movements with him.

With that much:

Kids will not look at mom. She would put her face right there but he would look away. And sometimes he would look but she wouldn't look at "it".

His arms are not potent. Usually babies at 4 months are more involved w moving, more body connection.

He was more responsive to dad. We see that often with any kind of medical intervention where lots of stuff comes up when they go towards the moms. They prefer the dad or others. It is hard for the moms

The moving the baby back is to titrate the baby's contact with the mom. Mom was not resourcing for baby. So pulling him back was a way to unstack the over coupling of that moment. Ray's strategy is to get the energy through the body first.

If I had stayed there instead of titrating it, he would have gone into a strong cry where he isn't connected to mom. What we want to do is create a connection to mom so that he has a place to go.

Its not just the baby. As the parents NS drops the baby can drop. Its the baby in relationship with mom and dad. What we are doing is creating support for that family.

When the baby is on his back Ray is tracking the atlas occiput with his cupped hands.

They are doing it their way and we don't correct it. In order to see what they are doing. This works for this family. One correction can be enough. If you come in too much they feel real criticized. And they might not want to come back. We look at what they need and go to that instead. We use positive reinforcement instead and often then they ask for more ideas. At the end of the session I give them all the ways that they did good.

Dad is brushing baby's head while baby is breast feeding:

The pattern is the baby settles with him so that his intention is good. He may also be trying to connect with mom.

Break

Video- w Tara, Ray a family pregnant w 2nd child. Sabina is the Mom-Dustin was 3yo and an emergency CS. They really wanted a home birth especially dad because he

was born at home. The intention of coming was to integrate the birth and support Dustin to integrate his CS.

Dustin has played w toys, then went into tunnel. FTP, went to hosp, pit, CS. They have the forms and have them put their intention. W a child we don't start by asking his intention in the session, instead we give space to let the child lead the way to where they want to go.

We rec that the parents find time every day to do BEBA play (child centered play). The child can't always lead in the family. But sometimes they need to tell their story and it is good to name and create space for this.

Typically we see families w kids and do 3-6 sessions and they have a break. The less support a family has the more they want to come. Some families have come to Tara for 2 years every week but often they come less time.

RATES in USA

2015

Forceps 0.56%

Vacuum 2.58

CS 32.7% (2013)

26.5% (2014)

In 1995

Forceps 3.48%

Vacuum 5.9

Cytotech: prostaglandin that softens cervix, **Cytotec- is cheap** and dr friendly.

The surgery and drugs are disorienting from the BP. Every one on the birth team knows the steps to go through, they don't have to talk about it. The process happens so fast for the baby. The baby will be able to assess the outcome before most vaginal born babies. They can see that when a baby goes one direction they know what that out come will be, if they go another direction they know the out come of that.

The kids that have strong constitutions love to play boogy man games. They will knock over the boogie man 45 times in a short time. It is empowering for the kids. Then we increase the resistance so we don't fall over so easily and then they start to get to the core of what they are really feeling.

Sometimes CS kids need a longer period to prepare for going out the door. Then they can find a diff way to transition instead of going through the birth stuff every time.

Often there is a split in the child. Affects his ability to be present. So they will disconnect and you can track that to help w the reconnection. We will give proprioceptive cues to help them to come back into their body.

FORCEPS IMPRINTS

Pressure is on the great wings of the sphenoid bone. Pressure going inward and person will be more inward toward themselves. If they relate to the pressure that is going outward they will be more exogenous. If you get the right amount of pressure on them it will start going out.

IF it is outward there can be more rage and anger, blame on others. The folks usually look for physical resistance. In womb if they got stuck, they have all this energy in them and they go straight toward the wall. It is important the babies are met w resistance in cooperative fun ways.

Forceps-purpose is to get some body out against their own will by applying traction, at the same time forceps make compression on the head, traction on the neck and spine. With forceps imprint people they have strong will.

They use anesthesia w forceps usually. So there is also a layer of disconnect w it. There is a will that is stronger than your own will as the baby. You split from the M and have to surrender until you get to the other side.

They have to find their own way. Be in discovery when you work w someone who is born this way.

There is a higher risk for 3rd and 4th degree tearing in the mother when forceps are used.

Why do forceps have such a big affect on the baby? What is it about the baby that makes it so big? Constitutional differences. It depends on the degree they go flaccid, the more flaccid the more the tissues can be damaged.

VACUUM

Can cause hematomas-subgaleal. 70s and 80s used more often.

Decreasing use from 1995 it was 6 percent then, now it is less (around 2.5% in 2015)

The child will be observed for bruising, bleeding from use so will be often kept separated from mom for observation. Vacuum applies traction on the skull and the force is pulling outward, the forces of labor is more of compression. Working w ventricles

The number of times that the vacuum pops off the babies' head is 2 in our area here, in the Bay area it is 3 pop offs in some places.

It can cause more distortion on the baby's head and cause more jaundice.

Craniosacral-when you pull on a tube it elongates it. It can affect the flow of the CNS from both the anesthesia and the vacuum. Perhaps it causes brain fog. If you feel the head of adult you can tell where they may have applied the suction cup.

Also the kids head will get mishapened where it is flat on one side or sticks out on one area. The orthopedic approach is to put a helmet on the child's head.

Long term affects from forceps, physiological- if the cranial bones don't resolve the adult holds the cranial traction. The pressure can still be there later in life. HA's, neck pain, TMJ problems.

Forceps can be more natural because the pressure come from the outside in. The vacuum pulls up on the pericardium, diaphragm, everything. Even the eyeballs can be pulled up. So there is contraction and holding against the sensation. The energy moving up and out it gets blocked at the top of the head and person can get migraines. So MEFS is helpful.

Tight diaphragm, shallow breathing, stuttering, eye hand coordination disturbed from the traction upward. Affects the brain processes. Benefits, more processing in the R brain, spaciousness in processing. Pericardium tends to contract.

Does squeeze help? How do you meet that unnatural force. Containment does help. Over time the tissues can find safety. Squeeze helps but it doesn't quite meet it.

Break

SESSIONS

Check in for 10 min

Chose roles -TP. Support, Facilitator

Name principles one time today only

Use the form

Set intention -any exploration surgical, medical interventions or other intentions are ok also.

Check in about intention

Conclude

Share

1 hour for session, then 15min to debrief.

We will give you time to start and 15min intervals.

Clarify your roles and name it when you change roles.

Use skills that we have been doing this week.

Ask support from support person. This will increase the imprint of what you will do when you are out on your own.

4:30pm starting the first turn.

Day 5

Session 2&3

Lunch

Harvest of sessions:

What did you learn about skill building, surgical interventions, interventions that we haven't said anything about. We will open into any new interventions that were worked on.

Less is more.

The form is a way of orienting and is really useful. Almost anything can fit in it.

Knowing when to ask for support by listening to your own body and feel it is ok, even before the session starts.

The energy is broadening side to side now. Diff than deepening. When we want to get to something in the implicit memory we have to deepen. The intention can be understood, you are more in the broadening but you won't necessarily get to the layers of the implicit memory that you have contact w. We want to have access to the energy that is locked up. We can also deepen too much so we spin in the trauma of the history. Deepening is meeting what the experience is and have access to the locked up energy, can liberate it and have access to that in present time.

When that happens we are not just liberating the energy in that system but also the energy it takes to hold our selves in that system.

Energy is locked up in the implicit energy, then there is the energy that it takes to maintain that lock. We are liberating the energy that is the effort we use to maintain it. Deepening is finding the range of where the memory is and as you go into it we broaden, and get freer.

The way I am defining deepening. There is a way that the implicit memory starts sucking energy and that is not easy to get out of.

The other way- you get to the edge of it and here is the definition of RELEASE.

Most of the time, 98% of the time. The twitches are part of the implicit memory.

They are not a release. If we stay in the emotion for a length of time and come out the other side it feels better. We think if we do it again it will feel even better.

Emotions are more midbrain and somatic is more brain stem.

You are in brain stem when you are in the spin, implicit memory. What happens when you get a release, the system begins to settle and there is an opening. There is a calming and recognition and you start seeing things in a whole new way. It releases a wholistic shift. At the point of this kind of release, what is going on is what we are remembering is shifting. We are not reproducing the memory in the same way and reproducing the shakes and everything. But dropping down into the BP. We have more choice what we do with our attention.

We bring awareness to what is happening. We don't need to keep trying to release. It is a deeper viewing to what is behind what ever the energy is.

We get to a place where we are aware of the gear shifting down to the vibrational layers of where that memory is and hang out w the edge. If the energy is there it will shift. Generally there is a broadening, I feel lighter. The field is broadening and deepening. The Taurus is working and we have access to the true primal energy.

Ego strengthening-when you can't remember this or what you got, the reason it isn't sticking is because there is a circuitry in our brain that isn't holding out. There is a circuitry that helps us remember. And some of us have a circuit that cant hold it. The way to build ego strength is for homework to look at a video and transcribe it, then read it to a friend and talk about it 2-3 times in a week. This trains the hippocampus, the memory system to remember what we are doing that is good for ourselves.

Historically if we forget the horrible things that happened we don't learn from them. Part of the practice is to remember in the new way. Then we can live our lives in the way we want to live them.

I only repeat going into a memory if there is something else in the history I need to get. If my young self still wants me to see something I haven't seen, then there is nothing lost if we need to go into the history again.

Break

Any more sharings?

Involutionary postures are forward flexion. In attachment it demands the baby to flex forward to whomever they are going to attach to. It comes from the source to creation. I am committing myself to attach to someone in creation and in order to do that I have to take an involutionary posture. That action starts in the space btw the atlas and the occiput.

Evolutionary postures; back bends; it excites the consciousness to return back to where it came from. The way it steps down in the physical body is in the extension. What usually happens to kids is their need to stay connected to where they came from is not seen. The love they come in with from the other side is not seen. When they go to protest something, they go into evolutionary posture. When that happens and the parents perceive that, they may drop into that longing in themselves.

The babies cranial molding reflects the posture it held the longest. The baby's body gets the imprint on the positions it was in the longest.

Exercise:

Sit up, get the sensation of your head floating on the spine in that mm of space. Have an intention to feel that space. Some went forward and some went back. Some neutral. May be an imprint "oh I don't want to go towards creation, I want to go back."

Now do the opposite.

Have an intention for evolution towards the creator. Feel the direction of it. There can be something physically, emotionally or in the family system that didn't want you to go back.

Get back to the floating place with your head on the spine, and feel the base of your spine. Spine elongation.

Neutral: containment of up/down and sideways. Involution and evolution are happening at the same time which creates a tension field for life of every living thing on earth. What happens to the potency. It gathers. The gathering of the potency happens from the bottom up. It is fed from the top down. The torus has this shape.

Sit in that right now. While Gary plays the flute.

T13, M5, **Day 6** Saturday

9-9:30 Office half hour

9:30 Orient

Chek in –do it with the groups that you were with for your sessions

Summary

Homework for M6

Homework from M4 Break out groups w your readers –See what support you need to complete

Q&A Integration and Taking the work into your practice

Closure

12:30 Fine

1pm

Finish

There is something people don't get when they don't stay until the end.

What did you get this week, what is changing in you.

How are you going to get support in bt the modules

Anything else you want to share

Listeners, do MEFS and notice internal/external rotation-it is a way into somatic presence and the resonant field.

Summary

BP in relationship to the imprints, Surgical interventions

We have been pendulating between BP and imprints

3 main imprints we gave info about –forceps, CS, vacuum extraction.

In that we listened to the video, Leah's session. Being w the live info that is here.

We gave exercise of creating coherent narrative on the first day.

On the forceps we stressed CDO and how to do that in movement. Resistance and incremental movement. Using the arms

The first 2 days w stayed w the subtle energetic cues, then into the more gross cues and into CDO. Paying attention to gathering of potency, subtle movement and how that often leads to the TP feeling like they are being moved and the support feeling like they are being moved, then that leads to a movement that allows you to drop down into a level where the information is.

Forceps, we wanted to show you how they were used w the video
Then how we work with an adult w that in their hx
We showed session of how we work with an infant and a child with CS births.
Being in the window and outside the window.
-Day3 Atlas-Occiput exercise- Micro movements and the sensation of that where it
moves down the spine. This is one of the corner pieces to this work. Spend 5 min ea
way doing that w whoever you meet up w bt modules.

Vacuum extraction. Sarah spoke about her experience.

Sessions-3 rounds

Harvest form the sessions around circumcision and all the other things you shared.

Break from 10:40-10:55

Homework:

Family tree-put it together. Take the information from last time and put it together
as a family tree. There are a lot of books and online that can help you do that.

-We are not doing a constellation. When you get here next time we will give you a
method u can use working w anybody.

What ever information serves you is what you will bring about your ancestors. Last
3 generations. Or however far back you can find.

We will have you translate a question into a statement. We will give you a structure
and how you work w that in the ancestral structure.

-As you are putting your tree together, When you look at the ancestors and a name
pops out and you have a reaction to that, pay attention and get a narrative on it. It
can change how you relate to your ancestors.

Folks can get very artistic in their projects. It doesn't have to look like the traditional
ancestral tree. Someone had a mobile of generations. The process of doing it actually
enriches the connection to ancestors and clears it at the same time.

2 strategies-sit with what you and anyone else alive knows about ancestors and look
at what is missing and what sparks your curiosity. Then when w them, record or
video it.

Notice what sparks the others telling the story and what supports your connection
to them. What part of their lives and the people before them that enlivens them.
It can help them to come to some rest w their own history. As they come to rest you
get to come to that yourself.

Questions to ask:

Where did they come from, what were they doing , any war or big tragedies or
losses? You get to receive the quality of life they were having and if they remarried,
mistress, etc. Info that informs you to what your are dealing with.

Photos can help to have the visual. How did that person live and what was their life
like. Ask relatives.

This homework can spur the family to get curious and start looking. IT really helps our kids. 7 generations back and 7 forward.

Ancestry.com, 23 and me, (has larger data base) this more lets you know the genetics. can give you more info.

The Mormons have a lot **Family search.org.=it is free. You can** get photos and birth certificates.

You can help each other if you get stuck or bogged down. Tara will send out an email bt modules and remind you. That is a good time to have contact w others.

Now we will get together w the readers and get support.

You don't graduate until you do all homework and 4 PWs. Then you get the certificate. If it is done before the last day you get the cert that day and will be part of the data base on Castellino web that is a statement that you graduated. You have to make up in the next training any module you have missed. If you missed one or 2 days in a module you have to watch video, do a summary, do exercises and report on it.

If you don't send HW before last day of last module=there will be an allotted time that you can send to your readers, they wont be giving you feedback, just acknowledge they received it.

Reader groups-come back in 20 min.

Now we will have a discussion and questions about how to bring this work into your practice.

Working w children-talking w the adults lets you help to get an intention for them. Parents, children. Open play is fine but having intention from who is sending them there is helpful and then look for child's intention when they are in play.

As soon as you set an intention that has to do with someone else, you weaken your position. What you want, ask for what they bring, their own intention.

12:45 We are completing this module right now.
Closure