PIONEERS INTEGRATING BIODYNAMIC CRANIOSACRAL THERAPY WITH PRE- AND PERINATAL THERAPY

An Interview with Ray Castellino

Kate White, RCST®

I consider Ray Castellino, RCST®, RPP to be the Original Integrator, the practitioner in the field who first began integrating Biodynamic and pre- and perinatal therapies. He trained with Randolph Stone in Polarity Therapy in the late 1960s and early 1970s. Wanting to go on and study cranial osteopathy, he enrolled in chiropractic school. The years he studied Polarity and chiropractic were also the years his children were born and so, too, his interest and fascination with the birth process. His colleague and friend, Franklyn Sills, was with him in the Polarity workshops taught by Jim Said, DC. He began studying and collaborating with William Emerson, PhD, one of the early pioneers in healing birth trauma, in 1979. Ray assisted Franklyn with the first U.S. Biodynamic Craniosacral Therapy training in the late 1980s. In 1993, he started the BEBA (Building and Enhancing Bonding and Attachment) baby/family clinic with Wendy Anne McCarty, RN, PhD. His work with colleagues holding space for families in the baby clinic was the model for what Ray calls the "womb surround and birth process workshop," or "birth process" workshop. The collaboration he has with midwife, Mary Jackson in About Connections is providing an innovative approach for preparing families, supporting them through birth, and following up after birth to ensure the best possible beginnings for babies and families.

How did you develop your work?

Biodynamic cranial work is about attention to midline and fluid-tide movement; it's attention to the life force in the body. My own background started out with Polarity Therapy with Randolph Stone, who was also a cranial osteopath, chiropractor, and naturopath. I went from Polarity Therapy to craniosacral therapy work via chiropractic school. I really wanted to study cranial osteopathy, inspired by Dr. Stone. In those days, Franklyn Sills wasn't out, John Upledger wasn't out. The only access to that material was in books from Dr. Sutherland's work, Harold Magoun, DO, or Robert Fulford, DO. Cranial osteopathy was in written form or you had to go to chiropractic school or osteopathic school. I didn't want to prescribe drugs or do surgery, so I chose to go to chiropractic school in 1978. But I started studying Randolph Stone's Polarity Therapy in 1968, ten years before. I had the privilege of studying with Dr. Stone directly, along with fellow classmates Jim Feil, Cindy Rawlinson, Sharon Porter, Jim Said, Chloe Wordsworth, Sandra Castellino, Rod Newton, and several others.

I was always interested in birth and the questions about how consciousness comes into physical creation. In 1969, my son was born. I got to be at his birth and hold him. He was born in a hospital, and, in hindsight, I don't think we needed to go to the hospital. Though at the time we didn't know it, all we needed was good midwifery care. So it was the combination of these two pathways—studying Polarity Therapy and chiropractic, on the one hand, and the birth of my children, on the other—that planted the seeds for the work that I do.

So my son was born in a hospital. Ten years later, my daughter was born at home with midwives. I was fortunate to be at both of my children's births. As a father, I've experience both a hospital obstetric birth and a home birth with midwives. As I sat with my son, and later my daughter, after they were born, they would move their bodies in ways that appeared to me like they were showing us how they were born. And the same thing happened with other babies when I practiced my version of Polarity and cranial work. Babies would move their bodies and act like they were being born. Sometimes they made sounds similar to the sounds their moms made in labor.

When Franklyn did his first American cranial training, I assisted him, along with Claire Dolby from England. Mary Louise and Christopher Muller organized that training. Franklyn and I had studied Polarity Therapy together. I have known him since 1979/1980, before he went to England. During the cranial training, Franklyn shared with us how he and some of his colleagues had run a free baby clinic one

day a week for a year. They took anybody that came. That gave me the idea to start the nonprofit research clinic that I began with Wendy Anne McCarty in 1993 that we called BEBA, Building and Enhancing Bonding and Attachment. BEBA now has two clinic sites in California.

When I first studied Polarity Therapy, craniosacral therapy, and chiropractic—through the 1970s and 1980s—I practiced as a solo practitioner with individual clients. When babies came, they always came with someone else, usually their moms. It did not feel right to me to make the baby or a child the identified patient or client. If I was doing something useful with the baby or child, I wanted the people that came with them to be able to do that with their babies themselves. This caused me to rethink how I practiced. What became most important to me, more than what I was doing with those babies and children, was the relationships they had with their mothers, fathers, siblings, and other caregivers. It became increasing clear that how healthy the baby's growth was is dependent on the quality of relationship the baby had with the people that held them, as well as the quality of relationships between the people who held the baby. Later, in the 1990s, it was scientifically proven that the baby's nervous system, physiology, and growth are dependent on the quality of the energy in their primary relationships. It is these relationships that organize the baby's body in terms of how that baby is going to function physiologically and psychologically in the future—not just when they are growing up, but when they are adults.

The focus of my practice became the energy and the relationships in the family, not on a single client with me as the practitioner. If someone asks me, "Do you do baby work?" I would say, "No, I pay attention to relationships." I pay attention to the quality of the energy in relationships. I attend to my midline and anchor in the long tide. The crucial difference between traditional craniopathy or Biodynamic Craniosacral Therapy and what I am doing is, I am focusing on the relationships between the members of the family and tracking the family's fluid-tide system as well as what is going on in an individual. This is a "social" or "family" nervous system approach. In this context, it makes space for babies to show their stories and heal in relationship to the people who are holding and raising them.

I've also developed a way to do this with small groups of adults in what I call Womb Surround Process Workshops. The womb surround workshops have seven adult participants and take place over four days. Each participant has a two- to three-hour turn as client, or "turn person," while the remaining people participate as surround members. These sessions are very powerful and are often corrective experiences that help heal early wounding for both the turn person and the surround members. These workshops require the facilitator to exercise all of the basic craniosacral skills. Except there is a difference: The skills are applied to the social relationships between members of the group. So it takes the same set of skills to facilitate families with babies and children as it does to facilitate a Womb Surround or small group of adults.

These skills are giving attention to the health in the family system or womb surround, to the vital energy and the potency in the family system or group. We do this as cranial practitioners by sitting in our own midline, having the practice of returning to midline, and giving attention to the fluid tides, especially the slower long-tide and mid-tide rhythms. Again, these skills are applied to the social nervous system of families and small groups of adults. Doing this seems to have the basic effect of supporting our clients to view the world from the perspective of their own midlines and to move at tempos that allow family members and group participants to integrate their experiences as they are having them in real time. This then tends to have the outcome of building harmonic healing resonances in the families and small groups. During the womb surround workshops with adults and in family work, the participants get to learn to function while being held in a resonant field. This seems to naturally encourage each member to rally around the health in their family system or social group. This is classic biodynamic craniopathy and Polarity Therapy, right out of Dr. Sutherland. Right out of Randolph Stone. You sit with your attention on the health in the system. The difference here is that the osteopathic and Polarity Principles are applied to small groups and families. Central to my practice is to sit with my attention in my midline and attend to the health in resonant fields of the small groups or the relationships in family systems.

I apply this principle by paying attention to the health in the energy of the relationships of the people. This is so important for babies because the way we are being with babies directly influences how the babies will grow and function now and in the future. As practitioners, by being in our own midline while supporting the baby's relationships with mother and other primary caregivers, we directly influence the baby to grow and function from their own midline and in relationship to their loved ones. Remember, a

prenate in the womb and a newborn baby are growing and functioning during the time that they are dependent on their relationships with their caregivers. If the parent, caregiver, or family-group facilitator are in their own midline, attentive to the Breath of Life, self-regulating in their nervous system, and connected in their relationships with the baby and others, the baby learns how to be that way and do those things.

This is no little statement! It is a primary principle. When a baby's system is able to organize and grow in this relationship to this kind of field, as the baby grows into a child, teenager, and, finally, adult, they will have full access to their full human potential. We have seen this with the children that are now teenagers that we worked with in the early years of BEBA.

When I worked with families in my chiropractic practice in the 1980s, babies would show their stories. I found that I was facilitating how the babies and moms—or how the babies, dads, and moms—were all connecting. That became the organizing principle for how we started the baby clinic. Prior to starting the BEBA clinic in 1993, I was looking for someone who could speak the same language and came across William Emerson. And interestingly enough, and without my knowing it, William and Franklyn were already good friends. The three of us began a collaboration, and I became a student of William's.

In those years there was a lot of confusion in the pre- and perinatal field about how to practice between appealing to the health in the family's relationship system and where a person had to go emotionally to feel some healing. It is valuable if, after being taught to track themselves, a person can go into their emotions in a strong way and while doing that be held in a way where they can reflect on themselves—have witness. But at the same time, if their system is so strong at the emotional level, the effect of the work is on the midbrain level in the autonomic nervous system (ANS). It doesn't get down to the lowest levels of the brainstem, or to the hindbrain, amygdala, and vagal function level. It stays more toward the midbrain, where emotions manifest.* The consequence of this is that the system doesn't get a chance to settle throughout. In order to get the level of ANS regulation with deep settling, balance, and integration in the system, the work must deeply affect the lower brain centers. This is a big concept and would take some time to fill out. But in terms of the history of the work, I think I am getting the chronology there for you.

Yes, the evolution is important because it helps us understand what we are becoming. That is what this edition of the Cranial Wave is about.

William has contributed a tremendous amount. He is a champion of viewing the process from the perspective of the baby, and his work with sequencing and early imprints is substantial.

Yes, and your work is so significant. It seemed to me that none of this talk of the health in the system was in the cathartic method when I studied it with William Emerson and Karlton Terry. You were the one that brought that language in, it seems to me. Is that right?

I think that is accurate. I really brought the notion of the midline, fluid tides, and the slow rhythms into the pre- and perinatal world and to APPPAH [the Association for Pre- and Perinatal Psychology and Health]. I did that very intentionally. It seems that the rhythms that govern healthy autonomic nervous system function are rooted in the long tide. It is my observation that when we do not slow our own tempo down and track in the fluid-tide rhythms, clients are more apt to express emotionally and move into the stress of the trauma memories rather than moving at a tempo that supports integration of the traumatic history. Peter Levine's influence has been very helpful here. The key, I think, is for practitioners to attend to their own midlines, track at the fluid-tide levels, move at a tempo that supports integration, give attention to the potency in the system, and be with the life force.

I want to add another piece to the journey here, and I also really want to honor everybody's contribution. When I was studying with William, in the late 1980s and early 1990s, and he, Franklyn, and I were collaborating, William raised the question, What is the baby's experience of the conception journey, gestation, and birth? He was looking at the birth process from the point of view of the baby. What I had done by that time—this is one of my private studies—is collect a series of nursing and obstetrics books from the end of the nineteenth century, through the twentieth century, into this century. So, I have a library of obstetric books. I studied my nursing, obstetrics, and midwifery library. It appears that about every 10 years obstetric practices change. There seem to be 10-year fads. In the 1920s, '30s, and '40s, a lot of attention was given to pelvimetry. The obstetricians and radiologists looked at what the mother's pelvic

shape had to do with cranial molding. In the 1920s a group of radiologists—Caldwell, Moloy, and D'Esopo—applied the existing knowledge of pelvimetry to images obtained with the use of X-ray. Medical artists then drew very accurate images of babies' positions as they moved through the birth canal and co-related babies' birth presentation and maternal pelvic shapes. They even had accurate images of cranial molding patterns. I must say that I deplore that 3000 pairs of moms and babies were X-rayed while they were in labor. They did not know they were putting moms and babies at risk for leukemia, nor did they observe the effects they were having on labor by doing the procedure. Lastly, there was no attention given to the bonding and attachments of mom and baby and the long-term effects on the babies as they grew up to become adults. They did not have a clue about the long-term effects that these studies and birthing practices would have on the mental, emotional, and physiological growth of the child into an adult.

Without knowledge of these early medical researchers, William and Franklyn were looking at the phases of birth not from the point of view of obstetrics but from the point of view of what the baby was experiencing, especially how the baby came into the mom's pelvis—how the baby came into the inlet through the mid-pelvis, the outlet, to birth. In my recollection, William really wanted to discover and articulate the patterns solely from what people were showing during therapeutic experiences. William and Franklyn were looking at these patterns by taking into account only the gynecoid pelvic shape. They did not take into account the other three basic pelvic types of anthropoid, android, and platypelloid. As a result, when they were attempting to articulate the patterns, many of the patterns were not making sense. They kept having to explain these variations as exceptions. Since I had gone through all those obstetrics books, as well as early radiological studies, and had studied chiropractic, I said, "Look, there are different pelvic shapes. Each pelvic shape has an effect on the way the baby moves through the pelvis, and that molds or shapes the baby's head and body." I have observed that the molding process has profound effects on how, as biped creatures, we roll over, crawl, sit, stand, walk, and run. The pattern of molding imprints on us and affects how we repeat common movements throughout life, moment to moment, day to day. Through repetition of the movement patterns, they become our signature patterns. How we repeat our individual molding patterns in our movements then shapes and directly influences how our body grows and how we move and feel today.

William at that time was looking at what he called *conjunct pathways* and *conjunct sites* as the baby's head moved through his or her mother's pelvis. What that means is that the places where the baby's head makes contact with mom's pelvic structures create imprints at specific sites or pathways on the fetal cranium. William's premise was that if you knew those sites and pathways, and stimulated or stroked those places, you could activate the baby or an adult into his/her birth memories. Or if you put the grown-up into the position of how they were born, or a major birth position of how they were stuck in the birth canal or stuck in mom's pelvis, the person would have access to that feeling level.

Looking at the different pelvic shapes did indeed clear up the variances that William and Franklyn were looking at. As a result, we were able to categorize and correlate movement patterns, cranial molding patterns, conjunct sites, and conjunct pathways for babies, children and adults. Often we could even predict backwards the mother's pelvic shape just by observing the person's cranial shape and key movement patterns during somatic regressions or movement patterns that show up during bodywork sessions. This really helps us to observe and recognize movement patterns from babies, children, and adults that come from birth imprints. With babies, this knowledge leads to observation skills that allow us to see when babies are showing their story *after* birth. This research confirmed my early realization that I learned with my children when they were babies—that they were showing their birth stories with their movement and emotional expression.

In my subsequent work, I found that with babies, children, and adults, while it was more than helpful to understand the conjunct sites and pathways, it is not necessary at all to use them to stimulate a person, especially a baby, into a birth pattern. My earlier experience of my own children and with how babies show how they were born was reaffirmed. If I tended to my own midline, tracked the slow rhythms of the long and mid-tides, established harmonic resonance with the client or the group of people present, and attended to the intention of the person present, the baby, child, or adult would naturally show us his or her own birth pattern or they would show us an early imprint pattern that was in keeping with their intention. This process inevitably leads to healing.

And yes, I believe that babies as well as adults demonstrate intentionality. Intentionality with babies is a

whole discussion that would take too much time to go into here. Just to say that deep within each of us, no matter our age, is the wisdom to seek higher and higher levels of health. By holding presence in the ways I've described here, the deep, innate wisdom of the baby, child or adult is appealed to and supported.
Paying attention to intentionality is another contribution that I made to the pre- and perinatal movement. Rather than attempting to bring up early memories by using some external means like continuous breathing or by putting a person into a position that evoked early memories, I work by first establishing a baseline. I just used a key osteopathic word there, the word *baseline*. For me the baseline gives the starting point for a session and is intricately associated with the health emanating from the Breath of Life. By establishing a person's intention for a session, the intention becomes part of the baseline. So often clients would complete what appeared to be a very dramatic session, but, in the end, unless we had a way to measure where we started, there would be no way of knowing how much we actually had completed. By having a clear intention at the beginning of a session, it became possible to check at the end of the session and have a very clear perception of how much of the intention was completed. This, then, contributed to formulating next steps for the client.
In about 1990, I remember an experience I had with one of the families I worked with after I closed my chiropractic practice. I won't go into the whole story, but it was a family that arrived with three children from four months old to five years old. Early in the session, the mom handed me the baby, sat down on a couch, and went to sleep. The two older children began playing with toys, and the dad went into what appeared to be a spontaneous cathartic regression. I didn't have all the group finesse that I facilitate with today. So, by myself, I was facilitating this whole family without the form that I developed after that. When the session was over and the family left, they felt they had had a meaningful experience, but I was a wreck. Subsequent to that session, I immediately did two major things. First, I really gave a lot of thought to what it takes to prepare a family before they come in to do sessions. Second, I realized I needed to do something substantial for myself that would put me on a fast track so that I could sit with a family and do a much better job of tracking myself and having access to the felt sense of my own midline. For the 20 years before that time, most of my practice was one-to-one or was with a mom and baby. My practice was much less complicated. In order to handle more people in a session, and apply the cranial and Polarity principles, I needed to open some neural pathways within myself so that I could self-regulate and integrate my experience as a practitioner while I facilitated a session with a family. I hypothesized that if I got a small group of friends together with the intention of exploring through process workshops how very early imprints and ancestral imprints affect our present-day lives, I could work with a small group of adults in a much more contained way than what had happened with the family I described above. Moreover, because we were adults, we could debrief the sessions in ways that we were not able to with babies or children.
It turns out that my hypothesis was accurate. Doing these small womb surround workshops rapidly helped me become way more capable of being with babies and families. What was a really awesome surprise was that folks found those workshops so valuable that they wanted to do more of them, and they started telling their friends about them. This lead to the development of the small-group (seven participants) womb surround process workshops that I now conduct. Since that time I have led well over 400 of those workshops—that includes now about 2100 individual sessions within this workshop setting. During the early 1990s, I transitioned out of my cranial, Polarity Therapy, chiropractic, eclectic practice into working with families with babies and young children and to doing the early version of the Womb Surround Process Workshops. At the time, working with babies and families with the intention of healing early traumatic imprinting and supporting healthy bonding and attachment was not valued by the community that I lived in. If I had attempted to earn my living just with families, I would never have been able to make it. But, facilitating about two three- or four-day workshops a month with adults who did value the growth work made it possible for me to financially support my own family.
When a practitioner starts sitting with new babies and has some level of empathy for the new baby, it opens up their own history. The countertransference issues that are activated in the practitioner in relationship to their own early development are huge. My identification with what the babies were going through was so acute and so strong that, in the beginning, I would do a session and then it would take me half an hour, forty-five minutes—and sometimes longer—of working with myself before I could see the next client. I reasoned that I had to find a way to get some practice and discover how to do this so I could actually feel better at the end of the day or a session. So, like I said, I got a group of my friends together in Santa Barbara in the early 90s and started doing these groups where we explored pre- and perinatal influences. That inspiration led to the development of the womb surround workshop form that I use today.

I have been refining that form since I first began doing them in 1992.
In 1992, '93, '94, '95, I was teaching weekend workshops, teaching people what I was learning, and Mary Louise and Christopher Muller said, “Why don’t you just put a training together!” So I put a training together. In a profound way, I began training professionals
because I wanted to see the work grow—and because I have a deep need to have peers.
Conveniently, I have a background in education and curriculum development. I used to be a choir director and humanities teacher in the California public school system. “Okay,” I said, “if we are going to have a training, we are going to need clear educational objectives.” As a result, I created a several-page taxonomy of skills that represents a synthesis of decades of work. I knew what I was going to teach, and it wasn’t going to look like Polarity Therapy and it doesn’t look like traditional Biodynamic Craniosacral Therapy. The chiropractors had a lot of trouble with me, so I let my license go. What I was doing did not fit that scope of practice.
I discovered that it takes the same skills to facilitate a womb surround with adults as it does to sit with a family. And so I made my educational objective for my training to give people a foundation in sitting with families, womb surrounds, and adults. The training that I developed— what Myrna Martin, and others in Europe have based their trainings on—doesn’t focus on one-on-one relationships, i.e., practitioner-client. It focuses on the relationships that happen in families, that happen between adults, and that happen in small groups that include a practitioner and some assistants. We look at how the Breath of Life manifests itself in these different groupings and the effect early traumatic imprinting has on individuals and relationships. So the training that I do is the first training that really pays attention to the needs of the small group and family relationships in this way. I think that is a major contribution.
Then, somewhere around 2000, a midwife in the Santa Barbara area, Mary Jackson, whom I had known for more than 20 years, took a womb surround workshop. She had attended 2500 or 3000 births, and I had done about the same number of sessions with adults and families. In addition, I had been to maybe a dozen births by that time. We realized that we had discovered the same basic principles and concepts about the needs of babies and their families to birth, grow and heal from challenging beginnings in each of our different practices.
We discovered, sitting in the womb surround workshops, that we are sitting in Birth Time, we are sitting in long tide, we are paying attention to the life force, which a midwife will come to do if she doesn’t get too constricted around all that she has to do from an obstetrics point of view; if the midwife 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. One thing sure: at a birth, a baby is going to be born.
Mary ended up studying craniosacral therapy with Michael Shea and taking my training. After she graduated from my training, Mary and I began collaborating. As a result, we have created a system for preparing families for birth. Mary and I prepare all the families that become part of her midwifery practice. We do a minimum of two sessions, and sometimes more, with families. And sometimes I get to go to the birth, sometimes not. We created a support system not only for the families, but also for the midwife and the midwifery team. So we created layers of support systems so that the baby and mom can cooperate to birth in the most optimal way possible. 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 percent transfer rate to the hospital and only 3 caesarian sections for the mother 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. Prior to that Mary reports that her transfer rate to the hospital was about 20 percent. 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 she, myself, and her midwifery team are 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.

What a beautiful story. What I am trying to give the cranial community through this publication is a sense of where we are. What would you say to a new cranial practitioner once they are set loose in the field?

Excellent question. First of all, in order to do one’s best job, one has to know about one’s own history. By this I mean making coherent sense out of one’s own history and having some level of somatic integration with one’s history. As body-oriented therapists, working with others certainly activates our own wounds

and early traumatic history. To do this work, we develop the skill to be mindful or have awareness of subtle, and often not so subtle, sensations in our body. We know that the mind, emotions, and our body, all function and work together. This is a somatic and psychological process. The two are inseparable. Each of us needs solid support and accurate reflection; we need solid training and supervision. In addition, our work requires that we have some knowledge of our own history so that when it shows up or is activated we can differentiate it from what is going on in our client. This means that we must have skills that allow us to know the difference between then and now. And that we have the skills to be able to transform our own activations, our countertransferences into useful therapeutic behaviors that benefit not just our clients but ourselves also. That is a major reason why I created the Castellino Prenatal and Birth Training. This training is designed for a very wide range of practitioners, and especially those with backgrounds in Polarity Therapy and Biodynamic and other forms of craniosacral therapy.

As practitioners, so many of us have the mistaken belief that we have to do it all ourselves. So many of us are affected by isolation wounds. We were separated from our mothers at birth, kept in glass or plastic boxes called isolates, left alone in cribs to cry it out, then later as children sent to our rooms to get our acts together. This was all done when what we really needed was skin-to-skin's welcoming contact with our mothers at birth, human touch, compassion, and adults around us that perceived that we were sentient beings from the beginning. As children, we needed understanding, protection, guidance, boundaries, and loving attention. Our common history of isolation sets so many of us up to avoid—and some-times not even know—when we need support. So the training is not just to learn about how to work with early trauma in others but to make sense of and to develop the felt sense of open possibilities and a relaxed perspective about our own history. Working with others takes not just knowing how to give others support but, in a very deep way, the knowing of how to receive support for ourselves.

In a way, part of the training is to learn how to turn our own traumatic histories into a working asset so that we are able to effectively sit with our clients, our own families, and ourselves. We learn how to turn what brought separation and isolation into compassionate loving connection with our selves and others.

So, what you are recommending is that once practitioners go through the 10 modules of craniosacral training, they go on and take another training with you. Is that optimal?

Yes, that is optimal.

And if they can't go and take a training with you or someone else in pre- and perinatal issues, what would be your recommendation?

Well, I don't take shortcuts. The life force, the way I experience it, doesn't allow me to take shortcuts. Every time I try and take a shortcut, I am short-changing myself and the people I am working with, so I don't take shortcuts. At least I try not to. I like to do things in as full a way as I can.

So what do I recommend? I recommend exactly what I have done myself. I put together a training that replicated what I needed to do myself to be able to do what I do. And even if someone did the cranial training and is working one-on-one, it is going to take them five to ten years to fully develop the cranial skills. Integrating the pre- and perinatal layers can be done at the same time, and it takes having really competent support to do that. Now, someone says, "That is way too much time," but listen, I'm 65! And I didn't start this work until I was in my mid-twenties. So what does it take? Let's do what it takes! And as we evolve, as we grow, we become more efficient. I can teach someone way more efficiently than 10 years ago, and way more efficiently than it took me to learn it.

I see things speeding up, Ray. I am seeing this interdisciplinary wave. There is you, Somatic Experiencing (SE), neuroscience, attachment, all coming together. My objective in this interview is to bring awareness and an understanding of the integration between BCST and pre- and perinatal.

Yes, what we are doing is interdisciplinary. The work is very eclectic. Dr. Randolph Stone's work, as one example, is very eclectic. My work is very eclectic. We are a present-day Renaissance movement. We are integrating so much from so many different disciplines. It is such a rich time.

You mentioned Somatic Experiencing. In 1995, I went and studied with Peter Levine, and the Somatic Experiencing work has a profound influence on what we are all doing, and a profound influence on what I am doing. Many SE Practitioners come through my womb surround workshops and have taken my training. The practitioners are integrating my work into their work. Yes, absolutely it is interdisciplinary.

I am grateful to all the exquisite teachers from so many different fields that I've been privileged to study and work with—so many wonderful resources. With all those teachers, the people I've personally learned the most from are my own children and all the people, whatever their age, I've been blessed to work with.

In your opinion, what are the top five things a pre- and perinatal practitioner needs to do?

Well, you asked for five, I'll give you nine. I think that each of these is equally important so, they can be in any order. They are all important for me to be able to do my work.

1. Have access to and receive effective support and supervision.
2. Give consistent attention to your own midline.
3. Give attention to the self-regulation resources within yourself.
4. Name what you are experiencing in ways that support your clients and yourself.
5. Track the slow rhythms of the long and mid-tides. Tune yourself to the awareness of these slow tidal movements.
6. Pay attention not only to the patterns being perceived within the person but also to the quality of the energy between the people of the group or family. Do this by sensing what is going on in you.
7. Establish the intention and/or baseline of the client or clients as part of the beginning of the session.
8. Learn as much as you can about your own history and work to turn that history into a coherent narrative or story. Make sense out of your own life.
9. Trust the Breath of Life.

Thank you Kate for doing this interview with me. I've very much enjoyed the process of talking and preparing the article with you and Linda. Thank you to all the readers that have taken time to read this article. □

* The amygdala is part of an emotional-regulation triad, of which the cingulate gyrus and the frontal cortex form the other two parts. In this triad, the amygdala functions to mediate whether or not the system stays more connected to higher brain functions or reverts to primitive survival and vegetal functions.